

# Inspection handbook

Joint inspection of  
services for children  
and young people

## Contents

1. Introduction	1
2. Supporting principles	1
3. Quality indicators and illustrations	2
4. Scheduling of inspections	2
5. The inspection team	3
6. Inspection footprint and notice period	3
7. Pre-inspection return	4
8. Pre-inspection documentation	4
• Self-evaluation	4
• Position statements	5
• Outcomes evidence	5
• Staff survey	5
9. Scope of the inspection	6
10. Inspection stages	6
• Initial scoping and analysis - scoping 1 (off site)	6
• Scoping and engagement - scoping 2 (on site)	
• Reviewing practice through case file reading - scoping 3	7
• Proportionate phase	8
11. Professional discussions	8
12. Recording	9
13. Addressing matters of concern in the course of joint inspections	9
14. Good practice	10
15. Quality assurance	10
16. Reporting	11
17. Action plan	12
18. Support for improvement	12
19. Sharing information with other inspectorates and with Scottish Government	12

## Appendices

## 1. Introduction

This handbook is intended to give details of the process for joint inspection of services for children in community planning partnership (CPP) areas. It is aimed at community planning partners and their staff as participants to the inspection process and members of inspection teams undertaking the inspections. It is complementary to *How well are we improving the lives of children and young people?* the framework of quality indicators for self-evaluation of services for children and young people and used in joint inspections of services for children and young people. While the detailed approach to each individual inspection may vary from area to area through negotiation between the inspection lead and the CPP, this document is intended to be a helpful summary of the core and common elements of the process.

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. For these inspections children and young people include people under the age of 18 years or up to 26 years if they have been looked after<sup>1</sup>. As required under section 115(8)(b) of the Public Services Reform (Scotland) Act 2010 a Code of Practice (Appendix 1) was issued by Scottish Ministers to provide general guidance relating to these joint inspections of services for children.

We tested a process for these inspections between April and June 2012, developed a methodology and commenced a series of pilot inspections from September 2012. Services for children across the whole of Scotland's community planning partnerships will be inspected by the end of March 2017. We collaborate with Audit Scotland in relation to scrutiny work. Within the overall intention to inspect all areas by the end of March 2017, the scheduling of joint inspections is intelligence-led and takes account of the Shared Risk Assessment process and National Scrutiny Plan for local authority services published annually by Audit Scotland.

The joint inspections look at the difference services are making to the lives of children, young people and families. We consider how well services are improving the lives of all children and particularly vulnerable children and young people, continuing to pay attention to the situations of children in need of protection. Inspections take account of the full range of work within a CPP area including services provided by health visitors, school nurses, teachers, doctors, social workers, police officers, and the third sector. They focus on how well partners are improving outcomes for children and young people through collaborative leadership, integrated service delivery and joint working.

## 2. Supporting principles

The following key principles have been agreed in relation to the joint inspections.

They will be:

- **User-focused:** involving people who use services in the design and delivery of scrutiny
- **Outcome-focused:** targeting inspection at improving the quality of outcomes for the most vulnerable children and young people based on the Getting it right for every child framework.

---

<sup>1</sup> The Children and Young People (Scotland) Act 2014 amends Section 29(2) of the 1995 Act to provide care leavers with the opportunity to receive 'Aftercare' up to (and including) the age of 25. From April 2015 care leavers between the ages of 19 and 25 will be eligible to request 'advice, guidance and assistance' from their local authority. (Under the 1995 Act the upper age limit to which care leavers could request 'Aftercare' support was 21.)

- **Partnership-orientated:** emphasising the collective responsibility of community planning partners and the effectiveness of partnership working to improve outcomes for children and young people, making best use of resources.
- **Transparent:** providing a complementary approach to robust self-evaluation for improvement and independent inspection of children's services.
- **Intelligence-led and risk-based:** taking a proportionate approach to inspection which is influenced by reliable information and robust self-evaluation.
- **Integrated and coordinated:** a multi-agency focus drawing on the collective participation of relevant scrutiny bodies and the Audit Scotland-led Shared Risk Assessment.
- **Improvement-led:** supporting continuous and sustained improvements.

### 3. Quality indicators and illustrations

We published an updated, revised version of the framework: 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators' in September 2014 following consultation and review of its use in the first joint inspections. It is based on a model developed by the European Foundation for Quality Management which is widely used by local authorities and other bodies across Scotland and other parts of the UK. It supports self-evaluation by helping partners focus on the outcomes (results) of their work and assisting them to identify how key processes are either helping or acting as barriers to achieving positive outcomes.

The framework provides illustrative examples for two of the six levels of our evaluative scale, namely, very good and weak. We are encouraging partnerships to use this framework as an aid to understanding more about how effectively their services are working and to plan and monitor improvement activities. Partnerships can identify whether their practice fits best with one of these levels or use the illustrations at these two levels to judge whether practice is better than very good or is somewhere in between very good and, or is worse than weak. Joint inspection teams use this framework in their independent evaluation of the quality of services.

Child Protection Committees may find it helpful to continue to use 'How well do we protect children and meet their needs?' to support more specific and detailed joint self-evaluation of their work to keep children safe. The two frameworks are compatible. We also recognise that CPPs may use other self-evaluation frameworks such as the Public Sector Improvement Framework (PSIF) to help provide a robust understanding of their strengths and areas for further development.

### 4. Scheduling of inspections

The Care Inspectorate and partners carry out a minimum of six joint inspections per year. In accordance with the wishes of Scottish Ministers, services for children and young people across all Community Planning Partnership areas will be inspected by the end of March 2017.

The Care Inspectorate will take account of the principles of risk and proportionality by using all relevant information available to target inspection resources to the geographic and practice areas which are likely to benefit most from independent scrutiny. We will use a range of information to make decisions about when and in what order inspections take place and the size and composition of the inspection team. We also consider the amount, nature and focus of activity required in each inspection to reach confident and well-founded conclusions

In addition, where evaluated performance in key areas of practice has been weak or where our confidence level about the prospect for improvement is low, the Care Inspectorate and partners may visit the area to review progress on improvements. This allows us to report on and provide assurance that effective action is being taken by the CPP to reduce risks and address areas of concern.

Where appropriate, consideration will be given to concurrent inspection activity in relation to joint inspection of services for children and joint inspection of services for older people, with the intention of achieving efficiencies in delivery and reduction in impact of inspection.

## **5. The inspection team**

Joint inspection teams are made up of inspectors from the Care Inspectorate from both health and social work backgrounds, along with inspectors from Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. We also use associate assessors drawn from a pool of experienced professionals who have been nominated by CPPs and their employers to take part in strategic inspection teams. Young inspection volunteers aged 18 to 26 years who have direct experience of care and/or child protection services also participate in these inspections. They are supported by a voluntary organisation to help them contribute positively to inspections.

Each inspection has an inspection lead, a deputy inspection lead and an admin support officer. The inspection lead is responsible for the successful conduct of the joint inspection and leads on all aspects and phases of the inspection. The deputy inspection lead is responsible for supporting the lead role, including deputising for the lead for aspects of the inspection as directed. The deployment of all other members of the team and their roles and responsibilities during the inspection is agreed by the inspection lead. Further detail about roles and responsibilities is at Appendix 2.

## **6. Inspection footprint**

Joint inspections take place over about a 35 week period from notification to publication of the inspection report - the actual time may vary as we do not count school holiday weeks. Inspectors are usually on site in the area for a total of between 13 and 15 days during this period. A week by week inspection timeline is attached at appendix 4. Staffing numbers are kept under review in line with the needs of the scrutiny and may be increased or reduced. For example if there are fewer activities in the proportionate week, staffing may be reduced accordingly.

Key stages in the inspection process are as follows. They are addressed in more detail later in this handbook and fuller detail of the methodology is contained in Appendix 2.

- Preparation, which includes notification and briefings for community planning partners.
- Initial scoping and analysis (off site).
- Engagement with partners and refining the scope of the inspection (on site).
- Reviewing practice through case file reading (on site).
- Proportionate activities (on site).
- Reporting, which includes preparation and publication of the report and release of an associated media briefing.

## 7. Pre-inspection return

We ask CPPs to provide the name of an inspection co-ordinator with sufficient seniority and authority, to be a single key contact for the joint inspection to assist the inspection team to successfully engage all relevant partners within the CPP area throughout the inspection.

Two weeks following the announcement we issue a pre-inspection return template to the identified inspection coordinator in the CPP area. This asks for information to be returned within four weeks on local community planning structures, strategic planning arrangements for children's services, organisational structures for children's services and key personnel. We also ask for anonymised information about children and young people in the area receiving services to include children who are looked after and/or included on the child protection register on an agreed date, as well as children referred by the Reporter to the local authority for voluntary measures of supervision within the previous 12 months. We use this to identify a statistically valid sample of records to be read and a sub set usually of around 20% of cases to follow up with 'Team Around the Child'<sup>2</sup> meetings. These comprise the group of staff that are involved in delivering a child's plan, for example social worker, guidance teacher, school nurse, health visitor. We also seek to interview individual children, young people if they are of a suitable age and agree to be seen, and their families. This gives us the opportunity to discuss their views on the support and services received and what difference this has made to their lives.

The inspection co-ordinator has a key role and works closely with the Inspection Lead and Admin Officer to timetable meetings and coordinate the inspection on behalf of the partnership. Partners will want to ensure that this role has access to the necessary administrative support for the duration of the entire inspection footprint.

## 8. Pre-inspection documentation

### Self-evaluation

Self-evaluation is central to continuous improvement. It is a reflective process through which CPPs and strategic planning groups for services for children and young people get to know how well they are performing and identify the best way to improve the quality of their services to have the best possible impact on children and families. The framework of quality indicators is designed to support this process.

We believe robust self-evaluation:

- encourages reflection on practice to identify strengths and areas for improvement
- recognises the work being done which has a positive effect on the lives of children and their families
- identifies where quality needs to be maintained, where improvement is needed and where to focus work towards achieving excellence
- provides a mechanism to inform stakeholders about the quality of services.

We expect that most CPPs will be undertaking self-evaluation as a routine part of their continuous improvement and planning frameworks and as noted above, we recognise that they may use a variety of models and methods for this. We ask CPPs to share with us their joint self-evaluation work carried out on children's services in the last 12 –18 months along with supporting evidence that addresses the key questions:

- How good are we now? - identifying strengths within and across services

---

<sup>2</sup> Teams around the child' are the staff that are involved in a child or young person's assessment and/or contributing to the child's plan.

- How do we know? - the evidence that partners draw upon
- How good can we be? - the tangible priorities for improvement.

By exploring the self-evaluation supporting evidence and having dialogue with the partners, inspectors are able to test its rigour and accuracy and assess the helpfulness of the approach taken in securing improvement. Evidence of joint self-evaluation activity which has led to demonstrable improvements in the experience of, or outcomes for, children and young people will increase the confidence of the inspection team in the effectiveness of leadership of improvement and change within the partnership area. The more robust the evidence provided is, the greater confidence we can have in the rigour of the self-evaluation and this may result in less and more proportionate inspection activity. In other words, evidence generated by self-evaluation becomes inspection evidence.

### Position statements

In addition, we ask for position statements on three key areas:

- Getting it right for every child (GIRFEC) implementation
- Child sexual exploitation (CSE)
- Corporate parenting; how well partners have implemented 'These are our bairns'<sup>3</sup>.

Statements should outline what the partnership has done to secure and ensure ongoing improvement, information about current performance and/or impact and what further improvements have been identified and planned for. We have produced templates to highlight and help structure the information we are seeking that CPPs may wish to use for the position statements. (Appendix 5)

### Outcomes evidence

Partners should note the particular importance of Quality Indicator 1.1: Improvements in the wellbeing of children and young people. This provides the opportunity to consider in detail partners overall performance and achievement in relation to the indicator's three themes:

- improving trends through prevention and early intervention
- improvements in outcomes for children and young people
- improvements in the life chances of vulnerable children and young people.

This quality indicator relates to demonstrable improvements partners make in the wellbeing of children and young people. It considers the extent to which partners are successfully tackling inequalities and closing outcome gaps through effective prevention and early intervention. It is about the performance of community planning partners in improving children and young people's wellbeing over time against an agreed set of outcome indicators. It focuses on tangible results in improving the life chances of vulnerable children and young people. A list of examples of statistical data that we seek to review in relation to this quality indicator is at Appendix 6.

Data used to evaluate this quality indicator links to the following National Outcomes.

- We have improved the life chances for children, young people and families at risk.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- Our children have the best start in life and are ready to succeed.
- And when considered in conjunction with leadership quality indicators (9.1-9.4) - Our public services are high quality, continually improving, efficient and responsive to local people's needs.

<sup>3</sup> These Are Our Bairns - a guide for community planning partnerships on being a good corporate parent. Scottish Government 2008.

## Staff survey

We ask that you distribute an electronic survey to staff and will provide you with a link to this when we meet with partners for the briefing about the inspection process. The survey takes around 15 – 20 minutes to complete and is aimed at all staff who undertake the role of named person or lead professional for example midwives, health visitors or those who work in education or social work services and whose work includes improving the lives of children and families across the community planning partnership. Staff do not have to provide us with their name, just their current occupation/professional role and job type. We allow four weeks for its completion and share the report on our analysis of the results with the partnership.

## 9. Scope of the inspection

Joint inspection teams will evaluate the effectiveness of CPPs in ensuring positive outcomes for all children in their areas. In addition, inspection activity is designed to enable us to include in reports particular assurance about the effectiveness of partners' work in improving outcomes for vulnerable children, including children and young people in need of protection, young carers, looked after children and young people, care leavers and from April 2015, young people in receipt of continuing care.

Sources of intelligence used to determine the scope of the inspection will include:

- findings of previous inspections carried out by the Care Inspectorate and scrutiny partners, including findings from inspections of relevant registered care services
- intelligence held by the Care Inspectorate such as findings from investigations of complaints
- nationally and locally collated data; reports published by community planning partners such as single outcome agreements, integrated children's services plans, child protection committee business plans and progress reports
- the self-evaluation and supporting evidence provided by the partnership
- the results of the staff survey
- engagement with the community planning partners.

From early in the inspection footprint, the inspection team will review information and evidence and use a scoping document (Appendix 7) to record areas where they judge there to be no significant concerns, areas of uncertainty and areas of concern. Activities during the inspection will aim to answer uncertainties and/or confirm them as either areas of strength to be commended or areas of concern which will require action to improve. This iterative document will be discussed and shared with partners and amended accordingly throughout the course of the inspection.

The specific scrutiny activities carried out may vary between areas being inspected to provide the evidence needed to answer questions relating to the delivery and effectiveness of services in that area. However, in all areas, scrutiny activities will include reading a sample of children's records; meeting with children, young people and families receiving services locally; speaking with staff and managers from a range of agencies who deliver services locally and observing key multi-agency processes.

## 10. Inspection stages

### Initial scoping and analysis - Scoping 1 (off site)

This phase of the inspection is off-site and usually takes place three weeks before we arrive on site in the CPP area. We review intelligence, information and evidence already known to scrutiny bodies including findings from the most recent joint inspection of services to protect children and analyse



and review key documents which you have placed in the public domain. We carry out interviews with strategic leaders of police and health services. This is because NHS services and police activity do not currently feature in shared risk assessments to which members of local area networks contribute.

We draw on findings from our inspections of regulated care services for children, young people and families. We consider those provided directly by community planning partners and commissioned services where partners are the sole or main purchaser to inform our understanding of partnerships' commissioning arrangements. We analyse complaints made about relevant regulated care services during the previous 12 - 18 month period to identify any patterns of concern.

We analyse the position statements submitted and joint self-evaluation material, along with supporting evidence to prepare for the next stage of the inspection.

### **Scoping and engagement with partners to refine the scope of the inspection – Scoping 2 (on site)**

The first on-site week (week 1) commences on Tuesday of week 1 with the first professional discussion of the joint inspection. More detailed information on the timings and purpose of each professional discussion can be found in Appendix 7. This phase of the inspection has a focus on the following quality indicators:

- Key performance outcomes (quality indicator 1.1)
- Planning and improving services (quality indicator 6.2)
- Participation (quality indicator 6.3)
- Leadership and Direction (quality indicators 9.1 – 9.4)

A mutually agreed programme of activity will include:

- meeting with established groups of children, young people, parents and carers, – (for example: young carers, care leavers, parents of disabled children, parents who are completing a parenting programme)
- focus groups designed to build a picture in relation to the quality indicators above and the position statements;
- and possibly observation of key strategic multi-agency meetings that are already scheduled to take place.

The inspection lead and depute will discuss the emerging scope of the inspection with the partnership at Professional Discussion 2, normally held at the end of this week.

