

## Joint inspection of services for children and young people in need of care and protection

### Case file reading template

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## Section 1: General Information

<b>1.1</b>	Name of file reader	
<b>1.2</b>	Date file read	_ _ / _ _ / _ _ _ _
<b>1.3</b>	Partnership area	
<b>1.4</b>	Individual ID	
<b>1.5</b>	Was the individual looked after, or in continuing care or after care on the due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 1.7)
<b>1.6</b>	<p>What was the individual's category of care on the due date?</p> <p><i>Only tick one option</i></p>	<input type="checkbox"/> Looked after at home <input type="checkbox"/> Looked after away from home in a kinship placement <input type="checkbox"/> Looked after away from home in a foster placement <input type="checkbox"/> Looked after away from home in a residential care placement (including residential school or secure care placement) <input type="checkbox"/> Looked after due to receiving a series of short term overnight breaks only <input type="checkbox"/> In a continuing care placement <input type="checkbox"/> Entitled to aftercare support
<b>1.7</b>	Was the individual's name on the child protection register on the due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.8</b>	Has the individual's name been removed from the child protection register within the past year (from the due date)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 2: Recognising and responding to concerns

<b>2.1</b>	Has the individual been at immediate risk of significant harm within the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 2.6)
<b>2.2</b>	If necessary, were <b>emergency</b> legal measures used appropriately to secure the individual's <b>immediate safety</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>2.3</b>	Use rating scale 1 to evaluate how well services have responded to any concerns that the individual may be at immediate risk of significant harm.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
<b>2.4</b>	In respect of the partnership's initial response to immediate risk of significant harm, record key strengths.	
<b>2.5</b>	In respect of the partnership's initial response to immediate risk of significant harm, record key areas for improvement.	
<b>2.6</b>	Have there been concerns (other than immediate risk concerns) about the wellbeing of the individual within the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 2.8)
<b>2.7</b>	Using rating scale 1 evaluate the quality of the partnership's initial response to wellbeing concerns.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
<b>2.8</b>	Have there been concerns within the past two years that the individual poses a risk to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.1)
<b>2.9</b>	Using rating scale 1 evaluate the quality of the partnership's response to concerns of risk of harm to others from the individual.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory

### Section 3: Processes: assessment, planning, reviewing and chronologies

<b>3.1</b>	Is there an assessment that considers risks to and/ or from the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.3) <input type="checkbox"/> Not applicable (skip to 3.3)
<b>3.2</b>	Use rating scale 1 to evaluate the quality of assessment of risks.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
<b>3.3</b>	Is there an assessment that considers the needs of the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.5) <input type="checkbox"/> Not applicable (skip to 3.5)
<b>3.4</b>	Use rating scale 1 to evaluate the quality of assessment of needs.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
<b>3.5</b>	Is there a plan which sets out how the risks to and/ or from the individual are to be addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.7) <input type="checkbox"/> Not applicable (skip to 3.7)
<b>3.6</b>	Use rating scale 1 to evaluate the quality of the individual's plan to address risks.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not applicable
<b>3.7</b>	Is there a plan which sets out how the needs of the individual are to be addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.9) <input type="checkbox"/> Not applicable (skip to 3.9)
<b>3.8</b>	Use rating scale 1 to evaluate the quality of the plan to address needs.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not applicable
<b>3.9</b>	Does the individual have a chronology?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.11) <input type="checkbox"/> Not applicable (skip to 3.11)
<b>3.10</b>	Use rating scale 1 to evaluate the quality of the chronology.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
<b>3.11</b>	Is there evidence that the plan to address needs and/ or risks has been reviewed at intervals appropriate to the individual's circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 4.1) <input type="checkbox"/> Not applicable (skip to 4.1) <input type="checkbox"/> Too early to tell (skip to 4.1)

