



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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CHILD PROTECTION REVIEW REPORT

Stage 3 - Quality of Record Keeping

Western Health and Social Care Trust

Records Audit completed: 16-20th February 2009

Report completed: 6th August 2009

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Executive Summary

The stage 3 'Quality of record keeping' (the audit) is part of the Child Protection Review in the Western Health and Social Care Trust. The audit was undertaken in the Trust's newly established Gateway Teams and Family Intervention Teams, five offices were visited across the Trust, covering six teams, three Gateway Teams and three Family Intervention Teams.

There were two components of the audit process. The first component was based on recommendation 29 and 30 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 related to the Regional Supervision Policy, Standards and Criteria issued in February 2008. A total of 66 files were audited on the first stage and four files were selected for a more in-depth analysis.

The review team noted areas of very good practice within the Trust. The Gateway Service is well established and has a robust, service led structure which is fit for purpose. The audit tool developed for this review did not accurately reflect the Trust file structure and record keeping as the Gateway Service has developed a unique electronic file system. As the Reform Implementation Team (RIT) policies are reviewed, due cognisance needs to be taken of the use of electronic recording and how case management, supervision and quality assurance is achieved within the Gateway Service.

The review team were also impressed with the functioning of one of the Family Intervention Teams, where the team found evidence based application of RIT policies and procedures relating to file structure and case supervision.

The review team were informed that the Trust is currently working towards standardising file structure and content (in response to the SSI Overview Report) and are in the process of responding to the RIT Policies. This remains work in progress. The recommendations from this report should help this work.

The audit highlighted a variety of file structures across the Trust. There were also deficits regarding the Trust's response to recommendations 29 and 30 and issues in respect of the implementation of the regional policy on supervision. A number of recommendations relating to these areas have been made at the conclusion of this report.

The review team identified particular concerns in one of the Family Intervention Teams. These concerns related to the recruitment and retention of staff together with attendant volumes of referrals to the team. This ultimately resulted in omissions in adhering to Area Child Protection Committee (ACPC) Policy and Procedures, delays in allocation and a chaotic file structure. Due to the extent of these difficulties, the RQIA requested a meeting with senior trust management at the end of the audit. Subsequently, the Trust forwarded an action plan to the RQIA within 48 hours which outlined specific action to address these deficits.

During this audit, 13 cases were identified where there were either current or historical concerns of a child protection nature. These cases were brought to the attention of the senior trust manager in the office where the case originated. The Trust Affiliate, the Trust Chief Executive, the Director of Social Services, Family and Child Care, the RQIA

Acting Chief Executive and the Board of RQIA were also informed. These cases were also the subject of a 'highlight report' to the DHSSPS.

Consequently, the Trust reviewed each of the cases, action was taken and the Trust satisfied itself that any ongoing child protections concerns were being appropriately managed.

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 Child Protection Review was subdivided into discreet stages during year one, 2008/09:

- ❖ Stage 1 - Corporate leadership and accountability
- ❖ Stage 2 - The regional 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 was:

- ❖ Mr Philip O'Hara, Children's Regulation Inspector, RQIA
- ❖ Ms Paula Hendron, Children's Regulation Inspector, RQIA
- ❖ Mr Norman Host, Social Services Inspector, Care and Social Services Inspectorate Wales
- ❖ Miss Bronagh Gibson, Inspector, Health Information and Quality Authority, Republic of Ireland
- ❖ Mrs Zoe Hunter, Project Manager, RQIA
- ❖ Miss Janine Campbell, 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 requires 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 between January 2009 and 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 case files from the case load list provided by each office they visited. A total of 54 case files 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.

