



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

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**CHILD PROTECTION REVIEW REPORT**

**Stage 3 - Quality of Record Keeping**

**Belfast Health and Social Care Trust Report**

Records Audit completed: 12th to 16th January 2009  
Report completed: 6th August 2009

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## **Executive Summary**

The Stage 3 'Quality of record keeping' (the audit) is part of the Child Protection Review in the Belfast Health and Social Care Trust. The audit was undertaken in the newly established Gateway Teams and in four Family Intervention Teams across the Trust.

There were two components of the audit process, the first was based on recommendations 29 and 30 of the Social Services Inspectorate Overview Report "*Our Children and Young People Our Shared Responsibility*" (December 2006) (hereafter referred to as the SSI Overview Report). The second was based on the Regional Supervision Policy, Standards and Criteria issued in February 2008. A total of 106 files were audited during the first stage of the audit and five files were selected for a more in-depth analysis.

The audit highlighted areas of good practice and a high level of compliance with some of the indicators reviewed, such as sound case management supervision and audit in some individual social work teams. However, notable variation in the file structures was evident across the various teams participating in the audit. 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 deficits are included in this report.

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

During this audit, seventeen cases were identified in which there were current or historical concerns of a child protection nature. These cases were brought to the attention to the senior trust manager in the office where the cases originated. They were also brought to the attention of the Trust Affiliate, the Trust Chief Executive, the Director of Social Services, Family and Child Care, the acting RQIA Chief Executive and the Board of the RQIA. They were also the subject of a highlight report to the DHSSPS.

Consequently, the Trust reviewed each of the cases, appropriate remedial 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
- ❖ Mrs Suzanne Cunningham, Children's Regulation Inspector, RQIA
- ❖ Mr Gerry Marshall, Children's Regulation Inspector, RQIA
- ❖ Ms Paula Hendron, Children's Regulation Inspector, RQIA
- ❖ Mrs Zoe Hunter, Project Manager, RQIA
- ❖ Mrs Jacqui Murphy, Project Manager, RQIA
- ❖ Miss Janine Campbell, Project Administrator, RQIA
- ❖ Miss Catherine Gilmore, Project Administrator, RQIA

### 1.4 Approach for Stage 3

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

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

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

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

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

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

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

The Toner Report recommends that:

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

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

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

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

## 1.5 Methodology of Audit

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

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

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

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

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

## 1.6 Escalation Policy

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

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

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

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

## **Section 2 Operational Context**

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

### **2.1 Overview of Trust**

- ❖ The Trust was formed from the merging of 6 legacy Trusts on 1st April 2007
- ❖ The Belfast Health and Social Care Trust delivers integrated health and social care to people in Belfast and parts of the Borough of Castlereagh, serving a population of 340,000 and also provides specialist acute services to the whole of Northern Ireland. It has a budget of £1,100 million and employs 22,000 staff
- ❖ The geographical location includes areas of high deprivation and has a high number of migrant workers and a large travelling community
- ❖ The Trust has a social services, family and child care service directorate which is responsible for the delivery of children's services, including child protection. This service group is lead by a Director, who is also currently the Executive Director of Social Services for the Trust
- ❖ The Belfast HSC Trust's Children's services include family and child care, children's disability, child health and maternity services
- ❖ The Trust has 85,000 children in its population<sup>1</sup>
- ❖ During the year from 1 April 2007 to 31 March 2008, the Trust received 6,959 referrals to children's social services, which related to 4,865 children<sup>2</sup>
- ❖ At 31 March 2008, the Trust had 603 children on the child protection register<sup>3</sup>
- ❖ The Trust has a Gateway Service which receives all referrals to children's social services through a single telephone number. The Gateway Service has been operational from 19 November 2008, just over six weeks at the time of the audit. The Gateway Service in the Belfast Trust consists of four teams based in one central office
- ❖ Family Support Teams are located in various locations across Belfast and their case loads include child protection cases, children in need and looked after children
- ❖ Family Support Teams were restructured in November 2008 and although significant challenges had been faced by staff regarding the throughput of cases

