

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

**Reviewing children’s records guidance**

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# Introduction

**The joint inspections of services for children at risk of harm focus on children who need urgent support due to being at risk of harm from abuse and/or neglect. We include children who need urgent support due to being a significant risk to themselves and/or others.**

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) undertake the reading and review of children’s records. **This guidance is for all those involved in reading and reviewing records.**

Reviewing records involves the examination of the records **of individual children and young people who have been at risk of harm.** The [GIRFEC national practice model](https://www.gov.scot/publications/girfec-national-practice-model/) centres on upholding and protecting children’s rights, as set out in the [United Nations Convention on the Rights of the Child](https://www.ohchr.org/en/professionalinterest/pages/crc.aspx) (UNCRC) and this underpins all work with children in Scotland. The GIRFEC model outlines principles and approaches regarding a continuum of support, including prevention and early intervention, right through to those who need urgent action to prevent or end serious harm.

All work with children at risk of harm should be underpinned by the national GIRFEC practice model. This provides a consistent approach to assessment and planning and a shared language across practitioners and agencies. 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.

The goal of reading and reviewing children’s records is to examine and evaluate the use of **key protective processes** in assisting professionals to work together to provide support to children at risk of harm and their families. **Key protective processes** include:

* **Child protection processes** as outlined in the [national child protection guidance](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2021/09/national-guidance-child-protection-scotland-2021/documents/national-guidance-child-protection-scotland-2021/national-guidance-child-protection-scotland-2021/govscot%3Adocument/national-guidance-child-protection-scotland-2021.pdf?forceDownload=true)  This guidance details how agencies should work together with children, families, and communities to protect children from abuse and neglect and prevent harm.
* **Care and risk management processes** as outlined in the [framework for risk management and evaluation with children aged 12-17 standards and guidance.](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2021/06/framework-risk-assessment-management-evaluation-guidance/documents/framework-risk-assessment-management-evaluation-frame-children-aged-12-17-standards-guidance-operational-requirements-risk-practice/framework-risk-assessment-management-evaluation-frame-children-aged-12-17-standards-guidance-operational-requirements-risk-practice/govscot%3Adocument/framework-risk-assessment-management-evaluation-frame-children-aged-12-17-standards-guidance-operational-requirements-risk-practice.pdf) This is a formal risk management process, underpinned by the principles of risk practice through a child-centred lens, relevant to the small number of children aged 12 to 17 where aspects of their behaviour may pose imminent risk of serious harm or has caused serious harm to others. Not all areas in Scotland currently use care and risk management protocols and the detail of local protocols vary. Whatever the process, it is important to note that very few children in Scotland pose a risk of serious harm to others and when this is the case, this must be regarded within the context of the child’s needs.
* **Vulnerable young person’s processes** in areas where these processes, or equivalent, are used, the purpose is to provide multi-agency guidance for professionals working with young people who are considered to be at significant risk, either through their own actions, or through the actions of others.

Ultimately, whatever the protective process, reviewing children’s records will help to evaluate aspects of how professionals have worked together to identify, assess and provide support to children at risk of harm from abuse and neglect, and/or children at risk of harming themselves or others.

**While we recognise the varying definitions of the term child in legislation, we use the term child, in this context, to refer to unborn babies and children and young people under the age of 18.**

**Throughout the guidance we use the term parents and carers. We mean parents who have parental rights and responsibilities and any carers such as kinship or foster carers who have the day to day care of the child. See the** [**national child protection guidance**](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2021/09/national-guidance-child-protection-scotland-2021/documents/national-guidance-child-protection-scotland-2021/national-guidance-child-protection-scotland-2021/govscot%3Adocument/national-guidance-child-protection-scotland-2021.pdf?forceDownload=true) **for more information.**

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| 1. Why do we read records? |
| Individual children’s records are read as a means of assessing practice and the effectiveness of key processes. Reviewing children’s records helps the inspection team to understand more about the use of key protective processes. The results provide **one** form of evidence gathered during the inspection process and helps us, along with parts of our methodology. to reach conclusions about the extent to which children at risk of harm and their families are being supported by effective joint working across services.  There are various questions in the record reading template that ask about the views and involvement of children, young people and their families. This is to help us better understand children’s experiences and contributes to the wider information that we gather when we speak directly to children, young people and families. |

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| 2. Whose records do we read? |
| We read the records of children who have been at risk of harm within the past two years, from a date that has been agreed with the partnership. While we recognise the varying definitions of the term child in legislation, we use the term **child**, in this context, to refer to **unborn babies and children and young people under the age of 18**.  We read the records of children who have been involved **in at least one protective process within two years prior to date agreed with the partnership.**  This includes:   1. **Children who have been subject to a child protection investigation which has not led to child protection registration**. This *includes*instances where child protection involvement has ended at the initial referral discussion, investigation or child protection planning meeting (previously known as the initial child protection case conference).   This *excludes*instances where concerns have been reported for children, but these have not led to the commencement of a child protection investigation.   1. **Children whose names have been placed on the child protection register**. 2. **Children involved in vulnerable young person’s processes** (or equivalent protective process, varying nationally) 3. **Children involved in care and risk management processes** (or equivalent process, varying nationally)   There may be a small number of young people (age 16 and 17) who are subject to adult support and protection processes.If the young person fits in to any of the categories above, for example, if they have been subject to an initial referral discussion, then they would still be included in the sample and considered within the relevant sections of the record reading template.  We read records from agencies including social work, police, health, education and SCRA. This includes records that cover the past two years prior to the date agreed with the partnership.  When reading records, we assess the multi-agency response and therefore we consider the contribution of all relevant professionals. It is not necessary to look at all of the records provided for every question in the record reading template. |

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| 3. How are records selected? |
| Early in the inspection process the partnership is asked to submit a list of children and young people that meet the criteria outlined on, what we refer to as, an agreed date. A sample from this list is then drawn for review. This is a representative stratified sample, chosen independently and at random by the Care Inspectorate’s Intelligence Team. |

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| 4. What is the legal basis for reading children’s records for inspections? |
| The [Public Services Reform (Scotland) Act 2010](https://www.legislation.gov.uk/asp/2010/8/contents) S.115 provides the legislative basis for joint inspections. |