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 would be 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 Western Health and Social Care Trust was formed from the merging of three legacy Trusts on 1 April 2007
- ❖ The Trust delivers integrated health and social care to people in five local council areas spanning 5,000 kilometres from Derry in the north, to Enniskillen in the south. It has a budget of £439 million and almost 12,500 staff
- ❖ The Trust is largely rural, with several urban centres, covering the local government district of Derry and Enniskillen, embracing areas of relative wealth and pockets of considerable deprivation and need
- ❖ The Trust has a Director of Women's and Children's services and has restructured children's services. These services are now delivered through three service areas, spread across the Trust geographical area:
 - Gateway and Family Intervention Services
 - Looked After and Residential Services and 16+ and Leaving and After Care Services.
 - Adoption, Fostering, Family Support and Early Years
- ❖ The Trust has 77,500 children in its population¹
- ❖ During the year from 1 April to 31 March 2008, the Trust received 4,735 referrals to their children's social services, which related to 3,411 children²
- ❖ At 31 March 2008, the Trust had 406 children on its child protection register³
- ❖ The Trust has a Gateway Team in three locations throughout the Trust. A single telephone number is used for all referrals to social services.

¹ Western Health and Social Care Trust Corporate Parenting Report, 31 March 2008

² Children Order Statistical Tables (2007/08), Community Information Branch, DHSSPS, 28 November 2008

2.2 Offices Visited

Between Monday 16 February 2009 and Friday 20 February 2009, the review team visited five social work teams as follows:

- ❖ Office A, Family Intervention Team
- ❖ Office B, Gateway Team, Family Intervention Team
- ❖ Office C, Family Intervention Team
- ❖ Office D, Gateway Team
- ❖ Office E, Gateway 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 30 and 29

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 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"

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 66 files were audited against this recommendation.

Table 1 Findings against Recommendation 29

RECOMMENDATION 29 N=66**		TRUST	OFFICE A FAMILY INTERVENTION TEAM	OFFICE B GATEWAY TEAM AND FAMILY INTERVENTION TEAM	OFFICE C FAMILY INTERVENTION TEAM	OFFICE D GATEWAY TEAM	OFFICE E GATEWAY TEAM
7.	Evidence of evaluation / case auditing by a line manager	39%	15%	21%	91%	42%	45%
8.	Evidence of evaluation / case auditing by senior management	6%	0%	0%	27%	0%	9%

** Refers to number of files audited in Trust

Recommendation 29 from the SSI 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 66 files audited, the review team found evidence of evaluation, quality assurance and audit by a line manager in 39% of the 66 files audited. It was concerning to note that in Family Intervention Teams, Offices A and B, there was evidence of case evaluation in only 15% and 21% respectively of the files audited. The review team noted robust case evaluation and audit processes in place in Family Intervention Team, Office C, where there was evidence of case evaluation and audit in 91% of the 11 files examined. This is to be commended and the standard should be replicated across the Trust.

An element of recommendation 29 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.

Table 1 indicates, that of the 66 files sampled across the Trust, there was evidence of sampling by senior management in 6% of the files. This figure fluctuated across the offices. However, the audit revealed poor performance in all the teams in Offices A, B and D, where there was no evidence of auditing by senior managers in the 43 files examined. The review team noted improved practice in Family Intervention Team, Office C, where 27% of the files audited had evidence of sampling 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	95%

The review team were encouraged to note evidence of the use of UNOCINI forms at initial assessment, pathway planning relating to family support and child protection cases. The completion of UNOCINI by Gateway Teams was consistent in all Gateway Teams visited. The quality of information and assessment was found to be of a high standard. Examples were also found of UNOCINI pathway planning in Family Intervention Teams, but this practice was not consistent across all Family Teams visited.

The format of UNOCINI forms made it difficult to find dates of referral and allocation. It was also difficult to establish the time-frame when different sections of the form had been completed.

RQIA RECOMMENDATION: 2
The Trust should ensure that staff are trained and are proficient in the use of UNOCINI forms.

