

Introduction and Summary

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- 1.1 Good case recording is an important part of the accountability of staff working in social services departments (SSDs) to those who use the services. It helps to focus the work of staff and it supports effective partnerships with service users and carers. It ensures there is a documented account of a department's involvement with individual services users, families and carers. It assists continuity when workers are unavailable or change and provides an essential tool for managers to monitor work. It becomes a major source of evidence for investigations and enquiries. Over the last 25 years, inadequate case records have often been cited as a factor in cases with tragic outcomes.
 - 1.2 Since the mid-1980s legislation has supported a user-centred approach to case recording. During the 1990s the development of purchaser/provider arrangements, increased use of IT and a more litigious approach by some service users have all affected recording practice. The Data Protection Act 1998 absorbs and extends previous legislation. Its implementation from early 1999 presents an opportunity to take stock of the implications of these changes and to review what today constitutes good case recording practice.
 - 1.3 A recent SSI inspection of case records in seven social services departments, listed in Appendix E, showed that generally case recording had been given insufficient management attention. However, where case recording policies and practice had been developed, and were backed by management action, there were significant benefits for the quality of work undertaken and relationships with service users. This report is designed to encourage recording with care. It offers a benchmark for best practice and provides audit tools for managers and practitioners.
 - 1.4 We have identified eight categories of stake holder with an interest in the quality of SSD case records:

Service users

Case records contain sensitive and sometimes contentious information personal to them. For some such as children looked after it is the main source of information about significant life events. Service users need to know that recording protects their rights, offers accurate and evidence-based statements of their needs and decisions taken, and can be accessed without difficulty.

Care managers and care workers (working for SSDs and associated care agencies)

Case recording can give a structure so that work is focused. The case record ensures that at a basic level, first line SSD or associated agency staff can account for work done whether in field, day or residential settings or in some combination. It is a source of wider information necessary to that work. It can also place their work with users in the context of agency policy, using the record as an analytical and supervisory tool.

SSD local managers

Case records are essential for managers to monitor work done with users, and for the recording of decisions taken. They can use the record to ensure continuity when a worker changes or is unavailable.

Health, Police, Education and other contributors

Most SSD case records include contributions from professionals and other staff in various public and independent sector bodies who will wish to know that the information they provide will be used appropriately for the intended purposes, properly safeguarded and only disclosed with permission.

SSD senior managers

SSDs will have recording policies, sometimes not set out but implicit in working practices, and senior managers need to know how well they are being implemented. They will also wish to be confident of the quality of recording of high profile cases in which they may be called to account for agency decisions, or where disciplinary matters arise. Good recording coupled with effective IT systems can also provide those managers with aggregate information useful for management purposes.

Legal advisers

The quality of SSD recording may materially affect the ability of the local authority to present evidence properly in matters which are before the Courts, or to present an accurate account of its actions in other judicial proceedings or inquiries.

Local authority insurers

The integrity of case files and the quality of recording are significant for insurers considering SSD actions and decisions which may be the subject of claims against the local authority.

Local authority Councillors

Councillors serving on social services committees will wish to know that recording practice conforms to local and national policies, and reflects the best interests of the community they serve.

- 1.5** Differences between casefiles and case records need to be made clear. The *casefile* is the folder which contains all the information about an individual or a family that has been referred to a social services department and accepted as a 'case' for allocation and further action. Such information may be in the form of letters, financial statements, reports from other agencies, legal documents, and a variety of other items. It helps to organise different categories of information into different sections on the file so that it is easily accessible. Computer records may be copied on to the main file or held on computer. The case record is the written account of the SSDs work with an individual or family which details the individual contacts with the service user, the work to be done and its objectives, the procedure to be followed, the assessment of need, the care plan, the timing, process and outcomes of reviews. Increasingly, part or all of the case record may be stored electronically.
- 1.6** In the 7 SSDs inspected a total of around 400 case records were analysed. This included records from all service user groups; children, adults and older people, and records of both service commissioners and providers (including SSD and the independent sector). A particular feature of the approach used in this inspection was that SSD managers were asked to work with SSI inspectors in analysing a sample of their department's case records. We hoped that this approach would help SSDs to 'own' the inspection findings, and this, in fact, proved to be the case. It also made it possible for a greater number of case records to be studied. Appendix B gives fuller details of the standards and criteria used in the inspection. They were designed for evaluating case recording as an aspect of the SSD service to users and carers, and to consider policy, procedures, sharing of information, handling third party information, equal opportunities, and management dimensions.

MAIN FINDINGS

Policies and procedures

- 1.7** No SSD had explicitly stated that case recording was part of its service to users and carers, and one of the cornerstones of its approach to partnership and good practice. This meant that practitioners were more likely to approach recording on the basis of personal preferences combined with local working practices. For some, recording was perceived as a low priority, even a bureaucratic chore which got in the way of face to face work with service users and carers.
- 1.8** Most departments did have case recording policy frameworks and associated procedures in place which acknowledged legislation, but their implementation was variable. Procedural guidance, where it existed, was insufficiently detailed to ensure consistency in practice. Practitioners generally demonstrated only a vague knowledge of their department's expectations of case recording.

Sharing and Access to records

- 1.9** Service user access to records policies were generally not integrated into wider policy considerations for case recording. Most SSDs had addressed the requirements of the Access to Personal Files Act when it was implemented in the late 1980's, established policies and procedures, and published literature. Most practitioners were aware of service users' right of access to information held about them, and considered themselves to be practising within the spirit of the Act. However, only a few had understood the full implications of the Act and some aspects of its guidance were missing from SSD policies and practice. The majority of practitioners recognised a need to be more proactive in their approach, but few SSDs had facilitated the routine sharing of key documents.
- 1.10** The Access to Personal Files Act, preceding the major social services reforms of the early 1990s, had receded in its significance for SSDs. It was fulfilling a residual role as the background to a very low level of formal requests for access. Such requests, typically litigious or linked to complaints, were in a spirit contrary to the original aspirations of the legislation. In other words the circumstances in which most users' access to records was enabled were negative and hostile rather than a positive act on the part of the SSD.
- 1.11** Records rarely offered a complete account of work with users, often failing to capture positive and creative work and outcomes achieved. During the inspection much of the good practice described to us, by service users, carers and practitioners, was not sufficiently reflected in the records. This was consistent with the findings of many other SSI inspection reports.

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- 1.12** We concluded that most SSDs need to promote a culture in which records are routinely shared with service users, and that aims, work, and outcomes including successes should be recorded more consistently.

Sharing records with other agencies

- 1.13** We were interested in the contributions to records made by other agencies like:

- health and education services in contributing to material on assessment, care planning, and review
- provider organisations under service agreement or contracts who care for users, make a contribution to assessments and reviews, and keep their own record of users' progress.

- 1.14** SSDs generally saw the need for protocols with other public or care agencies covering the sharing of information, and the storage of third party reports in a separate module of the case file.

- 1.15** The implications of a mixed economy of care providers for recording practice were less well understood. Contracts and service agreements with care providers seldom specified the SSDs case recording requirements, or how and when these would be shared and monitored. Providers interviewed during the inspections were positive about recording within an agreed framework. They willingly opened up their own records for scrutiny by SSI Inspectors and SSD managers participating in the casefile analysis exercise. We concluded that contracts and service agreements should specify case recording expectations, and clarify providers' obligations for maintaining records.

