



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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CHILD PROTECTION REVIEW REPORT

Stage 3 - Quality of Record Keeping

South Eastern Health and Social Care Trust Report

Records Audit completed 26th - 30th January 2009
Report Completed 6th August 2009

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Executive Summary

The 'Quality of record keeping' (audit) is part of the Child Protection Review in the South Eastern Health and Social Care Trust. The audit was undertaken in three offices and covered five Social Work Teams, two Gateway Teams and three Family Intervention Teams. The audit took place between the 26th and 30th January 2009.

There were two components of the audit process; the first was based on recommendations 30 and 29 of the SSI Overview Report '*Our Children and Young People, Our Shared Responsibility*' December 2006 (hereafter referred to as the SSI Overview Report). The second component was based on the Regional Supervision Policy, Standards and Criteria issued in February 2008.

A total of 53 files were selected for audit and an additional audit in office A inspected 22 files, seven of which were unallocated cases.

The review team found a distinct variation across the Trust in relation to performance against recommendations 30 and 29 of the SSI Overview Report. In offices B and C the audit evidenced sound file structure and maintenance. However, the audit identified significant failings in relation to systems and processes in office A, including poor risk assessments, delays between referral and allocation and poor management of child protection processes. The review team decided that 14 cases from this office should be escalated to the Trust under the RQIA Escalation Policy. This matter in conjunction with concerns regarding systems and processes within this office formed the basis of a 'highlight report' which was forwarded, to the DHSSPS, the Trust Chief Executive, the Eastern Health & Social Services Board and the Board of the RQIA.

The Trust subsequently forwarded an action plan to the RQIA, outlining actions taken in relation to the escalated cases together with and a strategy to manage the related operational issues within this office.

Section 1 Overview

1.1 The Role and Responsibility of the Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under *The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services. There are four core activities which define the focus of work of the RQIA.

- ❖ improving care
- ❖ informing the population
- ❖ safeguarding rights
- ❖ influencing policy

1.2 Scope of Review

In May 2008, the RQIA began a two year review of child protection services in Northern Ireland. The review focused on selected recommendations from the report *'Our Children and Young People - Our Shared Responsibility'* (referred to as the SSI Overview Report). Where relevant, it also took into account recommendations from the 'Independent Inquiry Panel into the deaths of Madeline and Lauren O'Neill' (referred to as the O'Neill Report), and the *'Independent Report into the Agency Involvement with Mr McElhill, Ms Lorraine McGovern and their Children'* (referred to as the Toner Report).

Due to the size and scale of child protection services in Northern Ireland and the number of recommendations in the SSI Overview Report, the review was subdivided into discreet stages during year one, 2008/09:

- ❖ Stage 1 - Corporate leadership and accountability
- ❖ Stage 2 - The views of service users
- ❖ Stage 3 - Quality of record keeping
- ❖ Stage 4 - Site visits
- ❖ Stage 5 - Interagency working

Each stage used different methodologies and produced separate reports.

This report reflects the RQIA findings on Stage 3 - Quality of record keeping.

1.3 The Review Team

The review team membership comprised:

- ❖ Mrs Suzanne Cunningham, Children's Regulation Inspector, RQIA
- ❖ Ms Paula Hendron, Children's Regulation Inspector, RQIA
- ❖ Mrs Zoe Hunter, Project Manager, RQIA
- ❖ Miss Catherine Gilmore, Project Administrator, RQIA

1.4 Approach for Stage 3

The Quality of record keeping was selected for audit in Stage 3 of the review as it was a recurring theme and is included in the SSI Overview Report, Toner and O'Neill Reports.

Recommendation 29 of the SSI Overview Report, states that Trusts must:

"Evaluate/audit case recording in their family and child care services to ensure that information from all relevant disciplines is appropriately collated, analysed and recorded and that this forms the basis for the assessment, including risk assessment and therapeutic intervention required in each case".

Recommendation 30 of the SSI Overview Report, states that Trusts must:

"Retain in the file one completed comprehensive set of essential information record forms, a front chronology sheet that is regularly updated with information on the child/family, case summaries and transfer reports and records typed, cross-referenced and files in date order".

The O'Neill Report recommended that Trusts, "must ensure that supervisory policies are in place which require that:

Arrangements are in place to monitor and audit assessment, case management, effectiveness of interventions, record-keeping and discharge planning of individual cases".

