



The Regulation and
Quality Improvement
Authority

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CHILD PROTECTION REVIEW REPORT

Stage 3 - Quality of Record Keeping

Southern Health and Social Care Trust Report

Records Audit Completed: 27th March 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 Southern Health and Social Care Trust. The audit was undertaken across eight child care teams, including the Trust's three newly established Gateway Teams and the five Family Intervention Teams. The audit took place between the 23rd March 2009 and the 27th March 2009.

The review team initially planned to include only two Gateway Teams as part of this audit, however, as a result of concerns relating to the volume and management of unallocated cases in two offices, the audit was extended to include the third Gateway Team F.

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*' (hereafter referred to as the SSI Overview Report); the second component related to on the Regional Supervision Policy, Standards and Criteria issued in February 2008. A total of 91 case files were audited during the first stage, which are summarised in Table 1, 40 unallocated cases were audited and four files were selected for a more in-depth analysis.

The audit highlighted good practice issues and a high level of compliance with some of the indicators reviewed. However 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 and issues relating to the implementation of the Regional Policy on Supervision. A number of recommendations relating to these areas are included in the report.

During the audit, significant concerns were raised by the review team regarding the number of unallocated cases across the Trust and the lack of robust risk assessments of referrals whilst these cases remained unallocated.

In addition, 31 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 cases originated, the Trust Affiliate, the Trust Chief Executive, the Director of Social Services, Family and Child Care and the acting Chief Executive and Board of the RQIA. Through this process the Trust reviewed each of the cases, action was taken where this was deemed necessary and the Trust satisfied itself that any ongoing child protection concerns were being appropriately managed.

These issues were summarised in a 'highlight report' which was presented to the RQIA Executive Board, the Trust Chief Executive and to the DHSSPS.

Subsequently the Trust has forwarded a comprehensive Action Plan to the RQIA addressing the issues raised.

Section 1 Overview

1.1 The Role and Responsibility of the Regulation and Quality Improvement Authority (RQIA)

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 Regulation and Quality Improvement Authority.

- ❖ 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 the report *Our Children and Young People – Our Shared Responsibility*¹. Where relevant, it also took into account recommendations from the *Independent Inquiry Panel into the deaths of Madeleine 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 divided into discrete stages during year one as follows:

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

Each stage used different methodologies and produced separate reports.

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

¹ DHSSPS (2006) *Our Children and Young People - Our Shared Responsibility* - Inspection of Child Protection Services in Northern Ireland <http://www.dhsspsni.gov.uk/print/oss-child-protection-overview.pdf>
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1.3 The Review Team

The review team membership was:

- ❖ Mr Philip O'Hara, Children's Regulation Inspector, RQIA
- ❖ Mrs Suzanne Cunningham, Children's Regulation Inspector, RQIA
- ❖ Ms Angela Harris, Regulation Manager, Care and Social Services Inspectorate, Wales
- ❖ Mr Patrick Bergin, Inspector Manager, 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 in the SSI Overview Report, Toner and O'Neill Reports.

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

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

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

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

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

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

The Toner Report recommends that:

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

analysis and summary of the interventions provided; and an outline of the future work programme".

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

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

1.5 Methodology of Audit

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

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

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

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

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

These case file records were audited against the SSI recommendations

1.6 Escalation Policy

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

- ❖ Direct allegation or disclosure of abuse.

RQIA Child Protection Review**Quality of Record Keeping**

- ❖ 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 is determined by the level of concern and is detailed in the policy. The RQIA Escalation Policy was issued to those who attended the initial briefing session and a copy 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 Southern Health and Social Care Trust delivers integrated health and social care to people living in Armagh, Banbridge, Craigavon, Dungannon, Newry and Mourne.
- ❖ The Trust was formed from the merging of three legacy Trusts on 1 April 2007.
- ❖ The geographical location includes a mixture of both urban and rural communities.
- ❖ It has a budget of £400 million and employs 12,000 staff approximately.
- ❖ The Trust has a Directorate of Children's and Young Peoples Services and the restructuring of children's social services is ongoing.
- ❖ The Trust has approximately 94,000 children in its population².
- ❖ During the year from 1 April to 31 March 2008, the Trust received 5,372 referrals to their children's social services teams, which related to 4,365 children³.
- ❖ At 31 March 2008, the Trust had 314 children on its child protection register².
- ❖ The Trust's Gateway Service has teams located in Dungannon, Newry and Craigavon. The Gateway Teams provide a social work service for children and families and are the first point of contact for people who wish to share a concern about a child who is not already known to social services.
- ❖ A single telephone number for the Gateway Service has been operational within the Trust area from 24 November 2008.