Elements of an effective record

- 1.16** We found a current assessment of needs on almost all adult files and on just over half of children's records. Almost two-thirds of the records examined contained statements about whether the service users needs fell within the SSD eligibility criteria. Care plans were costed on half of the adult files but on only a fifth of those relating to children, not an unexpected difference given the cost uncertainties of care for looked after children. There was generally documentary evidence of service users participating in both assessments and care plans. Less common was for records to show that service users had received a copy of the relevant document. We were encouraged to see that both objectives and outcomes had been recorded in 60% of our sample of records. Evidence was patchy however on service users files of management oversight of records or endorsement of decisions.

Information Technology

- 1.17** Most departments were developing computer based, service user information systems. If fully exploited, these had the potential for the same information to be part of the record and be used for performance management and planning purposes. However, there was currently a lack of integration and cross referencing between computer held and manual records.
- 1.18** All SSDs in the inspection offered IT training. Generally, the word processing and IT skills of workers varied widely, with some people being keen to develop skills, and appreciating their value, and others being reluctant and/or apprehensive. SSD managers have an important 'hearts and minds' job to do to persuade practitioners that developing IT skills can be time efficient and enhance the service they give to service users and carers.

Equality of opportunity

- 1.19** All departments had equal opportunities policies in place and six of the seven inspected undertook ethnic monitoring. In several departments staff were recording data on ethnicity in more than 80% of cases. Generally mechanisms are still needed to ensure compliance with ethnic monitoring and for the information itself to be used to inform strategic service planning.

Management and supervision

- 1.20** All of the SSDs in the sample were structured to offer specialist services to different service user groups within two main divisions, serving either adults or children. One department also had a separate division for older people. All departments operated different systems of case recording within their different divisions.
- 1.21** The main strength in case recording often lay with one side of a department (either with adult services or with children's services). Within divisions there might be great variation between different specialisms but with most showing some level of deficiency. Yet many managers are able to identify these, as shown by the involvement of some working alongside SSI on a case file analysis requiring evaluation of the quality and content of case records compiled by their staff.
- 1.22** In one SSD managers did routinely study the case records of *all* practitioners, in both adults and children's services, as part of the process of supervision, and a record of the case decisions made in supervision kept on the casefile. Even in this department the record from supervision was held separately on the casefile and not integrated with the main case record. Line managers seldom endorsed case records.

- 1.23** Routine management auditing of randomly selected casefiles only occurred in two authorities in our sample. Where such auditing takes place the quality of case recording is pushed up. SSD managers need actively to convince staff that case recording is an important part of their service to service users, and that good recording practice is a worthwhile time commitment.
- 1.24** First line managers are in a key position to ensure adherence to departmental policies and procedures. They also make their own contribution to the case record through the recording of decisions, and supervision discussions. They are the target group for helping to bring about the necessary changes in attitude and practice.
- 1.25** These managers need appropriate training and support from senior managers. Changing the culture and practice of case recording within SSDs is a shared responsibility which requires political will, and the commitment of everyone in the department, from practitioners to senior managers.
- 1.26** Only one department had training courses exclusively focused on recording practice. In one other access to records training took place. Managers and trainers generally need to develop fuller training covering case recording practice and issues of service user access.
- 1.27** It will be seen from all this that there is a substantial management agenda to be tackled around case recording. We hope that this report, together with its various auditing, management and practice tools, will help colleagues in social services departments get to grips with what sometimes appears to be an intractable problem, and to develop case recording practices in the interests of service users and carers.

Reading the report

- 1.28** Chapter 1 has set out the main findings and issues arising from the inspections. Chapter 2, 'Improving Services by Improving Case Records', offers management and practice tools to help promote better quality case recording in all SSDs. Chapters 3-8 focus on particular aspects of the inspection standards and findings, covering policies and procedures, sharing and access, key elements of an effective record, information technology, equality of opportunity, management and training.
- 1.29** When reading the report all of our observations apply equally to children and adult services unless specific differences are identified. For the sake of brevity the term service users and carers have been used throughout but should be taken to include children and parents or other cases

Improving Services by Improving Case Records

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- 2.1** We have developed two checklists to help managers improve services through improving case records. We think they are helpful although they may simplify the often complex activity, with interlinked stages, which social services work involves.
- The **first** relates to your department's case recording policy. It will help you to check whether all the key areas are currently included in your policy and where further action will be required to develop it.
 - The **second** checklist focuses on current case recording practice. Following auditing of case files compiled by your staff, it will help you to establish priority areas for improving case recording.
- 2.2** We suggest the separate use of these checklists for reviewing services for adults and services for children. This will take account of some key differences in the legal, policy and practice aspects of case recording.
- 2.3** You can begin your review of case recording by putting 'yes' or 'no' answers on the checklists on the following pages. Larger versions of the checklists, on which fuller answers can be made, are in the pocket on the inside back cover of this report.

THE CASE RECORDING POLICY CHECKLIST

Children's Services*/Adult Services*

Policy Area	Current Practice	Action required
Implementation of the Data Protection Act 1998		
Statement of purpose of recording, overall commitment to shared records, and equality of opportunity issues		
Definition of documents to be routinely copied to users		
Statements on access including users with specific needs, confidentiality, and exceptions/restrictions		
Public information on SSD policy and practice		
Agreements on third party and inter-agency information – Health, Housing, Police, Benefits Agency		
Guidance on the structure of files and maintenance of separate files		
Guidance on retention and destruction of records		
IT strategy and link to recording policy		
Guidance on house style(eg Plain English) and balance of running/summary records		
Guidance on specific recording requirements (*eg child protection and storage and access to video records)		
Expectations of management oversight, supervision recording, and managers' input to records		
Quality standards for recording		
Audit framework and frequency of checks		
Contracts with providers and expectations of records to be maintained		
Agreements on use of SSD records by other agencies		

* As applicable

THE CASE RECORDING PRACTICE CHECKLIST

Children's Services*/Adult Services*

Modules	Practice Issues	Current Practice	Action required
Front sheet	Compliance with all key data (eg ethnic origin, all members of household).		
Referrals	Referrer informed of outcome of referral.		
Assessments	Evidence of user involved and record of user receipt. Consideration of carers needs.		
Decision on eligibility	Need located in eligibility policy and reasons for decision recorded.		
Statement of objectives of work with user(s) located in SSD framework	Record extent of user/carer agreement with aims of work. Relate to outcomes.		
Care Plan	Evidence of user/carer involved, and receipt of plan. Record of costs of plan. Plan informed by assessment findings.		
Reviews	Evidence of user/carer involved and receipt of review documents.		
Case conferences*/Child Protection conference*	Compliance with national guidance and SSD policy. Record of user inputs, and distribution.		
Contracts with providers	Provider inputs to main record as specified.		
Third party information	Compliance with inter-agency protocols.		
Legal orders	Contained in the record.		
Equality of opportunity reflected in recor	Conforms to policy and quality standards.		
Access for users with specific language and communication needs	Availability of translation and different media.		
Outcomes recorded and located within SSD framework	Related to aims of work as in assessments, care plan and reviews.		

*As applicable

At Appendix C of this report there is a suggested method of auditing files which complements the above checklist.

Policies and Procedures

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My staff are good at what they do, not what they write down ' (A Director of Social Services).

CONTEXT

- 3.1** A policy framework which expresses the values and principles underpinning recording practice is necessary for effective case recording. We were interested therefore in whether SSDs had established a policy framework for case recording which had a user focus, took account of relevant legislation, set out management requirements, and established protocols for information sharing with other agencies.

