The Regulation and
Quality Improvement
Authority

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CHILD PROTECTION REVIEW REPORT

Stage 3 - Quality of Record Keeping

Northern Health and Social Care Trust

Records Audit Completed 2nd to 6th March 2009
Report Completed   6th August 2009.

CONTENTS

Executive Summary

The Stage 3 'Quality of record keeping' (the audit) is part of the Child Protection Review in the Northern Health and Social Care Trust. The audit was undertaken across six child care teams, including two of the Trust's newly established Gateway Teams and four Family Intervention Teams. The audit took place between the 2nd March 2009 and the 6th March 2009.

There were two components of the audit process, the first was based on recommendations 29 and 30 of the SSI Overview Report - *'Our Children and Young People Our Shared Responsibility'* (December 2006) (hereafter called the SSI Overview Report). The second was related to the *'Regional Supervision Policy, Standards and Criteria'* issued in February 2008. A total of 82 files were audited during the first stage and five files were selected for a more in-depth analysis during the second stage.

The audit highlighted good practice issues and a high level of compliance with some of the indicators reviewed. There were notable variations in file structures across the Trust. The audit also highlighted some deficits regarding the Trust's response to recommendations 29 and 30 of the SSI Overview Report and issues relating to the implementation of the Regional Policy on Supervision. A number of recommendations relating to these deficits have been made and are detailed within the report.

The review team was informed that the Trust is currently working towards standardising file structure and content in response to the SSI Overview Report. The Trust is also in the process of implementing the recommendations of the Reform Implementation Team (RIT), including the revised policies in respect of UNOCINI, Gateway Services and Staff Supervision. This remains work in progress. The recommendations from this report should help to inform this process.

Specific concerns were identified with the functioning of Family Support / Intervention Team E. These matters were discussed directly with senior managers, including the Trust Affiliate and were the subject of an action plan provided by the Trust.

During this audit, 19 cases were identified under the RQIA Escalation Policy for further clarification by the Trust. These cases were brought to the attention of the senior trust manager in the office where the case originated and also to the attention of the Trust Affiliate, the Director of Women's and Children's Services and the child protection lead in the RQIA. These cases were clarified by the Trust during the week of the audit.

Consequently, the Trust reviewed each of the cases, action was taken and the Trust satisfied itself and provided assurance to the RQIA that any ongoing child protection 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 discrete 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
❖ Mrs Iona Roberts, Team Manager, Care and Social Services Inspectorate, Wales
❖ Ms Sharron Austin, Inspector, Health Information and Quality Authority, Republic of Ireland
❖ 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 Child Protection 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 ensured 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 Northern Health and Social Care Trust delivers integrated health and social care to people across ten council areas - Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey. The Trust provides services to people on Rathlin Island, the only inhabited island in Northern Ireland

❖ The Northern Trust was formed from the merging of three legacy Trusts on 1 April 2007

❖ The geographical location is a mixture of urban and rural communities and includes a large coastal area

❖ The Trust has a budget of £500 million and employs approximately 14,000 staff

❖ The Trust has a Director of Women's and Children's Services who is also the Executive Director of Social Work. The restructuring of children's services is ongoing. Services are delivered through three sectors: Northern, Central and South Eastern

❖ The Trust has approximately 121,110 children in its population[1]

❖ During the year from 1 April 2007 to 31 March 2008, the Trust received 5507 referrals to their children's social services department, which related to 4356 children[2]

❖ At 31 March 2008, the Trust had 331 children on its Child Protection Register[3]

❖ The Trust's Gateway Service has been operational since 31 March 2008 and has teams located in Coleraine, Toome and Ballyclare, one in each sector

❖ A single telephone number is operational within the Northern Trust area and callers are directed through an automated system to one of the three Gateway Teams

❖ Family intervention teams cover three sectors including Northern, Central and South Eastern areas. Some of the teams are still holding generic child care caseloads, as internal restructuring was due to be completed in December 2009

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[1] Figure for Northern Board area taken from Table 2.5, Estimated population by sex, quinary, age group and Health Board, Registrar General Annual Report 2007, NISRA

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

2.2   Offices Visited

During the period from Monday 2 to Friday 6 March 2009, the review team visited:

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

3.1   Findings against Recommendation 29

The record audit also 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 this recommendation, the review team expected to find evidence of supervision by a line manager and documentation which provided evidence of evaluation or case auditing by senior management, (as required by the Regional Supervision Policy). A total of 82 files were examined.