<b>3.12</b>	Use rating scale 1 to evaluate the quality of reviewing the plan.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
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<b>Section 4: Intervention</b>		
<b>4.1</b>	Use rating scale 1 to evaluate the effectiveness of planning in securing a caring and stable environment for the individual.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory
<b>4.2</b>	Is it evident from the records that the individual has had consistent support from at least one key person over the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
<b>4.3</b>	Is it evident from the records that referrals have been made to appropriate resources at the earliest opportunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
<b>4.4</b>	Is it evident from the records that there has been access to intervention(s) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
<b>4.5</b>	Use rating scale 2 to evaluate the effectiveness of the intervention(s) in meeting identified needs and/ or risks?	<input type="checkbox"/> Completely <input type="checkbox"/> Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Not applicable
<b>4.6</b>	If the individual has been identified as needing permanent substitute family care, how well is this progressing?	<input type="checkbox"/> Very well (no/minimum delay) <input type="checkbox"/> Fairly well (some delay, no significant impact) <input type="checkbox"/> Not very well (delays with significant impact) <input type="checkbox"/> Not at all well (minimum/ no progress) <input type="checkbox"/> Not applicable <input type="checkbox"/> Not clear <input type="checkbox"/> Too early to tell
<b>4.7</b>	If the individual has been separated from family members, use rating scale 2 to evaluate the effectiveness of the support given to maintain appropriate parental relationships.	<input type="checkbox"/> Completely <input type="checkbox"/> Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Not applicable
<b>4.8</b>	If the individual has been separated from family members, use rating scale 2 to evaluate the effectiveness of the support given to maintain appropriate relationships with brothers and sisters.	<input type="checkbox"/> Completely <input type="checkbox"/> Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Not applicable

<b>4.9</b>	If the individual is a care leaver, use rating scale 2 to evaluate the effectiveness of the support and guidance provided by services.	<input type="checkbox"/> Completely <input type="checkbox"/> Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Not applicable
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**Section 5: Involvement, supervision and quality assurance**

<b>5.1</b>	Is the level of contact that the lead professional has with the individual commensurate with the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
<b>5.2</b>	Is the level of contact that the lead professional has with the individual's parents/carers commensurate with the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
<b>5.3</b>	Has there been sufficient involvement of key partners in assessment, planning and reviewing?	<input type="checkbox"/> Yes (skip to 5.5) <input type="checkbox"/> No <input type="checkbox"/> Unclear (skip to 5.5) <input type="checkbox"/> Not applicable (skip to 5.5)
<b>5.4</b>	Please identify which partners were not involved sufficiently throughout key processes. <i>Tick all that apply</i>	<input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Social Work <input type="checkbox"/> Police
<b>5.5</b>	Use rating scale 1 to evaluate staff's effectiveness in involving the individual in key processes, including seeking and recording their views.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not applicable
<b>5.6</b>	Use rating scale 1 to evaluate staff's effectiveness in involving the individual's parent(s), carers and families in key processes, including seeking and recording their views.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not applicable
<b>5.7</b>	Use rating scale 1 to evaluate the quality of the support given to the individual to understand and exercise their rights, comment on services received and express dissatisfaction by making a complaint.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Weak <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not applicable
<b>5.8</b>	Has independent advocacy been offered to the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
<b>5.9</b>	Have other forms of advocacy been offered to the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable

5.10	Has independent or other advocacy been offered to the individual's parents/ carers/ family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not applicable
5.11	Is there evidence that the lead professional and named person (where applicable) has opportunities to discuss his/ her work with a supervisor, manager or other accountable staff member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear
5.12	Is there evidence that the lead professional and named person's (where applicable) record is reviewed regularly by their manager or staff with quality assurance responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear

### Section 6: Impact and Outcomes

<b>Section 6: Impact and Outcomes</b>		
6.1	To what extent has the individual's wellbeing improved (or is improving) as a result of the help provided?	<input type="checkbox"/> Considerable improvement evident <input type="checkbox"/> More than a little improvement evident <input type="checkbox"/> Some improvement evident <input type="checkbox"/> No/ minimal improvement evident <input type="checkbox"/> Unclear <input type="checkbox"/> Too early to tell <input type="checkbox"/> Not applicable
6.2	To what extent have the family's circumstances improved (or are improving) as a result of the help provided?	<input type="checkbox"/> Considerable improvement evident <input type="checkbox"/> More than a little improvement evident <input type="checkbox"/> Some improvement evident <input type="checkbox"/> No/ minimal improvement evident <input type="checkbox"/> Unclear <input type="checkbox"/> Too early to tell <input type="checkbox"/> Not applicable
6.3	Please enter any additional relevant comments about aspects of practice in this case. Include any services making an exceptional contribution to improving outcomes for the individual and their family and any examples of best practice.	

## Headquarters

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