ISSUES

- 3.2** Although five departments had case recording policy frameworks and six acknowledged the Access to Personal Files Act 1987, implementation was inconsistent. Only two departments had up to date policies which comprehensively covered all aspects from the creation to the destruction of the record.
- 3.3** Access to records policies were generally not integrated into wider policy considerations for case recording. All departments declared a need to be more proactive in their approach.
- 3.4** Five departments had procedures to guide staff in implementing policy. However, in all departments we found limited awareness among the staff groups of what departmental expectations were. In all cases, guidance was found to be insufficiently detailed to ensure consistency. Inconsistency in case recording practices within departments was one of the main concerns of the inspection.
- 3.5** Two departments had a clear policy that separate records should be kept for all service users. In three departments there were no separate records at all. There was widespread confusion about the difference between the case record and the casefile. Separate records for individuals should be easy to identify and retrieve from the casefile, preferably within a clearly labelled module.

- 3.6** It is not just good practice for there to be a separate record for each individual who is the subject of an assessment. For children looked after away from home requirements about separate records are set out in the Arrangement for Placement of Children Regulations. For children named on the child protection register the 'Working Together' guidance expects each to have their own file with cross-referencing for family members.

KEY MESSAGES

Policies on access to records, fulfilling the requirements of the LAC(89)2 guidance, need to be fully integrated into general policies and procedures on case recording. SSD procedures and practice guidance also need to be sufficiently detailed to ensure consistency in practice.

Information on an individual service user may be held in a number of different locations, by both commissioners and providers. In essence, all records on one individual, held by the SSD, form the record of the department's involvement with that individual. When access is requested, sympathetic consideration needs to be given to how access can be arranged to the information held in different locations.

Sharing and Access to Records

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'I wish my social worker had shown me what she was writing down before this. Reading my record told me why some things had happened, and that I am better now than I was then... I don't always believe that'.

(Quote from a service user)

CONTEXT

4.1 The Children and Community Care legislation of the late 1980s and early 90s encouraged partnership and consultation between SSDs and service users and carers. This was expected to lead to greater participation in assessment, care planning, and decision-making. The inspection was concerned to assess how far practice had moved from the earlier Access to Personal Files Act and guidance, towards greater service user awareness of records and routine sharing of key documents without the need for formal requests for access.

ISSUES

4.2 Working in partnership with service users and carers had yet to find expression in the regular sharing of records. This suggested very limited current impact of the objectives of the Access to Personal Files Act 1987 and subsequent major reforms.

4.3 Five of the 7 SSDs inspected had policies and procedures which mentioned access to records but the implementation of the 1987 Act was partial overall. Against the guidance on the Act found in LAC(89)2, the following were often missing:

- the identity of the senior officer with overall responsibility for the access process
- clear departmental procedures
- the point at which a request for access became formal
- the keeping of a register of people requesting access, and those who had been refused
- the existence of an appeals procedure and panel

- clarity about the relationship between the complaints and access to files procedures.
- 4.4** Protocols with other agencies governing the exchange and uses of information were rare. There was little recognition of the need for consent to share information being sought from third parties at the time that it was given. However, four departments did have confidential information sections on some of their casefiles for some service user groups. Three departments had no means of identifying third party information to which access had not been agreed. Generally, lack of ability to tell whether third party information had been cleared for sharing with the service user would impede their access to records.
- 4.5** Where they did exist, ‘confidential’ sections were often empty. In those few instances where these sections contained information, the purpose for placing it there was often not clear, and similar information was to be found elsewhere on the file. There was some confusion about whether such information was confidential to, or from, the service user. Contracts and service agreements seldom specified the SSDs case recording requirements and how these would be monitored.
- 4.6** It was generally unclear when transfer or exchange of information had occurred, other than in those cases where a multi-disciplinary case conference had taken place. Even then, there was insufficient cross referencing on files to make this clear.
- 4.7** As part of the inspection method we looked at case records of other agencies where the service had been commissioned by the SSD as part of a care package. We found good practice in one department with a computer generated front sheet. This, among other things, identified the current care input from all agencies and informal carers, was regularly updated and routinely distributed to all in-house and independent service providers. This department required copies of assessments and care plans before a service was started, and regular reviews and updates were a built-in part of its system. The good practice was shown in the contents of records.
- 4.8** In most departments service providers complained about the paucity of information from commissioners, and records did not demonstrate that information had been shared.
- 4.9** Although user awareness of their rights of access was generally low, it was encouraging that following the major reforms some departments did routinely share standard documents such as assessments, care plans, and reviews with service users. Practice was uneven, however, and a record of what documents had been shared was not always kept. Fuller access to the records was still very rare.

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- 4.10** We were pleased to see that 83 % of records showed service users had been involved in the assessment process. However only 29% of the records' overall showed service had users received copies of their assessment with children's records being better in this respect than those for adults. These findings may not reflect the actual level of copies given to service users but it is important there is record of when these assessment have been shared.
- 4.11** User involvement in care planning showed a similar pattern with 76% of records examined showing positive evidence, with little difference between children's and adult records in this respect. Again evidence of the receipt of the care plan by the user was less well documented with 35% of records showing that this had occurred.
- 4.12** Our interviews with service users showed levels of overall interest in case records varied between user groups and according to the nature of the user's relationship to the SSD. Thus older people receiving care in their own homes were typically less interested in their records so long as they receive a reliable and effective service. We found that other service users such as children looked after gained great benefit from having access to their records. Through supported access to their records, which takes account of their age and understanding, looked after children can develop a clearer knowledge of their origins; know more about the reasons for decisions made with their family in the past; build their own record of key documents, and contribute to future planning.
- 4.13** Commonly older children looked after were still unaware of important information held on their family files, including basic documents like birth certificates. They were therefore in danger of losing touch with their past as they moved out of the care system. 'Life story' work was often identified in reviews as a need, but it appeared to be regarded as a distinct task separate from regular contact with social workers. We could see no reason why children looked after should not receive regular opportunities to read their records and build progressively a better understanding of themselves and their families.
- 4.14** For other user groups we found positive developments. In some SSD services for people with learning disabilities, assessment staff working with an Individual Programme Planning or similar framework offered highly participative assessments, care plans and reviews to service users and their families. We found also pockets of excellence in some provider services where review practice was well developed.
- 4.15** We noted with interest that some social workers/care managers used material gathered as part of the casefile analysis for this inspection as the basis for work with service users and families. This was experienced as a helpful way of working which was appreciated by both workers and service users:
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'The first time I realised that my mum was really ill because of her drinking was when the social worker showed me what she had written for you (SSI inspectors). It helped me to understand things better. I wish I had seen it before.' (Quote from the carer of an elderly person attending a day centre)

'I've always wanted to work like this but I've never had the confidence... and, anyway, I wasn't sure it was "allowed". I can see now that it is a better, and much more powerful, way of working. I feel I've been given permission to work this way in the future and that feels very exciting'. (Quote from a social worker who had shared the biographical details written for the inspection with a mental health service user)

4.16 Only one department produced a leaflet which was routinely given to service users saying that the SSD kept information about them, and mentioning their rights of access to their case record.