Table 1

RECOMMENDATION 29 N = 82**	TRUST	OFFICE A FAMILY INTERVENTION TEAM	OFFICE B GATEWAY TEAM	OFFICE C FAMILY SUPPORT TEAM	OFFICE D FAMILY SUPPORT TEAM	OFFICE E FAMILY SUPPORT AND INTERVENTION TEAM	OFFICE F GATEWAY TEAM
7 Evidence of evaluation / case auditing by a line manager	55%	46%	21%	100%	88%	25%	69%
8 Evidence of sample evaluation / case auditing by senior management	19%	46%	0%	38%	20%	12%	6%

** **Refers to number of cases audited within the Trust**

Table 1   Findings against Recommendation 29

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

The review team found evidence of evaluation and case auditing by a line manager in 55% of the total cases audited across the Trust. Evidence of the recording of case supervision on files varied across the Trust.

In Office C there was clear and consistent recording of the decisions made at supervision on the case files and clear quality assurance by the line manager. This was evidenced in all 13 files examined from this team. At the other side of the continuum, there was minimal

evidence of case evaluation and auditing by a line manager in Team B, where only 21% of the 14 files were compliant with the regional policy. In Team E 25% of the 16 files were compliant. It is evident from the audit against this element of recommendation 29, that action is required by the Trust to ensure compliance with 'Regional Supervision Policy Standards and Criteria'.

In one office, the review team noted the use of an audit tool by senior management which is in line with Departmental direction under the RIT Supervision Policy. This practice is to be commended.

An element of recommendation 29 also relates to evidence of evaluation and case auditing by senior management, this principle is also embedded in the Regional Supervision Policy. However, a challenge with this element of the recommendation is that there are no specific guidelines for Trusts regarding the number of files from a social worker's caseload that a senior manager should sample.

Within the 82 case files examined, whilst there was evidence of sampling by senior management in 19% of the files, the practice of senior managers sampling files varied significantly from one office to another for example, in Office B, there was no evidence in any of the 14 files audited of senior management had sampled or assessed performance. In Office A, 46% of the 13 files audited had evidence of sampling by senior management and in Office C, 38% of the 13 files audited evidenced 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 RIT Supervision Policy, Standards and Criteria.**

UNOCINI forms have been developed regionally to capture information about children and their needs. The audit also captured the number of files in which UNOCINI forms were being used.

Table 2

	Additional information	% of files compliant
9	UNOCINI forms are used	90

The review team found that 90% of files contained a UNOCINI assessment and noted examples of well completed UNOCINI forms in relation to initial assessment, children in need and family support pathway assessments. The review team noted a particularly good example of a comprehensive child protection pathway assessment using the UNOCINI format. This level of work should be the standard to which all social work teams should aspire. The use of UNOCINI as a referral tool from other agencies was also noted in case files examined, although it was noted that referral information on some UNOCINI forms could have been more comprehensively completed. The review team noted incremental improvement in the quality of the completion of UNOCINI forms over the 12 month period examined.

The format of UNOCINI forms made it difficult to identify the dates of referral and allocation and it was also difficult to establish the timeline for the completion of the different sections of the form.

The review team considered that improvements could be made by ensuring that clear recommendations for further work were noted on the UNOCINI forms. This would clearly detail the expected outcomes of the intervention and work planned by the receiving social worker.

The review team did not find any reference to evidence based practice recorded in case files and the addition of this practice could further enhance social work practice and intervention.

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 82 files from a range of cases, including initial referrals, children in need and children on the child protection register.

The review team found that progress had been made in terms of the implementation of recommendation 30. As can be seen from Table 1, the review team found records across the Trust to be legible. However, there were deficits in relation to compliance with the basic principles of the Regional Administrative Systems and Recording Policy.