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<sup>1</sup> Belfast Health and Social Care Trust Corporate Parenting Report, 31 March 2008

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



from the Gateway Teams, this process appears to have been actively managed by the Trust

- ❖ Early Years and Adoption and Fostering Services are also provided across the Trust

## **2.2 Offices Visited**

Between Monday 12 January 2009 and Friday 16 January 2009 the review team visited five social work teams, from the Trust's Family and Child Care Programme:

- ❖ Office A, Gateway Teams
- ❖ Office B, Family Support Team
- ❖ Office C, Family Support Team
- ❖ Office D, Family Support Team
- ❖ Office E, Family Support 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.



### 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 note 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 105 files were examined.

**Table 1 Findings against Recommendation 29**

RECOMMENDATION 29		TRUST	OFFICE A GATEWAY TEAMS	OFFICE B FAMILY INTERVENTION TEAM	OFFICE C FAMILY INTERVENTION TEAM	OFFICE D FAMILY INTERVENTION TEAM	FAMILY INTERVENTION TEAM OFFICE E
N= 105*							
7.	Evidence of evaluation / case auditing by a line manager	52 %	47%	0%	50%	92%	58%
8	Evidence of evaluation / case auditing by senior management	7 %	3%	0%	6%	21%	0%

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

As table 1 indicates there were deficits across the Trust's performance against this recommendation. Of the 105 files audited, the review team found evidence of evaluation, quality assurance and audit by a line manager in just over half of the files inspected (52%). It is concerning to note that in office B there was no evidence in any of the files audited of case evaluation by a line manager. However, it should also be noted that a very robust case evaluation and audit process was in place in office D, where, of the 22 files inspected, there was evidence of case evaluation and audit in 92% of the files. The review team would recommend that this standard is replicated across the Trust.

An element of recommendation 29, also relates to evidence of evaluation and case auditing by senior management, a principle embedded in the regional supervision policy.

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

Table 1 indicates that of the 105 files examined there was evidence of audit by senior management in 7% of the files. This figure fluctuated across the offices and masks a very different outcome in offices B and E, where there was no evidence of senior management input in any of the 36 files audited. There was very sound practice identified in office D where 21% of the files audited had evidence of sampling by senior management.

\* The total number of cases indicated in the Trust

**RQIA RECOMMENDATION: 4**

**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 Reform Implementation Team Supervision Policy, Standards and Criteria**

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

**Table 2 Additional Information relating to UNOCINI Forms**

	<b>Additional information</b>	<b>% of files compliant</b>
9	UNOCINI forms are used	94%

The review team noted that UNOCINI was in use in 94% of the files examined. In the Family Intervention Teams visited, there was also evidence of UNOCINI being used as part of the child protection process but this was not evident within children in need and family support planning .

The review team found that the UNOCINI recording was not always completed. In addition, it was noted that the narrative within the UNOCINI did not always present as child centred or having a needs led approach. The Review Team were of the view that this indicated a training deficit in this area.

In general, the format of UNOCINI forms made it difficult to track dates of referral and allocation. It was also difficult to establish the timescale of the completion of different sections of the form.

**RQIA RECOMMENDATION 5**

**The Trust should ensure that all members of staff are trained and are proficient in the use of UNOCINI**

## **Section 3 Audit Findings in Relation to Recommendations 29 and 30**

### **3.2 Key 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 105 files from a range of cases, which included a mix of initial referrals, children in need and children on the child protection register.