The Toner Report recommends that:

"The case records should be kept up to date and in order. It should contain clear records on opening and closing the case; a chronology of events; the objectives set for the work plan; all case reports and case conference/core group minutes; an analysis and summary of the interventions provided; and an outline of the future work programme".

In February 2008, the DHSSPS published '*Supervision Policy, Standards and Criteria*' and '*Administrative Systems, Recording Policy and Standards*'. Regionally these policies and standards were being implemented by the Reform Implementation Team (RIT) working through co-ordinators appointed in each Trust. At the time of the review, the RQIA did not expect that Trusts would have fully implemented these standards. However, where possible, the findings of this audit have been structured to support the implementation of these standards.

The audits took place across the five health and social care Trusts over the period from January 2009 to March 2009. Trusts were given at least five working days notice of the review team's visit.

1.5 Methodology of Audit

Stage 3 of the review focussed on an audit of social work case files. Files to be included in the audit related to initial referral, child in need and child protection cases.

The review team developed two audit tools. The first, a brief audit tool, was based around recommendations 29 and 30 of the SSI Overview Report. This tool was used by the review team to assess how Trusts were meeting the recommendations. The second tool was influenced by the audit tool contained in the Northern Ireland Regional Policy, '*Supervision Policy, Standards and Criteria*' (DHSSPS, February 2008) and was used to conduct a detailed analysis of the quality of record keeping in selected case files.

The review team selected a random sample of 54 case files from the case load list provided in each office they visited. These case file records were audited against the SSI recommendations using the brief audit tool. Eight files were identified for further analysis using the in-depth audit tool.

On the day of the audit, the review team examined the documentation and records contained within the case files. As the review team could only audit the evidence that was contained on file at the time of the audit, they had to assume that the action had not occurred if recording was incomplete or not up to date.

At the end of each day, the review team provided verbal feedback on their findings to the senior manager in each office. At the conclusion of the review, a presentation of the review team's initial findings was provided to relevant Trust managers.

These case file records were audited against the SSI recommendations

1.6 Escalation Policy

The RQIA developed an Escalation Policy specifically for the child protection review. The policy would ensure that concerns of a child protection nature arising during the audit were addressed. The policy set out the action RQIA must take when information is received regarding:

- ❖ Direct allegation or disclosure of abuse
- ❖ Information from the file audit which raises child protection concerns

- ❖ Identification of a failure to adhere to the regional child protection policy and procedures
- ❖ Complaints related to any children's services being provided by the HSC Trust at any point during the review.

The action required by RQIA is determined by the level of concern and is detailed in the policy. A copy of the RQIA Escalation Policy was made available to Trust staff during the initial briefing session and further copies can be obtained from the RQIA.

Section 2 Operational Context

Health and social care services including child protection, are provided in Northern Ireland by five integrated health and social care Trusts. Child protection services are a statutory requirement as defined in the Children (Northern Ireland) Order 1995, and are delivered by the five Trusts within a scheme of delegation from the Health and Social Care Board.

2.1 Overview of Trust

- ❖ The South Eastern Health and Social Care Trust delivers integrated health and social care to people living in the North Down, Down and Greater Lisburn areas
- ❖ It has a budget of approximately £400 million and employs approximately 10,000 staff across a range of disciplines
- ❖ The Trust covers the local government districts of Ards, North Down, Down and Lisburn. In addition to its geographical spread, there is also a noticeable diversity in its population, embracing areas of relative affluence as well as pockets of considerable deprivation and need
- ❖ The Trust was formed on 1 April 2007 by the merger of two legacy Trusts and provides a mix of both acute hospital and community health and social care services
- ❖ The Trust has a Directorate of Children's Services and Social Work which is responsible for the delivery of children's services, including child protection. The Director of Children's Services is also the Executive Director of Social Work
- ❖ The Children's Services Directorate consists of social work regulation, improvement and audit, safeguarding children, children's health, looked after children, research, training and development, children's disability, child health and maternity services. Services provided by this directorate include: Family Centres; Court Welfare; Family Intervention Teams; Gateway Service; Fostering, Adoption and Residential Care
- ❖ The Trust has approximately 83,000 children in its population
- ❖ At 31 March 2008, the Trust had 417 children on the child protection register
- ❖ The Trust has a Gateway Team at three locations including Newtownards covering North Down; Downpatrick, covering the town of Downpatrick and its rural hinterland at Dunmurry and Lisburn, which serves the Greater Lisburn area. A single telephone number is used for all referrals to the three Gateway Teams
- ❖ Family Intervention Locality Teams are located in the North Down, Down and Greater Lisburn areas. These teams work with cases transferred from the Gateway Teams and with existing cases. Areas of work include child protection cases, children in need and looked after children. Additionally, some teams also receive referrals from the court service

2.2 Offices Visited

Between Monday 26 January and Friday 30 January 2009, the review team visited five social work teams from three offices as follows:

- ❖ Office A, Gateway and Family Intervention Team
- ❖ Office B, Two Family Intervention Teams
- ❖ Office C, Gateway and Family Intervention Team.