4.17 The most important aspects of designing and using such a leaflet are that it should be:

- written in plain, jargon free language
- cheap and easy to update and reproduce
- distributed widely in accordance with an information\communications strategy
- given routinely to all new and existing service users and carers
- noted on the casefile as having been given. (Fuller guidance on leaflet design and use can be found in the SSI report 'Signposts to Services' reference CI(98)IO

KEY MESSAGES

Social Services Departments need to give clear guidance and training to staff which promotes working in partnership with service users and carers and includes constructing and sharing written records. Gaining clearance to share third party information with service users in the normal course of day to day work is an important part of ensuring that access is maximised.

SSD staff should tell service users why and when information is transferred or exchanged between different parts of the service and with provider agencies, and ensure this is clearly recorded. This, too, is an important aspect of civil rights and should mean that when service users have access to their records, the contents are not a surprise.

Key Elements of an Effective Record

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CONTEXT

- 5.1** The key components of an effective SSD approach to case records include:
- an explicit policy reflecting the relevant legislation
 - staff procedures covering recording practice, and access arrangements for service users
 - other agency and commissioner/provider protocols
 - users' perspectives and different levels of shared records.
- 5.2** In the light of this, the inspection provided the opportunity to examine in selected SSDs to what extent the components of an effective case record were to be found in our sample, and to identify significant issues for childrens' and for adults' records.

ISSUES

Front sheets

- 5.3** Most case files examined (73 %) had a front sheet containing essential information about the service users, their family, details of GP and other agencies. The best examples of front sheets were computer generated so that they could be readily updated as users' circumstances changed. This was particularly relevant and helpful in child protection work which needs accurate recording of changes in household composition, and to keep the current situation readily accessible on the file.
- 5.4** Although front sheets were common, they were by no means universal even within individual SSDs where they were considered a requirement (highest SSD with 96% compliance, lowest 39%). This meant that if the front sheet was the source of key management data the information would not be consistently available.

File Structure

- 5.5** We found a marked lack of consistency in the way, and the place, information
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was kept on file. None of the departments had a consistent system of cross referencing information, or ensuring important material was brought forward on the file, to keep intact the story of the person whether an individual child or adult.

- 5.6** Most files were organised in a modular fashion but within individual SSDs there were marked variations in practice, as though the introduction of a modular scheme was at local discretion rather than a matter of SSD policy. Our sample showed 60% of records were modular with a smaller percentage (52%) having a module to keep third party information. Children's and adults' records did not differ in this respect.

Referrals

- 5.7** We saw referral details on all the records we examined but it was less common to find the referrer had been informed about the response the SSD intended to make. There was scope for a standardised response format and a more proactive approach. Together these would help offset the complaint we heard in inspection that when people make a referral, they have no knowledge of subsequent action by the SSD.

Assessment

- 5.8** Most records included an identifiable assessment of the service user by means of a standard pro-forma. There was a marked difference between childrens' and adults' records: 83% of adults' records had an assessment document but only 57% of childrens' records. A variety of documents were offered as comprising the assessment in children's records including child protection conference minutes, Looking After Children (LAC) forms, and records of reviews.
- 5.9** We looked to see if a decision had been recorded about whether the service users' assessed needs fell within or outside the SSD eligibility criteria. We found this had been done in 63 % of records examined. This kind of information is helpful to service users, to ensure consistency and to classify categories of need for management information purposes.

Care Plans

- 5.10** We found current care plans on 74% of records and this was consistent between children's and adults' files. The recording on file of the costs of a care plan was found on 53 % of adult files and 19% of children's files. In some children's work plainly its complexity and uncertain duration makes initial costing difficult.

Outcomes

- 5.11** The recording of outcomes of SSD intervention gave an encouraging picture. In 61% of the sample examined, we found the care plan including a statement of objectives followed by recording of outcomes achieved at some later point in the file. The highest scoring SSD showed 85% of records with outcomes on file.

KEY MESSAGES

Case records are an important source of management information and consistent collection of information such as that on ethnicity is crucial to deriving hard data about equality of access to SSD services. Some SSDs showed that good levels of compliance could be achieved.

The existence on files of an assessment and statement of eligibility was uneven. With around half of children's records containing an identifiable statement of need this is a sound base on which many SSDs can make improvements. A positive picture emerged of care planning, and the setting out of objectives and anticipated outcomes.

Use of Information Technology

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'I didn't become a social worker because I wanted to be a typist or a computer programmer. I want to work with people, not waste my time in front of a machine'
(Comment from a social care assessor).

CONTEXT

- 6.1** Case records include both paper based files and computer held information. Some SSDs are moving towards the computer record being the main recording vehicle. The inspection looked at the extent to which IT strategies were integrated with approaches to case recording, and whether there was effective cross-referencing between the two formats for holding service user information.

ISSUES

- 6.2** All the departments offered IT training to practitioner staff. However, only two of those inspected had an IT strategy in place geared to case recording policies and procedures.
- 6.3** The word processing and IT skills of workers varied widely, with some people being keen to develop skills, appreciating their value, while others were reluctant and/or apprehensive. The result was usually an untidy mix of typewritten and handwritten entries and reports on casefiles.
- 6.4** In some departments IT and manual records were held separately, without cross-referencing between the two. It was not clear from the manual record that the computer held record existed.
- 6.5** The basic user information, usually forming the front sheet of a casefile, was most commonly held on computer. In two authorities this part of the record was never attached to the manual record even though the manual casefile remained the main working tool. As a result, neither record was a complete account of information and events. This led to situations in which some SSD managers stated that the casefile contained a front sheet when SSI inspectors judged that they did not.
- 6.6** We saw one particularly good computer generated front sheet. This gave

a clear view of the service user's basic information and current care network and produced additional information through access to other fields.

- 6.7** Various case monitoring functions were provided so that a child or adults care career could be viewed, the progress of the care plan against the original commitment, or an individual service user's total home care package of services.
- 6.8** Apart from the facility to model and cost a care package, the system also provided other working tools on line. For instance, social care workers caseloads, and lists of un-allocated service users could be generated. There were also sub-systems which provided home care management, home equipment stock control, and resource details/usage with full linkage to the main service user data base. A report generation facility was also provided.

Good Practice

Kingston upon Thames SSD's IT system recorded service user details and referral information, with service history and associated objectives, actions and placements. In addition the system allowed for case information and actions to be added. This could include such things as case notes, service user network, the loan of equipment, legal episodes and details of commissioned packages of care.

- 6.9** Most departments were developing computer based, service user information systems which, if fully exploited, had the potential to improve the quality and content of case records.
- 6.10** IT service user information systems need to be developed alongside case recording policies and procedures so that there is a strategy for integrating them. Without such a strategy, information can easily become fragmented or lost.
- 6.11** Some computer information systems are designed with screen blocking devices so that the next piece of information cannot be inputted before the last is complete. A consistent finding of SSI inspections is that forms are often incompletely filled in and important information gets 'lost'. Employing such a 'blocking' mechanism overcomes this.
- 6.12** Most crucially, strategies are need to win the 'hearts and minds' of front line staff so that they appreciate the significance of the case record as an important part of practice, and that developing their computer and word processing skills can both help improve records and enhance the service to the user.

-
- 6.13** Understanding IT and using a keyboard are a source of anxiety for many staff, who may be experienced practitioners of many years standing but doubt that they can learn the skills required to handle new technology. People need to be helped to overcome their apprehension, and to feel supported by their employing agency. Once the benefits to service users can be clearly demonstrated, we usually find that practitioners will make efforts to develop the required skills, and even become enthused by it .