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| 5. How is the confidentiality of children and families maintained? |
| A data protection impact assessment is carried out prior to joint inspections which details the extensive and specific arrangements made to ensure that all data is protected.  It is essential that all record readers understand the importance of respecting the child and family’s right to privacy, a key human rights principle (see article 16 of the UNCRC). Being respectful is a core Care Inspectorate value. The [Health and Social Care Standards](https://www.gov.scot/publications/health-social-care-standards-support-life/) highlight the principles of dignity and respect and the importance of upholding human rights.  The Public Services Reform (Scotland) Act 2010 S.117(3) introduced a **duty of confidentiality** that places a requirement on authorised persons not to disclose or use confidential information other than for the purposes of inspection.  In order to make sure that this duty is fulfilled the following arrangements are essential to the record reading process:   * Record reading, whether onsite or virtually, takes place in a confidential and quiet environment. * We do not discuss information with others either within the record reading team (except for the inspection lead/deputy/moderator) or out-with the team. * We destroy any notes taken during the record reading at the end of the record reading task. * In order for records to be read, either onsite or virtually, measures specific to that particular inspection have been arranged in order to ensure that confidentiality is maintained. These arrangements are explained in advance of the record reading task. * Local record readers should not read records that they are already familiar with and the inspection lead should be made aware of this issue if it arises.   It is important to be aware that the legislation outlines the power to disclose confidential information in some specific circumstances including: to comply with a  court order, to protect the welfare of a child or adult at risk, or to assist with the prevention or detection of a crime or the apprehension or prosecution of offenders.  On occasion, we may be concerned about the immediate safety of a child or a vulnerable adult during the record reading process. If this is the case, a discussion should take place with the inspection lead/deputy at the earliest opportunity. If deemed necessary by the inspection lead/deputy, the **matters of serious concern** process will be followed, and the matter raised with the identified contact person from the partnership. The inspection lead/deputy will always takes the lead role in sharing information if deemed necessary. |

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| 6. How do we read records? |
| The record reading template follows a structured sequence which is outlined in diagram 1. We take a systematic approach to reading records and using the guidance helps promote consistency across the record reading team. The guidance is designed to complement, not replace, professional judgement.   * We focus on practice in the two years prior to the agreed date to ensure findings are relevant, helpful, and current. * When reading information, we focus on the individual child. If some records are shared records for example, a police report may include information about siblings, our focus of record reading remains the individual child. * Questions in the record reading template that have binary answers require a judgement based on the guidance. Selecting **yes** means “**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, there are some questions that require the rating scale to be used to evaluate the record. It is essential that we refer to the guidance and the rating scale to make an evaluation. * Ratings of excellent and unsatisfactory must always be raised with the inspection lead or deputy, both for moderation purposes and to highlight any concerns or excellent examples. |

# Diagram 1: Record reading review sequence

# 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.

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| 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. |