2.2 Office Visited

During the period from Monday 23 March 2009 to Friday 27 March 2009, the RQIA team visited:

- ❖ Office A, Gateway Team
- ❖ Office B, Family Intervention Team
- ❖ Office C, Gateway Team
- ❖ Office D, Prevention Team
- ❖ Office E, Family Support Team
- ❖ Office F, Gateway Team
- ❖ Office G, Family Support Team
- ❖ Office H, Family Support Team

² Trust Corporate Parenting Report 2008

³ Children Order Statistical Tables (2007/08), Community Information Branch, DHSSPS, 28 November 2008

2.3 Challenges Facing Front Line Staff

The previous RQIA review team recognises 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 more senior management. It is accepted that with regards to point 8 (table 2) , that a sample of files would audited by senior management and not the total amount . A total of 91 files were audited across the Trust.

Table 1 Findings against Recommendation 29

Recommendation 29 N=91**		% of files compliant
7	Evidence of evaluation / case auditing by a line manager	51.1%
8	Evidence of evaluation / case auditing by senior management?	10.7%

**** Refers to files audited within Trust**

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

Table 1 reflects the overall Trust findings. On some case files, there was evidence of comprehensive supervision however, this was not consistent in all of the files reviewed. It was noted that 51.1% of files had evidence of evaluation or case auditing by a line manager and 10.7% had evidence of evaluation or case auditing by a senior manager (ref table 1). The review team expected to evidence more reflective case discussion and planning, reference to statutory functions, risk assessment and quality assurance of files by the team leader.

RQIA RECOMMENDATION: 1

The Trust should develop procedures to ensure there is regular monitoring, audit and quality assurance of a sample of files by line managers and sampling by senior management within the Trust. The Trust must ensure that 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 Supervision Policy, Standards and Criteria (DHSSPS)

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

Table 2 Additional Information relating to UNOCINI Forms

	Additional information	% of files compliant
9	UNOCINI forms are used	93.8%

UNOCINI forms were in use in 93.8% of files examined. However, the review team noted that not all UNOCINI forms were adequately completed and signed off by the social worker and senior social worker. Information recorded in a UNOCINI assessment should be child centred and needs led. Records should evidence planned and purposeful work with the child.

There was evidence of the use of UNOCINI assessment as a referral form although the information contained in the UNOCINI form should be more robust and complete.

Samples examined reflected inconsistencies in terms of quality and the review team considered that staff required training in the completion of UNOCINI forms. Case planning documentation was not completed in a significant number of examples. The UNOCINI assessment should provide evidence of information gathered, actions taken, analysis, evaluation and clear decision making. All sections of the UNOCINI form should be completed, signed and dated.

In one example, the review team was concerned to find completed UNOCINI forms which did not examine the referral information in terms of risk or impact on the child or young person.

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

RQIA RECOMMENDATION: 2

The Trust should ensure that staff are trained and are proficient in the use of UNOCINI. This training should be multi disciplinary

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 files from a range of cases, including initial referrals; children in need and children on the child protection register, a total of 91 files were audited across the Trust.