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 66 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 N=66**		TRUST	OFFICE A FAMILY INTERVENTION TEAM	OFFICE B GATEWAY TEAM AND FAMILY INTERVENTION TEAM	OFFICE C FAMILY INTERVENTION TEAM	OFFICE D GATEWAY TEAM	OFFICE E GATEWAY TEAM
1	A comprehensive set of essential information is retained on file	29%	23%	0%	90%	50%	0%
2a	The file has a front chronology sheet	24%	11%	15%	91%	0%	0%
2b	The chronology sheet is updated every 6 months (if 2a is in place)	53%	17%	40%	91%	0%	0%
3	Where appropriate, the file contains transfer reports	39%	30%	27%	70%	67%	0%
4a	Records are legible	82%	38%	89%	82%	100%	100%
4b	Records have been typed in the past 6 months	73%	38%	69%	64%	100%	100%
5	Information is adequately cross referenced	74%	23%	68%	91%	100%	100%
6	Information is filed in date order	80%	54%	74%	91%	92%	100%

** Refers to number of files audited in Trust

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

The audit highlighted deficits across the Trust in relation to file structure and maintenance with the exception of Family Intervention Team, Office C, which consistently performed well across all elements of the audit tool.

The Gateway Service has introduced its own electronic file system and process. The system works efficiently and is appropriate, however the audit tool used in this audit did not fully capture the positive features of this system and in part can explain the low Trust score across the audit.

The electronic format used by the Gateway Service did not correlate with the expectations of the file structure in respect of comprehensive information on file as identified in recommendation 30. The low score in this question did not reflect the very good practice evidenced in Family Interventions Team, Office C, which achieved 91% compliance relating to a set of essential information on file in the 11 files audited. However, the review team were impressed with the file structure and file maintenance processes within this team and would commend this performance.

It should also be noted that the score against the performance of Team E is skewed as a result of the exclusive use of electronic record keeping by this team. All information was contained on an electronic UNOCINI. This resulted in zero scores against the first four elements, but the information contained in the electronic format was typed, legible and cross-referenced resulting in the 100% score

Part 1 The review team found a relatively low level (29%) compliance across the Trust against part 1. This was due to an electronic file format, which was operational across the Gateway Teams in the Western HSC Trust.

Part 2 a-b

Within the electronic format used by the Gateway Teams, there was not a bespoke chronology section; although there was a chronology outlined within the body of the UNOCINI assessment.

In the Family Intervention Teams Office A and Office B, chronologies were found in 10% of the 32 files audited. However, the audit revealed high compliance of Family Intervention Team, Office C, in which 90% of the eleven files audited contained a chronology. The review team found that where chronologies were in place, this helped to focus on the essential elements of the case.

The review team found evidence of new files being introduced in Family Intervention Teams. Staff in the offices were unfamiliar with this type of file structure and would require support to improve all files and implement this new format. While there were good practice examples of filing and file structures in a small number of Family Intervention Teams, in other offices, filing was chaotic. Some case files reviewed contained information relating to all the children in family files. This structure is outside the current administration and record keeping policy.

RQIA RECOMMENDATION: 3

The Trust should continue the implementation of its new file structure, directly informed by DHSSPS guidance and ensure all files include a summary and chronology of significant events within case planning. These should be updated at a minimum of six monthly intervals

RQIA RECOMMENDATION: 4**Each child should be given an Individual reference/ SOSKARE number.**

Part 3 The review team found that where files had been transferred, either between teams or between social workers in the same team, only 39% of the 66 files audited reflected documented evidence of the transfer. The UNOCINI initial assessment completed by the Gateway Team was transferred electronically to the Family Intervention Teams and is seen by the Trust as the transfer document. However, the review team had difficulty establishing details and the actual process of the transfer. As stated previously, Family Intervention Team, Office C, scored higher in relation to this element of recommendation 30, and 70% of the files examined had a transfer summary report completed.