### **Reviewing practice through case file reading - Scoping 3**

In all inspections we review practice through reading the core records of the statistically valid sample of vulnerable children identified from the pre-inspection return. The sample will vary according to the size of the CPP area but is likely to be between 90 and 110 children and young people's records. We ask CPPs to identify four suitably experienced staff to work alongside the inspection team to read children's records. If possible, at least some of these staff should have had experience of participating in multi-agency case file audits and/or have had experience of fulfilling a lead professional or named person role.

In the majority of cases, inspectors will review the core records held by the lead professional or named person where there is no current lead professional. Where responsibility for coordinating support for a child has been transferred from a lead professional to a named person in the last 12 months, both lead professional and named persons records will be reviewed. A proportion of the sample will comprise children whose names are or have been removed from the child protection register in the last 12 months of an agreed date. For these children the core records from health, education, social work, children's reporter and police will be requested and reviewed.

The records requested will be those which relate to current and recent involvement in the previous 18 months. Wherever practicable, inspectors will access electronic recording systems to reduce the need for printing.

This phase of the inspection focuses on the quality indicators about key processes and the impact on children, young people and families. (quality indicators 2.1, 2.2, 5.1, 5.2, 5.3, 5.4.) We use the records to construct the narrative of practice in the case and gather evidence about the impact of services' joint work on reducing and managing risks for the child, meeting the child's needs and improving outcomes for the child and his/her family. We also find some evidence about practice in supervising staff and quality assuring their work.

File readers assess the quality of records against an agreed guidance document. This helps ensure that all file readers are working to a similar set of expectations. The guidance document and template is attached at appendices 7 and 8. The inspection lead will arrange for double reading of all first records to support consistency in making judgements. Further double reading may be undertaken on randomly selected records at the discretion of the inspection lead.

During the reading of records we will confirm the staff members we intend to see in 'teams around the child' and the children, young people, parents and carers to be asked if they would be willing to speak with us in the proportionate phase of the inspection.

We share high level messages and themes emerging from the review of practice through reading records at the third professional discussion. The report on the analysis of the review of children's records is shared with partners for this meeting.

### **Proportionate phase**

The purpose of this phase is to conduct essential activity to support us in making confident evaluations about the quality of services and outcomes for children and young people in the CPP area. The content of this week will vary according to the final scope of the inspection and scrutiny will be carried out proportionately to clarify remaining areas of uncertainty.

Scrutiny activities will always include meetings with some 'teams around the child' and children, young people, parents and carers. We may choose to stand down or add more teams around the child meetings depending on the emerging themes and areas of uncertainty. We may decide to include more interviews with children and young people, parents, carers and foster carers if the original sample is does not give us sufficient opportunities to meet with people who use services. Other activities may include:

- individual interviews with key members of staff
- single or multi-agency focus groups of staff
- visits to services
- observations of groups or key processes
- review of additional documentation.

## **11. Professional discussions**

The Care Inspectorate and our scrutiny partners are committed to engaging in discussion with the full range of relevant partners throughout the process of the inspection. These provide partners with the opportunity to engage all relevant people in dialogue with inspectors, help to bring transparency to the inspection and provide a forum to discuss emerging findings while the inspection is underway. The discussions are intended to enable partners to understand the rationale for the scope of the inspection,

reach agreement about the nature and level of scrutiny activity and to contribute relevant evidence at appropriate stages.

We schedule five professional discussions at agreed points. The inspection team and partners may, however, schedule additional opportunities for discussion during the inspection process if felt necessary.

The first professional discussion (PD1) takes place at the start of the engagement phase. It provides the CPP an opportunity to focus on self-evaluation and improvement and is aimed at assisting the inspection team to understand the improvement agenda and to examine the rigour and quality of self-evaluative activity. The second and third discussions (PDs 2 and 3) focus on the scope of the inspection and allow emerging messages and themes to be discussed. These discussions are helpful in also in jointly agreeing how uncertainties can be resolved through further activity or the provision of further evidence and/or agreeing emerging findings and reducing inspection activity. The fourth discussion (PD4) takes place the week after the proportionate phase in order to share high level inspection findings and the inspection team's evaluations on the six point scale for the nine evaluated Quality Indicators. The final discussion (PD5) takes places within four weeks of the previous discussion and allows inspectors to share more detailed findings and to provide additional information or clarification that may be helpful to partners in advance of them receiving the draft report. The discussion will also provide an opportunity to discuss the nature and extent of support that may be available.

Further detail on professional discussions are in Appendix 8.

## **12. Recording**

All inspection team members have a professional responsibility to maintain accurate records during inspections and we take our recording responsibilities seriously. We record using agreed tools and templates. Our recording system is iterative where we gather evidence and record where we can triangulate it, or amend or discard hypotheses as the inspection proceeds. We use the evidence gathered to reach conclusions and findings and record our rationale.

We take care not to record the names and identifying details of children and families unless in exceptional circumstances where we need to do so to ensure a concern about the child's safety or welfare is passed on. We do not record individual staff member details other than by designation.

We keep all written material securely and share it between inspection team members only for the purposes of the inspection. We record, store, share and retain information in line with the Care Inspectorate's policy.

## **13. Addressing matters of concern arising in the course of a joint inspection**

The protection of the welfare of children and any adult at risk of abuse or harm is paramount. The actions and decisions of inspectors will support this. Inspectors may have cause to believe during the course of a joint inspection that the quality of the services provided to children and families places an individual or individuals' safety and/or welfare at immediate risk. They may also judge the quality of the services provided as being inadequate over a period of time to the extent that the health or wellbeing of the child and family is compromised in the longer term. In these circumstances inspectors have a responsibility to report concerns and ensure that those services with a responsibility

to investigate and take the necessary actions to protect the child or adult at risk are able to do so. Inspectors will have access to the relevant inter-agency guidance, policies and procedures for public protection to assist in the reporting of concerns.

Concerns will not be raised directly with the parent, carer or staff providing a service to the individual or family. Rather community planning partners will be asked to nominate an appropriate senior officer to receive any concerns. Inspection team members will report their concerns in the first instance to the inspection lead who will consider all of the information available and make a decision about reporting concerns about the inadequacy of the quality of the services provided in relation to an individual. In all instances it is the responsibility of the services operating within the local authority area to act upon the information provided. The Lead Inspector will check that action has been taken and note the details of this.

The detailed protocol for addressing matters of concern is attached as Appendix 9.

## **14. Good practice**

The Care Inspectorate has a duty to disseminate good practice to support improved outcomes for people who use social care and social work services across the country.

In preparation for the inspection, partners will be asked to nominate any examples which they consider good practice in improving outcomes for children, young people and families. Partners should provide evidence to support their view that it is good practice worthy of wider dissemination and that it has helped to improve the circumstances of children, young people and families.

There are core criteria for good practice examples:

- They show creativity, innovation and step change.
- They are clearly resulting in improvements in the wellbeing of children and young people.

Ideally, they should involve collaborative work between two or more agencies. Each example should clearly demonstrate improvement in the impact on, and outcomes for children young people and families. Examples submitted should be sector leading, increase efficiency, tackle inequalities and if adopted more widely, would improve the life chances of children and families. Submissions should be a maximum of three pages of A4 referencing evidence and structured to cover:

- what prompted innovation or change, the reason the practice was developed and adopted
- how partners worked together to achieve this
- a description of how has the practice has improved the wellbeing of children and young people.

During the course of the inspection, the inspection team will review the evidence and undertake any activity necessary to validate good practice examples. Where they agree that the example is worthy of dissemination, these will be noted in the published report, with information made available through the Care Inspectorate's website [The Hub](#).

## **15. Quality assurance**

Ensuring that findings of joint inspections are robust and supported by a sound evidence base is critical. The Care Inspectorate Head of Inspection (Strategic, Children Services and Criminal Justice) is responsible for overseeing the delivery of each inspection and will undertake quality assurance activities at key points during the process of each inspection. These include regular discussion with the inspection lead, attending key meetings of the joint inspection team and selected professional

discussions. A director or deputy director of inspection may also attend any professional discussion or team meeting as required.

Draft inspection reports are reviewed and approved by our Quality and Consistency Panel before being issued to the partnership. The Quality and Consistency Panel is chaired by the director of inspection and affords an opportunity for the inspection lead and head of inspection to get feedback on the report from senior managers who have had involvement in scrutiny and inspection in other areas of the country.

This process is designed to:

- ensure that the report tells a coherent and evidence based story of the evaluated quality indicators
- ensure consistency of evaluations in line with previously published joint inspection reports
- ensure that the language and tone of the report is in line with the intended professional and public audience; that it is in plain English and in line with the Care Inspectorate's corporate guidance
- discuss the need for further scrutiny activities and/or support for improvement.

Issuing a draft of the report to CPPs prior to publication is a further step in the quality assurance process in providing the opportunity for partners to comment and amend any factual inaccuracies.

Following the inspection's conclusion, community planning partners are invited to provide feedback on the inspection process using a standard questionnaire (Appendix 13) in order to support the Care Inspectorate and scrutiny partners in our own quality assurance and continuous improvement.

## **16. Reporting**

Reports published following each inspection aim to answer three key questions.

- How are the lives of children and young people in the CPP area improving?
- How well are partners in the CPP area working together to improve the lives of children, young people and families?
- How well do partners lead and improve the quality of work to achieve better outcomes for children and families?

Before a report is published, a confidential draft is sent to the chair of the CPP, chief executive of the council, chief executive of the health board, the divisional commander, Police Scotland, for the area. Although confidential at this stage, chief officers may discuss relevant parts with relevant individuals to check the accuracy of information and the basis for evaluations. A joint reply from the partnership setting out comments on matters of accuracy should be returned to the inspection lead within three weeks.

An advance copy of this report is issued under embargo to the:

- chair of the community planning partnership
- chief executive of the council
- chief executive of NHS board
- chief constable of Police Scotland
- divisional commander for the local authority area, Police Scotland.

Reports are published on the Care Inspectorate's website and we will issue a press release on the day of publication.

## **17. Action plan**

The CPP is required to prepare a plan detailing the action it intends to take in response to the report and to submit this to the Care Inspectorate within six weeks of publication. Partners should use their own format for this but actions in the plan should be SMART. The Care Inspectorate's inspection lead and link inspector will review and agree the plan ensuring that it addresses the areas for improvement identified during the inspection.

## **18. Support for improvement**

The Care Inspectorate's link inspector arrangements for each local authority area serve three main purposes:

- monitoring the performance and quality of social work services
- encouraging improvement in social work services
- working with strategic partnerships with a focus on Integrated Children's Services Planning and integrated working in Adult Health and Social Care services to build capacity for joint self-evaluation.

Following each joint inspection, the link inspector will continue to work with the CPP with an appropriate level of focus on improvement activity recorded in the CPP's action plan, where necessary providing support and challenge in agreed activities and/or signposting them to appropriate sources of assistance. This may include support from other scrutiny bodies. The head of inspection has responsibility for ensuring the Care Inspectorate's scrutiny partners are informed about the likelihood of any requests for ongoing support.

When a partnership's performance in key areas of practice has been evaluated as weak or unsatisfactory, the Care Inspectorate and partners may conduct progress review inspection activity to provide assurance that effective action is being taken by the CPP to reduce risks and address areas of concern. In these circumstances the intention and timescale for follow through scrutiny will be recorded in the published report.

Depending on the level of concern a progress review will usually take place within 6 to 12 months following publication of the inspection report. A team of inspectors from relevant scrutiny bodies will seek to examine the progress made on the recommendations from the inspection report. This will usually involve one week of field work and be individually tailored to each inspection.

Where the findings of the inspection identify significant concerns, the link inspector may have a more formal monitoring role to provide senior managers in the Care Inspectorate and scrutiny partners with assurance that appropriate action is being taken to address weaknesses.

## **19. Sharing information with other inspection bodies and Scottish Government**

Scrutiny bodies work together to identify and agree the key scrutiny risks in each of Scotland's 32 council areas and to develop a plan of scrutiny activity to respond to those specific risks. Inspection findings will be shared with scrutiny partners and other relevant inspectorates for the purposes of contributing to this shared risk assessment process which is led by Audit Scotland. The National Scrutiny Plan for local government is one of the key outputs from the shared risk assessment work.

# Appendices

## Inspection handbook: Joint inspection of services for children and young people

	Page
Appendix 1: Code of Practice for Joint Inspection of Services for Children	2
Appendix 2: Roles and Responsibilities	7
Appendix 3: The Inspection Week by Week	9
Appendix 4: Pre-inspection return (PIR) information	12
Appendix 5: Pre-inspection information templates	13
Appendix 6: Outcomes/Statistical information we review in relation to QI 1.1	16
Appendix 7: Scoping Document	19
Appendix 8: Professional Discussions guidance	28
Appendix 9: Protocol for addressing matters of concern	34
Appendix 10: Addressing matters of concern - proforma	36
Appendix 11: File Reading Template	37
Appendix 12: Guidance to support review of practice through case file reading	55
Appendix 13: Post Inspection Questionnaire	89

## Appendix 1

### Code of Practice for Joint Inspection of Services for Children<sup>1</sup>

#### 1. Purpose and Background

1.1. In September 2011, Scottish Ministers requested that Social Care and Social Work Improvement Scotland known as the Care Inspectorate lead on the development and coordination of a new model for the scrutiny and improvement of services for children and young people. As required under section 115(8)(b) of the Public Services Reform (Scotland) Act 2010, henceforth defined as ‘the 2010 Act’, this Code of Practice is issued by Scottish Ministers to provide general guidance on matters relating to joint inspection of services for children. This Code of Practice relates specifically to joint inspections of services for children as defined in section 115(12) of the 2010 Act and sets out how confidential information including personal records will be accessed and handled during the process of joint inspection in compliance with the requirements of the 2010 Act and regulations made there under, the European Convention on Human Rights (ECHR) and the Data Protection Act 1998.

1.2. At the request of Scottish Ministers, the Care Inspectorate tested out a process for inspecting services for children between April and June 2012 with a view to finalising a methodology and commencing a series of pilot inspections from September 2012.

1.3. The Care Inspectorate has a plan to inspect services for children across the whole of Scotland through inspections of all 32 local authority areas by the end of March 2017. The persons and bodies taking part in each inspection will include the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary for Scotland (HMICS), and Healthcare Improvement Scotland. The Care Inspectorate will also collaborate with Audit Scotland in relation to its scrutiny work. The scheduling of joint inspections will be intelligence-led and take account of the Shared Risk Assessment process and National Scrutiny Plan for local authority services published annually by Audit Scotland.

1.4. Section 115 of the 2010 Act together with regulations made under the 2010 Act and this Code of Practice provide the framework for the conduct of joint inspections of services for children and the lawful exercise of powers to access and share information by inspectors during the process of a joint inspection.

1.5. In carrying out a joint inspection of services for children, the Care Inspectorate will deploy teams of inspectors as authorised persons. These teams will comprise a mix of staff with the relevant skills and experience drawn from the relevant persons and bodies detailed in paragraph 1.2 above. The Care Inspectorate will also make use of Associates as authorised persons to augment these teams and to provide

---

<sup>1</sup> This is an abridged version without appendices referred to in paragraphs 2.1, 2.2 and 3.16:  
Appendix 1 – see section 2, page 4 of this handbook  
Appendix 2 – see section 10 of this handbook  
Appendix 3 – see section 13 of this handbook



specialised skills or knowledge. Associates are people who are recruited to act as an inspector for the duration of one inspection from their current employment within children's services. The inspectors will bring recent successful experience in services for children to the inspections. The obligations of all staff taking part in the inspection, including Associates, will be governed by this Code of Practice. This will include the need to adhere to confidentiality requirements and an obligation to declare any conflict of interest.

1.6. A framework of quality indicators has been developed to support Community Planning Partnerships, as defined in Part 2 of the Local Government in Scotland Act 2003, with self-evaluation in relation to 'How well are we improving the lives of children, young people and families?'. This framework also aims to support the implementation of Getting it right for every child and integrated approaches to improving the lives of all children and particularly the most vulnerable children and young people. The quality indicators within this framework are designed to give a focus to the collection and appraisal of evidence and will be used by teams of inspectors in their independent evaluation of the quality of services.

## **2. The methodology for the joint inspection of services for children and access to personal information**

2.1. The model of inspection has been designed to focus on outcomes for children and young people and how well their lives are improving as a result of the services they are receiving. It is designed around a set of key principles for scrutiny and improvement which has been agreed by the relevant inspectorates following extensive consultation prior to the design of the inspection model. (These principles are set out in Appendix 1).