Table 3 Findings Against Recommendation 30

RECOMMENDATION 30 N = 91**		TRUST	OFFICE A GATEWAY TEAM	OFFICE B FAMILY INTERVENTION TEAM	OFFICE C GATEWAY TEAM	OFFICE D PREVENTION TEAM	OFFICE E FAMILY SUPPORT TEAM	OFFICE F GATEWAY TEAM	OFFICE G FAMILY SUPPORT TEAM	OFFICE H FAMILY SUPPORT TEAM
1	A comprehensive set of essential information is retained on file	61%	47%	67%	17%	100%	60%	41%	54%	100%
2a	The file has a front chronology sheet	17%	6%	25%	0%	25%	40%	23%	0%	17%
2b	The chronology sheet is updated every 6 months (if 2a is in place)	21%	0%	11%	0%	0%	0%	60%	0%	100%
3	Where appropriate, the file contains transfer reports	17%	0%	30%	0%	40%	0%	0%	45%	22%
4a	Records are legible	68%	75%	66%	25%	37%	60%	94%	84%	100%
4b	Records have been typed in the past 6 months	33%	0%	0%	33%	25%	0%	88%	15%	100%
5	Information is adequately cross referenced	33%	19%	17%	0%	37%	20%	41%	54%	75%
6	Information is filed in date order	81%	75%	58%	58%	75%	100%	94%	92%	100%

**** Refers to case files audited by the Trust**

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

During the records audit the review team examined a total of 131 files across the Trust, 40 of these cases were unallocated and for the purpose of the audit against Recommendations 29 and 30 have not been included.

The review team found clear evidence of compliance with recommendation 30. However, file structures and processes were not consistent across the files examined.

One Gateway Team, Team F, had an electronic record system for recording UNOCINI assessments. Correspondence received in respect of individual cases was kept as a hard copy in the case file. The audit tool was designed primarily for a paper based system and therefore, the review team acknowledged the limitations of applying this methodology to electronic records.

Part 1 Across the Trust 61% of the 91 files examined had a comprehensive set of information retained on file. This figure includes a range of practices which varied significantly across different offices. The review team noted in particular the excellent performance of teams D and H, where every file inspected had a set of comprehensive information.

Part 2 a-b The audit evidenced that chronologies were not being used in file structures across the Trust. This is a significant deficit which the Trust must address as a priority.

RQIA RECOMMENDATION: 3

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

Part 3 Where cases had been transferred from one office or team to another within the Trust, or when a case was being transferred between social workers in a team, the review team found a lack of structure or process regarding the transfer arrangements. The Audit revealed that 17% of the 91 cases which had been involved in a transfer, contained transfer reports or summaries on file. The review team also noted that the process of transfer did not always include the identity of the receiving social worker.

The review team was advised that the completed UNOCINI assessment would be regarded as the transfer document. The review team was expecting to find for evidence of a specific documented transfer process being held on each file.

RQIA RECOMMENDATION: 4

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

RQIA RECOMMENDATION: 5

The Trust must ensure that a receiving social worker is identified at an early stage of a transfer process and he/she is involved in the formal transfer of case management responsibility

Part 4 a-b Records were found to be legible with only isolated examples of poor practice. The review team would commend the practice of Family Intervention Team, Office H, where the twelve files audited were found to be legible and typed. This standard should be replicated across the Trust.

RQIA RECOMMENDATION: 6

Staff should ensure that all recording on file are signed, dated and identifies the author and their designation

Part 5 Appropriate cross referencing was found in 33% of the 91 files audited. However, the review team could find no evidence of cross referencing in respect of case file records held by Gateway Team C. With the implementation of recommendation 1, Trust performance regarding this element of the SSI Overview Report recommendation should improve.

Part 6 Across the trust the audit found that the majority of documentation and information was filed in date order (81%). Teams E and H achieved 100%. There were a small number of isolated examples when this standard was not achieved.

Section 4 Additional Findings relating to each Office / Team

4.1 Gateway Team - Office A

The team has a team manager, one senior practitioner, six social workers - two of which are in the assessed year in employment (AYE) and two social work assistants. The team is supported by three administrative officers, one full time and two part time. The team has experienced long term sick leave and has found filling posts on a temporary basis to be problematic.

The team has a high number of unallocated cases, 85 on the day of the review visit. The Head of Safeguarding for the Trust reported that approval had been given for the recruitment of an additional Gateway Team within the Trust, in an attempt to manage the volume of initial referrals and unallocated cases.

A total of 33 files were audited within this Team, 17 of which were unallocated.