RQIA RECOMMENDATION: 5**The Trust must ensure that where cases are transferred between staff, teams or offices a case transfer summary should be completed and placed within the chronology. This should also include the date of allocation to the receiving social worker**

Part 4a-b As table 3 indicates, 82% of case records across the Trust were found to be legible and 73% were typed in the previous 6 months. This finding is to be commended. However, this figure masks some discrepancies across the Trust. The electronic format used by the Gateway Teams scored 100% compliance, whilst in Family Intervention Team, Office A, the review team found file structure and maintenance generally poor. Of the 13 files audited in this office, the review team found only 38% were legible. Deficits included bulky files and poorly presented information. Recording was not always signed or dated often due to the electronic nature of file transfers from the Gateway Team.

RQIA RECOMMENDATION: 6**The Trust should ensure all records on file are signed, dated and clearly identify the author and higher designation. The use of abbreviations should be avoided**

Part 5 The audit revealed adequate cross-referencing in 74% of the 66 records audited. However, as table 3 highlights, this figure masks inconsistencies in performance across the offices. The Gateways Teams scored 100% compliance against this element of the recommendation and Family Intervention Team C, also performed well, scoring 91%. In contrast, the Family Intervention Team A, scored 23% compliance across the 13 files audited.

Recommendation 3 pertains to information above

Part 6 Table 3 indicates that 80% of information contained on file had been filed in date order, which is commendable. All of the Gateway Teams scored well, as did the Family Intervention Team, Office C. However, further deficits were noted in this element in case files for Family Intervention Team, Office A.

The review team noted a range of file structures in use throughout the offices visited. The review team were informed that the Trust was in the process of introducing one

consistent structure across all the child care teams. The new case file structure was being used in one of the Teams audited. On closer examination, it appeared clear and effective and reflected current DHSSPS guidelines.

Section 4 Additional Findings relating to each Office/Team

The Gateway Teams have adopted an electronic file format which supports the UNOCINI framework and all records are kept in electronic format to facilitate transfer of information.

The review team found that the Gateway Service had an effective management structure. This should provide an excellent platform to promote consistency across the Trust and progress future improvements in the Trust's Gateway Service.

4.1 Gateway Team - Office B

Gateway Team, Office B consists of a social work manager, a senior social work practitioner, two social workers, and a social worker in assessed year in employment (AYE). The office has a support team consisting of a secretary and an administrative support worker. A total of 19 files were audited within this team.

The review team audited a range of cases, from initial referral, children in need and child protection referrals.

Audit Findings:

- ❖ There was evidence of sound, sharp and focused work undertaken by the team
- ❖ UNOCINI forms were in use in all cases and the standard of completion and utilisation of the tool was generally of good quality
- ❖ The design of UNOCINI (in paper form), did not enable easy access to referral and allocation dates and key information was not immediately obvious, to the Review Team
- ❖ No chronology within the files present; this made UNOCINI assessments difficult to follow in paper form
- ❖ No clear record detailing contact with family was available. However, it was obvious from the quality of the assessments that significant contact had been made with the family and other professionals
- ❖ Case supervision notes were found on a number of files. However the review team would expect more detail in terms of quality assurance and guidance

Recommendation 6 pertains to the information above

Family Intervention Team - Office B

The acting principal officer reported that the Family Intervention Team, Office B, should consist of two social work managers, two senior practitioners, ten social workers, two family support workers and one social work assistant. At the time of the audit, a number of these posts were vacant, including the senior practitioner post. In addition, three agency social workers were employed to cover full time vacancies. The Family Intervention Team, Office B also included four AYE social workers. The team is supported by a personal secretary and three administration officers, one of whom is temporary.