KEY MESSAGES

- ✓ SSDs' IT strategies need to be explicitly linked with case recording policies and procedures.
- ✓ Cross referencing between paper based records and those held on IT systems is essential.
- ✓ Staff need to be encouraged to develop IT skills which can enhance their service to users and carers.

Equality of Opportunity

7

'My social worker understands where I'm coming from, he helps me look after my son. . . '

(Quote from the Pakistani Muslim father of a severely physically and learning disabled son).

CONTEXT

7.1 SSDs' equality of opportunity policies should be reflected in the information obtained on files, the practice underpinning the record, and arrangements for access to the record. The inspection considered to what extent recording fulfilled this standard, and how users with different needs could access records and key documents concerning them.

ISSUES

7.2 All seven authorities had equal opportunities policies in place and six departments undertook ethnic monitoring.

7.3 Two social services departments from the records we studied achieved a high of between 80% and 95 % for recording details of ethnic origin across all service user groups. A further department achieved a 100% return for data on children but had no data for adult service users. In the other three no figures were available because monitoring forms were inadequately completed.

Good Practice

In Nottinghamshire, as in most SSDs, ethnic monitoring was conducted through the completion of sections of the referral form. The SSD consistently achieved 95% compliance with the requirement to obtain and record this information. It informed work with individuals and contributed data for the strategic planning of services. Nottinghamshire was able to produce data on referral, assessment and service take-up from minority ethnic communities.

In Waltham Forest a quarterly audit of files in children's services showed that details of ethnicity, race, gender and religion had been recorded in 100% of cases.

-
- 7.4** Our interviews with staff gave examples of anti-discriminatory practice where needs arising from ethnicity, race, culture, religion, disability, sensory impairment, gender, age, language, communication and sexual orientation had been taken into account leading to a sensitive response. A number of service users interviewed confirmed that this was the case.
- 7.5** This good practice was seldom reflected in written assessments and other parts of the record, even though it might be implicit in the care plan. This finding, too, was consistent with the findings of other inspections.
- 7.6** Through our analysis of files we were able to identify information about ethnicity in most cases. The information had to be gleaned often painstakingly from a huge amount of other case file material. Systematically gathering such information is important if services are to be developed appropriate to the needs of all service user groups. In those departments where compliance with ethnic monitoring was high the information was closely monitored by managers.
- 7.8** The fact that much good anti-discriminatory practice was not reflected in writing was consistent with the general finding that much of the good practice described to inspectors was not evident from the record.
- 7.9** Where SSDs had policies and procedures on case recording, usually they did not cover access by people with sensory impairments. Some users needs for key documents to be available in large print, Braille, or on audiotape were not generally recognised.
- 7.10** SSD public information about access to records, where provided, mostly did not set out how users with specific language and communication needs could obtain translation and alternative forms of documentation to help them understand their record. We found one pocket of good practice.

Good Practice

In Nottinghamshire, the Visual Impairment Teams provided Braille, large print and audio tape versions of SSD information and documents which made reference to case records and access to them.

KEY MESSAGES

SSDs policies on case records and access to them should set out how equality of opportunity will be addressed in recording practice.

Public information about the policy should include how users with specific communication needs will be helped to access their records and receive key information.

Managers should seek full compliance with SSDs' ethnic monitoring requirements so that accurate information can be obtained on access and take-up of services to inform strategic planning.

The Management Task

8

'I couldn't believe the information wasn't there! I kept thumbing through the file trying to find it. I know we've talked about lots of other things in supervision. I just thought it was being written down - but I don't have time to check!' (A field social services team manager).

CONTEXT

- 8.1** The management task in relation to case recording includes the oversight of practice, checking compliance with SSD policies, and the quality of work with service users through supervision and other decision-making processes. The inspections considered to what extent SSD management fulfilled these expectations and had an effective overview of the quality of recording.

ISSUES

- 8.2** SSD files should show evidence of management oversight of the decision-making and review process relating to service users. We examined files for evidence like managers signing the record and a note of supervision discussions. Fifty-seven percent of the files sampled had evidence of managers reading and signing the record although in two SSDs management practice here was very weak. The overall picture was of an improving position against management practice shown in previous SSI inspections. Evidence showing supervision discussions encouragingly was found on 51% of children's records but falling to a low 37% on those for adults.
- 8.3** In only one department was it expected that case decisions made in supervision were recorded and kept on the casefile. In another department one team had taken the initiative to record such decisions on the case record, but this was not departmental policy. However, in both instances, the record of the decision made in supervision was held separately on file and not integrated into the main record.
- 8.4** Senior SSD managers expressed some surprise that such discussions and decisions from supervision were not recorded on files more frequently. Their expectation was that this would happen. Interestingly one SSD did mention case recording as a requirement in its job descriptions for line managers and front line staff.

Good Practice

In Kingston upon Thames, the requirement to construct records in accordance with departmental guidance was written into job descriptions for practitioners and line managers. Case recording requirements were linked and monitored through all parts of the system, from recruitment to performance appraisal.

- 8.5** It was clear to us there was some way to go before routinely case records are used in supervision, read, endorsed by line managers and periodically audited. Our inspection methodology however invited the relevant line managers to analyse a sample of case records compiled by their own staff. SSI inspectors, in turn, analysed a sub-sample of these. Using the measure of quality which we defined, the managers and our inspectors had a shared view about the quality of the record in more than half of those examined. In two of the social services departments the level of agreement exceeded 75% of the records studied.
- 8.6** Practitioners frequently commented to us that the demands on their time for ‘form filling’ got in the way of putting more things on to the case record. In a notable example we learnt that 74 forms needed completion on one family where child protection enquiries resulted in the children being looked after. Apart from questions about whether some reduction can be made in the number of relevant forms, the scope for including forms as a proper part of the case record needs consideration.
- 8.7** There was only one example of SSD contracts with service providers specifying what records of service user contact should be kept. In this department there was a requirement that the managers of contracted services audited case records in the same way as the SSD.
- 8.8** Only one department routinely audited case recording for all service user groups but a similar system had been introduced for children’s services in one other department where it was intended to extend the same system to adults.

Good Practice

In Kingston upon Thames, and in Waltham Forest in the children’s division, casefiles were routinely audited by line managers using a consistent auditing tool. It was planned to extend the system in Waltham Forest to adult services.

- 8.9** We found during the inspection some social care practitioners had difficulty in writing clear succinct records in plain, jargon free English. This was true for those on the assessor and provider sides of the service. Managers need to ensure through candidate specifications, recruitment and training that staff are able to produce records that fulfil departmental expectations.
- 8.10** Training in case recording was rare. We found only one department which ran courses with this as the major focus. One other had plans to introduce training. A training office told us that ‘case recording is integrated into all training courses but, of course, we don’t have time to give it much attention’.

Good Practice

In Kingston upon Thames, training and guidance in case recording was a formal part of induction. Performance in this area of practice was closely monitored and appraised.

In Waltham Forest training in the specific requirements of service user access to records was a routine part of induction.

- 8.11** More training on case recording is generally needed. The introduction soon of the Data Protection Act 1998, and the associated guidance when available, will provide Departments with another opportunity to develop relevant training. This needs to be designed and delivered through a partnership between managers and trainers, and be linked back to supervision processes.
- 8.12** In general, we found there was evidence that more work was carried out than was demonstrated in case recording. Much of the good practice described to us did not appear on the record. Overall, there was inadequate cross referencing and lack of mechanisms to bring forward essential information so that the individual was kept ‘alive’ on the record, and important information did not get ‘lost’. The line managers who participated in the casefile analysis exercise expressed some dismay at these findings. They frequently told us that they were aware of information which they were unable to find on the record.