Table 3 Findings Against Recommendation 30

RECOMMENDATION 30 N=82**		TRUST	OFFICEA FAMILY INTERVENTION TEAM	OFFICE B GATEWAY TEAM	OFFICEC FAMILY SUPPORT TEAM	OFFICED FAMILY SUPPORT TEAM	OFFICEE FAMILY SUPPORT AND INTERVENTION TEAM	OFFICEF GATEWAY TEAM
1	A comprehensive set of essential information is retained on file	29%	77%	21%	62%	30%	0%	0%
2 a	The file has a front chronology sheet	5%	15%	7%	0%	10%	0%	0%
2 b	The chronology sheet is updated every 6 months (if 2a is in place)	6%	10%	17%	0%	0%	0%	0%
3	Where appropriate, the file contains transfer reports	16%	0%	0%	25%	25%	15%	50%
4 a	Records are legible	89%	95%	100%	92%	90%	77%	100%
4 b	Records have been typed in the past 6 months	51%	59%	85%	46%	10%	12%	87%
5	Information is adequately cross referenced	55%	77%	50%	38%	70%	25%	75%
6	Information is filed in date order	88%	100%	64%	100%	100%	87%	81%

**Refers to number of cases audited.

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

A total of 82 files were audited among six family and child care social work teams across the Trust, four Family Intervention/Support Teams and two of the Trust's Gateway Teams.

Part 1 The review team found that there was limited progress in relation to the implementation of recommendation 30.

The Gateway Service had introduced its own electronic file system and process. The system is efficient and captured relevant information; however the file audit tool used in this review did not fully reflect the positive features of this system which, in part, can explain the low Trust score across the audit. Despite this, the audit did reveal deficits in relation to file structure and maintenance.

Whereas the low score against this element could be as a result of the electronic record keeping within the Gateway Teams, Office B and Office F, the same could not be said regarding the file structure within the Family Intervention Teams. Of the 16 files audited

within Office E, for example, no file had a complete set of essential information. The particular issues relating to this Team will be referenced later in this report.

Family support team files had a structure which reviewers found confusing. A mix of family and individual files were in use and where family files were in use reviewers found it difficult to evidence a focus on individual children.

RQIA RECOMMENDATION: 2

The Trust should develop a consistent file structure which is child centred and in compliance with RIT Administrative Systems, Recording Policy and Standards.

Part 2 a-b Chronologies and case summaries were not in use, with only 5% of the 82 files examined contain a chronology sheet. The Review Team found that files did not adequately reflect the quality of the work being undertaken by social workers. (Recommendation 1 pertains).

Part 3 Of the 82 files audited, 16% contained a transfer report. The Trust reported that the initial UNOCINI assessment document is seen as a transfer report; however, key information about the transfer process was not clear. For example, transfer and allocation dates were not clear when a case transferred from a Gateway Team to a Family Support Team.

RQIA RECOMMENDATION: 3
The Trust must ensure that whenever cases are transferred between staff, teams or offices a case transfer summary is completed and placed with the chronology, this should be distinct from the completed UNOCINI form.

Part 4 a-b Generally records were legible, with two teams scoring 100 % (Teams B and F, 30 files in total).

Of the 82 files examined 89% were deemed legible and 51% of records had been typed in the previous six months. Reviewers also found a small number of examples where recording was illegible. In addition, it was common for some entries not to record the professional designation, full name or signature of the author.

RQIA RECOMMENDATION: 4
Staff should ensure that all recordings are signed, dated and identifies the author and their designation. The use of abbreviations should be avoided.

Part 5 Adequate cross referencing was found in just over half of the 82 files audited. A higher level of compliance was noted in two of the family intervention teams, with teams A and D 77% achieving 70 % respectively. Appropriate cross referencing was noted in 23 files enabling ease of navigation to key information.

The review team recognised that improvements could be made in this area with the use of effective case planning, regular case supervision and the use of chronologies and summaries. (Recommendations 1 and 2 pertain).

Part 6 The audit found that of the 82 files audited across the Trust 88% of the case records were filed in date order.

Section 4 Additional Findings in relation to each Office / Team

Service Delivery Context

The Gateway Service for the Northern Trust is operated by three teams based in three sectors across the Trust; these sectors cover the geographical spread of the Trust area, Northern, Central and South Eastern. There is a single telephone number for all contact and referrals to family and child care social services, with an automated system directing the caller to one of the sector based teams. Each team is managed by a social work services manager, who reports to a sector head of service, who in turn reports to an assistant director who holds responsibility for that sector.

Following assessment by the Gateway Team, cases are either closed or transferred to the local family intervention teams.