Audit Findings:

- ❖ Chronology and file summaries were not evident in the files examined
- ❖ Information was spread over several files, without cross referencing and there were no summary details evident
- ❖ A new file system and structure had been implemented in the two weeks preceding the review team's audit. There was some evidence to suggest this would lead to an improvement in the collation, presentation and accessibility of information contained in files
- ❖ Each section in a file had dividers which noted the content of the section but where sections were not relevant it was not noted on the file
- ❖ Office B had historically used family files but reported they were moving towards a single file for each child
- ❖ A number of hand written material was not legible
- ❖ A small number of files evidenced case supervision and file auditing
- ❖ The Family Intervention Team, Office B was under pressure due to the vacancies in senior posts. This reduced the capacity of managers to take file auditing a stage further to ensure quality in terms of analysis and assessment

4.2 Gateway Team - Office D

Gateway Team, Office D, consists of an acting social work manager, a senior social work practitioner, four social workers, a trainee social worker and a student social worker. This team is supported by one secretary. A total of 12 files were audited within this team.

Audit Findings:

- ❖ The Gateway Team was focused and highly motivated
- ❖ All files were in electronic format, which had been printed to facilitate the review team
- ❖ There was no chronology or front sheet on file which made the UNOCINI forms difficult to follow in paper form
- ❖ Each child was not always given an individual reference/SOSCARE number for family referrals
- ❖ A colour coded risk assessment was in use but needed an explanation regarding the levels of risk
- ❖ There were no signatures on a significant number of files and no dates recorded on documentation
- ❖ Most files contained a 'case notes' section which included contacts, telephone calls and case discussion. Contact sheets were not being used
- ❖ Case supervision records were found in a small number of files, but more detail on evaluation and reflective work would improve quality
- ❖ UNOCINI assessments were comprehensively completed in each case, but contained little reference to theoretical base or legislation
- ❖ UNOCINI assessments gathered information from contacts with family and other professionals and had evidence of being child centred

4.3 Gateway Team - Office E

Gateway Team, Office E, acts as the contact point for all child care referrals in the Western Trust area.

Gateway Team, Office E, is a large team, consisting of three social work managers, 11 social workers (six in their AYE), a trainee social worker and a student social worker. The duty team also includes four social work assistants who are responsible for taking referral calls. Two band four secretaries and three clerical officers support the team. A total of 11 files were audited within this team.

Audit Findings:

- ❖ The Gateway Team presented as being motivated and focused. At the time of the audit there were no unallocated cases within this team
- ❖ All the files audited were in electronic format, which were printed in hard copy to facilitate the review team
- ❖ The lack of a chronology or front sheet made the UNOCINI assessment difficult to follow in paper form
- ❖ Contact sheets were not being used, but the Gateway manager reported plans to implement a recording policy format, following feedback from the review team
- ❖ Case supervision notes were evident on files. These could be improved through the provision of more evidence of reflective practice
- ❖ UNOCINI forms were comprehensively completed and contained relevant information. They had a child centred focus and provided evidence of contact and information being requested from other significant people
- ❖ A number of UNOCINI assessments contained evaluative statements which referred to research papers. The review team would commend this practice

4.4 Family Intervention Team - Office A

Family Intervention Team, Office A, consists of a principal officer, two acting social work managers, two acting senior social work practitioners, 12 social workers (three of whom are agency staff), four family support workers, one social work trainee and one student social worker. The team is supported by two secretaries, one clerical officer and a receptionist. A total of 13 files were audited within this team.

Audit Findings:

- ❖ A lack of a stable management structure. Two social work managers and two senior social work practitioners were in acting posts and managers carried caseloads. This needs to be strategically addressed
- ❖ There was limited evidence of management oversight of cases, an absence of case supervision notes on file and no note of guidance or quality assurance. Only 15% of the files audited evidenced case evaluation or supervision on file
- ❖ Delays in allocations of cases to social workers and gaps in social work intervention in a number of cases, especially during the summer 2008