KEY MESSAGES

SSD managers need to demonstrate a commitment to case recording as an important part of the service to users and carers, and to ensure that policies and procedures are established.

The commitment should be explicit, and reflected in recruitment, induction, training, performance appraisal, auditing, monitoring and review. In those departments where this happens, and particularly where random, routine auditing of case records, linked to performance appraisal takes place, standards of case recording do improve.

Case recording is a departmental responsibility. The process needs to apply to staff at all levels in the organisation, from practitioners to senior managers, so that tasks, roles and responsibilities for the keeping and maintenance of case records are clear at all points. Line managers need to work in partnership with trainers to ensure that practitioners develop the required skills, and that they are implemented in practice.

Throughout the process of assessment and intervention and the writing of the record, management oversight should support work and ensure accountability. Decisions made in supervision are a significant part of the record for services users. They should be clearly recorded and held on the main casefile as an integrated part of the record.

Managers need to review recording systems and streamline the process so that what is written down can be clearer, more succinct, and avoids duplication.



Mr J Cypher – SSI Lead Manager

Mrs L Goldsmith – SSI Lead Inspector

Mr D Carrington – SSI Analytical Inspector

Mrs A Plummer – Solihull SSD

Mr J Doyle – Solihull SSD

Professor M Payne – Manchester Metropolitan University

Mr M Tuckwell – NCH - Action for Children

Professor B Sheldon – University of Exeter

Mr P Hiscox – Service User Assessor with SSI

Ms M Eastwood – Former Probation Service Senior Manager

B

Social Services Inspectorate

INSPECTION OF SSD CASE RECORDING STANDARDS AND CRITERIA

NB: *Please note that the Standards and Criteria have been developed to apply equally to both adults and children, assessors, commissioners and providers.*

For ease of reference the terms service users and carers have been used throughout but these are intended to be inclusive of all adults, children, parents, carers and families.

INSPECTION OF SSD CASE RECORDING STANDARDS

STANDARD 1:

CASE RECORDING AS PART OF SERVICE TO USERS AND CARERS

SSD case recording policies and procedures, the resulting case records and access to them, are components of services to users and carers.

STANDARD 2:

RECORDING PRACTICE

The quality and content of case recording reflects both good professional practice and SSD policy and guidance.

STANDARD 3:

PRINCIPLES AND PURPOSES OF CASE RECORDING

The purposes of case recording, together with underpinning principles and legal requirements, are set out in the policies of the SSD.

STANDARD 4:

CONTRIBUTIONS TO CASE RECORDS AND SHARING INFORMATION FROM THEM

The SSD has guidance on, and systems for, receiving contributions to case records, and the appropriate sharing of information from them.

STANDARD 5:

EQUAL OPPORTUNITIES IN RECORDING PRACTICES

The SSD requires and ensures that good practice in equal opportunities is reflected in the case record.

STANDARD 6:

MANAGEMENT ARRANGEMENTS

Management arrangements ensure the practice of case recording meets the policy and procedural requirements of the SSD.

STANDARD 1:**CASE RECORDING AS PART OF SERVICE TO USERS AND CARERS**

SSD case recording policies and procedures, the resulting case records and access to them, are part of services to users and carers.

1. Where appropriate each service user has a separate case record.
2. Service users and carers are informed of SSD policies on case recording.
3. Service users and carers are helped to understand the purpose and content of their case record and are invited to contribute towards it.
4. Service users are informed of their right of access to their case record and of the procedures for doing so.
5. The views of service users and carers are evident on case files and can be related to the sequence of decisions taken and arrangements made.
6. Case records contain details of when service users and carers have seen and been offered and/or given copies of papers.
7. Service users and carers are informed about decisions and outcomes of requests for service.
8. Service users and carers receive written copies of their assessments and care plans, and are kept informed at all stages.
9. Service users and carers are encouraged and supported in reading their records, correcting errors and omissions, and recording personal statements, including any dissent.
10. The SSDs policy on open access is publicised, third parties are informed of it when giving information, and their agreement to sharing the information with service users is sought.

STANDARD 2:**RECORDING PRACTICE**

The quality and content of case recording reflects both good professional practice and SSD policy and guidance.

1. The content of case records is sufficient to give an account of all significant aspects of the work undertaken.
2. The record demonstrates the interaction between social care practice and what is written down. (See also 6.4)
3. Quality of recording (ie how items are recorded and stored) meets good professional practice and follows SSD policies and guidance.
4. Content of case records reflects good professional practice and accords with SSD policy and guidance.
5. Case records contain detailed assessments and care plans at an appropriate level.
6. All contributions to assessments and care plans, including disagreements and their resolution, are recorded (ie from service users, carers, other professionals etc).
7. All decisions are recorded, including who made those decisions, when and for what reasons.
8. Papers for which open access cannot be achieved are easily identifiable within the case record.

STANDARD 3:**PRINCIPLES AND PURPOSES OF CASE RECORDING**

The purposes of case recording, together with underpinning principles and legal requirements, are set out in the policies of the SSD.

1. The SSD has clearly stated a belief that good case recording is central to good social care practice.
2. The SSD has a written policy which covers all issues relevant to service user records and the principles underpinning them.
3. The SSD has an IT strategy and policy which complements the general policy on case recording.
4. SSD policy includes statements on access and confidentiality, and complies with the Client Access to Personal Files Act 1987, LAC(87)10* and LAC(89)2*.
5. SSD policy complies with the Data Protection Act 1984, LAC(88)16 and LAC(88)17*.
6. The SSD has agreed protocols for relevant information exchange with other public and independent agencies.
7. SSD policy states expectations of the accuracy and quality of records, including style, content and use of language.
8. The SSD has a policy on the videotaping of interviews, including their safe storage and access, and the requirement that their existence is noted on written case records.
9. The SSD publicises its policies on case records including access by service users and exchange of information with other agencies.
10. There is a policy on the destruction of records that takes account of the specific legal requirements for each service user group.
 - LAC(87)10 - DATA PROTECTION (SUBJECT ACCESS MODIFICATION) (SOCIAL WORK) ORDER 1987
 - LAC(88) 16 - DATA PROTECTION ACT 1984 SOCIAL WORK ETC ORDERS: INDIVIDUAL'S RIGHT OF ACCESS TO INFORMATION
 - LAC(88)17 - PERSONAL SOCIAL SERVICES: CONFIDENTIALITY OF PERSONAL INFORMATION
 - LAC(89)2 - i) ACCESS TO PERSONAL FILES ACT 1987: ACCESS TO PERSONAL FILES (SOCIAL SERVICES) REGULATIONS.
ii) LOCAL AUTHORITY SOCIAL SERVICES DESIGNATION OF FUNCTIONS ORDER 1989.

STANDARD 4:**CONTRIBUTIONS TO CASE RECORDS AND SHARING INFORMATION FROM THEM**

The SSD has guidance on, and systems for, receiving contributions to case records from external sources, and the appropriate sharing of information from them.