2.3 Challenges Facing Frontline Staff

The review team recognised that the work of front-line staff is difficult and at times demanding and acknowledges that social work staff within the child care programme are working in a complex and challenging area.

In all the offices visited, the review team met busy committed social workers, working in a complex and rapidly changing environment in terms of organisational change, regional policy and service delivery.

The review team acknowledged that Trust staff were coping with an enormous amount of change due to the restructuring and the merger of the legacy Trusts and recognised that child care services in the Trust were in a period of transition.

Social workers undertake work of great complexity and the review team appreciated and understood the anxiety staff felt when their work came under independent scrutiny.

Throughout the visit, the review team encountered staff with a positive attitude to the audit and experienced very real engagement from senior managers. Staff at all levels demonstrated enthusiasm and commitment to making improvements.

Section 3 Audit Findings in Relation to Recommendations 29 and 30

3.1 Findings against Recommendation 29

The audit examined recommendation 29 of the SSI Overview Report, which states that Trusts must:

"Evaluate/audit case recording in their family and child care services to ensure that information from relevant disciplines is appropriately collated, analysed and recorded and that this forms the basis for the assessment, including risk assessment and therapeutic intervention required in each case."

To measure compliance with recommendation 29, the review team expected to find evidence of supervision by a line manager and documentation which provided evidence of evaluation or case auditing by more senior management, as outlined in the regional supervision policy. A total of 54 files were audited against this recommendation.

Table 1 Findings against Recommendation 29

RECOMMENDATION 29		TRUST	OFFICE A GATEWAY TEAM	OFFICE A FAMILY INTERVENTION TEAM	OFFICE B 2 FAMILY INTERVENTION TEAMS	OFFICE C GATEWAY TEAM	OFFICE C FAMILY INTERVENTION TEAM
7	Is there evidence of evaluation / case auditing by a line manager.	65%	25%	60%	65%	75%	100%
8	Is there evidence of evaluation / case auditing by senior management.	42%	8%	0%	41%	50%	100%

**** Refers to number of files audited.**

Recommendation 29 from the SSI Overview Report is a central element of the DHSSPS '*Supervision Policy, Standards and Criteria*', issued in February 2008.

As Table 1 indicates, there were deficits across the Trust in the response to this recommendation and to compliance with the regional policy on supervision. Of the 54 files audited, the review team found evidence of evaluation, quality assurance and audit by a line manager in 65% of the cases.

There were examples of low achievement in Gateway Team, Office A, in which only 25% of the 12 files had evidence of auditing and evaluation by a line manager.

However, the audit revealed evidence of good performance within Office C, where all of the eight files examined in the Family Intervention Team included evidence of

evaluation. This is to be commended and the standard should be replicated across the Trust.

An element of this recommendation relates to evidence of evaluation and case auditing by senior management. This principle is also embedded in the regional supervision policy.

A challenge of this element of the recommendation for Trusts, is the lack of guidelines regarding the number of files from a social worker's caseload that a senior manager should sample.

Among the 54 files examined across the Trust there was evidence of sampling by senior management in 42% of the files. This figure fluctuated across the offices, with all of the files evidencing sampling by senior management in the Family Support Team, Office C, but only 8% achievement in the Gateway Team, Office A. None of the five files examined in the Family Support Team in Office A, were sampled by senior management.

RQIA RECOMMENDATION: 1

The Trust must ensure case supervision is consistent across the organisation, and should include the evaluation and auditing of a proportion of case files by senior managers, as outlined in the DHSSPS Supervision Policy, Standards and Criteria

'Understanding The Needs of Children in Northern Ireland' (UNOCINI) forms have been developed regionally to systematically gather information about children and their needs. The audit also recorded the number of files in which UNOCINI forms were being used.

Table 2 Additional Information relating to UNOCINI Forms

	Additional information	% of files compliant
9	UNOCINI forms are used	93%

The review team were encouraged to note evidence of the use of UNOCINI within 93% of the files audited. However, the review team found inconsistencies in the quality of information and recording. Information recorded in an UNOCINI assessment should be child-centred and needs-led. Records should evidence planned and purposeful work with the child.