- ❖ All records and documentation were in family files. Individual files were not being used
- ❖ File construction and presentation was poor, making files difficult to follow. Some files were bulky and need to be streamlined
- ❖ The new Trust file format had an improved structure, however the review team still found documents filed in the wrong place
- ❖ Simple information, (e.g. SOS CARE reference numbers and the name of the allocated social worker) could not be identified on a significant number of case files
- ❖ Hand written notes were stapled into three files. This presented as disorganised and not appropriate
- ❖ The majority of files did not have a chronology, case summaries or fully completed front sheets
- ❖ The record of contact with clients was poorly presented and did not always record when the social worker visited children
- ❖ A number of examples were identified when timescales regarding investigation and initial case conference were not being met
- ❖ Child protection plans were poorly completed in terms of expected activity, targets, timescales and the identification of the person responsible for specific actions
- ❖ In five of the ten cases audited in which child protection procedures had been invoked, there were concerns relating to core groups. These deficits ranged from poor multi disciplinary attendance to core groups not taking place
- ❖ In four cases there was a substantial delay (up to six months) in issuing minutes of case conferences
- ❖ There was a good example of UNOCINI pathway assessment on one file, although it needed signed off by a social worker
- ❖ Transfer summaries were not on file when a case had transferred between teams

A specific meeting with senior trust staff was convened in relation to the deficits found in Office A. The Trust developed an action plan and provided progress reports to RQIA

Recommendations 1, 2,3,4,5 and 7 pertain to the information above

4.5 Family Intervention - Team C

Family Intervention Team, Office C, consists of a service manager, a social work manager, five social workers (three of whom are in their assessed year in employment) and a family support worker. A total of 11 files were audited within this team.

Audit Findings:

- ❖ Clear evidence of working towards the DHSSPS policy on '*Administrative Systems, Recording Policy and Standards*'
- ❖ Records were well presented and easily accessible
- ❖ Files contained a chronology which very clearly and quickly provided an overview of the case
- ❖ Files contained essential information with only some exceptions noted

- ❖ Files followed a clear structure with appropriate cross referenced information
- ❖ Forms were not signed and dated, some of which were the result of electronic transfer of files from the Gateway Team
- ❖ Some delay was noted in case allocation between the Gateway and Family Intervention Team. On a number of files there was also a delay in reallocation following the social worker leaving post. However, reasons were well documented on the case files and appropriate strategies and risk assessments were in place
- ❖ There was evidence of effective management accountability on file which included discussion and evaluation of cases
- ❖ There was evidence of use of UNOCINI forms, both in terms of Gateway referrals and family support and review

Section 5 In-depth Analysis

5.1 In-depth Analysis

During the audit, the review team selected four cases to enable a more in-depth analysis of the quality of information in this file. It was also an opportunity to explore the effectiveness of multi disciplinary working and communication.

A total of 13 cases were highlighted in a parallel process under the RQIA Escalation Policy. These were cases where the review team had concerns of a child protection nature, which required clarification or action by the Trust. These cases were the subject of a separate reporting process between the Trust and the RQIA.

The in-depth audit confirmed and amplified the findings from the initial audit:

There was evidence of file audit and quality assurance of files by the line manager, although this was not consistent, across the teams.

Regarding multi disciplinary working, there was ample evidence of liaison and cooperation between agencies in relation to child protection and evidence of child protection issues being considered by the relevant agencies on the files examined.

The review team identified a number of deficits in relation to adherence to the Area Child Protection Committee, (ACPC) regional policy and procedures as follows:

- ❖ Key timescales regarding investigation and initial assessment, progressing to initial child protection case conference, were not being met in one of the four files audited. This case was brought to the attention of the Trust under the RQIA Escalation Policy
- ❖ It was not always evident from the examination of the file that children were actually being seen either as part of the initial investigation or during a statutory visit following registration
- ❖ There were deficits identified in the role and functioning of core groups within the child protection plan. This included, core groups not being convened and poor multi disciplinary attendance when they did take place
- ❖ The distribution of case conference minutes fell outside ACPC policy on a number of occasions. For example, minutes had been distributed after the subsequent review child protection case conference review

5.2 Child Protection Concerns

During the audit the review team raised concerns of a child protection nature in 13 cases.

These issues were initially brought to the attention of the senior manager at each office and the Trust Affiliate as they arose. In all cases verbal assurance was given that necessary, immediate action was taken in relation to the issues raised.