Audit Findings:

- ❖ A lack of child centred recording in a number of case files.
- ❖ Concerns regarding the length of time cases were being held in the Gateway Team which was outside the Departmental guidelines. Of the 33 cases examined, 17 were identified as being outside the ten day turnaround; eight cases were identified as being open to the team for up to six months and one case was identified as having been held for a year. The manager did explain that these cases were historic and were closed, but they remained open on SOSCAR
- ❖ The review team identified nine cases from this team, where there were concerns of a child protection nature. These nine cases were raised with the Trust under the RQIA Escalation Policy for further clarification or immediate action
- ❖ There was concern regarding the unallocated cases within this team. The Trust did provide information in relation to the management process of these unallocated cases, however, the review team remained concerned with regards

to the thoroughness of these assessments. In addition, 19 cases had been referred to the office within a five day period. It was not clear to the review team what assessment, if any, had been completed on these cases and they were not logged onto SOS CARE. All 19 cases were raised with the Trust under the RQIA Escalation Policy

- ❖ There was recognition by the review team of the high number of case loads being carried by the team. The manager and Trust Affiliate shared with the review team evidence of initiatives to tackle the particular issues relating to caseloads and unallocated cases.

4.2 Family Intervention Team - Office B

The team included a team leader, one senior practitioner, and five social workers, of which two were in their assessed year in employment and two were agency staff. The team is supported by two administrative staff, but one of these staff has been off on sick leave for a protracted period of time.

The team manages a full range of cases, including children in need, child protection, looked after children, court cases and adoption.

The Trust has a high level of migrant workers and their families. This requires the use of translators and extra time to ensure clients understand the nature of child protection and child in need procedures in Northern Ireland.

The Trust area includes large housing developments and pockets of deprivation.

The area also has a large travelling community which is transient and present a challenge for social work staff in gaining access to families for assessment.

The manager reported close working relationships with the Gateway Team, who are co-located on the same floor.

At the time of the audit, the team had four unallocated cases and the manager reported that a protocol was in place for the regular review and monitoring of these cases. It was reported to the review team that the Trust is currently reviewing the transition points for the transfer of cases between teams.

A total of 12 files were audited within this team.

Audit Findings:

- ❖ Files were poorly presented; they were bulky with information and documentation difficult to access
- ❖ There was some evidence of case supervision on file but this was not consistent
- ❖ Files were not cross referenced and there were no case summaries evident on files
- ❖ The review team raised issues in respect of two files where there were concerns of a child protection nature. In one file, case conference minutes were missing and in the other file, the reviewers could not evidence any social work

intervention in the case for over six months. The Trust subsequently provided the necessary information in relation to both these files by the end of the day

- ❖ Some files relating to children on the child protection register were unclear regarding core group meetings as part of the protection plan. Furthermore, the purpose and function of core groups relating to the protection plan was not always evident. The files evidenced poor multi-disciplinary attendance and there was no evidence of core group meetings taking place on a number of files
- ❖ On a number of files there was a lack of clarity in relation to core groups as part of the protection plan which resulted in a lack of contingency planning when they did not take place as scheduled.

4.3 Gateway Team - Office C

The team includes a team manager, a senior practitioner, six social workers and two social work assistants. A total of 12 files were audited within this team.

Audit Findings:

- ❖ Delays in allocation were identified. It was reported to the review team that there were 23 unallocated cases within this team. The review team examined four of these unallocated cases which were subsequently raised with the Trust under the RQIA Escalation Policy
- ❖ Three other cases were raised with the Trust, under the RQIA Escalation Policy for further clarification and action.

4.4 Prevention Team - Office D

The team includes a team manager, five social workers, one is in the assessed year in employment and in addition there is a family support worker on this team. The team carries a case load of mostly children in need cases. A total of eight files were audited within this team.

Audit Findings:

- ❖ Files were poorly presented, they were bulky and it was difficult to access key documentation.
- ❖ There was good evidence of case supervision and audit by senior management recorded on file.
- ❖ One file was commended for the inclusion of a comprehensive fronting sheet and the use of case summaries; this should be the template for the standard of performance across the Trust.
- ❖ There were delays in allocation, in one case this extended to four months. This case was raised with the Trust under the RQIA Escalation Policy, along with another unallocated case.
- ❖ One other case was raised with the Trust under the RQIA Escalation Policy, where the file indicated a delay in convening an initial child protection case conference.