RQIA RECOMMENDATION: 2

Recording should evidence planned and purposeful work with children and families

The review team found it difficult to find dates of referral and allocation on the case records examined. Furthermore, it was also difficult to establish when different sections of the UNOCINI form had been completed.

The review team found inconsistencies in the quality of recording on the UNOCINI form throughout the Trust. For example, one Gateway Team was in need of significant support to facilitate improved performance, to enable them to raise the quality of their service and to minimise risks for the children being referred to a service.

RQIA RECOMMENDATION: 3

The Trust should ensure the UNOCINI assessment consistently presents all information gathered, actions taken, analysis of the reason for undertaking the UNOCINI, evaluation and a clear record of decisions agreed

The audit revealed inconsistencies in regard to the recording of dates from referral, to allocation and the completion of the initial assessment. In some instances, referrals had not been addressed within timescales and there were deficits in case planning, appropriate intervention and risk management. The improvement of this service has been subject to additional quality improvement process between the Trust, the DHSSPS and the RQIA.

RQIA RECOMMENDATION: 4

The Trust should ensure that following initial referral, allocation and social work intervention should occur within statutory timescales. If it cannot be managed this should be noted and subject to risk assessment and risk management

3.2 Findings against Recommendation 30

The main focus of the audit was recommendation 30 of the SSI Overview Report, which states that the Trust must:

"Retain in the file one completed comprehensive set of essential information record forms, a front chronology sheet that is regularly updated with information on the child/family, case summaries and transfer reports and records typed, cross-referenced and filed in date order".

The review team examined 54 files from a range of cases, which included initial referrals, children in need and children on the child protection register.

Table 3 Findings Against Recommendation 30

RECOMMENDATION 30		TRUST	OFFICE A GATEWAY TEAM	OFFICE A FAMILY INTERVENTION TEAM	OFFICE B 2 FAMILY INTERVENTION TEAMS	OFFICE C GATEWAY TEAM	OFFICE C FAMILY INTERVENTION TEAM
N = 54**							
1	A comprehensive set of essential information is retained on file	90%	50%	100%	100%	100%	100%
2a	The file has a front chronology sheet	92%	66%	80%	100%	100%	100%
2b	The chronology sheet is updated every 6 months (if 2a is in place)	82%	42%	60%	100%	100%	100%
3	Where appropriate, the file contains transfer reports	78%	8%	40%	100%	100%	100%
4a	Records are legible	94%	75%	100%	100%	100%	100%
4b	Records have been typed in the past 6 months	92%	83%	80%	100%	100%	100%
5	Information is adequately cross referenced	81%	16%	80%	95%	92%	100%
6	Information is filed in date order	98%	100%	100%	95%	92%	100%

**** Refers to numbers of files audited**

This section of the audit tool in regard to recommendation 30 was divided into six parts as indicated in Table 3 above.

The review team found that significant progress had been made in some teams and offices in relation to the implementation of recommendation 30. However, the standard was not consistent across the Trust.

Part 1 Table 3 indicates that 90% of the 54 files examined during the planned audit contained a comprehensive set of essential information. However, this level of performance was not consistent across the offices visited as indicated in Table 3 above. For example, 50% of the 12 files from the Gateway Team in Office A did not contain the required information.

RQIA RECOMMENDATION: 5

The Trust should ensure that the basic information sheets stored at the front of files record relevant content and that staff fully complete the information required

Part 2 (a-b) Chronologies were found in the majority of files inspected. In Offices B and C, all of the 37 files inspected contained a chronology which had been updated at regular intervals. It should be noted that Office A did not consistently reach the standard found in other offices across the Trust.

RQIA RECOMMENDATION: 6

The Trust should review the use of chronology sheets and make arrangements to ensure the quality of information recorded is significant, child centred, adequately recorded and purposeful

Part 3 Where cases had been transferred from one office or team to another within the Trust, or when a case was being transferred between social workers in a team, the review team found a lack of structure or process regarding the transfer. For example, 78% of the 54 files across the Trust contained transfer reports. In Office C, in both teams, all 20 files contained transfer reports but this figure dropped to 8% of the 12 cases files in the Gateway Team in Office A

RQIA RECOMMENDATION: 7

The Trust must ensure, where cases are transferred between staff, teams or offices, that a case transfer summary is completed and placed with the chronology. This should also include the date of allocation to the receiving social worker.