4.1   Family Support and Intervention Team - Office A

The team includes a senior social worker, seven social workers, of which two are in their Assessed Year in Employment (AYE) and a social work trainee.

A total of 14 files were audited within this team.

Audit Findings:

- ❖ There was not a consistent approach in relation to whether family or individual files were opened. The review team noted both formats in use
- ❖ The team were working towards the standard of all records and contacts being typed. This was fully achieved in four of the files and partially achieved in six other files. The remaining four files had no evidence of typed records
- ❖ The review team had difficulty in identifying the transfer record between Gateway and Family Intervention Teams
- ❖ There was an absence of author's signatures and designation on documentation within a significant number of files
- ❖ On two of the files audited, where children had been the subject of a child protection case conference, the case conference minutes were absent
- ❖ On two of the files audited, case conference minutes were completed outside ACPC guidelines
- ❖ There were some good examples of supervision recording in case files however, this was not consistent in the files audited
- ❖ There was an inconsistent response to the regional administration systems and recording policy in relation to file structure. There was also an absence of chronologies, case summaries and transfer reports.

4.2   Gateway Team - Office B

This team had implemented the West Care electronic recording system for logging calls and completing the UNOCINI documentation associated with the initial assessment. This electronic system has not been rolled out across all the teams in the Trust; this has

necessitated the manual transfer of files when cases are being picked up by the family support and intervention teams.

The team has a social work manager, two senior practitioners (at the time of the audit visit one was absent due to ill health) and five permanent social workers (one was off on maternity leave) and one temporary social work post who is in assessed year in employment.

Two temporary staff (one of which is AYE) were employed to cover the caseload of the two absent social workers. The team is supported by one full time administrative officer.

A total of 12 files were audited within this team.

The record audit found:

- ❖ Case work documentation was presented in polypockets, with no chronologies, summaries or transfer reports present
- ❖ Hand written notes were included in case documentation
- ❖ In a number of files examined, it was difficult to track decision making or case work planning
- ❖ The design of the UNOCINI forms did not enable easy access to referral and allocation dates and key information was not immediately obvious
- ❖ In the majority of files presented, the documentation lacked the author's signature
- ❖ Documentation included printed 'log enquires' from the electronic system, but these did not clearly identify dates of contact
- ❖ There was little evidence of case supervision within the documentation examined and no evidence of sampling by a senior manager
- ❖ There was evidence of good practice, with a template in use to encourage a young person to present their views. This practice is commended and should be developed
- ❖ In a number of cases, the timescales for assessment and action regarding closure or transfer had not been met, reasons for this were documented on file

4.3 Family Support and Intervention Team - Office C

At the time of the audit, the team consisted of a team leader, two senior practitioners, two full time social workers (one absent due to ill health), a trainee social worker and a family support worker. Two agency social workers and one temporary social worker, all in their assessed year in employment were also employed in the team. The team receives clerical support from a shared pool of administrative staff.

The team carries a generic child care caseload which includes children in need, child protection cases, looked after children, adoption and court work. The team leader reported that, as part of the Trust restructuring, the team was in the process of developing into a more specialised team which would carry child in need and child protection cases with a team consisting of a team leader, two senior practitioners and four social workers.

A total of 13 files were audited within this team

Audit Findings:

- ❖ Good practice was noted in respect of case supervision discussions being recorded on case files. All 13 files audited had some evidence of case supervision by a line manager. The review team were informed that AYE social workers were receiving supervision and guidance in line with Departmental guidelines. This is good practice

- ❖ File structures did not reflect the quality of the work being undertaken by social workers. The development of chronology and case summaries would improve files

- ❖ There was evidence of child protection audit by senior managers on a number of files

- ❖ Contact sheets need to make explicit who was seen, by whom and the nature of the contact

- ❖ With regards to minutes of child protection case conferences, it was often difficult to determine the expectation of the Core Group in relation to the specific child protection plan. This was a theme across the Trust

- ❖ There were good examples of completed UNOCINI Pathway Assessments for family support (pathway and child in need). UNOCINI forms had been comprehensively completed and identified the needs of the child. Two examples were commended for clarity and robust assessment

- ❖ Essential information is contained in UNOCINI forms

Recommendation 5 pertains to above findings

4.4　　Family Support and Intervention Team - Office D

The team consists of a team leader, two senior practitioners, two full time social workers, one part time social worker and one trainee social worker. Their current caseloads included a generic child care case load of children in need, child protection, looked after children, adoption, and court cases. The team receive clerical support from a shared pool of administrative staff.