**Table 3 Findings against Recommendation 30**

RECOMMENDATION 30 N = 105*		TRUST	OFFICE A GATEWAY TEAMS	OFFICE B FAMILY SUPPORT TEAM	OFFICE C FAMILY SUPPORT TEAM	OFFICE D FAMILY SUPPORT TEAM	OFFICE E FAMILY SUPPORT TEAM
1	A comprehensive set of essential information is retained on file	85%	70%	94%	81%	88%	100%
2a	The file has a front chronology sheet	1%	0%	0%	0%	4%	0%
2b	The chronology sheet is updated every 6 months (if 2a is in place)	0%	0%	0%	0%	0%	0%
3	Where appropriate, the file contains transfer reports	43%	43%	36%	25%	75%	50%
4a	Records are legible	91%	80%	100%	81%	100%	95%
4b	Records have been typed in the past 6 months	48%	20%	6%	31%	100%	79%
5	Information is adequately cross referenced	66%	43%	59%	62%	87%	84%
6	Information is filed in date order	92%	83%	100%	87%	95%	100%

This section of the audit tool in regard to Recommendation 30 was divided into 6 parts as indicated in table 3 above.

\* The total number of cases indicated in the Trust



**Part 1** The review team noted that 85% of the cases audited across the Trust contained a set of essential information. In Office E, all 19 cases audited contained a comprehensive set of essential information which is commendable.

**Part 2 a-b** The audit clearly found 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: 1**

**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 evidence of a lack of structure or process regarding the transfer arrangements. Table 3 indicates that 43% of the 105 files audited, which had been involved in transfer, had transfer reports or summaries on file. The performance score of 75% of files which had file transfer summaries at Office D, exceeded that of the other offices by a significant margin. The practice in this office is to be commended. The review team also noted that the process of transfer did not always identify the receiving social worker.

**RQIA RECOMMENDATION: 2**

**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 and that the receiving social worker is identified at an early stage of the transfer process**

**Part 4 a-b** Of the 105 files audited across the Trust, 91% were found to be legible, with offices B and D achieving 100% of records audited as being legible. In the other offices, there was evidence of a significant use of abbreviations and a number of examples of hand written notes loosely attached to files. The review team would consider that such entries are not appropriate on case records.

The review team also noted the inclusion of emails in a number of files and while this is a useful form of communication, there was a tendency for the emails to be structured in an informal manner, not fully identifying the name and status of the author.

It was noted that across the Trust, 48% of records had been typed in the previous six months whilst in Office D, in all the 24 files audited, the records were typed. The review team would be of the opinion that this standard of performance should be the benchmark for other offices across the Trust. The practice in this office is to be commended and the Trust should aspire to meet this standard of performance across all case records.

**RQIA RECOMMENDATION: 3**

**Staff should ensure that all recordings on file are signed, dated and identifies the author and their designation. The use of abbreviations and personalised recording should be avoided**

**Part 5** Appropriate cross referencing was found in 66% of the 105 files audited.

As highlighted in table 3, the standard of recording and cross referencing was particularly good in office D where 87% of the 24 files audited in this team had information and documentation appropriately cross referenced. The review team would recommend that the standard achieved within this team should be replicated across the Trust.

**Part 6** The audit found that the majority of documentation and information was filed in date order in 92% of files audited across the Trust. Offices B and E achieved 100%, with only a small number of isolated examples of this standard not being achieved. This practice is to be commended.

The audit revealed that the Trust was making progress regarding recommendation 30 of the SSI Overview Report, and was responding to the Departmental policy document '*Administrative Systems, Recording Policy and Standards*' issued in February 2008.

Throughout the offices visited the review team noted a range of file structures in use. The review team were informed that the Trust was in the process of introducing a consistent file structure across all the child care teams. The new file structure was being used in one of the teams audited. This new file structure was clear and effective and reflected current Departmental guidelines. (Recommendation 1 pertains).

## Section 4 Additional Findings relating to each Office/Team

### 4.1 Gateway Teams - Office A

There are four Gateway Teams in the Belfast Trust. All are based in one central office and receive child care referrals from across the Belfast Trust area. These teams have been operational since 19 November 2008.

The Gateway Service is a social work service for children and families. It is the first point of contact for new referrals to the Trust's Family and Child Care Social Services. It would be the expectation that this service would provide an immediate response to safeguard children in need of protection.