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| Section A: Initiation of concerns In this section we examine **the point of entry into the protective process**.  The term **protective process** includes:   * child protection process whether or not this has led to registration * vulnerable young person’s process **or equivalent** * care and risk management process **or equivalent**   Note that language about the ‘point of entry’ differs nationally and depends on what protective process has been initiated.  *Examples:*   * *A child protection referral from a universal service to police and/or social work.* * *A referral, notification of concern or welfare concern reported to police and/or social work that has indicated that the child may be at risk of harm and this has triggered the start of a child protection process, a vulnerable young person’s process or care and risk management process.* * *A staff member from an agency involved with the child has highlighted accumulating concerns to police and/or social work that indicate the child may be at risk of harm.* * *The lead professional has identified accumulating concerns for the child.* * *A child has disclosed concerns to a member of staff, which triggered the start of a protective process.* | |
| 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? |
| Indicate whether there have been concerns that the child may have been at risk of harm, or has been a risk of harm to others, which have been reported to police and/or social work, within the past two years (of the agreed date).   * Note that in almost all occasions, **yes** should be selected. * Examples of when selecting **no and skipping to section B** would be appropriate are: * It has not been possible to find details of a concern being reported to police or social work. * If the child has been involved in protective processes for over two years and there have been no further concerns reported during this time. | |
| A2 | Indicate the source of these concerns (tick all that apply). |
| When answering this question (and all of section A), we **refer to the concerns that triggered further investigation**, such as an inter-agency referral discussion (IRD), a child protection investigation, or other type of protective investigation. This will not always the most recent concern.  More than one selection can be made for the source of the referral. Use your judgement to identify the concern that triggered further investigation. For example:   * If the child’s name has been on the child protection register, refer to the concern that triggered an investigation. * If the child’s name has not been on the child protection register, refer to the most recent concern that led to further investigation, such as an inter-agency referral discussion or child protection investigation. * If there have been pre-birth concerns, refer to the point at which there was an initial referral to services for a pre-birth assessment. * If the child has been involved in care and risk management processes or vulnerable young person’s processes, refer to the concern that led to the referral; * If accumulating concerns have been identified, refer to the point at which concerns triggered further investigation. Select that staff member’s agency as the source. | |
| A3 | Concerns were shared with police and/or social work without delay. |
| The national child protection guidance states that concerns about possible harm to a child from abuse, neglect or exploitation **should always** be shared with police or social work as soon as possible. Care and risk management guidance outlines the expectation that referrals should be made within one day of the risk being identified. There are similar expectations in local vulnerable young person’s processes, or equivalent.   * Select **yes** if information has been shared immediately if the child appeared to be in immediate danger or in need of urgent health care. * Select **yes** if concerns have been shared with police/social work without delay and following consultation with line manager/child protection lead, where this applies. * If concerns were left until very late in the day to report to police/social work, select **no**. * If concerns occurred during out-with office hours, select **yes** if concerns were shared with out- of-hours services. * If concerns had been accumulating, we need to determine whether these were reported without delay based on the information that was available at the time. * Select **not applicable** if, for example, it was a member of the public or the child who reported concerns. | |
| A4 | Indicate the nature of concerns in respect of the child (tick all that apply). |
| This section refers to the nature of concerns that have been identified by the partnership when concerns were raised with police/social work. Select all the answers that apply.   * **Concerns that the child is at risk of or is subject to 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. * **Concerns that the child is at risk of harm arising from parents/carers’ circumstances and/or behaviour** 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 disguised compliance of parents/carers. * **Concerns that the child is at risk of harming themselves 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/placement; child involved in problematic alcohol/drug use; child taking significant risks through online activities. * **Concerns that the child is at risk of harm arising from circumstances within 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/placement; engaging in alcohol/drug abuse; anti-social behaviour or being in conflict with the law in the community.   It is particularly important that we understand the links between children who place themselves and/or others at risk of harm, and the child’s wellbeing needs or risks of harm within their family or community setting.  These lists are not exhaustive, and clarification of terms can be found in the national child protection guidance. | |
| A5 | The named person, or person acting as the professional point of contact in universal services, was notified about the concerns. |
| Indicate whether the named person or member of staff acting as the professional point of contact in universal services was notified about the concerns.  GIRFEC guidance defines a named person as a professional point of contact in universal services, both to support children and their parents or carers when there is a need, and to act as a point of contact for other practitioners who may have a concern about the child’s wellbeing. This is often the health visitor or midwife, head teacher or guidance teacher. Named person’s schemes have been subject to national debate and are not mandatory. Many areas, however, have adopted a voluntary named person scheme, though parents can opt out of schemes if they wish.   * Select **yes** if there is evidence that the named person/professional contact in universal services was notified about the concerns. Notification could be verbal, written or electronic from a range of sources. * Select **no,** if there is no evidence of the named person/professional contact in universal services being notified about concerns. * If there is not a person acting as the professional point of contact in universal services or named person, then select **not applicable**. * There may also be instances, particularly when the young person is age 16-17, where they do not have a named person, or the young person has refused to consent to the sharing of information with a professional point of contact in universal services, if so, tick **not applicable**. | |
| A6 | Relevant information was gathered from all appropriate sources. |
| We need to assess whether the lead professional gathered relevant information from those involved. Options include yes, partially and no.   * Select **yes** if the lead professional has gathered information from all relevant sources. This includes information from a midwife (pre-birth), health visitor (up to age of 5) and the educational resource the child attends (if relevant). There are a range of other possible sources, including adult and justice social work, drug and alcohol services, mental health support or housing services. Where appropriate consideration may also have been given to consulting with the child and parents/carers. * Select **partially** if information has been gathered from some, but not all sources. For example, the lead professional has contacted health and education, but has not contact justice social work services (who are involved with a parent). * Select **no** if there have been significant limitations on the information gathered at the early stage or if it was not clear what (or from whom) information had been gathered. | |
| A7 | Clear decisions were made about the next steps. |
| Following the initial gathering of information at the early stage, the lead professional, along with their line manager, should have made a clear decision about the next steps. The most likely decision that may have been made at this stage will have been whether to progress to an inter-agency referral discussion. The national child protection guidance states that “all concerns which indicate risk of significant harm must lead to an inter-agency referral discussion”.    There may have been other decisions, for example, a referral to the children’s reporter; a decision to carry out further investigation under other protective procedures such as vulnerable young person’s procedures or care and risk management procedures. There may have been a decision to carry out a pre-birth assessment.  Whatever decisions have been made, select **yes** or **no** to indicate whether clear decisions were made (note that the question does not ask about the appropriateness of decision making). | |
| A8 | Use the rating scale to evaluate the quality of the initial multi-agency response to concerns. |
| The rating scale should be used to support the evaluation of the quality of the initial multi-agency response to the concerns. Referring to answers throughout section A, consider the extent to which:   * The notification that the child may have been at risk of harm clearly stated the reason for the concerns * The concerns were shared as soon as possible with police and/or social work * The approach to gathering relevant information was thorough * The named person or universal services professional point of contact, staff from universal and third sector organisations if relevant were contacted, and appropriate information was shared * Professionals used electronic and other written records to gather relevant information * Professionals across organisations communicated effectively and took a collaborative approach * The concerns were assessed thoroughly, and due consideration was given to contextual and historical information * A clear decision was made and recorded with a rationale * The decisions were appropriate * Consideration was given to consulting with the child and parents/carers. * Feedback was provided to the person/organisation who shared concerns, if appropriate. | |