It is anticipated that the functions of this team will change under a strategic service review.

A total of ten files were audited within this team.

Audit Findings:

- ❖ There was good evidence of UNOCINI assessment relating to family support. The review team highlighted one example of a comprehensively completed UNOCINI form which was commended for its clarity, robust assessment and related action planning

- ❖ There was evidence of case supervision discussions being recorded on case files; nine out of the ten files audited had some evidence of case supervision by a line manager, although the frequency and quality was not consistent

- ❖ The file structures did not adequately reflect the quality of the work being undertaken by social workers. Reviewers had difficulty tracing the child's history within the file. There was a notable absence of case summaries and chronologies

- ❖ The dates of case allocation and referral were difficult to locate on some files

❖ Documentation was not always signed and dated. There was a tendency to use initials and abbreviations and the author's designation was not always recorded

❖ The daily contact sheets, completed by social workers, did not always make it explicit who was seen, by whom and the nature of the contact

❖ The role of core groups within the child protection process was not always made clear and evidence that they had taken place was not always on file

❖ One file indicated that a child protection case conference had taken place outside the recommended timescales

Recommendation 5 pertains to above findings

4.5   Family Support and Intervention Team - Office E

This team had experienced difficulties with recruitment and retention of staff over the past year. A team leader, three social workers and a senior practitioner had transferred to the Gateway Team, leaving the team short staffed and with a lack of experienced staff. The team had benefitted from a number of recent appointments, including a new team leader who took up post three weeks prior to this audit.

At the time of the audit, the team consisted of one team leader, two senior practitioners, five social workers (including three AYE), and one temporary agency social worker (also an AYE). Two family support workers and a personal secretary provided support for the team and the team had access to two "minute takers" who worked across several other teams.

The review team found significant issues relating to this team. In a total of nine of the 16 cases audited, there were concerns in relation to child protection procedures not being followed. All of these cases were escalated under the RQIA Escalation Policy. As a result of the number and concentration of issues, the RQIA asked for an immediate meeting with senior Trust staff to review and action the initial findings from the audit in this office.

During the week of the audit, senior Trust staff met with the RQIA on two separate occasions and presented a comprehensive action plan which they had already been working on in relation to the deficits identified.

A senior manager reported that the Trust was concerned about the capacity and size of caseloads within this team and the volumes of work currently being generated by the Gateway Team.

A total of 16 files were audited within this office.

Audit Findings:

❖ File structures were poor; there were no chronologies or case summaries in any of the files audited

❖ Work is needed to ensure files adhere to the regional policy on recording

❖ Transfer reports were absent on a significant number of files where cases were being transferred between teams and between offices

❖ Case conferences were not taking place within the recommended Area Child Protection Committee timescales

❖ The role of core groups was not clearly defined and there was an absence of core group meetings

❖ Delay in case allocation was noted in a significant number of cases

❖ There was little evidence of case supervision recording in case files

❖ There was recent evidence of a complete audit of a file by senior management

❖ Nine out of the 16 cases audited from this office had specific concerns of a child protection nature and were identified for escalation.

RQIA RECOMMENDATION: 5
The Trust should ensure that 'Area Child Protection Committee' Regional Child Protection Policy and Procedures are followed in relation to the convening of Child Protection Case Conferences, the functioning of Core Groups as part of each Protection Plan and timescales in relation to assessment

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4.6   Gateway Team - Office F

This team is staffed by a team leader, two senior practitioners, four social workers and two trainee social workers; the line manager is the social work service manager, who reports to the head of service. At the time of this audit there were no vacancies within the team.

The team covers a geographical area which includes a number of large towns and a significant rural spread.

A total of 12 files were audited within this team.

