

ROCHDALE RECORDING POLICY

Remember it's a child's life story you're recording



VISION

Children's records will be both accessible to them so they can understand their life story and reflect the professionalism of the work of ROCHDALE staff

The child's record is an important source of information for them. It provides information about the sequence of events which brought about Children's Social Care's intervention into their life and (in many instances) the reasons why important decisions were made in the child's and/or family's life. This can be a key feature for a child in understanding themselves and their past – especially where the child was unable to live with their parent/other long term carer.

Each child must have his or her own electronic case record from the point of referral to case closure; audio, video and digital recordings may also be kept.

Children and their families have a right to:

- be informed about the records kept on them and the reasons why;
- their rights to confidentiality; and
- have access to their records.

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The recording we do in Rochdale is based on the following principles:

Child/ Person Centred Recording will start from the premise that it will be child centered and that the records are about the child's journey and that they belong to them;

- ❖ **Respectful** Recording should be respectful of the rights of the child/young person whose case record it belongs to. Care should be taken to ensure the spelling of names, dates of birth etc are accurate;
- ❖ **Anti-discriminatory** All records must demonstrate an anti-discriminatory perspective and must not include any derogatory comments by the author on ethnicity, race, culture, gender, age, religion, language, communication, sensory impairment, disability, family make-up and sexual orientation;
- ❖ **Accessible** Recording should be written concisely in plain English, without prejudice and avoid professional jargon and hold sufficient detail to ensure that it is accessible to the child or adults reading it. All recording should be written concisely, in plain English. A young person should be able to understand their journey through independently reading their case records.
- ❖ **Accuracy** Entries must be accurate and must distinguish between facts, opinions, assessments, judgements and decisions. Records must distinguish between first-hand information and information obtained from third parties;
- ❖ **Clarity** Recording should be clear and chronological. The reader should not be left with an interpretation of a recording that differs from the author's meaning;
- ❖ **Relevance**. The child's records should not include unnecessary material, messages or notes. Duplicate information should be kept to a minimum. Information around sibling and other family members should only be included if appropriate; remember it is the quality of the recording not the quantity that is important
- ❖ **Timely** Entries should be written within three working days of the events actually occurring. Entries will be recorded by the date of the event, not the date of writing up, where appropriate; see, [Recording Timescales Table](#) for further information in relation to this;
- ❖ **Responsibility**. The management of information about children is the responsibility of all staff. The practitioner primarily involved, which is the person who directly observes or witnesses the event that is being recorded and who has participated in the meeting/conversation, must complete records. Where this is not possible and records are completed or updated by other people it must be clear from the record which person provided the information being recorded;
- ❖ **Children / Young People / Parents' Involvement** Entries should reflect that the views of child(ren), young people and their families have been actively sought and fully recorded. Also that they contribute their comments where they agree and/or disagree with professional opinion and these are recorded also. The means by which this information is obtained should also be recorded eg direct work with a child through use of play materials. Recording should be undertaken with a clear view of the reader in mind ie the service user. Care should be taken with both the content and the language;
- ❖ **Care must be taken when recording to ensure that confidentiality and the principles within the Data Protection Act 1998 (GDPR) are taken into account.** Children must be confident that information held about them will only be disclosed to others with their consent or when there is a legal duty or power to do so. In practical terms this means that information will be shared with other professionals who are involved in considering and responding to the needs of the individual;
- ❖ **Proactive activity** Recording of correspondence should not simply be copied and pasted emails etc into 'Case Notes'