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| Section B: Follow-up to concerns In this section we examine what happened after concerns were followed up. This could include follow-up in the form of inter-agency referral discussions (IRDs) and further protective investigations (including child protection investigations and other investigations following up protective concerns, such as those linked with vulnerable young person’s or care and risk management processes).  **The first five questions in this section refer specifically to IRDs.** IRD processes differ nationally.   * In some areas an IRD is a single multi-agency discussion between police, health and social work, held to determine if a child protection investigation is necessary. In other areas, IRDs are a series of multi-agency discussions, held to make and oversee decisions until a final joint decision about the need for further action is made. * In some areas education professionals are routinely involved in IRDs while in others they are not. * Some areas hold IRDs to make decisions regarding other protective processes (such as care and risk management processes), while in others this is not the case. * Some areas commence IRDs on an out-of-hours basis (if necessary), while others do not.   While encouraging the full application of the national child protection guidance, we take a flexible approach in this section, taking account of the differing culture and practice.  **The questions from B6 onwards refer to concerns leading to investigations**.   * We use the term investigation to mean the point at which concerns are thoroughly investigated over a period of time to lead to a decision about next steps within the particular protective process. * This could be a child protection investigation (during which an IRD process may continue). This investigation could include a joint investigative interview, a medical examination or other tasks. * This investigation could be during other protective processes, including care and risk management process and vulnerable young person’s processes. This is the period of time when lead professionals work with others, taking time to gather and assess information, to lead to a decision about next steps.   This section can be challenging to complete if there have been multiple IRDs and protective investigations over time. We focus on the IRD (or IRD process) and investigation that led to further protective action (including an initial child protection planning meeting, case conference or care and risk management / vulnerable young person’s multi-agency meeting), if this occurred. If protective involvement ended without proceeding to such a meeting, then we focus on the most recent IRD/investigation. | |
| B1 | Has there been an inter-agency referral discussion (IRD) for the child within 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 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 and skip to B6** 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. * Select **unclear and skip to B6** if it appears that there may have been an IRD but there is no supporting paperwork and this is therefore unclear. | |
| **B2** | **Indicate which agencies were involved in the IRD (tick all that apply).** |
| The national child protection guidance indicates that representatives from the key agencies police, social work and health must attend inter-agency referral discussions.  Select whether there was representation from health, police and social work during the IRD or IRD process. There is the option to add text to indicate if others were involved, for example education services.  If the IRD has taken place over a series of discussions, use your judgement to decide whether agencies were suitably represented throughout the process. | |
| **B3** | **The IRD was carried out within expected timescales.** |
| The national child protection guidance states that an IRD must be convened as soon as is reasonably practical. Outside core hours, the IRD may focus on immediate protective actions, with the understanding that a more comprehensive IRD will continue as soon as practical, normally on the next working day.   * Select **yes** if an IRD was convened as soon a practically possible. * Select **no** if there was a delay in convening the IRD.   Note that there may be circumstances where an IRD was not convened soon after concerns were reported, for example if a pre-birth assessment is on-going. Use your judgement to consider whether IRDs were carried out in good time. | |
| **B4** | **Clear decisions about next steps were made during the IRD.** |
| The national child protection guidance states that decisions should be made by those members of IRD meeting and these should be clearly recorded, with reasons given.   * Select **yes** if clear decisions were made. * Select **no** if, after reading all relevant information, decisions about next steps from the IRD were not made or appear unclear. | |
| **B5** | **There is a written record of the IRD.** |
| The national child protection guidance states that all aspects of the IRD must be recorded, including the time and reason for holding the meeting, information shared, discussions held, decisions made and the reasons for them. This should form a single core record.   * Select **yes** if there is a written record of the IRD. This means a formal record of the discussion, not a case note. * Select **no** if there is no formal record of the discussion. If information about the IRD is written in case note form only, then select **no**. | |
| **B6** | **The concerns lead to an investigation.** |
| We use the term ‘investigation’ in this section to refer to a range of investigations including child protection investigations and the follow-up work leading to care and risk management processes or vulnerable young person’s processes.   * Select **yes** if there has been a child protection investigation (this includes all investigative activity, such as meeting with children, parents/carers, joint investigative interviews, medicals, emergency protective actions and gathering and analysing information from a variety of sources). * If care and risk management or vulnerable young persons’ processes have been used, we use the term investigation to refer to the stage at which the lead professional gathers and analyses information. If this has been the case, select **yes**. * Select **unclear and skip to section C** if it appears that there may have been an investigation, but there is no supporting paperwork. * If there has not been an investigation, select **no and skip to section C**. | |
| **B7** | **The views and experiences of the child were considered during the investigation.** |
| During investigations, children should be helped to understand what is happening, how they can be involved and how they can contribute to decisions. The national child protection guidance outlines that children’s views must be sought and listened to at every stage of the process. Independent advocacy services may assist with helping children understand and share their views and experiences. There should be additional support available for children who have additional needs arising from disabilities, those with English not as a first language or who require other supports such as sign language or Makaton.   * Select **yes** if it is clear that the views and experiences of the child were fully or mostly considered throughout the investigation. * Select **no** if views and experiences were not considered or were only considered 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. | |
| **B8** | **The views of parents/carers were considered during the investigation.** |
| During investigations, effort should be made to involve the child’s parents.  Select **yes** if the views of all parents/carers were considered. Note that parents/carers may benefit from the support of independent advocacy or may require additional supports for example, an interpreter, to communicate their views.   * Select **some but not all parents/carers** if not all parents/carers views were considered. For example, it may be the case that one parent has been fully involved, while another parent has not been contacted. * There may be instances where information cannot be shared with parents/carers, for example if doing so places a child at further risk or if it jeopardises a police investigation. Reasons for this should be considered and recorded during the investigation. If this is the case, select **not applicable**. * Select **no** if the views of parents/carers have not been considered or were only considered in a very limited or tokenistic manner. | |
| **B9** | **Relevant information was shared from appropriate sources during the investigation.** |