The record audit found:

❖ There was good evidence of the use of UNOCINI forms in all files audited

❖ The files audited indicated a prompt response to referrals and there was evidence that child protection procedures were being followed

❖ The review team found evidence of case management supervision on a small number of files

❖ Although the ten day turnaround as outlined in Departmental guidance for the Gateway Service was not always achieved, the review team did not see this as a deficit, or drift, but rather as a reflection of the complexity of one particular case

❖ From the cases examined there was evidence of sound multi disciplinary working

❖ There were no chronology or case summaries on any of the cases audited, but on examination this information was contained within the UNOCINI documentation

❖ On two examined files, it was noted that there were delays between the date of allocation and when children were first seen as part of the initial investigation; in one case the delay between allocation and the child being seen was 14 days. Both these cases were brought to the attention of the manager of the team and were escalated in accordance with the RQIA policy.

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Section 5 Additional Observations

5.1 In-depth Analysis

The review team selected five files from the initial audit to undertake a more in-depth analysis. A specific audit tool was used for this analysis which was based on the 'Regional Supervision Policy, Standards and Criteria' . The purpose of this in-depth audit was to conduct a detailed analysis of the quality of record keeping in these files.

Records and files from other professionals, related to the social services files, were also examined as part of this process.

This in-depth analysis reflected the findings from the initial file audit in respect of file structure, ease of access to key documentation and inconsistencies in relation to the robustness of case file audit and quality assurance.

In addition, there were issues relating to non-compliance with 'Area Child Protection Committee' Guidelines in relation to two of these files. All such cases were brought to the Trust Affiliate's attention under the RQIA Escalation Policy.

File records and recording lacked a child centred focus and it was difficult to identify the focus of intervention with children. The audit revealed limited recording of the views of children and it was not clear from recordings whether children were actually being seen as part of a child protection plan.

5.2 Health Visiting and other Discipline Files

The small sample of five files selected for the in-depth audit evidenced appropriate working and cooperation, in line with child protection procedures.

The in-depth audit also revealed evidence of a very robust working relationship between community mental health professionals and child care social workers in relation to child protection matters in one of the selected cases.

As part of the in-depth audit, the review team requested the Trust policy for the management of dependents of in-patients in mental health hospitals. The review team were informed a policy did not exist. The Trust have subsequently advised the RQIA of the adoption of two policies relating to this area .

The Trust may wish to consider this and determine whether such a policy should be put in place.

5.3 Child Protection Concerns

During the audit, the review team escalated nineteen cases under the RQIA Escalation Policy, nine of these cases had specific concerns relating to child protection. These concerns were initially brought to the attention of the senior manager at each office and the Trust Affiliate.

The nine child protection cases covered a number of practice and procedural deficits. On five files where children were on the child protection register, minutes were either not on file or were not produced within *'Area Child Protection Committee'* directed timescales. On four files, where children were on the register there was no evidence on file of core group meetings having taken place as part of the protection plan. In addition, on two files the initial investigation and the assessment was undertaken outside of *'Area Child Protection Committee'* Policy and guidelines.

In all cases, verbal assurance was given by the senior manager and Trust Affiliate that, where necessary, immediate action would be taken in relation to the issues raised.
RQIA Recommendation 5 pertains to findings above

Section 6 Summary of 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 DHSSPS Supervision Policy, Standards and Criteria.

RQIA RECOMMENDATION: 2
The Trust should develop a consistent file structure which is child centred and in compliance with RIT Administrative Systems, Recording Policy and standards.

RQIA RECOMMENDATION: 3
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 be distinct from the completed UNOCINI form.

RQIA RECOMMENDATION: 4
Staff should ensure all records on file are signed, dated and identify the author and their designation. The use of abbreviations should be avoided.

RQIA RECOMMENDATION: 5
The Trust should ensure that *'Area Child Protection Committee'* Regional Child Protection Policy and Procedures are followed in relation to the convening of Child Protection Case Conferences, the functioning of Core Groups as part of each Protection Plan and timescales in relation to assessment.

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: *Please indicate with a tick (you can select more than one type if appropriate)*	Gateway	
	Children in Need	
	Initial Child Protection Initial	
	Child Protection Register removed	
	Child Protection Register retained	
	Child Protection re-registered	

Reviewer:		
Date of Review:	/ / 2009	
Date of referral: *(if multiple, date of case opened for this episode)*	/ /	*Children in Need/Child Protection: within last 12 months Gateway: within 8 weeks*
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: *Please indicate with a tick (you can select more than one type if appropriate)*	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:*(if multiple, date of case opened for this episode)*	/ /	*CIN/CP: within last 12 months* *Gateway: within 8 weeks*
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)