2.2. The broad inspection methodology (the detail of this methodology is set out in Appendix 2) requires a firm evidence base from a range of sources to allow teams of inspectors to reach collective judgements and evaluations about how well services are improving the lives of children and young people. The inspection process is designed to gather evidence in relation to relevant quality indicators. Evidence is gathered from a range of sources to reach an evaluation of performance in relation to selected indicators.

2.3. Where the Care Inspectorate considers it necessary and expedient for the purposes of any joint inspection, the evidence gathered may include information about an identified sample of individual children and young people within the local authority area. This requires access to records which contain confidential information as defined in s115 (11) of the 2010 Act and relate to individual children and young people. This includes core records held by the identified lead professional for the child's multi-agency plan and/or the named person in health or education services. In addition, for those children or young people who are or have been known to be in need of protection, inspectors may seek access to records held by health, social work, police, education services and the Scottish Children's Reporter Administration subject to the right of the relevant holder of the records to disclose them. Reading these records helps inspectors to assess how services are working together, and to

evaluate how effective this is in leading to improved outcomes for children and young people.

2.4. For the purposes of the joint inspection of services for children and young people, inspectors will not seek access to confidential information contained within personal records for any person other than the children or young people who are or have been in receipt of services and are identified within the sample.

2.5. A selection of individual children, young people, parents and carers in the sample will be asked to meet with inspectors to discuss aspects of the services they have received.

2.6. Meetings will be arranged with staff involved in the provision of services to children and young people to give inspectors an opportunity to understand the thinking behind the decision-making and the arrangements made for children and young people and their families. Inspectors will hear views from staff on how well children's needs are being met by services and the effectiveness of the processes which support this.

2.7. Inspectors may also seek to attend multi-agency decision-making meetings for any children's services and carry out observations of practice.

2.8. Evidence from all inspection activity, including the review of practice from reading children's records will be recorded in all written documents in such a way that the child or any other individual cannot be identified from the evidence recorded. These documents will be produced only for the purposes of gathering evidence required for the carrying out of the inspection. This inspection material will be destroyed in line with Care Inspectorate's records management policy and also in accordance with the requirements of regulation 9 of the Public Services Reform (Joint Inspections) (Scotland) Regulations 2011 ("SSI 2011/183").

2.9. The report to Scottish Ministers which follows the joint inspection will report on how well services are working together to improve the lives of children and young people. Inspectors will also prepare and provide a written detailed account of inspection findings to Community Planning Partnerships at the conclusion of the inspection. Neither of these documents will refer in any identifiable way to individual children, young people or families.

### **3. Arrangements for access to, holding, sharing and destruction of confidential information**

3.1. Section 117(3) of the 2010 Act introduced a duty of confidentiality that places a requirement on inspectors not to disclose confidential information other than for the purposes of the joint inspection. Inspectors may also disclose confidential information in order 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.

3.2. All members of the team of inspectors will receive appropriate training and will be bound by professional, legal and contractual obligations to preserve confidentiality.

3.3. The conduct of the inspection will ensure that due regard is paid to the principles of confidentiality as set out in the ECHR and the Data Protection Act 1998. The inspection team will avoid any unnecessary processing of information.

3.4. The rationale underlying the joint inspection of services for children and young people is to provide assurance regarding the effectiveness of these services and to support continuous improvement rather than to review the circumstances of individual children and young people. Access to individual records may be regarded by the Care Inspectorate as being necessary or expedient to ensure inspectors can verify specific areas relating to the relevant quality indicators.

3.5. A core element of each inspection will comprise a review of practice by reading the core records for a statistically valid sample of children. This is designed to provide evidence of the quality of practice and outcomes for children and young people.

3.6. A statistically valid sample of children and young people will be derived for each local authority area using the number and key characteristics (such as gender or age) of children who are looked after, entitled to through care and after care services, and those whose names are on the child protection register. This will be supplemented by a number of children referred by the Authority Reporter to the local authority for voluntary measures of supervision. The sample of children and young people will be selected using only the necessary information supplied by services operating within the local authority area. The arrangements for the supply and management of this information will ensure that this does not constitute confidential information and will also ensure its destruction at the time of the publication of the report to Scottish Ministers.

3.7. Inspectors proceed on the basis that, in circumstances where it is considered necessary or expedient for the purposes of the joint inspection, they hold the legal authority in terms of regulations 5 and 6 of SSI 2011/83 to access relevant personal records and that the consent from a child or young person, their parent or guardian is not necessary to read the relevant records pertaining to the child or young person. Following consultation with children and young people the Care Inspectorate acknowledges that children and young people need to understand that this is the case and wish to be informed that their records are to be reviewed. The Care Inspectorate will supply explanatory information in the form of a leaflet for staff, parents, carers as well as children and young people about the inspection in advance of it taking place. This will include information about the legal basis on which the Care Inspectorate may be entitled to read records without the prior consent of individual children, young people, parents or legal guardians.

3.8. Members of the inspection team will read the records supplied in relation to a number of children in the inspection sample. All of the records supplied concerning a particular child or young person will be allocated to one member of the inspection team by the lead officer for the inspection. In this way, an individual inspector gains a holistic view of how the child has been supported by all the services involved in the

child's life. The multi-disciplinary nature of the team means that professional expertise is available in any area where further clarity may be required.

3.9. The joint inspection team will consider the parental or caring context within their evaluation. Relevant information for this purpose that is contained within the child's record will be a factor in the joint inspection team's considerations.

3.10. The joint inspection process may identify an issue or particular case which will lead to a requirement for further information. Under these circumstances, the inspector may wish to discuss the case further with a relevant professional. For example, the inspector may wish to seek access to other health records such as those held by General Practitioners, Community Paediatricians or Mental Health practitioners.

3.11. While the majority of records are likely to be read by one inspector, in some instances, records could be read by more than one inspector.

3.12. Inspectors will always seek consent from the child, young person, or parent before attending any meetings or observing practice where a child, young person, parent or carer may be present. If such consent is not given, the inspector will respect this position and will not attend the meeting or observe the practice.

3.13. Any approach to meet with children or young people will be made by seeking the appropriate consent and cooperation through a member of staff already known to them.

3.14. Inspectors will record relevant evidence and information relating to the above only for the purposes of gathering evidence for the inspection. No names or identifying information will be recorded or identified in any material retained by the inspection team.

3.15. Service users and third parties other than public persons or bodies will not be identified or recognisable in the reports produced. All the notes taken by inspectors and evidence collected will use identifying numbers, not names.

3.16. If serious concerns arise during the inspection about the safety or welfare of a particular child or adult, this will be raised with the nominated senior officer and in line with the protocol covering such situations set out in Appendix 9. This protocol and the Code of Practice will be shared with senior staff in the services being inspected in advance of the inspection.

3.17. Inspection material will be destroyed in line with the Care Inspectorate's records management policy and also in accordance with the provisions of regulation 9 of SSI 2011/183. This happens immediately after the publication of the report to Scottish Ministers. Current practice is to retain summarised and anonymous evidence for five years after the publication of the report. The Care Inspectorate will retain any record of inspection findings shared with senior officers within the services inspected.

## Appendix 2

### Roles and Responsibilities

Roles and responsibilities of the inspection team members within the Joint Inspections of Services for Children

#### Inspection Lead (IL)

The IL is responsible for the successful conduct of the joint inspection and as such needs to lead on all aspects/phases of the inspection. They are project managers for each inspection. Responsibilities include gathering and analysing complex data across a range of relevant services and the collection of a sufficient body of evidence to reach sound conclusions about how well services work together to ensure good outcomes for children.

The IL will play a key role in setting the tone of the inspection by establishing credibility and winning confidence of Chief Officers, Community Planning Partnerships, senior managers and key staff in the range of services involved throughout the joint inspection.

#### Deputy Inspection Lead (DIL)

The DIL is responsible for supporting the IL in the preparation, planning and management of all phases throughout the joint inspection. The role will include deputising for the IL for aspects of the inspection as directed, as well as assuming responsibility for the conduct and completion of the inspection in the absence or withdrawal of the IL due to unforeseen circumstances.

#### Contact Manager

The Care Inspectorate Inspector Manager who acts as the Contact Manager for the local authority area receiving a Joint Inspection of Services for Children will contribute to key phases of the joint inspection. These include the provision of a “profile of performance” about care services operating within the area.

#### Strategic Inspector with a link role with the Local Authority area being inspected.

The Strategic Inspector who has the link role with the local authority area being inspected, providing support and challenge to the local authority social work service and the Child Protection Committee and participating in the Shared Risk Assessment/Local Scrutiny Plan development, contributes to the joint inspection. The responsibilities include preparing and submitting an analysis of relevant data and intelligence in respect of the social work service and services to protect children in the area and participating in the final professional discussion.

## Inspection Team Members

Inspection team members include:

- Care Inspectorate Strategic Inspectors
- A Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) Associate Inspector
- Inspectors from Healthcare Improvement Scotland (HIS) and Education Scotland
- One or two Associate Assessors - drawn from a pool experienced professionals who have been nominated by Community Planning Partnerships and their employer to take part in strategic inspection teams
- Young Inspector Volunteers aged 18 to 26 who are supported by a voluntary organisation and have relevant experience of care services.

The role of team members throughout the inspection is to:

- Gather, record and analyse evidence across services and from a range of sources including a review of multi-agency practice by reading children's records.
- Interview children, young people, parents and carers sensitively to obtain evidence of their experiences, the impact of the services they receive and the outcomes achieved.
- Facilitate and record focus groups on key themes or particular groups of staff.
- Facilitate 'Team Around the Child' meetings as a follow up to reviewing children's records.
- Take a lead on particular quality indicators or themes as directed by the IL
- Review and validate good practice.
- Produce clear and concise written reports within the inspection timeline to assist the inspection team to reach conclusions about the quality of services provided.

## Appendix 3

### The Inspection Week by Week

This section sets out a week-by-week overview guide on the inspection process for partnerships.

Week No.	Inspection Week Information
-12	<p>The partnership receives a notification letter from the Care Inspectorate setting out the main elements of the joint inspection and the relevant timescales. This letter is sent to:</p> <ul style="list-style-type: none"> <li>• Chief Executive of the Local Authority</li> <li>• Chair of the CPP</li> <li>• Chief Executive of the NHS Board</li> <li>• Police Scotland Chief Constable</li> <li>• Police Scotland area divisional commander</li> </ul> <p>The notification letter will include contact details of the lead inspector and the person providing administrative support to the joint inspection and asks the CPP to identify an inspection coordinator.</p>
-10	<p>Pre-inspection return (PIR) template is issued to the identified co-ordinator with covering email about inspection process and early engagement with coordinator.</p>
- 8	<p>Briefing on inspection process to partnership's chief officers and senior managers. The briefing provides in more detail the elements of the inspection, logistical and technical requirements, inspection personnel and the relevant timescales.</p>
-7	<p>The Staff survey is issued. This is an electronic survey to be made available to all lead professionals and named persons.</p>
-6	<p>PIR to be returned by CPP</p>
-4	<p>Sample of records to be read returned to CPP with forms to identify 'Team Around the Child' staff.</p> <p>Joint self-evaluation and position statements to be submitted.</p>
-2	<p>Scoping 1 off site analysis takes place and analysis of staff survey responses.</p> <p>Initial scoping document completed.</p>
1	<p>Scoping 2 week, commencing Tuesday morning with Professional Discussion 1.</p>

Week No.	Inspection Week Information
	<p>Three day timetable of activity focussed on determining the picture in relation to the following QIs:</p> <ul style="list-style-type: none"> <li>• Key performance outcomes (QI 1.1)</li> <li>• Planning and improving services (QI 6.2)</li> <li>• Participation (QI 6.3)</li> <li>• Leadership and Direction (QI's 9.1 – 9.4)</li> </ul> <p>Professional Discussion 2 takes place on the Friday afternoon of this week or at the start of week 3 to share the findings from Scoping Week 1, sharing the first iteration of the scoping document.</p>
2.	
3.	<p>Scoping 3 - reviewing practice through reading the core records of the statistically valid sample of vulnerable children identified from the pre-inspection return.</p> <p>Team around the Child arrangements are confirmed at the end of the week.</p> <p>Professional Discussion 2 takes place if not held at the end of week 1 to share the findings from Scoping Week 1, sharing the first iteration of the scoping document.</p>
5	<p>Inspection team members analyse the data from the review of children's records.</p> <p>Professional Discussion 3 usually takes during this week with a focus on the high level messages from the review of practice through reading children's records and concluding on the final scope of the inspection, agreeing the details of additional inspection activities or the removal of inspection activities which are no longer required.</p> <p>A meeting or discussion between Lead Inspector, Inspection Administrator and Coordinator takes place to finalise the timetable and the arrangements for the proportionate phase in week 5.</p>
6.	<p>Core and proportionate phase – Inspectors follow an agreed timetable of activity which will always include meetings with some teams around the child and children, young people, parents and carers. Other activities may include:</p> <ul style="list-style-type: none"> <li>• Individual interviews with key members of staff.</li> <li>• Single or multi-agency focus groups of staff.</li> <li>• Visits to services.</li> <li>• Observations of groups or key processes.</li> </ul>



<b>Week No.</b>	<b>Inspection Week Information</b>
7.	The inspection team undertake the analysis of the findings from the inspection and jointly agree the final evaluations and high level messages to feedback to the CPP representatives at Professional Discussion 4 on Thursday.
Between Weeks 8 and 11	Professional Discussion 5 – inspectors share more detailed findings and provide any additional information or clarification that may be helpful to them.
15	Lead Inspector and Deputy attend internal Quality and Consistency Panel
17	Draft report sent to Chief Officers for comment.
21	Comments on the draft report to be returned.
25	Advance publication
26	Report published

## Appendix 4

### Pre-Inspection return (PIR) information

This return seeks information we need in advance of the inspection.

It includes contextual information in terms of key personnel and structures:

- CPP members.
- Staff involved in integrated children's services planning.
- Organisational structures of relevant parts of the Council, NHS, Police, SCRA and Child Protection Committee.

To enable us to develop the statistically valid case sample we request information about children & young people receiving services on an agreed date:

- All children who are looked after at home or away from home regardless of legal status or type of care placement on the current date.
- All young people in receipt of aftercare services.
- All children whose names are included on the CPR on the current date.
- All children referred by SCRA for voluntary measures of supervision by the Children's Reporter within the last 12 months.

The request is sent in the form of an excel spread sheet to be completed electronically. The return should be made in association with all relevant parties – local authority, health, police and Scottish Children's Reporter.

**The PIR will be sent to the identified Inspection Co-ordinator for the CPP two weeks after the notification with return requested within four weeks.**

## Appendix 5

### Pre inspection information templates

**Self-evaluation** – there is no prescription as to how CPPs should provide self evaluation materials

#### Position statements:

#### 1. Corporate Parenting Position Statement

The concept of the Corporate Parent has been part of government policy for a number of years. Corporate parenting refers to the partnerships between the local authority departments; services and agencies that are collectively responsible for meeting the needs of looked after children and young people and care leavers. As well as being a responsibility, corporate parenting is a real opportunity to improve the futures of looked after children and young people; recognising that all parts of the system have a contribution to make is critical to its success. The Children and Young People (Scotland) Act 2014 defines the role of corporate parent, formalises their duties and increases the number of corporate parents in Scotland. This part of the act will be implemented from April 2015.

We ask that you provide us with a brief overview of your work as corporate parents to help us understand your approach and the progress you have made as well any barriers to progress. The statement should be no more than 3 pages long and will be used to inform the discussion during focus groups.

It may be helpful for you to address the following questions.

#### **What have our services done together to improve the outcomes for looked after children and young people and care leavers?**

- Strategy and leadership
- What action has been taken?

#### **What has the impact been on looked after children and young people and care leavers?**

- Evidence of the impact

#### **What do we need to do next?**

## **2. GIRFEC Position Statement**

During our inspection we wish to examine how well you are preparing for the implementation of Parts 4, 5 and 18 of the Children and Young People (Scotland) Act 2014. You can present your evidence in the best way that suits you but it may be helpful to use the GIRFEC Touchpoint checklists 10 and 11 to assist your thinking.

Please answer the following broad questions, taking account of the guide bullet points to aid our understanding of your progress. The statement should be no longer than 3 pages and will be used to inform discussions during focus groups.

### **Describe how you are jointly managing the change required by services?**

- Vision
- Change management programme
- Leadership and governance
- Success criteria
- Stakeholder involvement

### **How prepared are the staff for the new changes in roles and responsibilities?**

- Staff Culture
- Promoting a focus on the wellbeing of children across all services, including those working with adults?
- Staff support
- Monitoring arrangements to assess impact

### **How are the changes being communicated to both staff and the public?**

- Strategy
- Stakeholder involvement
- Monitoring effectiveness of communication strategy

### **How well are key processes being implemented across services?**

- Information sharing with Named Person
- A Child's Plan

## **3. Guidance for position statements Child Sexual Exploitation**

Child sexual exploitation is an increasing issue of concern and there are profound consequences on the lives of some very vulnerable children and young people. We wish to examine the progress made by the Community Planning Partnership in relation to this work as part of our inspection.