Each team is comprised of a team leader, two senior practitioners and four social workers. The office also has a support team which includes team clerks, two information (SOSCARE) clerks and two receptionists. In addition, the office has two assistant principal social workers.

The Gateway Teams aim to make an initial assessment and transfer of cases to an appropriate family support team within a two week period.

The Gateway Service is working towards adopting a new file structure across all the teams, reflecting current Reform Implementation Team (RIT) policy. This will be a welcome development.

The review team audited a total of 30 files from within this Team.

#### Audit findings:

- ❖ Staff were working toward the implementation of the regional policy on '*Administrative Systems, Recording Policy and Standards*' but acknowledged they had substantial work to complete to fully implement the policy
- ❖ The use of UNOCINI has been implemented, but files audited would indicate that the form was not being comprehensively completed in all files inspected
- ❖ The allocation of an identified social worker to a case was not always clearly evident
- ❖ In one example, the Area Child Protection Committees' (ACPC) Regional Policy and Procedures on timescales for initial assessment and progression to initial case conference had not been met
- ❖ Files lacked sufficient or adequate evidence of social service's previous history/contact with the family
- ❖ File closures were recorded, but the reasons for the closure of files were not always clear
- ❖ Systematic file structures had not been adopted by the new Gateway Teams and were leading to variation in the filing of documentation. This made information difficult to follow
- ❖ Inherited electronic systems (i.e. SOSCARE) from legacy Trusts were still in use, whilst the Trust awaits the outcome of the Regional Guidance regarding the adoption of alternative electronic filing and recording systems



- ❖ All UNOCINIs closed had been signed by a team leader evidencing a process of quality assurance
- ❖ Evidence of quality assurance by senior management was absent from the files audited; just under half of the files had evidence of line management input and only 3% contained evidence of senior management audit. The review team do acknowledge the logistical difficulties relating to this issue regarding the throughput of cases in the Gateway Teams
- ❖ Not all files evidenced that childrens views were sought

**RQIA RECOMMENDATION: 6**

**The Gateway Team should agree and implement a standardised file structure to address the deficits identified**

## **4.2 Family Intervention Team - Office B**

The team comprised of an assistant principal social worker, an acting senior social worker, two permanent social workers, two permanent social workers who are in their assessed year in employment (AYE), and four agency social workers (two of which are AYE). Two members of staff were absent due to ill health and a senior practitioner post was vacant at the time of the audit. Each member of the team carries a mix of cases and caseloads, i.e. child protection, family support and children in need.

This team had experienced a number of recruitment and retention issues over the previous year. A number of staff had been on long term sick leave whilst three staff had recently resigned. The review team were informed that the Trust is working to resolve the staffing issues.

The review team was informed that due to a combination of issues, together with the high volumes of work, this Family Intervention Team has not been able to accept new referrals from the Trust's Gateway Service.

The staffing levels, caseloads and referral rates are being monitored and are reviewed on a monthly basis by senior managers in the Trust.

The review team could evidence that progress had been made against the implementation of recommendation 30 of the SSI overview report.

A total of 17 files were audited within this Team.

### **Audit findings:**

- ❖ UNOCINI forms were in use for referrals and initial assessment
- ❖ Recording on files was legible
- ❖ Fronting sheets containing essential information were fully completed
- ❖ There was no evidence of systematic quality assurance or case supervision on files audited
- ❖ Inconsistent use of transfer forms was noted
- ❖ Decision making on child protection files was clearly evident, more so than decision making on children in need cases

- ❖ Relevant documentation on child protection files was on file and was referenced appropriately
- ❖ There was variation in file structures within the team; however it is noted that work is ongoing to implement a Trust wide format for children's services files
- ❖ Multi-disciplinary attendance at case conferences was noted to be poor. In a small number of child protection cases, it was evident that it was difficult to ensure that quorums were established as directed by the ACPC policy

#### **4.3 Family Intervention Team - Office C**

The composition of this team includes an assistant principal social worker, a senior social worker and four social workers, a social worker in the assessed year in employment (AYE), a trainee social worker and two part time agency social workers. The senior practitioner post is currently vacant. The assistant principal social worker reports to the children's services manager for safeguarding and family support. Clerical support is provided by a dedicated administrative team assistant and a telephonist/clerical officer. A part time SOSKARE clerk is currently absent due to ill health and their duties are being covered by administrative staff.