Part 4 (a-b) The review team noted that a high percentage of case records audited contained information that was both legible and typed. This finding is to be commended and the Trust should aspire to meet this standard of performance across all case records. However the review team noted a tendency towards the use of abbreviations and shortened initials when signing records.

RQIA RECOMMENDATION: 8

The Trust should ensure all records clearly identify the author and designation and that abbreviations are avoided

Part 5 The review team found that 81% of the files audited across the Trust contained adequate cross referencing of information and documentation. However, as table 3 highlights, this figure masks inconsistent performance across the offices. In Offices B and C, there were compliance rates of 100% and 95% respectively. However, this figure significantly dropped in the Gateway Team in Office A, where the audit revealed that only 8% of the 12 files inspected had appropriate cross referencing of information and documentation.

Part 6 The vast majority of filing across the Trust had information filed in date order which is commendable.

RQIA RECOMMENDATION: 9

The structure, presentation and maintenance of files found in Offices B and C should be replicated across the Trust

Section 4 Additional Findings Relating to Each Office/Team

4.1 Gateway and Family Intervention Team - Office A

The Gateway Team and two Family Intervention Teams were located in Office A. At the time of the review, the Gateway Team was mostly staffed by social workers who were in their Assessed Year in Employment (AYE) together with agency staff. There was a permanent senior social worker in post within the Gateway Team.

There were 17 files audited from this office, 12 from Gateway and 5 from the Family Intervention Teams. A further 22 files were audited as part of an additional audit, following the need to escalate seven files to the Trust's senior management.

The review team examined a range of case files, which included a mix of initial referrals, children in need and children on the child protection register. It was evident during the first day, that there were significant concerns of a child protection nature.

Audit Findings:

- ❖ A high proportion of social workers who were completing their assessed year of employment
- ❖ A lack of evidence of a consistent approach to line management of cases
- ❖ Significant concerns of a child protection nature identified in seven of the 16 files audited on the first day. These seven cases were brought to the immediate attention of Senior Trust Management for urgent review and action under the RQIA Escalation Procedure
- ❖ The review team was made aware of 16 unallocated cases within the Gateway Team

4.1.1 Additional Audit - Office A

Due to the serious deficits identified in Office A, an immediate meeting was requested with Senior Trust Management to highlight these issues, to provide specific feedback with regard to the failings identified and to request the Trust to produce an action plan to address the issues identified.

As a result of the concerns identified from the initial audit in Office A, a second review team undertook a further audit to office A on the 28 January 2009. During this additional unannounced visit, 22 files were audited (15 allocated and seven unallocated cases). This additional audit confirmed the findings of the initial audit and highlighted further significant concerns relating to practice in this office and of the management of child protection cases.

(See Section 5.2 on Child Protection Concerns).

4.2 Family Intervention Teams - Office B

Two Family Intervention Teams are located in Office B and are managed by an assistant principal social worker. Each team has a senior social work practitioner and four social workers. There is one senior practitioner in post. At the time of the review visit, there were three AYE social workers in the office. Two were full-time, permanent, and one agency staff member had been offered a permanent post. There were two full-time administration support staff, however, it was reported that this provision was not meeting timescales for reports being produced.

The sector manager reported that maintaining staffing levels had been difficult. However, at the time of the review, the senior manager reported that staffing levels had improved and recruitment was continuing. The senior manager further reported that the AYE social workers had been brought together once a month and regular training had been scheduled. Furthermore, staff had recently been issued with mobile phones and the Trust was working towards issuing all staff with lap-tops.

There were 17 files audited from this office.

Audit Findings:

- ❖ The file structure enabled ease of access to key documents and information
- ❖ UNOCINI forms were evident in the majority of files
- ❖ Chronologies were present in all files inspected
- ❖ Some delay was noted in respect of case allocation

Recommendation 9 pertains to information above

4.3 Gateway and Family Intervention Team - Office C

There are three teams based in Office C, consisting of two Family Intervention Teams and one Gateway Team.

Both Family Intervention Teams have a senior social worker, two senior practitioners and three social workers. At the time of this review, both senior social workers were

absent from duty. One post was being covered by a senior practitioner from the Gateway Team and a Trust internal trawl was in process to cover the other temporary vacancy.

The Gateway Team, had a senior social worker in post, a senior practitioner and seven social workers, one of which was a hospital based post and one was an agency social worker.

The review team were assured that staffing levels in Office C were responsive to the needs of the service and following a recent increase in referrals, the Gateway Team had received approval for an additional social work post to meet the needs of the service.