We ask that you provide us with a brief overview of your work in relation to child sexual exploitation to help us understand your approach and the progress you have made as well any barriers to progress. The statement should be no more than 3 pages long and will be used to inform the discussion during focus groups.

It may be helpful for you address the following questions and guide bullet points.

**What have our services done together to improve the outcomes for children who may be affected by Child Sexual Exploitation?**

- Strategy and Leadership
- What action has been taken?

**How have these changes impacted on children, young people and families?**

- Evidence of impact
- All children and more vulnerable children

**What more do we need to do together?**

- Next stage plans

## Appendix 6

### Outcomes/Statistical information we review in relation to QI 1.1

Quality indicator 1.1 – Improvements in the wellbeing of children and young people has three themes:

- Improving trends through prevention and early intervention.
- Improvements in outcomes for children and young people.
- Improvements in the life chances of vulnerable children and young people

To inform our evaluation of CPP's performance, we review a range of publically available statistical data, data provided by CPPs to support self evaluation materials and publically available local performance data.

The table below gives an indicative guide to the information and data that we may consider; it is not intended as an exhaustive list. Partnerships may wish to take account of this when considering self evaluation of their performance.

<b>Improving trends through prevention and early intervention</b>	<b>Improvements in outcomes for children and young people</b>	<b>Improvements in the life chances of vulnerable children and young people</b>
Breastfeeding rates	Teenage pregnancy rates	Looked after children – percentage of the child population (0-18) who are looked after.
Smoking rates during pregnancy	Low weight birth numbers	Looked after children – the balance of care between those placed in community settings and those in residential care. Breakdown and trends in placement type, at home with parents, kinship, foster care etc.
Immunisation uptake	Child obesity information	Looked after children – educational attainment and exclusion from school
Healthy weight interventions	Educational attainment – including trends for the lowest attaining 20%	Care leavers – those receiving aftercare services

Healthy start vitamins and voucher uptake	Literacy and numeracy measures	Care leavers – those eligible for aftercare who were in employment, education or training
Children’s dental health	Wider achievement and attainment – including identifying this for vulnerable groups	Care leavers – those with known economic activity
Early booking of antenatal appointments	School attendance rate	Care leavers – those still in touch with social work services
Early Years collaborative data specific to the area being inspected	Exclusion from school rates	Child protection – registration rate, deregistration rate, pre-birth case conferences, conversion rate from case conferences to registration
Physical education target for primary aged children	Positive destinations	SCRA – patterns of referrals to the reporter – offence and non-offence
Community safety measures – including road and fire safety measures, anti-social behaviour incidence, responses to domestic abuse.	Alcohol related admissions for young people	Trends in youth crime, including court appearances and custodial sentences.
Children and young people diverted to the early and effective intervention processes (EEI)	Babies born affected by mother’s drug use during pregnancy	Permanency planning, availability of placements, community based placements, young people remaining in foster care or children’s houses post 18. Trends and timescales.
Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). This is run on the Scottish Government’s behalf by ISD.		Housing – care leavers successfully sustaining tenancies. Use of bed and breakfast accommodation for children, young people and families. Families and care leavers affected by homelessness.

Surveys or feedback from children, young people and families		
--	--	--



## Appendix 7

### Scoping Document

#### Joint Inspection of Services for Children and Young People

\*\*\*\*\* Community Planning Partnership area

### SCOPING DOCUMENT

Completed on \*\*\*\*\* 2015

*List key themes which emerge from the inspection evidence and intelligence shared by scrutiny partners at the conclusion of Scoping & Analysis Phase 1. These themes may be used to form some common questions for inspection activity in on-site scoping [Scoping & Engagement Phase 2] and are numbered below.*

- 1.
- 2.
- 3.
- 4.

*How well are the lives of children, young people and their families improving?*

What Outcomes have been achieved?				
Inspection Coverage	Areas of concern	Area of Uncertainty	No significant concern/ no additional scrutiny	What we plan to do
<p><b>1.1</b> Improvements in the well-being of children and young people</p>				
<b>Good Practice:</b>				

<b>What Outcomes have been achieved?</b>				
<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of Uncertainty</b>	<b>No significant concern/ no additional scrutiny</b>	<b>What we plan to do</b>

<b><i>How well are the needs of stakeholders met?</i></b>				
<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of Uncertainty</b>	<b>No significant concern/ no additional scrutiny</b>	<b>What we plan to do</b>
<b>2.1</b> Impact on children and young people				
○ Safe				
○ Healthy				
○ Achieving				

○ Nurtured				
○ Active				
○ Respected				
○ Responsible				
○ Included				
<b>Good Practice:</b>				

<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of Uncertainty</b>	<b>No significant concern /no additional scrutiny</b>	<b>What we plan to do</b>
<b>2.2</b> Impact on Families				

Inspection Coverage	Areas of concern	Area of Uncertainty	No significant concern /no additional scrutiny	What we plan to do
<b>Good Practice:</b>				

*How well do services work together to improve the lives of children and families?*

<b>How good is the delivery of services?</b>				
<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of uncertainty</b>	<b>No significant concern/ no additional scrutiny</b>	<b>What we plan to do</b>
<b>5.1</b> Providing help and support at an early stage				
<b>5.2</b> Assessing and responding to risks and needs				
<b>5.3</b> Planning for individual children				
<b>Good Practice:</b>				

<b>How good is operational management?</b>				
<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of uncertainty</b>	<b>No significant concern/ no additional scrutiny</b>	<b>What we plan to do</b>
<b>6.2</b> Planning and improving services				
<b>6.3</b> Participation of children, young people, families and other stakeholders				
<b>Good Practice:</b>				

*How well do services lead and improve the quality of work to achieve better outcomes for children and families?*

<b>How good is leadership and direction?</b>				
<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of Uncertainty</b>	<b>No significant concern/ no additional scrutiny</b>	<b>What we plan to do</b>
<b>9.1</b> Visions, values and aims				
<b>9.2</b> Leadership of strategy and direction				
<b>9.3</b> Leadership of people				
<b>9.4</b> Leadership of improvement and change				
<b>Good Practice:</b>				



<b>How good is leadership and direction?</b>				
<b>Inspection Coverage</b>	<b>Areas of concern</b>	<b>Area of Uncertainty</b>	<b>No significant concern/ no additional scrutiny</b>	<b>What we plan to do</b>

*Note: Use this to add in any other QIs being scoped in*

<b>Additional inspection focus areas based on quality indicators, themes, key features and illustrations</b>				
<b>Inspection coverage and rationale</b>	<b>Areas of concern</b>	<b>Area of Uncertainty</b>	<b>No significant concern /no additional scrutiny</b>	<b>What we plan to do</b>

## Appendix 8

### Professional Discussions: Guidance

The Care Inspectorate is committed to engaging in dialogue with the full range of relevant partners throughout the process of the inspection. Regular professional discussions, scheduled at agreed points during each inspection, assists partners to engage all relevant people in dialogue with inspectors. They also help to bring transparency to the inspection and opportunities to discuss emerging high level messages and themes while the inspection is underway. This dialogue should enable partners to understand the rationale for the scope of the inspection, contribute relevant evidence at appropriate stages and reach agreement about the nature and level of scrutiny activity. Inspectors will also use these discussions as a platform to challenge and affirm the continuous improvement agenda across services for children and young people.

This guidance sets out a schedule of 5 professional discussions which will be planned into each inspection. The purpose and agenda for each of the discussions are outlined below. This should assist Community Planning Partnerships, Chief Officers, senior and operational managers across services in achieving appropriate representation for each discussion. Representation may vary for each of the discussions. The participation of the right personnel who can discuss the agenda within and across services at each of the professional discussion points is critically important to make sure that best use is made of the opportunities for professional dialogue. Partners are strongly encouraged to ensure representation in relation to strategic planning of integrated services, child protection as well as representation across key services such as police, health, social work, education and the voluntary sector at all professional discussions.

#### Professional Discussion 1

Timing<sup>2</sup>: Week 1 On-Site Scoping - Day 1 Tuesday morning (up to 2 hours)

Focus: Self- evaluation and improvement

Purpose: To assist the inspection team to understand the improvement agenda and to examine the rigour and quality of self-evaluative activity.

To assist the inspection team to begin to determine the scope of the inspection and the nature of any further proportionate inspection activity.

Community Planning Partnerships and Chief Officers are invited to lead a presentation lasting approximately 45 minutes on their joint self-evaluation of services for children, young people and families with the inspection team. This should demonstrate how well partners are improving the lives of children, young

---

<sup>2</sup> For all professional discussions the timings are what we suggest and aim for. It is accepted that there is a need to negotiate and alter these to suit local circumstances.

people and families. It should also describe the direction of travel and provide some context for this including strengths and priority areas for improvement. The discussion should also centre on how improvements are being taken forward and how progress is measured.

This will be followed by discussion led by the Inspection Lead about matters raised in the presentation, self-evaluation and continuous improvement. The time required largely depends on the nature and extent of the discussion. It is important that partners have sufficient time to answer questions, share their direction of travel and the challenges associated with this, and to provide supporting evidence with inspectors. Therefore, the Inspection Lead will not be prescriptive about the duration of the meeting, but it is expected to take no more than 2 hours and conclude on or before a natural lunch break.

## **Participants**

### **Inspection team**

Inspection Lead  
Depute Inspection Lead  
Inspection team members  
Head of Inspection or other Care Inspectorate senior manager

### **Representatives from the Community Planning Partnership area:**

It is suggested that a group of no more than 12 representatives, including Chief Officers and representation from the range of partner organisations who have been directly involved in the strategic planning of services for children and young people and in carrying out joint self-evaluation.

## **Suggested Agenda**

1. Joint self-evaluation & approaches taken to evaluate the quality of services using '*How well are we improving the lives of children and young people?*' (The Care Inspectorate 2012)
2. Improvement as a result of self-evaluation
3. Impact and outcomes arising from planning integrated children's services
4. Impact and outcomes arising from Corporate Parenting
5. Progress in relation to actions set out in previous inspection of services to protect children and ongoing joint-self-evaluation using *How well do we protect children and meet their needs?*(HMIE 2009)
6. Measuring success, monitoring progress and impact

## **Professional Discussion 2**

Timing: Week 1 Friday afternoon (1 – 1.5 hours)

Focus: Scoping the inspection and planning for the proportionate phase

Purpose:

- To discuss and share the messages from Scoping Weeks, sharing the first iteration of the “scoping document” and the rationale for decisions
- To agree the level and nature of further inspection activity required

Venue: Within easy travelling distance of the office base for this inspection.

## **Participants**

### **Inspection team**

Inspection Lead

Inspection team members (tbc by Inspection Lead)

Administrator for the inspection

### **Representatives from the Community Partnership Area**

It is suggested that a group of no more than 12 representatives to include representation from personnel directly involved in the earlier discussions about joint self-evaluation as well as those who have management responsibility for practice and decisions in relation to individual services. The inspection coordinator should also be in attendance to record and plan arrangements for any additional inspection activities

### **Suggested agenda**

1. The first iteration of the scoping document produced at the end of Week 1 identifying and giving a rationale for its content
2. Issues and questions
3. Results of the Care Inspectorate’s staff survey
4. Areas for further exploration
5. Rationale for proportionate activity
6. Good practice submissions

### **Professional Discussion 3**

Timing: Usually mid week the week prior to the proportionate phase.

Focus: High level messages from the review of practice through reading children’s records.

Purpose: To provide some high level messages from the review of multi-agency practice through reading children’s records.

To reach conclusions on the final scope of the inspection and agree the details of additional inspection activities or the removal of inspection activities which are no longer required.

## **Participants**

### **Inspection team**

Inspection Lead

Depute Inspection Lead

### **Representatives from the Community Planning Partnership Area**

The inspection co-ordinator and a suggested group of no more than 6 to 8 representatives made up from people across the range of partner organisations that have management responsibility for practice and decisions in relation to the individual cases. This should include representation from members of the CPC.

### **Suggested agenda**

1. Dialogue on high level messages (particularly impact and key processes)
2. Relating messages to self-evaluation
3. Updating the scope of the inspection

The report on the analysis of the review of children's records is shared with partners for this meeting.

### **Discussion with inspection coordinator**

Timing: After PD3 above.

Focus: Scheduling activities for the for the proportionate phase

Purpose: To confirm and agree the level and nature of further inspection activity required as a result of the review of practice through reading case records.

The Inspection Lead will conduct a discussion by telephone/VC/face to face and confirm by email any additional activities arising for the proportionate phase of the inspection. The Administrator for the inspection will also take part in this discussion.

### **Suggested agenda**

1. Additional inspection activity
2. Inspection activity no longer required
3. Amended interview requests (e.g. additional staff for teams around the child)

### **Professional Discussion 4**

Timing: Week 7 - Friday (1 – 1.5 hours)

Focus: Discussion of inspection findings

Page 31 of 92

**Purpose:** To share high level messages and the inspection team's evaluations for the 9 Quality Indicators in the inspection report.

The Inspection Lead will lead a discussion on the inspection team's findings with the support of some inspection Team Members. The discussion will be ordered around the key questions to be answered in the published report and cover key strengths, good practice and areas for improvement.

## **Participants**

### **Inspection team**

Inspection Lead

Depute Inspection Lead

Inspection team members from HMICS, Education Scotland and Healthcare Improvement Scotland

Head of Inspection or other Care Inspectorate senior manager

### **Representatives from the Community Planning Partnership Area**

A group of no more than 12 representatives made up of members of the Community Planning Partnership, Chief Officers and senior managers across the range of partner organisations responsible for leading and delivering services for children, young people and families. This group should include those who will be responsible for devising and implementing improvement plans arising from the inspection findings.

### **Suggested agenda**

The discussion of inspection findings should follow the key questions to be answered in the report and include the evaluations of relevant quality indicators. The inspection team will have access to notes which summarise the inspection findings. These notes remain draft at this stage and will be refined at a later date to form the inspection report. The discussion will include:

1. How well are the lives of children, young people and families improving?
2. How well are services working together to improve the lives of children, young people and families?
3. How good is leadership to improve the quality of work to achieve better outcomes for children and families?
4. Particular strengths that are making a difference to children, young people and families
5. Brief evaluation of good practice submissions
6. Capacity for improvement
7. Areas for improvement
8. What happens next?

It is recommended that partners schedule a short meeting to follow on from this professional discussion in order to consider any matters they would like to be considered in more detail at Professional Discussion 5 and agree a joint communication strategy with staff who have been involved in the inspection.

### **Professional Discussion 5**

Timing: Within 4 weeks of PD4. (2 hours max)

Focus: Supporting partners to understand inspection findings and to lead improvements

Purpose: To share more detailed findings in advance of the draft report.

Discussion led by senior managers from across services to support their improvement planning and activities. The discussion will enable inspectors to share more detailed findings in advance of receiving the draft report and to provide additional information or clarification that may be helpful to them. The discussion will also provide an opportunity to discuss the nature and extent of support that may be available through the various link arrangements offered by the Care Inspectorate and Education Scotland or Local Area Network.

### **Participants**

#### **Inspection team**

Inspection Lead  
Depute inspection Lead  
Link inspectors

#### **Representatives from the Community Planning Partnership Area**

A small group of Chief Officers and/or senior managers across the range of partner organisations. This group should include those who will be responsible for developing and implementing any improvement plans or actions arising from the inspection findings.

#### **Post Inspection**

The Link Inspector will initiate a discussion to assist with the development of action & improvement plans and to devise and agree a programme to support improvement across services for children and young people. This may include other scrutiny partners and take account of other linking, support and challenge arrangements e.g. the Area Lead Officer from Education Scotland.

## Appendix 9

### Protocol for addressing matters of concern

#### Concerns that a child or person may be at risk of abuse or harm

The protection of the welfare of children and any adult at risk of abuse or harm is paramount. The actions and decisions of inspectors will support this. Inspectors may have cause to believe during the course of a joint inspection that a child or adult is at risk of harm as a result of abuse or poor practice during the course of an inspection. In these circumstances inspectors have a responsibility to report concerns and ensure that those services with a responsibility to investigate and take the necessary actions to protect the child or adult at risk are able to do so.

Inspectors will have access to the relevant inter-agency guidance, policies and procedures for public protection to assist in the reporting of concerns.

Inspectors may judge that the quality of the services provided to children and families as so inadequate that it places an individual or individuals' safety and/or welfare at immediate risk. For example, this could be risky behaviour by a teenager which is disregarded, or, a protection/risk management plan which has not been implemented.