| 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.   * Select **yes** if there was a comprehensive approach to gathering information from all appropriate sources. * Select **partially** if information gathered was not comprehensive or not all appropriate sources were involved. * Select **no** if information was not shared from appropriate sources, or there were significant barriers to information sharing. | |
| **B10** | **The investigation was carried out in a timely manner.** |
| The national child protection guidance states that child protection planning meetings or case conferences should occur within 28 days of the concern being raised; the care and risk management standards state that an initial meeting should occur within 21 calendar days of the referral discussion. We expect there are similar timescales for young people involved in local vulnerable young person’s processes. Investigations should be completed prior to these meetings.     * Select **yes** if investigations were carried out in line with the above timescales. * There may be instances of investigations being protracted for clear reasons or if there are significant complexities. In such instances, use your judgement to take specific reasons and circumstances into account. * Select **no** if there were delays in carrying out the investigation. | |
| **B11** | **Immediate action was taken to keep the child safe.** |
| The safety of the child is of paramount consideration throughout the investigation.   * Select **yes** if this was considered throughout the investigation and if necessary, action was taken to ensure the safety of the child. * Select **no** if there was a lack of consideration of the child’s safety, or if this was identified as an issue but necessary protective action was not taken. * Select **not applicable** in exceptional circumstances, for example the child was an unborn baby at the time of investigation. | |
| **B12** | **Immediate action was taken to keep other children safe.** |
| During investigations, staff may become concerned about the immediate safety of other children. This is most likely to be brothers or sisters, or members of the extended family. In such instances, we would expect staff to consider their immediate safety and take action to address the concerns.   * Select **yes** if there is evidence that the safety of other relevant children was considered and if so, action was taken. We note that it may be difficult to ascertain fully what action was taken as comprehensive information would be in the other child’s record. If immediate safety issues for other children have been acknowledged and there is some reference to the need for follow-up action, select **yes** even if you do not know the detail of any follow-up action. * If there is evidence to suggest concerns about the immediate safety of another child but this was not considered or followed up, select **no**. * Select **not applicable** if there do not appear to have been other children who may be at risk of harm. | |
| **B13** | **The multi-agency team considered the need for medical examination and took appropriate action.** |
| Members of the multi-agency team should consider whether a medical examination is necessary, and if so, whether this should be a comprehensive medical examination, a specialist paediatric or joint paediatric forensic examination, if there are concerns of potential non-accidental injury or suspected sexual abuse.   * Select **yes** if the need for a medical examination was explored and, if needed, action was carried out. * There may have been instances when the need for medical examination was deemed necessary, but the child refused consent. If so, select **yes**. * Select **no** if the need for a medical examination was deemed necessary but not carried out. * Select **not applicable** if it was not relevant to consider a medical examination. | |
| **B14** | **The multi-agency team considered the need for joint investigative interview and took appropriate action.** |
| Members of the multi-agency team should consider whether a joint investigative interview is necessary and if so, agree the arrangements for example: who should carry it out, the location of the interview and the timescales.   * Select **yes** if the need for a joint investigative interview was explored and, if needed, this was carried out. * There may be instances where a joint investigative interview was deemed necessary, but the child refused consent. If so, select **yes**. * Select **no** if the need for a joint investigative interview was deemed necessary but not carried out. * Select **not applicable** if it was not relevant to consider a joint investigative interview. | |
| **B15** | **The multi-agency team considered the need for emergency protective action or legal measures and acted accordingly.** |
| Members of the multi-agency team are required to consider the need for the immediate safety of the child and should consider whether any emergency protective action is necessary. For example: an emergency placement for the child, a child protection order, bail conditions.   * Select **yes** if the need for emergency protective action was explored and, if needed, this acted upon. * Select **no** if the need for emergency protective action was deemed necessary but not carried out. * Select **not applicable** if it was not relevant to consider the need for emergency protective action, for example if the child was an unborn baby at the time of investigation. | |
| **B16** | **The multi-agency team developed an interim safety plan for the child.** |
| The national child protection guidance outlines that the multi-agency team should ensure a co-ordinated interim safety plan until the point a child protection planning meeting is held, or until a decision is made that one is not required. This includes ensuring the child’s safety whilst the investigation is on-going and determining contingency arrangements for the care of the child, should risks escalate.   * Select **yes** if an interim safety plan was developed. * Select **no** if an interim safety plan should have been developed and was not. * Select **not applicable** if it was not relevant to develop an interim safety plan, for example if the child was an unborn baby at the time of the investigation. | |
| **B17** | **Actions were clearly recorded.** |
| During and following investigations, actions should be clearly recorded. This should include decisions about the next steps, the need for further protective actions, referrals to the children’s reporter and whether a multi-agency meeting is required.   * Select **yes** if there is a clear record of actions taken. * Select **partially** if there is a clear record of some but not all actions. * Select **no** if there is no record of actions taken or recording is very limited. | |
| **B18** | **Use the rating scale to evaluate the overall quality of the follow-up to concerns for this child.** |
| Use the rating scale to help evaluate the quality of the inter-agency referral discussion and investigative process for the child. Referring to the answers throughout section B, consider the extent to which:   * Investigations were sensitive to the needs and wellbeing of the child * The child’s views and experiences were prioritised and fully considered * The parents/carers were consulted and involved * The multi-agency response was prompt and co-ordinated well * The multi-agency team worked collaboratively * Consideration was given to involving third sector organisations and others working with the child and family * Social work took lead responsibility for enquiries relating to the needs and risks of the child * Police took lead responsibility for criminal investigations relating to child abuse and neglect * Health took lead responsibility for the health needs and assessment * Education, the named person, or professional point of contact within universal services, and other professionals with knowledge of the child were involved and shared information * Staff took time to explore strengths and did not focus solely on negative information * All efforts were made to fully gather all relevant historical, contextual and current information from all possible sources * The investigation was carried out in a timely manner and without delay * Full consideration was given to the immediate safety of the child and other children * Full consideration was given to the need for joint investigative interviews, medical examinations and health assessments, emergency legal measures, referral to SCRA * Actions were carefully planned and carried out * Decision-making was clear and the rationale was recorded | |