1. SSD arrangements provide for relevant people/agencies to contribute to case records and SSD guidance covers the use to be made of such contributions.
2. In all settings a record is made of work done with a service user, and arrangements exist for recorded information to reach that service users main case record.
3. There is evidence to show that information received is evaluated, and its relevance assessed, whenever possible in agreement with the person giving the information.
4. Arrangements for information gathering are made in partnership with persons requiring a service, and (where appropriate) their carers.
5. The circumstances and ways in which information will be shared with other people and agencies, who can demonstrate a need to know, are clearly stated in written guidance.
6. Written guidance states that case records show when information has been shared.
7. Service users, and their carers where appropriate, are always asked, and in specific circumstances told, when information about them is to be shared, and the reasons why.
8. Relevant information about service users is made available to providers prior to the delivery of service or support.
9. Relevant records are transferred to another area or local authority at appropriate times when a service user or family moves.

STANDARD 5:**EQUAL OPPORTUNITIES IN RECORDING PRACTICES**

The SSD requires and ensures that good practice in equal opportunities is reflected in the case record.

1. The SSD issues guidance regarding the need for case records to reflect good practice in equal opportunities, and how this should be done.
2. Case records reflect anti-discriminatory practice and demonstrate sensitivity to the needs of all people in the community.
3. Case recording identifies special needs arising from ethnicity, race, culture, gender, age, religion, language, communication, sensory impairment, disability and sexual orientation.
4. The SSD promotes access to records for service users with language and communication needs.
5. Case records contain information which is routinely gathered for monitoring and planning purposes, and to promote good equal opportunities practice.

STANDARD 6:**MANAGEMENT ARRANGEMENTS**

Management arrangements ensure the practice of case recording meets accepted good professional standards, and the policy and procedural requirements of the SSD.

1. The SSD provides guidance for staff on good professional standards of case recording, and on implementing SSD policies on case records.
2. Responsibility for ensuring the quality of case recording has been clearly identified to specific types or levels of manager.
3. Managers are aware of all SSD policies and guidance on case recording, they ensure that staff have direct access to them and written copies are kept in an easily accessible place.
4. Case records are used effectively by managers and practitioners to plan work with service users, to aid the assessment and decision making processes, to monitor practitioners' involvement with service users, and to monitor progress of care plans.
5. Managers ensure that staff have appropriate development and training opportunities to learn about good professional recording standards, SSD policies and guidance and how to put them into practice.
6. Managers ensure that practitioners achieve good professional standards and adhere to SSD policies and guidance, by routinely monitoring the quality of case records and efficiency of case recording practice.
7. Aggregated needs identified in case records are systematically monitored and used to inform the planning of services.
8. Managers ensure the secure storage of case records and other confidential information, and their destruction in accordance with guidance and legal requirements.



CASE FILE AUDIT

(This exercise should take place in each social care assessment team or provider unit twice a year. Casefiles should be randomly selected ensuring that all team members are equally represented.)

Name of team:

Date of Audit:

Files randomly selected	File number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Files should be rated against standards set out in recording policies, please use the following ratings against each standard:

A = Satisfactory

B = Unsatisfactory

C

SAMPLE OF CASES	1	2	3	4	5	6	7	8	9	10
QUALITY STANDARDS										
GENERAL										
1. Is client details sheet completed and up-to-date?										
2. Has referral sheet been completed appropriately?										
3. Is the date of allocation clear?										
4. Are the names of the allocated workers and responsible line manager clear?										
5. Is the structure of the file in accordance with policy?										
6. Three monthly summary completed?										
7. Chronology of significant events on current file?										
8. Has a needs assessment been completed appropriately?										
9. Is it at an appropriate level and explicitly based on the department's eligibility criteria?										
10. Does it contain an analysis of risks, if appropriate?										
11. Are the aims/objectives agreed/disagreed?										
12. Has the needs assessment been signed by Team Manager?										
13. Is there a care plan?										
14. Have the assessments and care plans been copied for service user/parents/carers?										
15. Are all records signed and dated?										
16. Is there evidence of appropriate recording or contact sheets?										
17. Are all records filed in date order?										
18. Do records distinguish between facts and opinions?										
19. Are records periodically endorsed by Team Manager?										
20. Is there evidence on file that team managers and other managers have read records and recorded their decisions?										
21. Has a financial assessment form been completed? (if appropriate).										
22. Is there evidence that the client has been offered a Welfare Benefits check? (if appropriate).										
23. Are records filed in the appropriate section?										

C

24. Are records typewritten or legible in black ink.									
25. Are names of service users etc printed?									
26. Is there a record of the service user's/carers and parent/child's views preferences and feelings: a) in own words? b) by Worker?									
27. Is there a record of user's agreement to proposed actions?									
28. Do records identify race/ethnicity?									
29. Do records identify gender?									
30. Do records identify religion?									
31. Do records identify language?									
32. Do records identify disability?,									
33. Does action taken relate to agreed Care Plan?									
34. Is there evidence of separate needs assessment of parent./ carer?									
35. Is there a note that leaflets on:- • complaints • access to records • have been given to the service user									
36. For cases being transferred to another Worker/SSD is there a full transfer summary.									
37. For closed cases is there a full Closing Summary? (put 'N/A on open cases).									

For case files relating to child protection or a looked after child the following page should be completed

ADDITIONS FOR LOOKED AFTER CHILDREN AND CHILD PROTECTION

SAMPLE OF CASES	1	2	3	4	5	6	7	8	9	10
QUALITY STANDARDS										
1. Do the looked after children have their own separate records/files?										
2. completed Essential information Record - part 1 (within timescales)										
3. Completed Essential Information Record - part 2 (within timescales)										
4. Completed Placement Plan - Part 1 (within timescales)										
5. Completed Placement Plan - Part 2 (within timescales)										
6. Completed Care Plan (within timescales)										
7. Completed CC Review (within timescales)										
8. Assessment and Action Record (within timescales)										
CHILD PROTECTION										
1. Does the child on the CP Register have a separate needs assessment with an analysis of risk?										
2. Is there a written CP conference/Review Report?										
3. Is there an up-dated Child Protection plan?										
4. Is there an up-dated Child Protection agreement?										
5. Were copies of the child protection plan/agreement circulated to involved agencies?										
6. Was a copy of the CP plan sent to parents/carers?										
7. Was a copy of the CP agreement sent to parents/carers?										

GENERAL COMMENTS: (to include positive aspects of work as well as concerns)

ISSUES IDENTIFIED/ACTIONS NECESSARY:

Name of person undertaking audit: _____

Role: _____

Date: _____

D

1.6 Service User Group: for index service user/child only)

Child	YES/NO	Disability	YES/NO
Fostering	YES/NO		
		Sensory Impairment	
		- Hearing	YES/NO
		- Sight	YES/NO
Adoption	YES/NO		
Child Protection	YES/NO		
Looked After	YES/NO	Learning Difficulties	YES/NO
Child in Need	YES/NO	Older Person	YES/NO
Adult	YES/NO	Chronic Illness	YES/NO
Mental Health	YES/NO	Alcohol & Drug Misuse	YES/NO

N.B More than one category may be circled e.g. Child in Need/Disability; Older person/Sensory Impairment.

D

1.7 Type of Case Record:	-Assessor/ Commissioner	YES/NO
- Service Provider		YES/NO
- Day Care		YES/NO
- Domiciliary Care		YES/NO
- Occupational therapy		YES/NO
- Residential Care (incl. respite)		YES/NO
- SSD		YES/NO
- Health		YES/NO
- Education		YES/NO
- Independent		YES/NO
- Joint		YES/NO

*If Joint - state which services

1.8 Care Manager/ Social Worker:

1.9 Fieldwork Manager:

1.10 Services Provided:	<u>Service:</u>	<u>Key Worker:</u>

1.11 Has there been a formal request for access? YES/NO

Comment on what happened:
.....
.....
.....