4.5 Family Support Team - Office E

The team includes a team manager, a senior practitioner, three full time social workers and two part time social workers, one of whom is in their assessed year in employment. The team also has a contact worker. A total of five files were audited within this team.

Audit Findings:

- ❖ Files were poorly presented and it was difficult to access key documentation
- ❖ On one child protection file, the use of core groups as part of the protection plan could not be evidenced. This file was highlighted to the Trust under the RQIA Escalation Policy
- ❖ There was one very good example of case file supervision and evaluation recorded on file.

4.6 Gateway Team - Office F

Within this team, 17 files were selected for audit and an additional 19 unallocated of the reported 25 unallocated files were also audited.

This team used an electronic file system which was not entirely compatible with the paper based audit tool; the review team took this into consideration when reviewing these files.

Audit Findings:

- ❖ The review team had difficulty in evidencing ongoing risk assessment in relation to thresholds, based on information provided
- ❖ It was not clear whether all referrals had been logged onto the SOS CARE system
- ❖ There was a good structure in place for monitoring unallocated cases but the review team found that this was not being completed in all cases
- ❖ The review team had concerns in relation to six of the unallocated cases where there was an absence of appropriate risk assessment in relation to the presenting issue at referral; all these cases were raised with the Trust under the RQIA Escalation Policy. In addition, all 32 reported unallocated cases were reported to the Trust under the RQIA Escalation Policy
- ❖ The review team identified concerns relating to six other cases and these were also raised with the Trust under the RQIA Escalation Policy, in relation to deficits in adherence to ACPC policies and procedures.

4.7 Family Support Team - Office G

The team includes a team manager and six social workers. Two are part time and two are in their assessed year of employment. They are supported by 1.5 whole time equivalent minute takers and a Grade 2 administrator, which they share with the Early Years Team.

The team carries a case load which includes children in need, child protection and looked after children. This includes managing 43 hours of supervised contact per week.

A total of 13 files were audited within this team.

Audit Findings:

- ❖ On two files where young people were on the child protection register, each statutory visit was recorded on a template which clearly outlined the nature of the contact, who explicitly was seen and how the visit related to the protection plan. The review team would commend this practice
- ❖ The files presented for audit were manageable with easy access to key documents. There was also evidence of comprehensive case summaries
- ❖ It was evident from the 13 files selected that efforts were being made to improve file structures
- ❖ There was good evidence of case management supervision recorded on files
- ❖ On two files audited case conference minutes were outside policy timescales
- ❖ Two unallocated cases within this team were raised with the Trust under the RQIA Escalation Policy; the review team could not evidence on going risk assessment pending allocation. This was despite the fact that the files were signed on two occasions by a line manager
- ❖ In one other file examined, it was noted that minutes from a case conference were not on file.

4.8 Family Support Team - Office H

A total of 12 files were audited within this team.

Audit Findings:

- ❖ Files were generally well presented and structured, although none of the files inspected contained a chronology
- ❖ There was very good evidence of case management supervision by the line manager and sampling by a senior manager recorded on files
- ❖ Four files from this office were raised with the Trust under the RQIA Escalation Policy; these were issues relating to non compliance with the Area Child Protection Committee (ACPC) policy relating to the timely completion of case conference minutes.

RQIA RECOMMENDATION: 7

The Trust should ensure that a robust risk assessment is undertaken with all unallocated cases within the Trust

RQIA RECOMMENDATION: 8

The Trust must ensure that SOS CARE is accurately maintained and is up to date

Section 5 In-Depth Analysis

5.1 In-depth analysis

The review team selected four 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*' (see appendix B). 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 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.

This part of the audit highlighted appropriate working relationships with a number of key agencies, and the developing use of UNOCINI forms by a range of professionals. It was evident that when UNOCINI was being used as a referral tool, complete and comprehensive information was not always contained on the referral.