Inspectors may judge the quality of the services provided as being inadequate over a period of time in such a way as to compromise the health or well-being of the child and family in the longer term. For example, this could include a young person who has very onerous caring responsibilities with no support or a child who has ongoing contact with an emotionally abusive parent and does not wish to see the parent.

#### Addressing matters of concern during a joint inspection

1. In any event concerns will not be raised directly with the parent, carer or staff providing a service to the individual or family.
2. For the conduct of the Joint Inspection, community planning partners will be asked to nominate an appropriate senior officer to receive any concerns raised by the Lead Officer for the inspection under this protocol.
3. The inspector(s) will report their concerns in the first instance to the Lead Officer for the inspection.
4. The inspector will record the necessary details and information onto the required sections of the Care Inspectorate proforma with the date on which it is completed and their signature.
5. The Lead Officer for the inspection will take immediate action in line with the relevant inter-agency procedures to report all instances where it is believed that a child or adult is at immediate risk of harm, or, may have experienced abuse which has hitherto not been the subject of a satisfactory investigation.



6. The Lead Officer will consider all of the information available and make a decision about reporting concerns about the inadequacy of the quality of the services provided in relation to an individual. This decision will take account of the need to report concerns about individuals outside and as distinct from the responsibility to report the emerging and overall inspection findings in relation to the quality of services.

7. The Lead Officer for the inspection will record the necessary details and information onto the required sections of the Care Inspectorate proforma along with the date on which it is completed and their signature.

8. In all instances it is the responsibility of the services operating within the local authority area to act upon the information provided by the Lead Officer for the inspection.

9. The Lead Officer for the inspection will check that action has been taken and note the details of this in the Care Inspectorate proforma.

## Appendix 10

### **Addressing matters of concern arising in the course of a joint inspection - proforma.**

This form should be used to record action taken by the Inspection Lead in order to address child protection concerns during an inspection. Before completing this form, reference should be made to the information in section 13 of the Joint Inspection Handbook.

**Partnership area:**

**Inspection lead:**

**Child's/young person's name and date of birth if known:**

**Case Number (if concern is identified through reading a child's record):**

1. Brief summary of circumstances giving rise to concern.
2. Details of person/s bringing the matter to the attention of the Inspection Lead.
3. Inspection Lead's assessment and reasons for any decision to refer/not to refer.
4. Details of the person to whom the matter was referred.
5. Time and date of the referral.
6. Any other relevant information
7. The immediate outcome of the referral.

**N.B: – Following completion, arrangements should be made for this form to be stored within Quadrant House, indefinitely. Please forward to the relevant Admin Officer for the inspection.**

## Appendix 11

### File Reading Template

#### Child Case Record Database - Fields and Descriptions Version 9.2

Main Tab		
Date Read	1. Date File Read	
Case ID Number	2. Enter the Case ID Number	
Age of Child	3. Please select the age of the child	<input type="checkbox"/> <1 <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 - 4 <input type="checkbox"/> 5 – 10 <input type="checkbox"/> 11 – 17 <input type="checkbox"/> 18+
Sex	4. Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnicity Recorded	5. Is ethnicity recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	6. Please select ethnicity	
Disability Recorded	7. Does the child have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Clear
Disability Details	8. If yes, please state the disability	
Looked After Child	9. Is the child currently looked after or using	<input type="checkbox"/> Yes

	aftercare services?	<input type="checkbox"/> No
Looked After Details	<b>10.</b> Please select the current category	<input type="checkbox"/> At Home <input type="checkbox"/> Away from home with relatives or friends <input type="checkbox"/> Away from home in residential care/school <input type="checkbox"/> Away from home in foster care <input type="checkbox"/> Away from home in secure care <input type="checkbox"/> In receipt of respite care ONLY <input type="checkbox"/> In receipt of respite care in addition to other care services <input type="checkbox"/> Young person in receipt of after care services <input type="checkbox"/> Other
Looked After Details Other	<b>11.</b> If you have specified other please enter details	
Service Purchased by LA	<b>12.</b> Is the child looked after away from home in a service purchased by the local authority (including a commissioned school placement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Permanency Planning	<b>13.</b> Is the child subject to permanency planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Clear
Child on CPR	<b>14.</b> Is the child currently on the child protection register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child CPR Dereg in Last Year	<b>15.</b> Has the child been deregistered from the CPR in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child CPR Rereg in Last Year	<b>16.</b> Has the child been reregistered on the CPR in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving SW Service	<b>17.</b> Is the child receiving a service as a result of	<input type="checkbox"/> Yes

	being referred back from children reporter for advice, guidance and assistance?	<input type="checkbox"/> No
Lead Professional	<b>18.</b> Who has primary responsibility for co-ordination of support for the child?	<input type="checkbox"/> Multi-agency plan – lead professional <input type="checkbox"/> Single agency plan – named person <input type="checkbox"/> Young person over 16 years with neither of above <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Clear
	<b>19.</b> What are the child's past or present needs? <i>Please select all the categories which apply.</i>	<input type="checkbox"/> Child affected by parental substance misuse <input type="checkbox"/> Child affected by parental mental ill-health <input type="checkbox"/> Child affected by parental learning disability <input type="checkbox"/> Child affected by domestic abuse <input type="checkbox"/> Child affected by significant housing need <input type="checkbox"/> Child with caring responsibilities <input type="checkbox"/> Child engaging in offending behaviour <input type="checkbox"/> Child sexual exploitation <input type="checkbox"/> Neglect <input type="checkbox"/> None of the above

<b>A – Intervening Early</b>		
A – Early Intervention	<b>A1.</b> Are you able to answer early intervention over the past TWO years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If you are not able to answer questions about early intervention over the last TWO years, then ignore this Part and go to Part B</i></b>		
A – Effective Support	<b>A2.</b> Please rate how well services have recognised when children and /or families need to receive additional support at an early stage to prevent difficulties arising/escalating	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate

		<input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
A - Info Use for Early Support	<b>A3.</b> Please rate how well services have shared and made use of info to provide support at an early stage.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
A - Early Support Rating	<b>A4.</b> Please rate the timeliness and effectiveness of the early help and support received.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
<b>B - Responding to Child Protection Concerns</b>		
B – Risk of Harm	<b>B1.</b> Has the child been at immediate risk of harm, abuse or neglect, including self-harm or sexual exploitation, in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If there have been no concerns, over the past two years, that the child is at immediate risk of harm, abuse or neglect, including self-harm or sexual exploitation then ignore this part and go to Part C.</i></b>		
B - Effective Response Rating	<b>B2.</b> Please rate how well services have responded to any concerns that the child may be at immediate risk of abuse, or neglect, including self-harm or sexual exploitation.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory

	<b>B3.</b> In respect of the service's initial response to concerns of immediate risk, please record:	<b>Key Strengths</b>	<b>Areas for Development</b>
B – Accommodation	B4. Where it has been needed has appropriate accommodation been found to keep the child safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
B – Accommodation Details	B5. If yes, what was the type of accommodation provided?	<input type="checkbox"/> Foster Placement <input type="checkbox"/> Placement with Friends/Relatives <input type="checkbox"/> Refuge <input type="checkbox"/> Residential Care <input type="checkbox"/> Other	

<b>C - Responding to Concerns about Children's wellbeing</b>		
C – Risk to Wellbeing	<b>C1.</b> Have there been concerns, other than child protection concerns, about the wellbeing of the child in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If there is no wellbeing concerns then ignore this part and go to Part D.</i></b>		
C - Risk to Wellbeing Rating	<b>C2.</b> Please rate the quality of the initial response to concerns about wellbeing	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
<b>D - Responding to Concerns that Children may Harm Others</b>		
D – Risk of Harm to Others	<b>D1.</b> Have there been concerns, over the past two years, that the child poses a risk to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If there have been no concerns, at any time over the past two years, that the child poses a risk to other ignore this part and go to Part E.</i></b>		
D – Risk of Harm to Others	<b>D2.</b> Please rate how well service has responded to any concerns that the child may pose a risk to others.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
D – Risk of Harm to Others	<b>D3.</b> Where it has been needed has appropriate accommodation been found to reduce the risk posed by this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable



<b>E - Developing and Maintaining Chronologies</b>		
E - Chronology	<b>E1.</b> Does this child have a chronology in the named person or lead professional file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b><i>If there is no chronology in the lead professional/named person's case file, ignore this part and go to Part F.</i></b>		
E – Chronology Standard	<b>E2.</b> Is the chronology in the file fit for purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E – Chronology Comments	<b>E3.</b> If no, say why it is not fit for purpose	
E – Chronology Across Staff	<b>E4.</b> When you are reading records across service is the child chronology in the files other than the lead professionals also fit for purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
E – Chronology Staff Comments	<b>E5.</b> If no, say why they are not fit for purpose	

<b>F – Assessing Risks</b>		
F – Risk Assessment	<b>F1.</b> Does the child have an assessment of risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b><i>If there is no evidence in the records that an assessment has been made of risks to, or presented by, the child then ignore this part and go to Part G.</i></b>		
F – Risk Assessment Rating	<b>F2.</b> Please rate the quality of the child assessment of needs.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
<b>G - Assessing Needs</b>		
G - Needs Assessment	<b>G1.</b> Does the child have an assessment of needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If No or Not Applicable then ignore this part and go to Part H.</i></b>		
G - Needs Assessment Rating	<b>G2.</b> Please rate the quality of the child assessment of needs.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
<b>H - Making plans to manage risk and meet needs</b>		
H – Risk Plan	<b>H1.</b> Is there a plan which provides direction to staff in addressing the risk to and from the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Not Applicable
<b><i>If No or Not Applicable, then ignore the remainder of this part and go to Part I.</i></b>		
H - Risk Plan Rating	<b>H2.</b> Please rate the quality of the child's plan to manage risks.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
H - Needs Plan	<b>H3.</b> Is there a plan which provides direction to staff to address the needs of the child? If no or not applicable blank out the rest of the section. Go to section I.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
H – Needs Plan Rating	<b>H4.</b> Please rate the quality of the plan to meet the needs of the child?	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
H – Needs Plan SMART	<b>H5.</b> Is the plan to meet needs SMART?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H – Needs Plan Outcome	<b>H6.</b> Does the plan set out the desired outcomes for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### I - Implementing and Reviewing Plans

I - Plan Reviewed	<b>I1.</b> Is the plan being reviewed at intervals appropriate to the child's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Too Early to Tell
-------------------	--	--

I - Progress Review Rating	<b>12.</b> Please rate the quality of reviewing the child's progress.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
I - Needs Collaboration	<b>13.</b> Has there been an appropriate level of partnership/collaborative working in implementing the plan for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>14.</b> If no, please select all the partners not involved sufficiently.	<input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Police <input type="checkbox"/> Social Work
I - Environment Review Rating	<b>15.</b> Please rate the effectiveness of the planning in securing a caring and stable environment for the child.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
I – Delay in Assessment	<b>16.</b> Have there been difficulties in implementing key actions in the child's plan because of delays in the child being ASSESSED for key services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Assessment
I - Delay in Provision	<b>17.</b> Have there been difficulties in implementing key actions in the child's plan because of delays in the PROVISION of key services following assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Assessment <input type="checkbox"/> Not Needed
I - Permanent Care	<b>18.</b> Has the child been identified as needing permanent substitute family care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I - Permanent Care	<b>19.</b> How well is the plan to secure a permanent	<input type="checkbox"/> 4 – Very Well – no/minimum delay

Progress	placement for the child progressing?	<input type="checkbox"/> 3 – Fairly Well – some delay but no significant impact <input type="checkbox"/> 2 – Not Very Well – delays with significant impact <input type="checkbox"/> 1 – Not at all Well – minimum/no progress <input type="checkbox"/> Not Clear <input type="checkbox"/> Not Applicable
----------	--------------------------------------	---

<b>J - Involving Children and Parents in Decision-Making</b>		
J - Child Views and involvement in key processes rating	<b>J1.</b> Please rate how effectively staff have involved the child in key processes, including seeking and recording their views.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory
J - Family Views and involvement in key processes rating	<b>J2.</b> Please rate how effectively staff have involved the child's parents, carers and families in key processes, including seeking and recording their views.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory <input type="checkbox"/> Not Applicable
J - Child Rights Support Rating	<b>J3.</b> Please rate how effectively the child has been supported to understand and exercise his/her rights, comment on the services he/she has received and express dissatisfaction on making a complaint.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory <input type="checkbox"/> Not Applicable

J – Child Advocacy	<b>J4.</b> Has independent advocacy been offered to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
J – Family Advocacy	<b>J5.</b> Has independent advocacy been offered to the child's parents/carers/family?	

### K - Recording and Quality Assurance

K - Supervision	<b>K1.</b> Is there evidence that the lead professional/named person has opportunities to discuss his/her work with a supervisor, manager or other appropriate staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Clear
K - Quality Assurance	<b>K2.</b> Is there evidence that the lead professional/named person's record is reviewed regularly by their manager or staff with quality assurance responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Clear <input type="checkbox"/> Too Early to Tell

### L - Impact and Outcomes for Children

L - Early Sup Rating	<b>L1.</b> To what extent has the child's wellbeing improved (or is improving) as a result of the help provided?	<input type="checkbox"/> 4 – Considerable improvement evident <input type="checkbox"/> 3 – More than a little improvement evident <input type="checkbox"/> 2 – Some improvement evident <input type="checkbox"/> 1 – No/minimal improvement <input type="checkbox"/> Not Clear
----------------------	--	--

		<input type="checkbox"/> Too Early to Tell <input type="checkbox"/> Not Applicable
	<b>L2.</b> Please note areas of strengths and/or development under SHANARRI indicators	
<b>SAFE</b>	Strengths	Areas for Development
<b>HEALTHY</b>	Strengths	Areas for Development

<b><i>ACHIEVING</i></b>	Strengths	Areas for Development
<b><i>NUTURED</i></b>	Strengths	Areas for Development
<b><i>ACTIVE</i></b>	Strengths	Areas for Development



<b><i>RESPECTED</i></b>	Strengths	Areas for Development
<b><i>RESPONSIBLE</i></b>	Strengths	Areas for Development
<b><i>INCLUDED</i></b>	Strengths	Areas for Development

L - LC Help Rating	<b>L3.</b> Has this child had regular, meaningful contact with key staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too Early to Say <input type="checkbox"/> Not Applicable
L - Comms Parents Rating	<b>L4.</b> Have this child's parents/carers/family had regular, meaningful contact with key staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too Early to Say <input type="checkbox"/> Not Applicable

<b>M - Comments and General Assessments</b>			
M - Additional Comments	<b>M1.</b> 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 child/family and any examples of best practice.		
M - Comment on Family	<b>M2.</b> Is it appropriate to comment on the impact of services on the child's family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M - Family Resilience Rating	<b>M3.</b> To what extent is the family more resilient, and better able to meet their own needs, as a result of the services provided?	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory	
	<b>M4</b> In respect of the family's resilience, as a result of the services provided, please record:	<b>Key Strengths</b>	<b>Areas for Development</b>
M - Parent Confidence Rating	<b>M5.</b> Please rate how effectively services have improved parental confidence.	<input type="checkbox"/> 6 Excellent <input type="checkbox"/> 5 Very Good <input type="checkbox"/> 4 Good <input type="checkbox"/> 3 Adequate <input type="checkbox"/> 2 Weak <input type="checkbox"/> 1 Unsatisfactory	

	<b>M6.</b> In respect of how effectively services have improved parental confidence, please record:	<b>Key Strengths</b>	<b>Areas for Development</b>
--	---	----------------------	------------------------------

## **Appendix 12**

### **Joint inspection of children's services**

#### **Guidance to support review of practice through case file reading**

**Please read carefully**

## **CONTENTS**

### **Introduction**

### **MAIN Case type section**

- Part A      Intervening early**
- Part B      Responding to child protection concerns**
- Part C      Responding to concerns about a child's wellbeing**
- Part D      Responding to concerns that children/young people may harm others**
- Part E      Developing and maintaining chronologies**
- Part F      Assessing risk**
- Part G      Assessing need**
- Part H      Making plans to manage risk and meet need**
- Part I      Planning, reviewing and implementing**
- Part J      Involving children and parents in decision-making**
- Part K      Recording and Quality Assurance**
- Part L      Impact and outcomes for children and young people**
- Part M      Impact and outcomes on parents, carers and families**
- Form A      Potential emerging themes**
- Form B      Individual child summary**
- Form C      Wellbeing indicator illustrations**

## INTRODUCTION

These explanatory notes aim to help you assess practice through reviewing case records. The purpose of reading case records is to help us reach conclusions about the extent to which vulnerable children and their families are being helped by effective joint working across services. Therefore, while you may be reading records maintained by staff from one service only, (the lead professional or named person's record), you will be required to make judgements about the quality of practice across several different services. Thus, you should consider material in the record contributed by all of the staff involved in the case in order to answer the questions below.