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| Section C: Initial multi-agency meeting In this section we focus on evaluating the **initial multi-agency meeting** which was held in respect of the child after concerns were raised.  The initial multi-agency meeting is the first formal occasion in which the chair and attendees consider whether child protection registration, vulnerable young person’s or care and risk management planning is necessary.  For the purposes of record reading, the term **initial** **multi-agency meeting** means one of the following types of meeting:   * Initial child protection planning meeting (as defined in the national child protection guidance), or initial child protection case conference. This includes pre-birth initial child protection planning meetings or case conferences * Initial care and risk management multi-agency meeting or equivalent * Initial vulnerable young person’s multi-agency meeting or equivalent   If there have been subsequent meetings within the past two years, we focus on the most recent.  The following are not included in our definition of initial multi-agency meeting: team around the child meetings, planning meetings, looked after reviews, core groups, review meetings or single agency meetings. This is because the purpose of this section is to evaluate the multi-agency meeting carried out in response to concerns that the child may have been at risk of harm. We also do not include adult support and protection meetings or any other meetings that are within the remit of adult services. | |
| C1 | Has an initial multi-agency meeting to consider risk of harm for the child taken place within the past two years? |
| Indicate whether there has been an initial multi-agency meeting.   * Select **yes** if there has been an **initial multi-agency meeting** (see introduction to section C above), within the past two years of the agreed date. * Select **unclear and skip to section D** if it appears that there may have been an initial multi-agency meeting, but there is no supporting paperwork. * Select **no** and skip to section D if there has not been an initial multi-agency meeting within the past two years of the agreed date. | |
| C2 | The child contributed to the initial multi-agency meeting. |
| In this question we consider whether the child contributed to the meeting. 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.  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 there is evidence that the child contributed to the meeting. 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 the meeting, whether or not they attended (the national guidance outlines that in some circumstances attending is not appropriate). * Select **no** if the child did not contribute to the meeting 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 or unborn baby. | |
| C3 | Parents/carers contributed to the initial multi-agency meeting. |
| Indicate whether the child’s parents and carers contributed to the meeting. The national child protection guidance states that “the views of parents and carers should always be recorded and taken into account.”   * Select **yes** if the parents contributed in some form to the meeting. Contributions could be verbal, written, through an independent advocacy worker or through a worker reporting a parents/carer’s views. Parents/carers may have required additional support to enable contribution (for example an interpreter or additional support due to having learning difficulties). * There is an option to select **some but not all parents/carers**. This would be appropriate, if, for example, one parent or carer contributed but another parent or carer did not. * Select **no** to this question if there is no evidence of parents/carers contributing to the meeting. * 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. In such instances they should be excluded from consideration and select **yes** if all other parents/carers contributed. * Selecting **not applicable** is only for very exceptional circumstances, such as if a child is unaccompanied and seeking asylum (and does not have a carer), or a young person aged 16 or 17 lives independently and does not wish parents/carers to be involved. | |
| C4 | Police contributed to the initial multi-agency meeting. |
| Indicate whether a representative from Police Scotland contributed to the meeting. This could be a verbal or written contribution. There is an option to select **not applicable**, which would only be appropriate in exceptional circumstances. | |
| C5 | Social Work contributed to the initial multi-agency meeting. |
| Indicate whether a representative from social work contributed to the meeting. This could be a verbal or written contribution. There is an option to select **not applicable**, which would only be appropriate in exceptional circumstances. | |
| C6 | Health contributed to the initial multi-agency meeting. |
| Indicate whether a representative from health contributed to the meeting. This could be a verbal or written contribution from a midwife, health visitor, school nurse, family nurse, looked after child nurse, GP, paediatrician or other. There is an option to select **not applicable**, which would only be appropriate in exceptional circumstances. | |
| C7 | Education contributed to the initial multi-agency meeting. |
| Indicate whether a representative from education services contributed to the meeting. This could be a verbal or written contribution. If the child is not in education, then there is an option to select **not applicable**. | |
| C8 | All potential risks and needs were considered at the initial multi-agency meeting. |
| The purpose of an initial multi-agency meeting is to formally share information and carry out a collective assessment of risk, and to agree a plan to minimise the risk of harm to the child. The content of the meeting should include the consideration of all potential risks and needs in respect of the child.   * Select **yes** if all potential risks and needs were considered. * Select **partially** if some but not all potential risks and needs were considered. * Select **no** if there is no evidence of exploration of risks and needs to the child. | |
| C9 | Clear decisions were made at the initial multi-agency meeting. |
| At an initial multi-agency meeting, a clear decision should be made as to whether the child should be subject to a child protection plan, a vulnerable young person’s plan, a care and risk management plan (or equivalent).  If it is a child protection planning meeting (or case conference) and a child protection plan is necessary, then the child’s name must be added to the child protection register.  Consideration should also be given to the following: who is the lead professional for the child; who should be in the core group; whether a referral to the Principal Reporter is necessary; what the plan to address risks should include; any other action needed to ensure the child’s safety or immediate wellbeing.   * Select **yes** if decisions were made and the rationale for the decisions is clear and understandable. * Select **no** if there is no evidence of decisions being made or the decisions appear unclear or there is no clear rationale.   Note that this question does not ask us to consider the appropriateness of the decisions made. | |
| **C10** | **The initial multi-agency meeting was held within the required timescales.** |
| The expected timescales for initial meetings are outlined below. Use professional judgement to determine if the timescales for the initial meeting were met and approach this with a degree of flexibility. For example, if there was only a slight delay, or if there was good reason for a protracted investigation we may select **yes**.     * Child protection planning meetings (or case conferences) should occur within 28 days of the concern being raised with police and/or social work. * Care and risk management guidance states that an initial multi-agency meeting should occur within 21 calendar days of the referral discussion (unless a decision has been made to hold the meeting at a later date, for good reason). * There is no national guidance in relation to vulnerable young person’s meetings, however, this should be in line with local guidance and similar to the above timescales. | |
| C11 | There is a written record of the initial multi-agency meeting. |
| Indicate whether there is a written record of the meeting. This question is about whether there is evidence of a record or otherwise, not the quality of that record. | |
| C12 | Use the rating scale to evaluate the overall quality of the initial multi-agency meeting for the child. |
| Use the rating scale to help evaluate the quality of the initial multi-agency meeting for the child. Referring to the answers throughout section C, consider the extent to which:   * The child and their parents/carers were supported to attend the meeting (if appropriate) * The child’s views were represented and taken into account during the meeting * The parents/carers’ views were represented and taken into account during the meeting * The meeting was carried out in a way which was sensitive to the needs and wellbeing of the child and was trauma informed * The meeting was carried out in a way that reduced barriers and prevented further harm or re-traumatisation for those involved * Independent advocacy services were available to the child and parents/carers * The meeting had the right participants, and they were able to provide information and share their views * The contribution of participants was effective in relation to the risks and needs of the child * The lead professional provided a clear overview of the investigation * The focus of the meetings was the child at risk of harm and the risks were fully explored * Risks were explored and analysed in the context of wellbeing needs * There was attention given to relevant historical and contextual information * Participants engaged in collective decision making in the best interests of the child * There were opportunities for dissent, and these were appropriately acknowledged and recorded * Decisions were clear, a rationale was provided, and this was recorded * Safety and contingency planning were discussed, and a plan was put in place * The written record of the meeting was comprehensive, detailed, clear and outlined key information | |