5.2 Mental Health Services

The review team noted:

- ❖ There was an absence of risk assessment where the care plan indicated that a parent, currently an in patient in a mental health facility, was to care for their child on the hospital ward.
- ❖ The adult mental health team could not locate a file, selected as part of the audit.

5.3 Child Protection Concerns

At an early stage of this record audit, concerns emerged regarding the number and management of unallocated cases across the Trust. In addition, a number of individual cases were raised with the Trust under the RQIA Escalation Policy due to child protection concerns. These concerns included the lack of a robust assessment in relation to the unallocated cases, and deficits in relation to assessment and investigation timescales on seven files as directed under ACPC Policies. In addition, case conference minutes were absent on two files and there were three occasions where review case conferences were convened outside the recommended timescales. It was also noted the absence of social work activity on four files for periods of up to six months and there was a lack of clarity regarding core groups as part of child protection planning and contingency planning when core groups did not take place.

As these concerns emerged, the review team consulted with Trust senior management through the Trust Affiliate and with the management team at RQIA. The Acting Chief Executive RQIA subsequently wrote to the Trust Chief Executive, outlining concerns around the following issues; the number and management of unallocated cases across the Trust, the throughput of cases through the Trust's Gateway Teams, deficits with

regard to the upkeep of the SOS CARE system and failings within management systems and oversight.

The Chief Executive of the RQIA at this stage requested an action plan to be formulated to address the issues identified.

All the issues were contained in a 'highlight report' forwarded to the DHSSPS and to the Trust on the 31st March 2009. At the conclusion of this 'highlight report', the RQIA requested that the Trust:

- ❖ Undertake an urgent review of all unallocated cases in the Gateway Teams
- ❖ Ensure information on the SOS CARE system is accurately maintained
- ❖ Ensure UNOCINI assessment forms are fully completed
- ❖ Take action to bring the individual case records into line with statutory and legislative requirements. It should be noted that the Trust had already actioned the individual cases raised under the RQIA Escalation Policy by the last day of the audit

The Trust staff subsequently forwarded a comprehensive action plan to the RQIA on 23rd April 2009 in response to concerns arising from this audit.

Whilst the Trust fully responded to the issues raised in the 'highlight report', they did question the RQIA regarding the process followed, indicating that the issues raised through the week had been addressed with the review team by senior Trust managers.

Section 6 Summary of RQIA Recommendations

RQIA RECOMMENDATION: 1

The Trust should develop procedures to ensure there is regular monitoring, audit and quality assurance of a sample of files by line managers and sampling by senior management within the Trust. The Trust must ensure that 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 RIT Supervision Policy, Standards and Criteria.

RQIA RECOMMENDATION: 2

The Trust should ensure that staff are trained and are proficient in the use of UNOCINI. This training should be multi disciplinary.

RQIA RECOMMENDATION: 3

The Trust should continue the implementation of its new file structure, directly informed by Departmental policy and guidance and ensure that 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

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

RQIA RECOMMENDATION: 5

The Trust must ensure that a receiving social worker is identified at an early stage of a transfer process and he/she is involved in the formal transfer of case management responsibility.

RQIA RECOMMENDATION: 6

Staff should ensure that all recordings on file are signed, dated and identifies the author and their designation.

RQIA RECOMMENDATION: 7

The Trust should ensure that a robust risk assessment is undertaken with all unallocated cases within the Trust.

RQIA RECOMMENDATION: 8

The Trust must ensure that SOSCAR is accurately maintained and is up to date.

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.'

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:(if multiple, date of case opened for this episode)	/ /	<i>Children in Need/Child Protection: within last 12 months</i> <i>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:(if multiple, date of case opened for this episode)	/ /	<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
HWIP	Health and Well-Being Investment Plan
LAC	Looked After Children
NISCC	Northern Ireland Social Care Council
PA	Programmed Activities (Dedicated medical time)
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
TCPP	Trust Child protection Panel
UNOCINI	Understanding the Needs of Children in Northern Ireland (Assessment Framework)
VOYPIC	Voice of Young People in Care