The review team found evidence of progress against the implementation of recommendation 29 and 30 of the SSI Overview Report but recognised that there are some areas which need further development in order to achieve full implementation.

A total of 16 files were audited within this team.

##### **Audit findings:**

- ❖ Staff reported they had yet to implement the regional guidance on '*Administrative Systems, Recording Policy*' and recognised that they will have to work to merge systems from the legacy Trusts to fully implement the regional standards
- ❖ Files were well structured and presented and it was noted that work is ongoing to merge historic file systems
- ❖ A new Trust format had been recently implemented and staff reported they were becoming familiar with the new file structures
- ❖ Evidence of documentation being misfiled into the wrong section of files and one record, belonging to a different case, was in the wrong file
- ❖ Evidence that UNOCINI forms were being used, including their use by external agencies and other departments as a tool for referral, e.g. Health Visiting, Education and PSNI
- ❖ Fronting sheets were well completed but potential risks were not always noted clearly
- ❖ Evidence of case supervision by line managers, who had commented on and signed case supervision records on file
- ❖ Child protection files included relevant documents and presented clear reasons for decision making
- ❖ The records of children in need were not as clearly documented as child protection cases and some lacked evidence of well developed planning strategies and case planning

- ❖ There was evidence of use of email correspondence in case files. It was noted that the recording on file was of a personal nature and did not include the full title and designation of the author

#### **4.4 Family Intervention Team - Office D**

This office had two family intervention teams operating from it. Each team is made up of one senior social worker, one senior practitioner, five social workers and an administrative officer. There is also a 1.5 working time equivalent personal secretary resource.

A total of 24 files were audited within this Team.

Audit findings:

- ❖ Staff were working toward the implementation of the regional policy on *'Administrative Systems, Recording Policy and Standards'* but acknowledged substantial work was required to fully implement the policy
- ❖ Files audited had a coherent, systematic structure, which facilitated ease of access
- ❖ The majority of files demonstrated that Standard 3, *'Files provide evidence of planned and purposeful work with children and families'*, was met
- ❖ Files adequately met Standard 7, *'Child protection records contain specific relevant information'* of the regional policy
- ❖ The majority of contact sheets were typed, information was legible and cross referencing was evident
- ❖ Some basic information sheets were not fully completed and did not include information about the allocated social worker and the senior social worker
- ❖ There was evidence of records not being signed or dated appropriately
- ❖ Duplication was noted in some of the files
- ❖ The majority (92%) of files examined contained supervision records which outlined a record of discussion and action plans. The supervision records were of good quality which made it easy to trace the decision making process in the case
- ❖ During the audit, three files were examined specifically to evidence the transfer process, and it was noted that some transfer documentation had not been fully completed or signed. The review team were unable to find an audit of the file which should be undertaken by a manager to identify any deficits or concerns regarding content
- ❖ Family child protection files had not been separated into individual files, although staff reported work is currently underway to address this
- ❖ Overall, the team viewed evidence of the child protection process being implemented and actioned appropriately within this office

## **4.5 Family Support Team, Office E**

An assistant principal social worker has overall responsibility for the team. At the time of the audit the team consisted of a senior social worker, a senior practitioner and five social work posts. The team had one social work vacancy.

A total of 18 files were audited within this team.