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| Section D: Assessment, planning and reviews In this section we focus on the quality of assessment and planning for children who have been at risk of harm. Questions focus on the key processes of assessment, planning, and reviews. We will also consider chronologies in this section. | |
| D1 | There is an assessment that considers the needs, protective concerns and risks. |
| An assessment collates and analyses information about a child, family and relevant context for the purposes of determining harm or risk of harm and need. This informs the planning and supports necessary to ensure a child’s safety and wellbeing. There are local variations in the titles and formats of assessments. Some areas may include an assessment at the start of a ‘child’s plan’. Our focus should be on the most recent full assessment, which could have been completed prior to, or following, the initial multi-agency meeting. We include assessments that have been completed within the past two years of 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, along with 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 D3** if there is no assessment. | |
| D2 | Use the rating scale to evaluate the quality of the assessment of needs, protective concerns and risks. |
| When evaluating the quality of the assessment, using the rating scale, consider to what extent the following statements are true.  **Involving children and families:**   * The child’s feelings, thoughts and experiences have been considered, appropriate to their stage of development * All parents and 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 has been able to participate fully in decisions and stages of the process   **Assessment content:**   * The assessment is up to date and information is suitably current with present circumstances explored * The needs, strengths and risks for the child are central to the assessment * Relevant historical factors are fully explored * Information from all relevant agencies is included and any specialist aspects of assessment and support are integrated * The expected steps to change are detailed with barriers to these explored and addressed * All of the wellbeing indicators are considered * There is consideration of the need for formal/compulsory measures or legal options   **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   **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. | |
| D3 | There is a chronology. |
| Where the child has an assessment of risk or need, there should also be a chronology which informs the assessment. The chronology collates key events and the impact of events for the child and family in a chronological order. This should include any significant turning points or progress. The chronology should assist the professionals involved with the child to have a shared understanding about strengths, needs and concerns over time, for the purpose of reducing risk of harm to the child.  **Include assessments that have been completed within the past two years (of the agreed date**).   * Select **yes multi-agency** if there is an integrated chronology that brings together information from single agency chronologies. This is generally held and maintained by the lead professional in the child’s record. * Select **single agency** if there is a chronology but this contains information from one agency and is not integrated with information from other sources. * Select **no and skip to D5** if there is no evidence of a chronology within the child’s records. | |
| D4 | Use the rating scale to evaluate the quality of the chronology. |
| With reference to the statements below use the rating scale to rate the quality of the chronology. The Care Inspectorate’s [Practice Guide for Chronologies 2017](https://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf) outlines a full definition and purpose of chronologies.  The GIRFEC national practice model stipulates that “…*each agency involved with a child and their family should collate key information into a single agency chronology of contact and where working with partner agencies actively work to combine and consolidate this into a multi-agency chronology”*. In relation to this last point, the lead professional, in consultation with the named person or universal services professional point of contact, should collate the information from services involved with the child into an integrated chronology.  Consider the extent to which the chronology:   * Contains information from all the agencies involved * Reflects relevant experiences and impact of events for child and family * Includes turning points, indications of progress * Evolves in a flexible way to integrate further necessary detail * Informs analysis in the assessment * Highlights further assessment, exploration or support that may be needed * Is not a comprehensive record and is not a substitute for the child’s records * Is not a list of exclusively adverse circumstances * Has been shared with all relevant persons (in accordance with applicable legislation and agencies’ information sharing guidance and protocol) * Informs assessment and planning. | |
| D5 | There is a plan which sets out how the needs, protective concerns and risks identified in assessment are to be addressed. |
| A plan could be any of the following documents (or combination of documents): child protection plan; child’s plan; care and risk management plan; vulnerable young person’s plan. Note that there are local variations in the titles and formats of plans.  **Include plans that have been completed within the past two years of the due date.**   * 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 and skip to section E** if there is no evidence of a plan within the child’s records. | |
| D6 | Use the rating scale to evaluate the quality of the plan. |
| 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.  **Consider the extent to which the plan:**   * Is up to date * Is holistic and tailored the individual child’s needs and context * Is a joint document and shared by 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 reduction or elimination of risk * Is current and considers the child’s short, medium and long-term outcomes * Clearly states who is responsible for each action * Includes a named lead professional * Includes named key contributors * Includes detailed contingencies * Builds on skills 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. | |
| D7 | There is evidence that reviews have been held within the expected timescales. |
| This question concerns the timeliness of reviews. It is important to note that while those involved with the child may have discussions and planning meetings at different points, this question concerns formal reviews, not core groups, planning meetings or other less formal meetings.  Reviews should be at a frequency in which it is reasonable to monitor risk and needs and sufficient to guide professionals in delivering the plan for the child. Depending on which protective process, and the legal status of the child, timescales for reviewing will differ. As a guiding principle, given the dynamic nature of risk of harm, it is expected that reviews would be held on, no less than, a six-monthly basis. In exceptional cases where the review timescale exceeds six months, clear rationale should be detailed within the plan.  **Minimum** frequencies for reviewing care plans (set by Scottish Government regulations or guidance):  **Child protection reviews:** first review of the child protection planning meetingshould be held within 6 months. A core group can trigger the request for a review. Thereafter, reviews should take place six-monthly, or earlier if circumstances change.  **Reviews for unborn children**:A review may be held within three months of the previous child protection planning meeting. There should be latitude for using judgement about the  most appropriate timing post-birth. This does not preclude an earlier review where changes to the child’s living situation are enough to remove or significantly reduce risks.  **Care and risk management reviews**: A date for the first risk management core group should be agreed at the initial care and risk management meeting and a review care and risk management meeting should be arranged to take place within six months.  **Vulnerable young person’s reviews:** Whilst there is no national statutory guidance for vulnerable young person’s processes, these are locally developed and consideration should be given to the effectiveness of the review process for the child.  **Reviews for children who are no longer subject to child protection planning and not on any legal orders:** no minimum frequency however, best practice dictates continued multi-agency core group meetings following de-registration.   * 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 **too early to tell and skip to section E**  If the child has only become subject to a multi-agency plan within the past six months, and a review has not yet happened. * Select **no and skip to section E** if it is considered that the plan has not been reviewed at appropriate intervals. | |
| D8 | Use the rating scale to evaluate the quality of reviews. |
| With reference to the following statements, evaluate how well partnerships are reviewing the child’s progress using the rating scale.  Consider the extent to which:   * There has been sufficient challenge to drive progress forward within timescales appropriate to the child * The chair has carried out their role effectively * Review processes have been streamlined to minimise numbers of meetings * 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 child has been involved in the reviewing process and has been effectively supported to contribute their views * Parents/carers, and other relevant family members, have been involved in the reviewing process and their views have been considered and respected * Independent advocacy has been made available to the child and parents/carers * Reviews have been held promptly * Reviews have been clearly recorded | |