Office C has a single telephone point for Gateway calls and two computer logging systems to ensure referrals are processed on the UNOCINI form and also on SOS CARE.

The teams in Office C were proficient in managing the social work processes and the management team used governance meetings, regular team meetings, case file audits, training and regular supervision to ensure that standards were achieved. This ensured that the staff were accountable, that improvements were being made and the statutory functions were being discharged effectively. Staff were also able to avail of a well developed induction programme which included weekly supervision for the first six weeks of their contract. This reduces to fortnightly supervision intervals for AYE social workers and monthly intervals for all other qualified social workers.

The management team in this office discussed the impact of the re-structuring of the teams in the office and stated that it had offered positive change and opportunity for staff. This had enabled them to develop a structure and service that was effective. The management team did however, acknowledge their standards had at times been compromised. For example, they had experienced a marked increase in referrals to Gateway over the previous three months. This had further impacted on their ability to meet required timescales for child in need cases and led to the agreement for the extra post in the Gateway Team.

A number of positive elements were noted during the review in this Trust. The Review Team was impressed with the local management initiatives in Office C, which reinforced local governance arrangements to promote quality improvement. In addition, the Trust's response to the increased referrals through the Gateway was timely and appropriate.

A total of 20 files were audited within this team.

Audit Findings:

- ❖ Well structured and organised files with easy access to documentation and key information
- ❖ All files presented to a consistent standard and in the majority of cases met the requirements of recommendation 30 (see table 3)
- ❖ The UNOCINI forms present on files were adequately completed and a number were of an excellent standard

- ❖ Chronologies were present on all 20 files audited, although there was some variation in relation to quality and style
- ❖ The team structures presented as responsive to need
- ❖ Evidence of case planning on files was not always explicit.

Section 5 In Depth Analysis

5.1 In depth Analysis

During the audit, the review team selected eight files to enable them to undertake a more in-depth analysis of the quality of information contained on file. It was also an opportunity to explore key interface issues and the quality of communication and working arrangements with other agencies.

This in-depth audit confirmed the findings from the initial audit. File structure, presentation and maintenance were found to be of an appropriate standard in offices B and C and only minor deficits were noted. The issues around the management of referrals and child protection processes were reaffirmed in relation to Office A.

5.2 Child Protection Concerns

With reference to Section 4.1, 'Additional Audit - Office A', 16 files were selected on the first day of the audit from Office A. At an early stage, the review team identified issues that required escalation. Out of the 16 files selected, significant concerns of a child protection nature were found in seven cases. These concerns centred on, area child protection policy and procedures not being followed. Of particular concern, were the delays between referral and allocation and inadequate initial assessments (on three files it was noted that children were not seen as part of an initial assessment). The review team noted poor risk assessments, lack of acknowledgement of referrals and little evidence of any management oversight within the office or through any governance arrangement within the Trust. A related issue was the reliance on agency staff and the significant number of social workers who were completing their assessed year in practice (AYE).

Under the RQIA Escalation Policy, seven cases were escalated. The RQIA requested an immediate meeting with Trust management, to outline the immediate concerns relating to the seven cases and to discuss the general failings within this office. The Trust Director of Children's Services and the Trust Affiliate attended an initial meeting in Office A and the following day they presented an initial action plan at a meeting chaired by the Acting Chief Executive, RQIA.

RQIA remained concerned regarding the issues highlighted in Gateway Team, Office A and consequently a further unscheduled audit was carried out in this office the following day.

A further 22 cases were randomly selected for this audit; 15 allocated and 7 unallocated cases. (Refer to Section 4.1)

The seven unallocated cases were selected from a total of 16 unallocated cases reported to the review team on the first day of the initial audit. In addition, all of the unallocated cases were opened on SOS CARE as having been allocated to a senior social worker. There was no evidence from any of the seven unallocated files audited that any systematic assessment of risk or monitoring of thresholds had taken place.

The review team identified child protection issues in seven of the 15 allocated cases. These issues mirrored the concerns raised on the first day of the audit.

As a result of this further audit, the seven cases which had child protection issues and all of the unallocated cases in Gateway Team, Office A, were escalated to the Trust's senior management.

Concerns relating to the failings in Office A were brought to the attention of the RQIA Executive Board, the Trust Chief Executive (via the Director of Children's Services), the Eastern Health and Social Services Board and the DHSSPS through a High Level Report.