These notes are designed to complement, not replace, your professional judgement. Please read the guidance carefully along with the instructions on the template itself. For some questions, illustrations based on current good practice are provided as a general guide to help you evaluate particular areas of practice. This guidance should help you with many of the questions; **you should always read the illustration carefully to ensure you understand the standard against which we are assessing practice.**

Once the file reading exercise is completed all the information will be analysed by some members of the team. To enable us to make best use of the evidence gathered through reading files please pay particular attention to the following principles.

- When you are completing each template please remember content is about that child only. As you read files you may start to identify possible themes, not captured on the template, please do not put these on the individual templates but record them on form A. You will have an opportunity to share these at the end of the exercise.
- When completing strengths, areas for development and other comments please ensure this is evaluative and succinct; do not provide descriptive information as this is contained within the case type information. You will want to record some brief descriptive information on your team around the child form B for those children/young people identified for follow up.
- When completing strengths, areas for development and other comments please DO NOT cross refer to your other sections on the template. For example: as above, see previous comments, as per schedule, refer to section x, as per guidance. Complete all sections as required. If you follow this guidance it will help the team make the best use of the evidence gathered.
- Please note examples in the guidance under strengths and areas for development are illustrations to give you an idea of the type of information required. Understandably these will vary for each child.

- It may take you longer than you think to read files and pay attention to the guidance, particularly at the beginning of the exercise. Don't worry about this as the most important point is to gather high quality evidence. We always get the exercise completed on time!

**Please focus on practice in the last two years only**, to ensure our findings are relevant and helpful.

## **CASE TYPE SECTION**

**This section provides information to allow us to link findings to particular groups of children/young people.**

**Please answer almost all questions based on the status of the child or young person at the 'due date' agreed for the inspection, NOT the date on which you are reading the record, by which time a child's circumstances may have changed.**

Please refer to the '**case list**' which will tell you the status of the child on the due date. It is important to take care with this section because the case file sample has been selected carefully to be statistically representative of the numbers of children in any area in particular categories.

- 18.** This question is the exception to the rule above. If responsibility for co-ordination of support has passed from a lead professional to a named person **at any time in the last year** (and is now held by a named person), you should tick the appropriate box. This is most likely to be the case when a case has been 'closed' by the social work service over the last year but the child continues to use universal services. There is a separate category for young people over the age of 16 years who are no longer subject to a multi-agency plan, have no lead professional and no named person.
- 19.** The categories given are those about which the Care Inspectorate has a formal agreement to gather information. We know that there may be other issues which affect children and young people but, for our purposes here, it is not necessary to add to these categories.



## **PART A INTERVENING EARLY**

**Part A focuses on how well services identify vulnerable children and families. It also considers the help provided to children and families at an early stage to promote healthy development and positive wellbeing and prevent difficulties arising.**

**A1 Only** answer this question **if there is evidence** of early intervention within the last two years. Where children and families have had long-standing involvement with services at a higher level of intervention for a substantial period of time (for example where children have been looked after for two years or more), ignore this section and move on to Part B.

**A2** Please consider the extent to which:

- Staff recognise signs that the child/young person needs early support or that his/her circumstances make him/her vulnerable.
- Requests from the child/young person or family members for support are treated seriously and responded to without undue delay.
- Information is gathered from a range of sources, where needed, to ensure the child's needs are fully understood and appropriate support identified.

**Using the above, please rate the effectiveness of services' response on the scale given below.**

**Excellent** – You will be able to answer 'yes' to all of the above where they are appropriate. All of the areas are very strong. Staff are highly responsive to children/young people and their families and show a very sound understanding of a range of factors leading to vulnerability. Services co-operate very well together to respond to need and there are sound monitoring processes in place to ensure support has the desired impact. All of this together is likely to provide a very high-quality experience for the child/young person and/or his/her family.

**Very Good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice is of a high standard and where appropriate, services are working together beyond an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there are a few weaker areas. Practice is of a good standard in most aspects and appropriate support has been provided for the child/young person and/or his/her family.

**Adequate** – You should be able to answer 'yes' to most of the above questions. The child/young person and/or family have received some support but there have been

delays, or the support could be better designed to meet their specific needs. The difference the support is making may not be monitored as well as it could.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. There may be delays before children/young people and/or their families get help. Weaknesses in information-gathering may mean that needs are not assessed well and the support provided may not give children/young people and/or families the help they need. It is not clear if support is making any difference to the child’s circumstances, safety or well-being.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. For example, staff fail to recognise signs that early support is needed and/or requests for help are not responded to, or there are long delays. Decisions about need may be based on incomplete information. Vulnerability is noted but no support provided. Weaknesses in sharing information may mean that children/young people and their families do not get sensitive and appropriate responses. Deteriorations are not noted and responded to until there is a crisis.

**A3** Please consider the extent to which:

- Information about the child/young person’s needs are shared between relevant services to ensure staff can respond appropriately and sensitively.
- There is evidence that consent to share information has been obtained from the parent/carer where appropriate.
- There is evidence that consent to share information has been obtained from the child where appropriate.
- GIRFEC information sharing protocols are being used.
- Services have used information effectively to provide support at an early stage.

**Using these, please rate the effectiveness of services’ response on the 6 point scale below.**

**Excellent** – You will be able to answer ‘yes’ to all of the above where they are appropriate. All of the areas are very strong. Excellent information sharing practice is evident. All of this together is likely to provide a very high-quality experience for the child/young person and/or his/her family.

**Very Good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice is of a high standard and where appropriate, services are working together beyond an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there are a few weaker areas. Practice is of a good standard in most aspects and information has been appropriately shared to ensure maximum benefit to the child/young person and/or his/her family.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions. Information sharing practice is of an acceptable standard but there are some weaknesses. For example important information has not been shared in quite enough detail or early enough to make maximum difference to the child/family.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Weaknesses in information-gathering may mean that needs are not assessed well and the support provided may not give children/young people and/or families the help they need.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Weaknesses in sharing information may mean that children/young people and their families do not get sensitive and appropriate responses.

**A4** Please consider the extent to which:

- Agreed support is provided without undue delay in ways which are realistic to meet identified needs.
- There is evidence of a clear link between the assessment of need and the support provided.
- The child/young person’s circumstances are monitored to ensure the support provided is effective and to enable any deterioration to be picked up quickly.
- The level and nature of support provided is amended in response to any changes in the child/young person’s circumstances.

**Using these, please rate the timeliness and effectiveness of the early help and support received on the 6 point scale below.**

**Excellent** – You will be able to answer ‘yes’ to all of the above where they are appropriate. All of the areas are very strong. Services co-operate very well together to respond to need and there are sound monitoring processes in place to ensure support has the desired impact. All of this together is likely to provide a very high-quality experience for the child/young person and/or his/her family.

**Very Good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice is of a high standard and where appropriate, services are working together beyond an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there are a few weaker areas. Practice is of a good standard in most aspects and appropriate, timely support has been provided for the child/young person and/or his/her family.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions. The child/young person and/or family have received some support but there have been delays, or the support could be better designed to meet their specific needs. The difference the support is making may not be monitored as well as it could.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. There may be delays before children/young people and/or their families get help. It is not clear if support is making any difference to the child’s circumstances, safety or well-being.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Vulnerability is noted but no support provided. Deteriorations are not noted and responded to until there is a crisis.

## **PART B RESPONDING TO CHILD PROTECTION CONCERNS**

**Part B is designed to gather evidence about the alertness of staff across services to signs that a child may need protection and the actions taken to ensure the child is safe. We include concerns that children/young people may be at risk of self-harm or allegations of historic abuse that require investigation to ensure no children are currently at risk.**

**B2** Please consider the extent to which:

- Staff recognise signs that the child may be at risk of harm abuse or neglect (including self-harm or sexual exploitation) and report any concerns promptly and appropriately.
- Staff receiving the concerns respond without delay, whether concerns are made within or outside office hours. They gather information from all relevant sources to make an initial assessment of risk.
- Investigations are planned and conducted effectively by staff with appropriate skill and training. Advice is sought from appropriate health staff when making decisions about the need for medical examinations.
- Where required, medical examinations are carried out by appropriately trained staff in a suitable child-friendly environment [i.e. not in a police station or in families’ own homes]. Medical examinations pay attention to the child’s wider welfare and health needs as well as forensic evidence.

- Appropriate action is taken to ensure the child's safety. There is a clear process of decision-making about the actions required during, and as a consequence of, any investigations (for example whether a child protection case conference requires to be held)
- Children and families are given helpful information about any concerns and actions taken, where appropriate.

**Using the above, please rate the effectiveness of services' response to child protection concerns on the scale given below.**

If you are considering how services have responded on more than one occasion in the last two years, please tell us how effectively services have responded either on the most recent occasion, or overall, as you think appropriate.

**Excellent** – You will be able to answer 'yes' to all of the above where they are appropriate. All of the areas are very strong. There are some features above the normal standard of practice and these aspects together should ensure an extremely high-quality experience for the child/young person.

**Very Good** – You should be able to answer 'yes' to all of the above questions 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** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there are a few weaker areas. Practice is of a good standard in most aspects. Ensuring the child/young person's safety has clear priority.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there are some areas of weakness. The child's immediate safety is prioritised but these weaker areas have, or are likely to have, reduced the quality of the child/young person's experience.

**Weak** – You cannot answer 'yes' to more than half of the above questions where they are appropriate. Some key areas are weak. There is a lack of professional competence and/or services are not working together effectively to ensure that risks are fully known and understood and that the child/young person is safe.

**Unsatisfactory** – You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. The child/young person may have been left at risk because key staff demonstrate a lack of professional competence and/or services are not working effectively together and/or critical resources are not made available in an emergency.

**B3** Please record key strengths and areas for development for all cases. Where there is no information please record 'no evidence' or 'not applicable'.

Key strengths	Areas for development
<p><i>Following child's disclosure to teacher of physical assault by their parent, immediate contact made with social work. IRD held the same day, involving police, social work, health and education. Robust information sharing and joint investigation led to the child moving to stay with a relative. As a result risk of immediate harm removed.</i></p>	<p><i>Following child's disclosure of physical assault by their parent to the teacher this information was not passed on for two weeks. Procedures for child protection were not followed and the child remained at risk.</i></p>

**B4 & B5 This** question asks about accommodation to keep children safe in an emergency. We ask about suitable placements for children in the longer-term later on in the template.

## **PART C RESPONDING TO CONCERNS ABOUT A CHILD'S WELLBEING**

**Part C is designed to gather evidence about the alertness of staff across services to the signs that there may be concerns about a child's wellbeing. This also includes evidence of the actions taken to ensure whatever is getting in the way of the child's wellbeing is addressed.**

**C1** In answering this question you should consider whether there is something getting in the way of the child's wellbeing that is causing concern. For example the child: is not reaching all their developmental milestones, has increasing caring responsibilities, poor nursery or school attendance and access to the curriculum, has mental health difficulties, poor emotional wellbeing or problems with substance use.

**C2** Please consider the extent to which:

- Staff recognise signs that there are concerns about the child's wellbeing and share information across services appropriately.
- Staff take appropriate action to ensure the child's wellbeing is optimised.
- Appropriate services are put in place to ensure the child's wellbeing needs are met.
- Children and families are given helpful information about any concerns and actions taken, where appropriate.

**Using the above, please rate the effectiveness of services' response to child wellbeing concerns on the scale given below.** If you are considering how services have responded on more than one occasion in the last two years, please tell us how effectively services have responded either on the most recent occasion, or overall, as you think appropriate.

**Excellent** – You will be able to answer ‘yes’ to all of the above where they are appropriate. All of the areas are very strong. There are some features above the normal standard of practice and these aspects together should ensure an extremely high-quality experience for the child/young person.

**Very Good** – You should be able to answer ‘yes’ to all of the above questions 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** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there are a few weaker areas. Practice is of a good standard in most aspects. Ensuring the child/young person’s wellbeing has clear priority.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there are some areas of weakness. The child’s wellbeing is prioritised but these weaker areas have, or are likely to have, reduced the quality of the child/young person’s experience.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. There is a lack of professional competence and/or services are not working together effectively to ensure that wellbeing needs are fully known and understood.

**Unsatisfactory** – You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. The child/young person may have been left in need affecting their wellbeing because key staff demonstrate a lack of professional competence and/or services are not working effectively together.

## **PART D RESPONDING TO CONCERNS THAT CHILDREN/YOUNG PEOPLE MAY HARM OTHERS**

**Your answers in Part D should give us important evidence about how readily staff across services recognise risks presented by children or young people who may harm others and how services respond to these risks.**

**D2** Please consider the extent to which:

- Staff recognise signs that the child/young person may present a risk to others and share concerns promptly and appropriately, clearly identifying what the concerns/risks are.
- Staff receiving the concerns respond without delay, whether concerns are made within or outside office hours. They gather information from all relevant sources to make an initial assessment of risk. They share

information with others as needed to agree how to ensure public safety and the safety of the child or young person.

- Appropriate action is taken to ensure public safety and the welfare of the child. There is a clear process of decision-making about the actions required during, and as a consequence of, any investigations.
- The child/young person, his/her family and any other relevant people are given appropriate information and support about decisions and actions.

**Using the above, please rate the effectiveness of services' response to concerns that children/young people may harm others on the six-point scale given.** If you are considering how services have responded on more than one occasion in the last two years, please tell us how effectively services have responded either on the most recent occasion, or overall, as you think appropriate.

**Excellent** – You will be able to answer 'yes' to all of the above where they are appropriate. All of the areas are very strong. There are some features above the normal standard of practice and these aspects together should ensure an extremely high-quality experience for both the child/young person and any other people affected.

**Very Good** – You should be able to answer 'yes' to all of the above questions 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** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there are a few weaker areas. Practice is of a good standard in most aspects. Appropriate attention is given to both the welfare of the child/young person and risks to other people.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there are some areas of weakness. Public safety is prioritised but these weaker areas have, or are likely to have, reduced the quality of the child/young person's experience.

**Weak** – You cannot answer 'yes' to more than half of the above questions 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 to ensure that risks are fully understood and addressed.

**Unsatisfactory** – You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. People may be left at risk and the needs of the child/young person unmet because key staff demonstrate a lack of professional competence and/or services are not working effectively together and/or critical resources are not made available in an emergency.



**D3** This question is about alternative accommodation found specifically to **reduce the risk posed by the child/young person**, for example placement in secure care.

## **PART E DEVELOPING AND MAINTAINING CHRONOLOGIES**

**Part E is an opportunity to comment on the quality of chronologies in written records. Information from Part E may inform later discussions with managers and staff about the use of chronologies in identifying and assessing risks and needs, where this is appropriate.**

Increasingly, named persons in universal services are maintaining chronologies, although it is not yet standard practice for a chronology to be kept for all children using universal services where there are no concerns or a lower level of intervention.

### **E2, E3, E4 & E5**

You will only be able to answer E4 & 5 where you have access to case records held by more than one service (for example, for children in receipt of child protection measures).

A chronology of key events should have prominence within the lead professional's record. It should contain

- significant life events (e.g. birth of sibling, change of school/house/employment, change in family relationship);
- changes to the child's legal status;
- child protection registration/deregistration; and
- any concerns which have been reported about the child/young person by themselves or others.

Events in the chronology may be family events or events relating to siblings but **the meaning for/relevance to the subject child should always be clear.** Chronologies should include information gathered from all appropriate services. A chronology **solely** of agency events/interventions is not acceptable.

### **Chronologies should:**

- be up to date;
- clearly record any actions taken;
- clearly have been subject to review and analysis;
- contain sufficient detail but not substitute for case recording.

- Where there are a number of key services involved in working with the child/family, we should expect to see either the same chronology in each service's record or a chronology containing information about the same events ( **E4 &5 only**)

## **PART F ASSESSING RISK**

**Part F aims to gather evidence about how well risks are identified and assessed. This part of the template covers both risks to children/young people and risks presented by children/young people to themselves and/or others. We ask questions about assessing children's needs in the following section, Part G. We ask questions about risk management plans in part H.**

**F1** Document/report titles are immaterial. There are likely to be local variations in the format used. If ONE document in the record addresses both risks and needs please comment in this section on how well risk is addressed within that single document.

**F2** There are a number of factors which should be taken into account when considering the quality of the risk assessment. They may not all be relevant for every assessment, but assessments should always include appropriate analysis of the key factors.