In the majority of these cases, action was taken by the last day of the audit. The Trust subsequently reported to the RQIA the action taken in the remainder of the cases.

In addition, the RQIA requested a specific meeting with senior Trust management to highlight the deficits in relation to one of the Family Intervention Teams. This meeting occurred on 20/02/09 at which the Director of Women's and Children's Service's, gave a verbal assurance that action would be taken to address the concerns raised. The RQIA subsequently received an action plan dated 19/03/09 relating to the issues raised during the audit.

All these issues were included in a 'highlight report' forwarded to the Trust and to the DHSSPS.

RQIA RECOMMENDATION: 7

The Trust should ensure compliance with Regional Child Protection Policy and Procedures, and in particular ensure:

- **Adherence to timescales relating to investigation, initial assessment and initial child protection case conference**
- **Indication on children's records, if a child is being seen and spoken to as part of an initial assessment or statutory visit following registration**
- **A review of the functioning of core groups as part of the child protection process**
- **Minutes from all child protection case conferences should be completed and distributed in line with ACPC policy and procedures.**

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:

- ❖ Within a number of UNOCINI assessments there were evaluative statements quoting up to date research. This practice is to be commended
- ❖ There was a sound management structure within the Gateway service in the Trust
- ❖ The review team would commend the performance of Family Intervention Team, Office C against Recommendations 29 and 30
- ❖ Gateway Teams are using an electronic file system which has been developed locally. The Trust will need to ensure that this information is secure and addresses any legal issues surrounding the use of electronic recording
- ❖ Working environments varied across the Trust, with some teams located in comfortable accommodation and others in poor accommodation. The Trust should ensure that all teams are housed in a suitable environment
- ❖ The audit did not examine the allocation of administration support to child care teams in the Trust in detail, but it would appear that there is not an equitable allocation of resources across the Trust. Some offices had the capacity to type all records, others did not. Case conference and core group minutes were not produced in a timely manner
- ❖ A significant number of acting posts and use of agency workers were in place across the teams. Acting management posts were causing particular

challenges due to the implications for supervision and case management accountability

- ❖ The robustness and the effectiveness of the Gateway services was having an impact on the ability of the Family Intervention Team to provide an ongoing service. This was evidenced by delays in allocation of cases to a social worker in the Family Intervention Team.

Section 6 Summary of the RQIA Recommendations**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.

RQIA RECOMMENDATION: 2

The Trust should ensure that staffs are trained and are proficient in the use of UNOCINI.

RQIA RECOMMENDATION: 3

The Trust should continue the implementation of its new file structure, directly informed by DHSSPS guidance and ensure all files include a summary and chronology sheet of significant events within case planning. These should be updated at a minimum of six monthly intervals.

RQIA RECOMMENDATION: 4

Each child should be given an individual reference/SOSCARE number.

RQIA RECOMMENDATION: 5

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

RECOMMENDATION: 6

The Trust should ensure all records on file are signed, dated and clearly identify the author and designation. The use of abbreviations should be avoided.

RQIA RECOMMENDATION: 7

The Trust should ensure compliance with Regional Child Protection Policy and Procedures, and in particular ensure:

- Adherence to timescales relating to investigation, initial assessment and initial child protection case conference
- Indication on children's records, if a child is being seen and spoken to as part of an initial assessment or statutory visit following registration
- A review of the functioning of core groups as part of the child protection plan process
- Minutes from all child protection case conference should be completed and distributed in line with ACPC Policy and Procedures.

Appendix A - Standards from Administrative Systems Recording Policy

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	
	CP re-registered	
Reviewer:		
Date of Review:	/ / 2009	
Date of referral: <i>(if multiple, date of case opened for this episode)</i>	/ /	<i>Children 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

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	
	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>Children in Need/Child Protection: within last 12 months</i> <i>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".

Inspectors comments

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

Areas for improvement / recommendations

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)