As part of this process, RQIA requested that the Trust provide updates on actions detailing:

- ❖ Risk management strategies relating to the identified issues in the Office A
- ❖ Improvements in the governance systems in identifying and addressing practice issues in child protection services
- ❖ Specific management of all cases causing concern, identified through the RQIA audit
- ❖ Specific management of all cases causing concern, identified through the follow up audit of all cases in Office A

The Trust has subsequently provided RQIA with an action plan outlining specific measures relating to the individual cases raised in this audit under the RQIA Escalation Policy, the unallocated cases and the identified failings within this office.

5.3 Additional Observations

During the course of the audit, a number of matters were noted by the review team that were outside the scope of the audit:

- ❖ A significant number of vacant posts and agency workers in Office A, (Gateway Team). This had negatively impacted on the through put of referrals and effective management of child protection cases
- ❖ Some examples of good practice in Office C that had not been laid out in policy or procedure by the Trust. These examples related to manager and practitioner initiatives to improve social work processes. These included transfer of cases, management overview and audit of cases, governance meetings and whole office duty days. The Trust should consider replicating such practices across the Trust.

Section 6 Summary of RQIA Recommendations

RQIA RECOMMENDATION: 1

The Trust must ensure case supervision is consistent across the organisation and it should include the evaluation and auditing of a proportion of case files by senior managers, as outlined in Supervision Policy, Standards and Criteria (DHSSPS).

RQIA RECOMMENDATION: 2

Recording should evidence planned and purposeful work with children and families.

RQIA RECOMMENDATION: 3

The Trust should ensure the UNOCINI assessments consistently present all information gathered, actions taken, analysis of the reason for undertaking the UNOCINI, evaluation and a clear record of decisions agreed.

RQIA RECOMMENDATION: 4

The Trust should ensure that following initial referral, allocation and social work intervention should occur within statutory timescales. If this cannot be managed, it should be noted and subject to risk assessment and risk management.

RQIA RECOMMENDATION: 5

The Trust should ensure that the basic information sheets stored at the front of each file, records relevant content and are fully completed by staff.

RQIA RECOMMENDATION: 6

The Trust should review the use of chronology sheets and make arrangements to ensure the quality of information recorded is significant, child centred, adequately recorded and purposeful.

RQIA RECOMMENDATION: 7

The Trust must ensure, where cases are transferred between staff, teams or offices, that a case transfer summary is completed and placed with the chronology.

RQIA RECOMMENDATION: 8

The Trust should ensure all records clearly identify the author and designation and that abbreviations are avoided.

RQIA RECOMMENDATION: 9

The file structure, presentation and maintenance found in Offices B and C should be replicated across the Trust.

Section 7 Appendices

Appendix A - Administrative Systems, Recording Policy and Standards

- 2.3.1 Standard 1**
'Files are created and maintained and closed in such a way as to make information readily accessible and retrievable to appropriate personnel.'
- 2.3.2 Standard 2**
'Files contain the correct documentation.'
- 2.3.3 Standard 3**
'Files provide evidence of planned and purposeful work with children and families.'
- 2.3.4 Standard 4**
'Recording is conducted promptly.'
- 2.3.5 Standard 5**
'Recording is consistent with relevant legislation and is duly respectful of service users.'
- 2.3.6 Standard 6**
'Recording is child-centred.'
- 2.3.7 Standard 7**
'Child protection records contain specific relevant information.'
- 2.3.8 Standard 8**
'Records demonstrate a commitment to multi-agency practice.'
- 2.3.9 Standard 9**
'Records demonstrate professional accountability.'
- 2.3.10 Standard 10**
'Recording demonstrates a commitment to diversity in all aspects of work.'
- 2.3.11 Standard 11**
'The quality of recording is assured by social workers and management.'

Appendix B - RQIA Brief Audit Tool

FILE AUDIT TOOL FOR CHILD PROTECTION REVIEW

Trust:		
Office Address:		
Team:		
Service User ID:		
Date of birth:	DOB: / /	
Gender:	Male / Female	
Number of children in the family:	OF	
Type of Case: <i>Please indicate with a tick (you can select more than one type if appropriate)</i>	Gateway	
	Children in Need	
	Child Protection Initial	
	Child Protection Register removed	
	Child Protection Register retained	
	Child Protection re-registered	
Reviewer:		
Date of Review:	/ / 2009	
Date of referral: <i>(if multiple, date of case opened for this episode)</i>	/ /	<i>Child in Need/Child Protection: within last 12 months Gateway: within 8 weeks</i>
Date allocated:	/ /	

		Yes	No	N/A	Comments
	Recommendation 30				
1	Is a comprehensive set of essential information retained in file?				
2 a	Does the file have a front chronology sheet?				
2 b	Has the chronology sheet been updated in the last 6 months?				
3	Where appropriate, does the file contain transfer reports?				
4 a	Are the records legible?				
4 b	In the last six months, have records been typed?				
5	Is the information adequately cross referenced?				
6	Is the information filed in date order?				