### **Written assessments should:**

- contain all the information relevant for this type and level of assessment including personal/family history where appropriate;
- detail the specific risks to this child, themselves and/or other people, noting the exact nature of the risks as far as can be known, the likelihood of their occurring and the consequences if not managed/addressed;
- detail protective factors, outlining how these are likely to reduce or mitigate risk;
- be structured in a meaningful way;
- include the views of the child/young person, their carer(s) and family as appropriate;
- address the communication needs of the child/young person fully (for example, language spoken, signs, symbols, speech and language therapy, Braille or audio);
- include the views of all relevant agencies;
- provide an analysis which takes appropriate account of up-to-date knowledge/theory/research;
- include a summary of previous support/intervention with the child/young person and family and the response to this (where appropriate);
- clearly set out options for action with the advantages and disadvantages of each option clearly stated; and
- offer a clear recommendation on the way forward.

**Using the above please rate how well you think risk has been assessed using the scale below.** Please do this even if it is out of date, as long as it is within the last two years of practice. Only jump this question if there is NO evidence of risk assessment in this period.

**Excellent** – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the assessment provides a high level of and/or original insight into the case and analysis of risks. An excellent assessment will demonstrate an outstanding level of professional competence.

**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. A very good assessment should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be a few weaker areas. For example representation of the views of the child, family or other agencies could be strengthened. However, a good assessment should still demonstrate an entirely acceptable level of professional competence.

**Adequate**– You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. An adequate assessment should demonstrate a basic level of professional competence but the assessment could be strengthened, for example in the extent to which it describes and analyses risks for this particular child.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak, for example risks are listed without any analysis of the impact on this child and protective factors are listed without consideration of how they will reduce risk. A weak assessment demonstrates a lack of professional competence in key areas and is unlikely to be helpful in informing decision-making.

**Unsatisfactory** – You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses, for example key information is inaccurate or out of date and/or important areas of risk are overlooked and/or recommendations for action do not take account of the risks detailed. An unsatisfactory assessment demonstrates a lack of professional competence and may compromise sound planning for the child/young person.

## **PART G ASSESSING NEED**

**Part G focuses on how staff across services collaborate to assess the child’s needs. In your answers, please consider how well staff identify both short-term and longer-term needs. In Part H you can comment on the quality of children’s plans and how effectively those plans are implemented.**

**G1** Document/report titles are immaterial. There are likely to be local variations in the format used.

**G2** There are a number of factors which should be taken into account when considering the quality of needs assessments.  
They may not all be relevant for every assessment, but assessments should always include appropriate analysis of the key factors.

**The assessment should:**

- Contain all relevant information including personal/family history and critical information about other family members (siblings and adults). where appropriate;
- be recent enough to take account of any changes in the child's needs.
- clearly identify the specific needs of the child/young person in the context of the needs of their carer(s) and family as appropriate;
- be structured in a meaningful way;
- be integrated with contributions from all relevant agencies as appropriate.
- include the views of the child/young person, their carer(s) and family as appropriate;
- address the communication needs of the child/young person fully (for example, language spoken, signs, symbols, speech and language therapy, Braille or audio);
- include the views of other relevant agencies;
- provide an analysis taking account of up-to-date knowledge/theory/research etc;
- include a summary of previous support/intervention with the child/young person and family and the response to this, where appropriate;
- clearly set out options for meeting the child's needs with the advantages and disadvantages of each option clearly stated and resource requirements where appropriate; and
- offer a clear recommendation on how the child's needs may be best met.

**Using the above please rate how well you think the child's needs have been assessed using the scale below.** Please do this even if it is out of date, as long as it is within the last two years of practice. Only jump this question if there is NO evidence of needs assessment.

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong. The assessment describes the child's current needs exceptionally well and anticipates likely future needs, detailing any action required to compensate for past deficits or reduce future difficulties. An excellent assessment will demonstrate an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength.

A very good assessment should be of a high standard, describe the child's short and longer-term needs very well and identify actions to meet them. It should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be a few weaker areas. For example, short term needs are outlined well but there is limited attention to anticipating future needs. However, a good needs assessment still should demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there are some important weaknesses. An assessment rated adequate should demonstrate a basic level of professional competence. However, the assessment could be strengthened in the extent to which it describes and analyses the needs of this particular child.

**Weak** – You cannot answer 'yes' to more than half of the above questions where they are appropriate. Some key areas are weak, for example there is limited consideration of the particular needs of this child or a lack of clarity in identified what is required to meet identified needs. A weak assessment demonstrates a lack of professional competence in key areas and is unlikely to helpfully inform decision-making.

**Unsatisfactory** – You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses, for example key information is inaccurate or out of date and/or important areas of need for this child are overlooked. The assessment may not identify needs but not address how to meet them. An unsatisfactory assessment demonstrates a lack of professional competence and may compromise sound planning for children/young people.

## **PART H**

### **Making plans to manage risk and meet children's needs**

**In this section, please tell us about the quality of plans to direct staff in managing risk and addressing children's needs.**

**H1** If an assessment identifies risks, there should always be a plan to manage or mitigate them. In some cases, risks may be adequately addressed in a wider assessment and care plan and in such cases, you should answer this and the following two questions by considering the extent to which this wider plan appropriately addresses how identified risks are to be managed. In certain cases, a discrete risk management/protection plan is more appropriate. For example, there should be a clear child protection plan for reducing the specific risks for any child on the child protection register. Children/young people whose behaviour poses a high risk of harm to themselves or others should have a risk management plan to guide those working with/caring for the child.

**H2** There are a number of factors which should be taken into account when considering the quality of plans to manage risks.

**Whatever form the plan takes; please consider the extent to which there is:**

- the most recent risk management plan is current enough to be of use in informing day to day practice with this child/young person
- Clarity about which agency and lead officer has responsibility for overseeing the plan to manage risks.
- A clearly stated aim and desired outcome/s (albeit these may be short-term).
- A SMART (specific, measurable, achievable, realistic and time bound) list of actions.
- Clarity about who is responsible for each action, and by when.
- Clarity about how progress will be monitored and recorded.
- A statement on how partners will review and monitor the plan and how they will communicate/collaborate with each other.
- A statement about what partners will do if risks change (contingency planning).
- Evidence of consideration of appropriate use of legislation, if required.
- Evidence of consideration of the need for statutory measures.
- Where appropriate, sign-off by the child/young person, advocate or family carer (where appropriate) and agency lead.

**Using the above please rate how well staff have planned to manage risks using the scale below.** Please do this even if it is not up to date, as long as it is within the last two years.

**Excellent** – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the way in which risk is assessed and managed is very clear. An excellent risk management plan will demonstrate an outstanding level of professional competence.

**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. The plan to manage risk should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be a few weaker areas, for example more attention could be given to ensuring the plan is SMART. However, a good risk management plan should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. Plans to manage risk which are evaluated as adequate should demonstrate a basic level of professional competence but there is a clear need to strengthen some aspects to ensure risks are effectively reduced or mitigated.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. A weak risk management plan demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to how to reduce or mitigate key areas of risk and/or there is a lack of involvement by services which have an important role to play in reducing or managing risks.

**H3** This may be called a Children’s Plan, a Care Plan, a Pathway Plan or similar but in some cases, a child protection plan will be appropriate. In the latter case, however, the plan should still address needs as well as risks.

In the *Getting it right for every child* approach, any child or young person who requires additional help should have a plan to address their needs and improve their wellbeing. This could be a single-agency plan but when two or more agencies are involved there will be a multi-agency Child’s Plan co-ordinated by a *Lead Professional*.

**We should expect to see a plan to direct staff in meeting the needs of the following children:**

- All looked after children, whether looked after at home or away from home in any setting;
- All children on the Child Protection Register (CPR) or who have been on the CPR in the last two years.
- Unborn children where risks and vulnerability have been identified.
- All young people using through/aftercare services
- Any other child and young person who is, or may be, at risk of harm from others or from self-harm.
- Children and young people who pose, or may pose, a risk of causing serious harm to others.
- Any other child about whom there is a significant level of concern because of their family circumstances.

If there is a plan in the record but there is no clear assessment on which this plan is based (i.e. you have answered No to question H1 above) please use the rest of the information in the record/s to help you make a judgement about the quality of the plan and its usefulness in directing intervention to meet the child/young person’s needs.

**H4** There are a number of factors which should be taken into account when considering the quality of plans to meet needs.

**Whatever form the plan takes, please consider the extent to which:**

- The most recent plan is current enough to be of use in informing day to day practice with this child/young person. Even fairly recent plans may be considered out of date if they do not take account of significant changes in a child’s circumstances or needs.

- The child/young person's needs are addressed appropriately and the plan is sufficiently responsive to direct staff in meeting any new or emerging needs.
- There is clarity about which agency and lead officer has responsibility for overseeing the plan.
- There is a clearly stated aim and desired outcome/s (albeit these may be short-term).
- The plan is SMART (specific, measurable, achievable, realistic and time bound) list of actions.
- There is clarity about who is responsible for each action, and by when.
- There is clarity about how progress will be monitored and recorded.
- There is a statement on how partners will review and monitor the plan and how they will communicate/collaborate with each other.
- There is a statement about what partners will do if needs change (contingency planning).
- There is evidence of consideration of appropriate use of legislation, if required.
- There is evidence of consideration of the need for statutory measures.
- Where appropriate, sign-off by the child/young person, advocate or family carer (where appropriate) and agency lead.

**Using the above please rate how well staff have planned to meet need using the scale below.** Please do this even if it is not up to date, as long as it is within the last two years.

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the way in which need is assessed and met is very clear. An excellent plan will demonstrate an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. The plan to meet need should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be a few weaker areas, for example more attention could be given to ensuring the plan is SMART. However, a good plan should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there may be some areas of weakness. Plans to meet need which are evaluated as adequate should demonstrate a basic level of professional competence but there is a clear need to strengthen some aspects to ensure needs are effectively addressed.

**Weak** – You cannot answer 'yes' to more than half of the above questions where they are appropriate. Some key areas are weak. A weak plan demonstrates a lack of professional competence in key areas.



**Unsatisfactory** - You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to how to meet need and/or there is a lack of involvement by services which have an important role to play in addressing need.

**H5** Specific, Measurable, Achievable, Reliable, Time bound. This should include clear actions, how these are to be achieved, by whom, when and how, outcomes to be achieved and clear intentions to review the plan. While it may be acceptable to state that timescales for some actions are 'ongoing' this should be the exception. Generally, actions which may take some time to complete should be broken down into sections with points for review so that progress can be measured.

**H6** An outcome-focused plan clearly anticipates the difference services intend to make to the child/young person's circumstances and wellbeing, i.e. the 'end point' of intervention. Desired outcomes for the child/young person should be specific to their individual circumstances and may include short and medium-term outcomes as well as longer-term outcomes. For example, while a longer term outcome for a young person may be achieving employment after leaving school, the current plan may focus on achieving good attendance while still at school. A helpful plan will lay out the outcome and the key actions required to achieve it.

## **PART I**

### **Planning, reviewing and implementing**

**This part of the template focuses on how effectively staff implement agreed plans for children. It also includes the effectiveness of arrangements to review and update plans to ensure they are fit for purpose in meeting children's needs.**

*Getting it right for every child* promotes an integrated and co-ordinated approach to multi-agency planning. It looks to practitioners to work in accordance with legislation and guidance but also expects agencies to think beyond their immediate remit, drawing on the skills and knowledge of others as necessary and thinking in a broad, holistic way. For example, a care plan for a child looked after by the local authority, a health care plan, or an individualised education plan should be incorporated within the child's plan where the child or young person's circumstances require this.

**Please consider the extent to which all relevant staff take responsibility and contribute effectively to planning for the child. We would expect to see each service have a clear understanding of their role in the child's plan and to be providing up to date information if the plan requires to be changed/amended.**

**I1** Scottish Government regulations and guidance set minimum frequency for reviewing the circumstances of children looked after by local authorities as:

- within the first three months and at least every six months thereafter for children looked after at home; and
- within six weeks and subsequently after three months then every six months for children looked after away from home and children receiving respite care.

Plans for young people in receipt of through and aftercare services should be created within 21 days of a pathway assessment and at least every six months thereafter.

National guidelines for child protection recommend child protection plans are considered at least quarterly at review child protection case conferences where children's names are on the Child Protection Register.

There are no commonly accepted norms for reviewing the circumstances of other groups of vulnerable children although best practice continues multi-agency core group meetings for children for a period of time after deregistration and for other children who are vulnerable but who have not reached the threshold for registration.

Where children have a co-ordinated support plan, this should be reviewed at a minimum of annually.

However, whatever the minimum frequencies laid down, you should consider whether this child/young person's circumstances are reviewed at a frequency which is reasonable to meet his/her needs and sufficient to guide staff in their intervention.

**I2** Please consider the extent to which:

- There is sufficient challenge to drive progress forward within timescales appropriate to the individual child or young person.
- The independent chair is carrying out their role effectively (where involved)
- Review processes are streamlined to minimise the number of meetings that families (and staff) must attend.
- All relevant staff across services, including those who work with adults in the family or the child's network, are involved in reviewing processes as appropriate.
- Relevant services contribute to reviewing progress against the plan through participation in core groups and review meetings.
- The child/young person is involved in the reviewing process including how well staff harness their views (based on their particular needs).
- The parent/carer, or other family members, are involved in the reviewing process and their views are considered and respected.

**Using the above please rate how well staff are reviewing the child's progress using the scale below.**

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the way in which the child's progress is reviewed is very clear. Excellent reviewing will demonstrate an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Reviewing practice is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be a few weaker areas. However, good reviewing practice should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there may be some areas of weakness. Reviewing practice which is evaluated as adequate should demonstrate a basic level of professional competence but there is a clear need to strengthen some aspects to ensure the child's progress is effectively reviewed.

**Weak** – You cannot answer 'yes' to more than half of the above questions where they are appropriate. Some key areas are weak. Weak reviewing practice demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to how best to review progress and/or there is a lack of involvement by services which have an important role to play in the child's care/support.

**I3 & I4** You would expect to see all staff carrying out the actions they are responsible for in the plan. You would also expect to see evidence of good communication between partners regarding progress, about any difficulties and significant changes in the child/young person's life. There should be active collaboration in responding to changes in circumstances requiring immediate action.

**I5** This question may apply to all children in the sample not just those identified as needing permanent substitute family care.

**Please consider the extent to which:**

- The plan for the child/young person appropriately identifies what needs to be in place to secure a nurturing and stable environment, at home, in school and in the community.
- Where the child has had adverse experiences the plan identifies measures which are in place to minimise their impact and lead to improved stability and security.
- Strategies are in place to minimise periods of uncertainty for the child/young person.
- The young person is provided with suitable accommodation options and support when leaving care.
- Contingency planning is evident to support the child should difficulties arise which threaten their security and stability.

**Using the above, please rate how well staff are planning towards securing a caring and stable environment for the child using the scale below.**

**Excellent** – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the way in which staff are working to secure a caring and stable environment for the child is very clear. Excellent practice in securing a caring and stable environment for the child will demonstrate an outstanding level of professional competence.

**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be a few weaker areas. However, good practice should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. Practice which is evaluated as adequate should demonstrate a basic level of professional competence but there is a clear need to strengthen some aspects to ensure a caring and stable environment is secured for the child.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. Weak practice in securing a caring and stable environment for the child demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to how best to secure a caring and stable environment for the child.

- I6** If there is no plan for the child, use your professional judgement to comment on how well the child's key needs have been met. Please consider whether there has been an unreasonable delay in the child getting services they need because a need has not been recognised in time or because assessments have not been started, completed or submitted timeously.
- I7** If there is no plan for the child, use your professional judgement to comment on the child's key needs have been met. Please consider whether there has been an unreasonable delay in the child getting services they need despite the need being assessed and referrals made. Answer **not needed** when the assessment identifies no services are required.
- I8** Permanent alternative care may include adoption, permanent foster care (permanence order), or residence order.
- I9** You would expect the timescales identified in the plan to be met. Where they are not being met you would expect to see appropriate challenge by the reviewing chair and managers. Delays are sometimes caused by complex circumstances; you need to judge the extent to which these are acceptable. These should be clearly recorded.

## **PART J**

### **INVOLVING CHILDREN AND PARENTS IN DECISION-MAKING**

**Questions in this section explore arrangements to involve children and young people and their parents/carers in decisions that affect them. Please consider whether there is evidence in the records of staff promoting children, young people and families' involvement by encouraging and supporting them to attend meetings or otherwise give their views.**

#### **J1 Please consider the extent to which:**

- There is evidence in case notes, minutes and/or correspondence reflecting conversations with a child/young person (and/or appropriate representative).
- There is evidence of the child being invited to attend and contribute to meetings where key decisions are made.
- There is evidence of a child/young person (and/or appropriate representative) being present at and contributing to meeting(s) where their views are sought and key information is being shared.
- You may also see in the record copies of reports, letters, worksheets or other material directly from the child which evidences how they have given their views.