(contd)

1.12 Give brief pen picture of the case, which might include the following:

Referral Information (source, date, referrer, reasons etc)

Nature of Case

Key Events

Who is involved (titles of workers, family eg. mother, home carer, etc)

Services being received

Who are the service providers

Involvement of carers

Complaints

**SSI inspectors to note significant events and social services intervention as focus for later interviews.*

2. PART TWO: Does Record Contain the Following:*(Comment on evidence and quality of work)*

2.1 Front sheet outlining details of the service user/child and their circumstances (see list attached and comment on significant omissions) YES/NO

Comment:

.....
.....
.....

2.2 Referral Form YES/NO

Comment:

.....
.....
.....

2.3 Assessment Form YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

2.4 Evidence of assessment against agreed eligibility criteria? YES/NO

Comment:

.....
.....
.....

2.5 Evidence of analysis of risks for service user/child and options for reducing these? YES/NO

Comment:

.....
.....
.....

2.6 Decisions set out with reasons? YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

2.7 Evidence that service user/ carer/ child/ parents/ were involved in assessment? YES/NO

Comment:

.....
.....
.....

2.8 Evidence that service user/carer/child/parents have been given a copy of the assessment? YES/NO

Comment:

.....
.....
.....

2.9 A separate assessment of carers needs, if appropriate? YES/NO

Comment:

.....
.....
.....

N.6 If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

2.10 Care Plan

YES/NO

Comment:

.....
.....
.....

2.11 Evidence of involvement of service user/care/child/parent
in care plan?

YES/NO

Comment:

.....
.....
.....

2.12 Evidence that service user/carer/child/parent have been
given a copy of the care plan?

YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is 'don't know' or 'not applicable', please say why this is so in the comments section.

D

2.13 Financial information about costs of care plan?

YES/NO

Comment:

.....
.....
.....

2.14 Evidence that service user was informed about the cost of services to be provided

YES/NO

Comment:

.....
.....
.....

2.15 Evidence of assessment of un-met needs

YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

2.16 Copies of relevant contracts, service agreements, legal orders (etc) for this service user YES/NO

Comment:

.....
.....
.....

2.17 Note of outcome measures for work with service user YES/NO

Comment:

.....
.....
.....

2.18 Review documents including decisions YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is 'don't know' or 'not applicable', please say why this is so in the comments section.

D

2.19 Evidence that the service user/carer/child/parent were involved in review

YES/NO

Comment:

.....
.....
.....

2.20 Evidence that service user/carer/child/parent were given a copy of review?

YES/NO

Comment :

.....
.....
.....

2.21 Evidence that, where appropriate, changes were made to care plan after review?

YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

2.22 Date of next review

YES/NO

Comment:

.....
.....
.....

2.23 Evidence of care manager/keyworker contact with service user/child (e.g. contact sheets)

YES/NO

Comment:

.....
.....
.....

2.24 Evidence of involvement of service user/carer/child/parent at all relevant stages

YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

2.25 Evidence of involvement of other statutory agencies
at all relevant stages

YES/NO

Comment:

.....
.....
.....

2.26 Evidence of involvement of service providers
(public and independent) at all relevant stages

YES/NO

Comment:

.....
.....
.....

N.B If instead of Yes or No the real answer is ‘don’t know’ or ‘not applicable’, please say why this is so in the comments section.

D

3. PART THREE: Quality of the Case File and Case Recording

- 3.1 Are the Case Files organised in modular form? YES/NO
including modules/sections for
- Assessment
 - Care Planning
 - Confidential third party information
- 3.2 Are they easy to read? YES/NO
- 3.3 Were the records
- | | |
|----------------|---|
| Typed | 1 |
| Handwritten | 2 |
| Mixture of two | 3 |
- 3.4 Is it easy to access necessary information? YES/NO
- 3.5 Is the file complete? YES/NO
- 3.6 Is the file up-to-date? YES/NO
- 3.7 Is there evidence of Managers reading/signing? YES/NO
- 3.8 Is there supervision input on file? YES/NO
- 3.9 Is there a computer held record as well as a manual one? YES/NO
- 3.10 Is it accessible? YES/NO
- 3.11 Is there appropriate cross referencing on file? YES/NO
- 3.12 Is there evidence on file about the speed of response YES/NO
to referrals, and reasons if there is any departure
from departmental guidance?'
-
-

D

3.13 From your reading of the case file, were you able easily to make sense of the work that had been undertaken with the service user/child? YES/NO

.....

.....

3.14 If no to any of the above, please comment:

.....

.....

3.15 How would you rate the quality of recording on this case file?

- Poor 1
- Weak 2
- Good 3
- Superior 4

Definition of Judgment:	
Poor	No record of work, or it is so partial and of little value
Weak	The record indicates the dates people were contacted/seen and gives brief details of actions taken/ decisions but is incomplete or superficial
Good	The record indicates the dates, purpose and outcome of contacts, (ie meetings/ interviews/telephone conversations) and who was present. It presents all the information and at intervals brings it together as part of an assessment, planning and review cycle.
Superior	In addition to the requirements for good recording, the record brings together (when appropriate) all the salient information (both past and present) about the service user/child and family. This information is analysed and used as the basis for deciding what the current risk is to the service user/child; what plans need to be made to reduce risks and the rationale for these; details the therapeutic work being offered to the service user/child and family, and being undertaken, including by whom.

<p>CHECKLIST FOR FILE FRONT SHEET (Ref 2.1)</p> <p>CONTENTS J</p> <p>Front sheet should include:</p>	<p>✓ as applied</p>
<p>- name</p>	
<p>- date of birth</p>	
<p>- gender</p>	
<p>- home address</p>	
<p>- current address</p>	
<p>- ethnic origin</p>	
<p>- first language</p>	
<p>- religion</p>	
<p>- household composition</p>	
<p>- marital status</p>	
<p>- disabilities</p>	
<p>- G.P details</p>	
<p>- next of kin/nearest relative</p>	
<p>- physical health</p>	
<p>- mental health</p>	

Local Authorities in this Inspection

APPENDIX E

E

Local Authorities

Contact address for SSI reports

Nottinghamshire

Central Inspection Group
J Rothschild House, Castle Quay
Castle Boulevard
Nottingham NG7 1FW
(Tel: 0115 959 7500)

Haringey
Waltham Forest

London East Inspection Group
6th Floor, Eileen House
80/94 Newington Causeway
London SE1 6EF
(Tel: 0171 972 2848)

Kingston upon Thames
Luton

London West Inspection Group
6th Floor, Eileen House
80/94 Newington Causeway
London SE1 6EF
(Tel: 0171 972 2849)

Somerset
Swindon

South and West Inspection Group
40 Berkeley Square
Clifton
Bristol BS8 1HP
(Tel: 0117 941 6500)

E

E

F

F

Estimating Numbers of Deaf and Hard of Hearing People

APPENDIX G

G

Circumstances	Total Numbers	% of Population	Numbers in Local Authority?
Some form of hearing disability	8.4 million	14%	
A profound hearing loss	250,000	0.5%	
Use British Sign Language	62,000	0.1%	
Need access to telephones not using voice	420,000	0.76%	
Use a hearing aid	2 million	3.6%	



H