		Yes	No	N/A	Comments
	Recommendation 29				
7	Is there evidence of evaluation / case auditing by a line manager?				
8	Is there evidence of evaluation / case auditing by senior management?				

		Yes	No	N/A	Comments
	Additional information				
9	Are UNOCINI forms in use?				

General overview

"Trust must retain in the file one completed comprehensive set of essential information record forms, a front chronology sheet that is regularly updated with information on the child/family case summaries, transfer reports, records typed, cross-referenced and filed in date order".

Inspector's comments

Regarding analysis of the file and cross reference with the above recommendation:

Areas for improvement / recommendations

Appendix C - RQIA In-depth Audit Tool

IN-DEPTH FILE AUDIT TOOL FOR CHILD PROTECTION REVIEW

Trust:		
Office Address:		
Team:		
Service User ID:		
Date of birth:	DOB: / /	
Gender:	Male / Female	
Number of children in the family:	OF	
Type of Case: <i>Please indicate with a tick (you can select more than one type if appropriate)</i>	Gateway	
	CIN	
	CP Initial	
	CP Register removed	
	CP Register retained	
	CP re-registered	
Reviewer:		
Date of Review:	/ / 2009	
Date of referral: <i>(if multiple, date of case opened for this episode)</i>	/ /	<i>CIN/CP: within last 12 months Gateway: within 8 weeks</i>
Date allocated:	/ /	

		Yes	No	N/A	Comments
1	For CP & CIN, is there evidence of an investigation and initial assessment within 15 working days of referral (comment on quality e.g. who was seen and spoken to)				
2	Quality of recording and analysis which led to outcome (is there a clear pathway from referral to outcome)				
3	SSW ratification and comments completed				
4	Evidence of decision making on file, e.g case supervision/consultation or evidence of SSW internal Quality assurance and auditing of file.				
5	Written evidence of statutory visits being undertaken				
6	Written evidence of child being seen and spoken to and timescales cross reference with Child Protection Plan				
7	Evidence of adherence to Policies and Procedures e.g times scales, etc				
8	Evidence that APSW has made the decision to close cases which were formerly on the Child Protection Register (ACPC Policies & Procedures section 6.116 & 6.117)				

		Yes	No	N/A	Comments
9 a	If CP, was the child seen within 24 hours?				
9 b	If NO, why? How long before the child seen?				
10 a	Is there evidence of joint protocol procedures being followed?				
10 b	Did a strategy meeting take place?				
10 c	If yes, was this within 24 hours?				
10 d	Is there a report of discussion?				
10 e	If YES, was this sent out within 5 days to all who attended				
10 f	Was completed PJ1 signed of by SSW or above?				
11	Evidence that previous history checked?				
12 a	UNOCINI forms on file?,				
12 b	CP documentation on file (report and minutes)?				
12 c	LAC documents on file?				
12 d	Case Planning documented on file?				
12 e	Case Planning documented signed and dated by SW and SSW?				

General overview

Recommendation 29:

"Trusts must evaluate/audit case recording in their family and child care services to ensure that information from all relevant disciplines is appropriately collated, analysed and recorded and that this forms the basis for the assessment, including risk assessment and therapeutic interventions required in each case".

Inspector's comments

Regarding analysis of the file and cross reference with the above recommendation:

Areas for improvement / recommendations

Section 8 Glossary of Terms

ACPC	Area Child Protection Committee
AYE	Assessed Year in Employment
DHSSPS	Department of Health, Social Services and Public Safety
FIT	Family Intervention Teams (Field social work teams)
Gateway Teams	Initial referral social work teams
LAC	Looked After Children
RIT	Reform Implementation Team
RQIA	Regulation and Quality Improvement Authority
SOSCARE	Social Services Client Administration and Retrieval Environment
SSI	Social Services Inspectorate
SSI Overview Report	Our Children and Young People - Our Shared Responsibility. Inspection of Child protection Services in Northern Ireland Overview Report, December 2006
UNOCINI	Understanding the Needs of Children in Northern Ireland (Assessment Framework)