- Staff use innovative methods to communicate with the child/young person, based on their age and stage, to harness their views. This should take account of the particular communication needs of the child/young person
- Children of all ages should normally attend Children’s Hearings and looked after children reviews unless there is good reason for the panel or meeting chair to excuse them. Children’s attendance at child protection case conferences and core groups is less routine, but commonly accepted good practice would support older children and young people to be supported to attend at least part of case conferences and core groups. Where this is not the case, we should expect to see the reason outlined in the record.
- The necessary support, including independent advocacy, is provided to enable the child/young person to participate fully in key processes.

**Using the above rate how effectively staff have involved the child in key processes, including seeking and recording their views using the scale below.**

**Excellent** – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the way in which the child is effectively involved in key processes, including seeking and recording their views is very clear. The work done to establish the child’s views and effectively involve them in key processes demonstrates an outstanding level of professional competence.

**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice in seeking the child’s views and involving them in key processes is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be a few weaker areas. However, good involvement practice should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. Involvement practice which is evaluated as adequate should demonstrate a basic level of professional competence. There is a clear need to strengthen some aspects to ensure the child’s views are properly sought and recorded, and the child effectively involved in key processes.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. Weak practice in involving the child in key processes, including seeing and recording their views, demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has

been given to seeking and recording the child's views and the child has not been involved in key processes.

**J2 Please consider the extent to which:**

- There is evidence in case notes, minutes and/or correspondence reflecting a conversation with parents/carers.
- There is evidence of parents being invited to attend and contribute to meeting/s where key decisions are made.
- There is evidence of parent/carers and family (and/or appropriate representative) being present at and contributing to meeting(s) where their views are sought and key information is being shared.
- The parents/carers and/or family are encouraged to attend meetings and participate in key processes. For example Children's Hearings, CPCCs, core groups and reviews.
- Parents are included in all child protection meetings, including core groups, and most looked after children reviews.
- Consideration is given to the need for independent advocacy where parents have disabilities or additional support needs. **Where parents have engaged their own legal representation, this should not be considered independent advocacy.** We would expect to see evidence that staff have considered the need for advocacy and made information available to parents/carers about available advocacy services where it may be helpful. It is not necessary for parents/carers to take up the suggestion of advocacy.

**Using the above rate how effectively staff have involved the child's parents, carers and families in key processes including seeking and recording their views, using the scale below.**

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the way in which the child's parents/carers are effectively involved in key processes, including seeking and recording their views is very clear. The work done to establish the child's parent's/carer's views and effectively involve them in key processes demonstrates an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice in seeking the child's parent's/carer's views and involving them in key processes is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be a few weaker areas. However,

good involvement practice should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. Involvement practice which is evaluated as adequate should demonstrate a basic level of professional competence. There is a clear need to strengthen some aspects to ensure the child’s parent’s/carer’s views are properly sought and recorded, and they are effectively involved in key processes.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. Weak practice in involving the child’s parents/carers in key processes, including seeing and recording their views, demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to seeking and recording the parent’s/carer’s views and they have not been involved in key processes.

### **J3 Please consider the extent to which:**

- Independent advocacy (this does not include safeguarders) has been provided to support the child/young person to understand decisions made and give his/her views or act on the child/young person’s instructions to communicate views on his/her behalf.
- The child/young person has been informed about and encouraged to exercise their rights.
- There are opportunities for the child to express what they think about the services they receive.
- The child/young person has been informed and understands how they can go about expressing their dissatisfaction and/or making a complaint.
- The child/young person has been supported to make a complaint or challenge a decision.

**Using the above please rate how effectively the child has been supported to understand and exercise his/her rights, comment on the services he/she has received and express dissatisfaction or make a complaint. Please use the scale below.**

**Excellent** – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the way in which the child has been supported to exercise their rights is very clear. The work done to support the child to exercise their rights demonstrates an outstanding level of professional competence.



**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. Practice in supporting the child to exercise their rights is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be a few weaker areas. However, an evaluation of good in supporting the child to exercise their rights should still demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. Practice in supporting the child to exercise their rights which is evaluated as adequate should demonstrate a basic level of professional competence. There is a clear need to strengthen some aspects to ensure the child is supported to exercise their rights, comment on the services they have received or make a complaint.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. Weak practice in supporting the child to exercise their rights, demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to supporting the child to exercise their rights, comment on the services he/she has received or make a complaint.

## **PART K SUPERVISION AND QUALITY ASSURANCE**

**In this section you are asked to consider the extent to which managers support their staff and exercise their accountability for staff’s work.**

- K1** Evidence may be found in contact notes or other correspondence. A formal record of supervision sessions would not normally be found in children’s case records but it is appropriate for staff to note a decision made as a result of guidance from, actions agreed with, a manager.
- K2** Consider whether there is evidence of *routine* review of the records or of key documents within the record.

## PART L IMPACT AND OUTCOMES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

In Part L, you are asked to make judgements about the impact on, and outcomes achieved, for this child/young person. There may be less tangible but no less significant improvements from the child/young person's perspective where there is evidence in the record that they feel there has been an improvement, for example feeling safer, happier, more secure or more included. Look for this kind of evidence in the child/young person's views as recorded in reports or minutes, particular where their own words are used. There may also be useful material produced by the child/young person contained in the file which will tell you how they feel. You have the opportunity in part M to comment on impact on parents/carers/families.

**L1** Please ensure your overall evaluation fits with your analysis below at L2. A positive outcome of intervention is a demonstrable improvement in the child/young person's circumstances.

**Examples could include** (this list is not exhaustive)

- ✓ better educational attainment
- ✓ access to employment/training
- ✓ reduction in offending behaviour
- ✓ increased independence
- ✓ health problems reduced or resolved
- ✓ attainment of developmental milestones
- ✓ reduction in alcohol/drug use
- ✓ a cleaner, safer home
- ✓ making friends

Bear in mind that this question asks specifically about improvements in the *child/young person's* life. Be cautious with positive comments from parents/carers about their own situation unless it is matched with a similar comment from the child or unless there is clear evidence that improvements for adults have also led to tangible improvements for the child/young person. (For example, a parent may be very positive about undertaking a college course but this does not in itself mean there is an improvement for the child.)

**L2** Please complete all sections for each child. Where there is '**no evidence**' or the indicator is '**not applicable**' please record this. When you are providing comment on each of the wellbeing indicators please use **form C** which will provide useful prompts and illustrations to help you. **Form C** is not an exhaustive list so please also consider the age and stage of development the child is at. **Under no circumstances leave any of boxes blank.**

The SHANARRI indicators, and illustrations in form C, highlight optimum wellbeing. It is more difficult to identify deficits in wellbeing using the SHANARRI model. However, assessment (part G), planning (part H) and reviewing (part I) should all have given

you valuable information about the child's wellbeing. Use this to help identify areas for development when answering this question.

## **PART M**

### **IMPACT AND OUTCOMES FOR PARENTS, CARERS AND FAMILIES**

**In Part M, you are asked to make judgements about the impact on, and outcomes achieved by parents, carers and families.**

**M1** Please provide additional RELEVANT comments about practice in this case. Only include information that you have not already recorded elsewhere. This should not include a description of the case but should be information that will add value to the overall analysis.

Consider the impact of services on family wellbeing.

#### **M3** Helping families become more resilient

**Please consider the extent to which:**

- The family has benefited from helpful, reliable support from good quality services.
- Help was readily available for the family.
- The family was able to receive help promptly when they asked for help.
- The child's parents/carers have been equal partners alongside staff as they work together to prevent their difficulties getting worse.
- The child's parents/carers have been supported to make important changes and are less reliant on services.
- The child's parents/carers have developed new skills which make them more likely to successfully deal with new problems successfully.
- The family has been helped to develop an effective social support network.

**Using the above please rate how effectively services have helped this family to become more resilient, using the scale below.**

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the way in which the family has been helped to become more resilient is very clear. The work demonstrates an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength.

The work done to increase the family's resilience is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be a few weaker areas. However, the work done to improve this family's resilience still demonstrates an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there may be some areas of weakness. Practice is adequate, demonstrating a basic level of professional competence. There is a clear need to strengthen some aspects to ensure this family increases their resilience.

**Weak** – You cannot answer 'yes' to more than half of the above questions where they are appropriate. Some key areas are weak. Weak practice in building this family's resilience demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to helping this family to build their resilience.

**M4** Increasing parents' confidence and competence, to meet their children's needs.

**Please consider the extent to which:**

- The family has benefited from opportunities to increase their knowledge of child development.
- The child's parents/carers have received parenting support appropriate to their needs.
- Parenting support appropriate to the age of the child was readily available.
- The child's parent/carers are more confident in their parenting as a result of the support provided.
- The child's parent/carers have developed their parenting skills and demonstrate this through greater confidence in nurturing their child and dealing effectively with difficulties.

**Using the above please rate how effectively services have helped increased the child's parent's confidence and competence.**

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the way in which the parents/carers have been helped to increase their confidence and competence is very clear. The work demonstrates an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength.

The work done to increase parental confidence and competence is of a high standard and demonstrates professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be a few weaker areas. However, the work done to improve parental confidence and competence still demonstrates an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. Practice is adequate, demonstrating a basic level of professional competence. There is a clear need to strengthen some aspects to ensure these parents improve parental confidence and competence.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. Weak practice in helping these parents develop confidence and competence demonstrates a lack of professional competence in key areas.

**Unsatisfactory** - You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. Insufficient attention has been given to building parental confidence and competence.

You should provide any evidence that support/services provided to parents, carers and other family members has helped (or is helping) reduce children’s vulnerability, improve their day to day experiences and improve their life chances. When noting strengths and areas for improvement please consider noting any particular services where there is evidence these have been helpful in strengthening the family. Please avoid listing services used if there is no evidence of a positive impact.

**M4 & M6** Please record key strengths and areas for development for all cases. Where there is no information please record ‘**no evidence**’ or ‘**not applicable**’.

Key strengths	Areas for development
<p><b>RESILIENCE</b>  <i>The Caledonia programme has contributed to this mother becoming more resilient. The support provided to her as part of the programme has strengthened her ability to protect herself and her children. She now has increased confidence in herself and has become more involved in community activity groups that her children are also benefiting from. For example the parent and toddler group.</i></p>	<p><b>RESILIENCE</b>  <i>Whilst the woman’s partner has been involved in a domestic violence programme she has not been offered any support. As a result her confidence and resilience remains unchanged.</i></p>

**PARENTAL CONFIDENCE**

*Following successful completion of a parenting programme this father is now confident enough in his own parenting skills to share his experiences and the skills he has learned with others.*

**PARENTAL CONFIDENCE**

*The father has never been offered a parenting programme which he may have benefited given him taking sole custody of his child on an unplanned basis. This could have been very successful given his high motivation.*

## Appendix 13

### Post Inspection Questionnaire

Following \*\*\*\*\* Community Planning Partnership (CPP) area's joint inspection of services for children and young people led by the Care Inspectorate, we would value your feedback. The information you give will help us monitor, review and improve the way we inspect.

**We ask that you complete a single return that represents the views of all relevant partners.** To achieve this, we encourage you to consult with key people involved in the inspection before completing this form. Please use the spaces to provide additional comments so we can take account of them as we continue to improve our approach. No critical entry on this form will be taken to represent a complaint. If you wish to make a complaint about any aspect of the inspection, please write separately to Helen Happer, Head of Inspection (Strategic - Children and Criminal Justice), Care Inspectorate, Springfield House, Laurelhill Business Park Laurelhill Road, Stirling, FK7 9JQ.

\*\*\*\*\*, Strategic Inspector ([\\*\\*\\*\\*\\*@careinspectorate.com](mailto:*****@careinspectorate.com), Tel: , Mobile: 07\*\*\*\*) will be pleased to answer any questions you may have about this questionnaire or its completion.

We would be grateful if you would send back your return to Helen Happer, ([helen.happer@careinspectorate.com](mailto:helen.happer@careinspectorate.com), Care Inspectorate, Springfield House, Laurelhill Business Park, Laurelhill Road, Stirling, FK7 9JQ) **by (2weeks)\*\*\*\*\* 2015.**

Thank you in advance for your cooperation.

CPP area:	Enter name
Inspection lead:	Enter name
CPP representative coordinating response:	
Date:	

**1. Please rate the quality of the information we gave you about the inspection:**

❖ The written materials provided with the announcement letter:

Excellent	Very good	Good	Adequate	Weak	Unsatisfactory

❖ The briefing given to chief officers and operational after the inspection was announced:

Excellent	Very good	Good	Adequate	Weak	Unsatisfactory

Do you have any suggestions for improvement?

2. We asked for a range of pre inspection information – the pre-inspection return, position statements and self evaluation materials. Please rate how clearly we communicated with you about our expectations of what you should provide for:

❖ The pre-inspection return?

6 Absolutely clear	5	4	3	2	1 Not at all clear

❖ The position statements?

6 Absolutely clear	5	4	3	2	1 Not at all clear

❖ Information about you joint self-evaluation activity?

6 Absolutely clear	5	4	3	2	1 Not at all clear

Do you have any suggestions for improvement?



3. We held professional discussions with you during the inspection and provided information about the purpose and focus of each of these meetings. How useful did you find these discussions in keeping you informed about the emerging findings and scope of the inspection?

Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory

Do you have any comments about these?

4. How do you rate the inspection in terms of the suitability of the methods and procedures that we used to gather our evidence?

Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory

Do you have any suggestions for improvement?

5. How well did we help you to coordinate the inspection?

Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory

Do you have any suggestions for improvement?

6. Our aim is to scope the inspection and be proportionate in our inspection activity. How do you rate the extent to which we achieved this?

Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory

Do you have any suggestions for improvement?

7. To what extent do you think that the inspection will add value and help with the ongoing improvement of services for children, young people and families?

6 Excellent value	5	4	3	2	1 No value at all

8. The published report of the inspection is intended to give an overview of the process and its findings. How would you rate the final published report in reflecting the findings of the inspection?

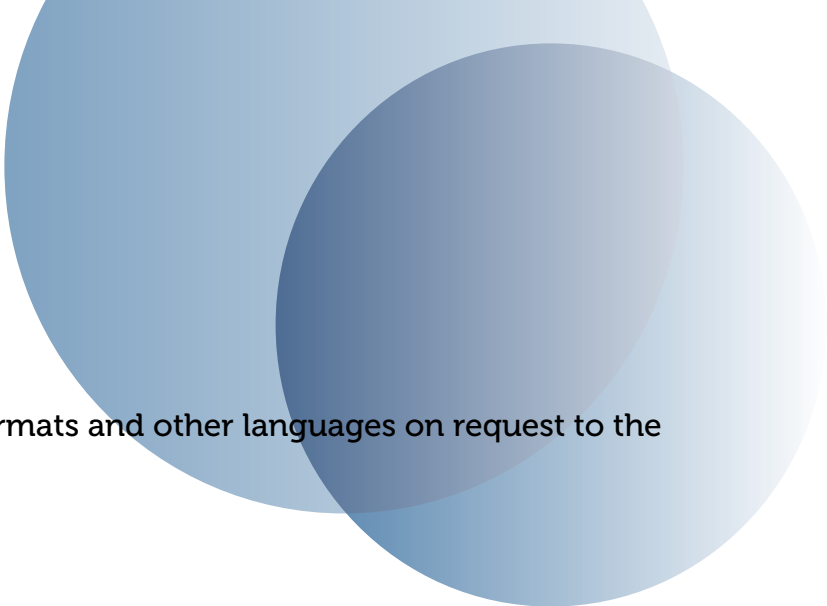
Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory

9. The Supporting Improvement Document is provided for leaders and managers who are responsible for planning and delivering services for children, young people and families. It includes the key findings and some of the evidence from the inspection in a level of detail intended to help guide planning for improvement. How helpful do you think the Supporting Improvement Document will be in supporting your ongoing improvement?

Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory

Do you have any suggestions for improvement?

10. Do you have any other comments to make about the inspection?



This publication is available in other formats and other languages on request to the Care Inspectorate.

**Headquarters**

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY  
Tel: 01382 207100  
Fax: 01382 207289

Website: [www.careinspectorate.com](http://www.careinspectorate.com)  
Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)  
Care Inspectorate Enquiries: 0345 600 9527

Photos © the Care Inspectorate

© Care Inspectorate 2015  
Published by: Communications

OPS-0715-319



Corporate member of  
Plain English Campaign  
Committed to clearer communication

420