The record audit found that:

- ❖ The majority of files were well presented and contained appropriate essential information
- ❖ The structure of the file was sound and the location of documentation was easily identified and accessible
- ❖ Typed recording was found in case files
- ❖ Evidence of implementation of the UNOCINI form was found in the case files inspected
- ❖ Good practice was noted regarding family group conferencing, in a number of files examined
- ❖ Family files were still in use and files had not been separated into individual files
- ❖ Not all documentation inspected was signed and dated
- ❖ Inconsistency in clearly identifying the author and status or relationship of a contact
- ❖ Recording was not legible and abbreviations were used in a number of files
- ❖ Initial referral and assessment UNOCINI forms were not always adequately completed in all areas, signed and dated as appropriate
- ❖ Supervision recording on less than half of case files audited did not always reflect sound case discussion and clear plans
- ❖ Supervision recording on case files did not consistently identify if statutory functions were being met
- ❖ Case planning was not evident on all files inspected
- ❖ In a small number of files, a significant delay was noted between a referral being received and subsequent allocation
- ❖ Recently transferred files did not contain adequate transfer documentation
- ❖ Recently transferred cases had not been allocated to a designated social worker and were opened under a senior social worker's name

## Section 5 In-Depth Analysis

### 5.1

The review team selected five files from the initial audit across the Trust to undertake a more in-depth analysis, where concerns had previously been identified during the initial audit. A specific audit tool was used for this analysis which was based on the regional '*Supervision Policy, Standards and Criteria*' (See appendix A). 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.

In addition, there were issues relating to non compliance with ACPC Policy and Procedures in relation to two of these files. These cases were brought to the Trust Affiliate's attention under the RQIA Escalation Policy.

The case files lacked a child centred focus and it was difficult to gain a clear understanding of the focus of intervention with children. This included limited recording which reflected the views of children and recording not clearly detailing that children were being visited and spoken to, as part of a child protection plan.

### 5.2 Health Visitor's files and other files

Five files from other professionals involved in the cases selected for the in-depth analysis were examined. This sample of health visiting and other professional's files evidenced:

- ❖ Good communication with social services
- ❖ Evidence that health visiting files were moving to an electronic format
- ❖ Chronology sheets were on health visiting files but these were not completed
- ❖ Child protection material on file was appropriate and cross referenced with documentation from social services
- ❖ An absence of line management audit and quality assurance

#### **RQIA RECOMMENDATION: 7**

**Records should evidence planned and purposeful work with children, young people and their families and should comply with Area Child Protection Policies and Procedures**

### 5.3 Child Protection Concerns

The review team raised concerns of a child protection nature in 17 cases. These cases varied regarding the level of concern and seriousness. Five were deemed to be of a serious nature in relation to deficits in risk assessment, the misclassification of cases as



'children in need' as opposed to 'child protection', and one other incident concerned ACPC policies not being followed in relation to a case conference quorum.

These issues were initially brought to the attention of the senior manager at each office and the Trust Affiliate, as they arose. In all cases, verbal assurance was given that immediate action would be taken in relation to the issues raised. These concerns were subsequently raised in communication with the Trust's Chief Executive on 23/01/09. The Trust provided an update in relation to these cases on the 6/02/09. A composite 'highlight report' relating to these cases and the subsequent action taken by the Trust was forwarded to the Trust and the Department of Health Social Services and Public Safety (DHSSPS) on 23/02/09. The Board of the RQIA was also provided with a copy of the 'highlight report'.

**RQIA RECOMMENDATION: 8**

**The Trust should ensure that Area Child Protection Committee Regional Child Protection Policy and Procedures are adhered to in relation to investigation and assessment timescales and multi disciplinary attendance at Child Protection Case Conferences**

**5.4 Additional Observations**

The review team would highlight the positive practices evidenced in Office D. Evidence from the case file audit indicated particularly strong governance arrangements and evidence of appropriate audit and quality assurance systems within this office. Files were well presented and information was accessible

The review team also commends the arrangements in place to monitor referrals from the Gateway Teams to individual Family Support Teams in relation to the Family Support Teams' capacity to respond to referrals.