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| Section E: The impact of work with children and parents/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.  In the last four questions we consider the impact of work carried out to reduce risks for children who have been at risk of harm. 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, residential workers, volunteers, and others).   * Select **yes** if there is evidence of a key member of the child’s professional support network developing or working towards developing a relationship with the child. * 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 the child’s professional support network; 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 professionals, 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 protective process and there has not been any opportunity for a key staff member to begin to develop opportunities. Select **yes** if there is some evidence of a relationship developing, even if it is in the very early stages of development. * There should be very limited use of the **not applicable** option in this question. This should only be used in relation to unborn or 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 their professional support network and creative approaches should be taken to ensure that this occurs. | |
| E2 | The child’s parents/carers have had an opportunity to develop a relationship with a key member of staff. |
| Consider whether there is evidence that parents/carers 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 support network (including support workers, teachers, residential workers, volunteers and others).   * Select **yes** if there is evidence of a key member of the professional support network developing or working towards developing a relationship with all parents/carers, even if this is in the very early stages of development. * This question concerns parents and carers meaningfully being given the opportunity to develop a relationship with a key member of the professional support network, not whether they have this relationship. Therefore, if parents/carers have been offered a meaningful opportunity, the answer to this question should be **yes**, even if this opportunity has not been taken. * Select **some but not all parents/carers** if there is evidence of one parent/carer having opportunity to develop a relationship, this is not the case for all parents/carers. * 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 has had an opportunity to develop a relationship with a member of the team; or if the evidence shows that the relationship has been short term or inconsistent. * Select **not applicable** in situations where it is not appropriate for professionals to develop a relationship, or it is not possible to do so. For example, if a parent/carer poses a significant risk, or if the child has no parents/carers, or if the young person is 16 or 17 and living independently and does not wish parents/carers to be involved. * If there is evidence that there have been significant changes of lead professionals or other key professionals, consider the impact of this on the parents/carers in relation to their ability to develop relationships. | |
| E3 | Use the rating scale to evaluate how well the child has been listened to, heard and included by staff. |
| Use the rating scale to 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 and planning processes.  Consider the extent to which:   * The child was effectively included in key processes and their views were sought and recorded clearly * 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 * Conversations with children and/or their representative 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 * Necessary supports, including independent advocacy, were provided and enabled the child to participate fully in key processes. * 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 * 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   There should be very limited use of the **not applicable** option in this question. This should only be used in relation to unborn or 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. | |
| E4 | Use the rating scale to evaluate how well parents/carers have been listened to, heard and included by staff. |
| Evaluate how effectively staff have enabled and encouraged the child’s parents/carers to have their views heard and ensured those views were taken into account in assessments, plans and decision-making processes.  Consider the extent to which:   * Parents/carers were effectively included in key processes, and their views were sought and recorded clearly * Parents/carers contributed to discussions, assessments, planning and reviewing * All relevant parents/carers were involved * Conversations with parents/carers and/ or their representative were recorded in records and minutes * Direct contributions from parents/carers were evidenced in records, for example: letters, emails, quotes * Parents/carers were invited to attend meetings where key decisions were made * Parents/carers and family and/or appropriate representative were present at and contributed to meetings * Independent advocacy was considered and provided, particularly if parents/carers have disabilities or additional support needs * After meetings, feedback was given to parents/carers and they were supported to understand decisions and key outcomes of meetings * Parents/carers were informed about and encouraged to exercise their rights * There were opportunities for parents/carers to express what they thought about the services provided to the child * Parents/carers were informed of how to express their dissatisfaction and/or make a complaint * If relevant, parents/carers were supported to make a complaint or challenge a decision * Effective information sharing processes were in place * Parents/carers were given the opportunity to regularly update their views | |
| E5 | Use the rating scale to evaluate the effectiveness of the work carried out to reduce risks of abuse and/or neglect to the child. |
| Use the rating scale to evaluate the effectiveness of work carried out to reduce the risk 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 risk of online abuse; child sexual exploitation; criminal exploitation; child trafficking; honour-based abuse; forced marriage and female genital mutilation.  In almost all instances, this question will be relevant to the record. There is an option to select not applicable if there was no further action taken following concerns, 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 risks 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:   * Risks of abuse and/or neglect have reduced as a result of the work carried out by the staff involved * Actions taken to address immediate risks were effective * Actions taken to address longer term risks were effective * 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 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 in the child’s professional support network worked on a collaborative and joined up basis 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 the work carried out to reduce risks to the child arising from parents/carers’ circumstances and/or behaviours. |
| Use the rating scale to evaluate the effectiveness of work carried out to reduce risks to the child arising from parents/carers’ circumstances and/or behaviours. This includes domestic abuse; parents/carers problematic alcohol/drug use; parent/carer mental or emotional health concerns; parents/carers in conflict with the law; non-engagement or disguised compliance of parents/carers.  There is an option to select **not applicable** if, for example, risks did not arise from parents/ carers 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 risks for the child relating to parents/carers’ 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:   * Risks arising from parents/carers’ circumstances or behaviours reduced as a result of the work carried out by the staff involved * Actions taken to address immediate risks were effective * Actions taken to address longer term risks were effective * 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 * The child’s social, developmental and psychological needs were addressed within the context of risk management strategies * If risks 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’s parents/carers and the child * While risks 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 in the family’s professional support network, 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 * Parents/carers were involved, informed and engaged in the work carried out to address risks * Parental capacity to change was considered and informed the work carried out. | |
| E7 | Use the rating scale to evaluate the effectiveness of the work carried out to reduce risks of the child harming themselves or others. |
| Use the rating scale to evaluate the effectiveness of work carried out to reduce risks of the child harming themselves or others. This 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/placement; child involved in problematic alcohol/drug use; child taking significant risks through online activities.  There is an option to select **not applicable** if, for example, there were no risks 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).  Consider the extent to which:   * Risks of the child harming themselves or others reduced as a result of the work carried out by the staff involved * Actions taken to address immediate risks were effective * Actions taken to address longer term risks were effective * 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 risks 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 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 in the child’s professional network worked on a collaborative and joined up basis 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. | |
| E8 | Use the rating scale to evaluate the effectiveness of the work carried out to reduce risks to the child arising from circumstances within the community. |
| Use 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 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 because of the child’s or parents/carers’ association with others in the community, including going missing from home/placement; engaging in alcohol/ drug abuse; anti-social behaviour or being in conflict with the law in the community. 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.  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.  Consider the extent to which:   * The child was involved, 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 in the child’s professional network worked on a collaborative and joined up basis and information was shared appropriately * There is evidence of positive outcomes for the child | |

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# Appendix 1: Smart Survey instructions

Reading and analysing records of children and young people is a key part of the joint inspection process. The Care Inspectorate uses Smart Survey to record the findings and these instructions are designed to help you understand and use the electronic tool.

The Smart Survey system is internet based and so all that is needed is internet access from any device in order to use the tool. You should start a new survey for each individual record.

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**A blue bird with a white background

Description automatically generated with low confidence@careinspect**

**Other languages and formats**

A picture containing text, font, screenshot, handwriting

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