## **Section 6 Summary of RQIA Recommendations**

### **RQIA RECOMMENDATION: 1**

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

### **RQIA RECOMMENDATION: 2**

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 and that the receiving social worker is identified at an early stage of the transfer process.

### **RQIA RECOMMENDATION: 3**

Staff should ensure that all recordings on file are signed, dated and identifies the author and their designation. The use of abbreviations and personalised recordings should be avoided.

### **RQIA RECOMMENDATION: 4**

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 Reform Implementation Team Supervision Policy, Standards and Criteria.

### **RQIA RECOMMENDATION: 5**

The Trust should ensure that all members of staff are trained and are proficient in the use of UNOCINI.

### **RQIA RECOMMENDATION: 6**

The Gateway Team should agree and implement a standardised file structure to address the deficits identified.

### **RQIA RECOMMENDATION: 7**

Records should evidence planned and purposeful work with children, young people and their families, and comply with Area Child Protection Policies and Procedures.

### **RQIA RECOMMENDATION: 8**

The Trust should ensure that Area Child Protection Committee Regional Child Protection Policy and Procedures are adhered to in relation to investigation and assessment timescales and multi disciplinary attendance at Child Protection Case Conferences.



Appendix A - Standards from Administrative Systems, Recording Policy

**2.3.1 Standard 1**

*'Files are created and maintained and closed in such a way as to make information readily accessible and retrievable to appropriate personnel.'*

**2.3.2 Standard 2**

*'Files contain the correct documentation.'*

**2.3.3 Standard 3**

*'Files provide evidence of planned and purposeful work with children and families.'*

**2.3.4 Standard 4**

*'Recording is conducted promptly.'*

**2.3.5 Standard 5**

*'Recording is consistent with relevant legislation and is duly respectful of service users.'*

**2.3.6 Standard 6**

*'Recording is child-centred.'*

**2.3.7 Standard 7**

*'Child protection records contain specific relevant information.'*

**2.3.8 Standard 8**

*'Records demonstrate a commitment to multi-agency practice.'*

**2.3.9 Standard 9**

*'Records demonstrate professional accountability.'*

**2.3.10 Standard 10**

*'Recording demonstrates a commitment to diversity in all aspects of work.'*

**2.3.11 Standard 11**

*'The quality of recording is assured by social workers and management.'*

## Appendix B - RQIA Audit Tool

**FILE AUDIT TOOL FOR CHILD PROTECTION REVIEW**

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

		Yes	No	N/A	Comments
	<b>Recommendation 30</b>				
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
	<b>Recommendation 29</b>				
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
	<b>Additional information</b>				
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".

**Inspectors comments**

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

**Areas for improvement / recommendations**

**INDEPTH FILE AUDIT TOOL FOR CHILD PROTECTION REVIEW**

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

<b>ACPC</b>	Area Child Protection Committee
<b>AYE</b>	Assessed Year in Employment
<b>DHSSPS</b>	Department of Health, Social Services and Public Safety
<b>FIT</b>	Family Intervention Teams (Field social work teams)
<b>Gateway Teams</b>	Initial referral social work teams
<b>HWIP</b>	Health and Well-Being Investment Plan
<b>LAC</b>	Looked After Children
<b>NISCC</b>	Northern Ireland Social Care Council
<b>PA</b>	Programmed Activities (Dedicated medical time)
<b>RIT</b>	Reform Implementation Team
<b>RQIA</b>	Regulation and Quality Improvement Authority
<b>SOSCARE</b>	Social Services Client Administration and Retrieval Environment
<b>SSI</b>	Social Services Inspectorate
<b>SSI Overview Report</b>	Our Children and Young People - Our Shared Responsibility. Inspection of Child protection Services in Northern Ireland Overview Report, December 2006
<b>TCP</b>	Trust Child protection Panel
<b>UNOCINI</b>	Understanding the Needs of Children in Northern Ireland (Assessment Framework)
<b>VOYPIC</b>	Voice of Young People in Care