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The Basic Record

- Details of child, including gender, preferred name, religion, ethnicity, language, disability.
- Names and details (including religion, ethnicity, language, disability) of everyone who lives in the family home with the child, identifying the person who has Parental Responsibility;
- Where the child does not live at their home, the details of the placement/arrangements and the legal status of the child;
- Names and details of anyone particularly close to the child with whom they have a lot of contact; include reference to people who were significant and may have since passed away;
- A record of managers' decisions and reasons for making them;
- Details of arrangements for contact;
- Details and, where appropriate, copies of any Orders made on the child;
- Copies of reports provided during court proceedings, including specialist assessments, the Children's Guardian, etc;
- Additional information about educational progress and where the child is Looked After, the TPEP;
- Where a child has Special Educational Needs or Learning Disability, copies of any relevant information, including the Education, Health and Care Plan;
- Appropriate information about the child's health, and where the child is Looked After, a copy of the Health Plan and Assessment;
- Details of any arrangements for the responsible authority's functions to be undertaken by a private provider, eg an independent fostering agency or provider of social work services;
- Copies of all documents used to seek information, provide information or record views given to the authority in the course of planning and reviewing the child's case and review reports;
- Record of visits by the allocated practitioner.

Recording Visits

Each visit should be recorded to include:

- the venue of the visit;
- who was present;
- the purpose of the Visit;
- identify whether an interpreter was used;
- whether the child was seen (and if not why this was the case);
- information exchanged;
- a succinct narrative of the nature of the discussion;
- any views the child expressed;
- any views of the Parent/Carer expressed;
- identification as to whether there has been any significant change of circumstances for the child/or family, particularly membership of the household;
- an analysis and evaluation of the outcome of the visit, commenting within the context of the Plan and the Review Recommendations;
- failed appointments and visits where there was no response should also be included, together with any actions required under the Children's Social Care Services' procedure guidance.

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Case Records

The Record must also include a risk assessment, transfer/closing summary (where appropriate) and a properly maintained Chronology.

All other relevant contacts with children, their families, colleagues, professionals or other significant people must be recorded in the same way, ie who was present or seen, the relevant discussions, actions or decisions taken and by whom, and the reasons for decisions. This includes conversations, phone calls, visits, letters, emails, assessments and reports. The options that have been considered and the child and the family's preferred choices and the reasons why an option has been chosen if agreement could not be reached.

The child's record should also include relevant and appropriate copies of material from other, separate records/files that are kept, whilst ensuring that such records remain separate and that neither confidentiality nor the Data Protection Act are breached. It is recognised that a certain amount of cross-referencing with siblings is inevitable and desirable, but again, care should be taken in respect of sibling information that becomes available on the record.

Important Characteristics of the Case Record

The record should be structured and maintained in a way that:

- the decision-making process is clear;
- the views of the child, carers and/or those with Parental Responsibility can be found and related to the decision-making that has been made together with the responsible authority's actions;
- any material temporarily placed in the record that belongs to the child should be noted as such so that it can be returned to the child when required/appropriate;
- recording should be made of the Review meeting's recommendations/outcomes that are trying to be achieved with a child and their family, key tasks, by whom and timescales;
- the recording of interventions and actions should seek to identify which 'Recommendation' or Outcome they relate to.
- Case recording should show the working out of decision making so that the reader can understand how conclusions and decision are reached
- Always seek to record the full picture highlighting positives. Positive movement become key element of a child record in them coming to terms with their life story and support positive self-esteem as well as being important evidence when we are trying to evidence our own biased approach the court and CP arena.
- Recording of child and young person's view does not just need to be in the written format

Children and their Families should be involved in the Recording Process

Children and their families must be routinely involved in the process of gathering and recording information about them. They should feel they are part of the recording process.

They should be asked to provide information, express their own views and wishes, and contribute to assessments, reports and to the formulation of plans. The child should have the

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opportunity to have support to be able to do this if needed, through an Advocate and/or through specialist help, eg a signer.

Children and young people's and parents comments should be recorded in italic so they can easily be seen

It is recommended that any contribution the child may wish to make, any written material, certificates etc should be included on the record as copies, so that the child retains the original items so that they have their own record of their wishes, progress etc.

Children and their parents must be asked to give their agreement to the sharing of information about them with others. Information should be shared with the consent of the child and family if appropriate and where possible the wishes of those who do not wish confidential information to be shared should be respected. Information can still be shared without consent if it is in the public interest to do so. Information sharing decisions should be based on consideration of the safety and well-being of the person and others who may be affected by the sharing.

In such circumstances ensure that the information shared is necessary for the purpose for which it is being shared and shared only with those who need to have it. The parents should get a copy of the assessment/documents/reports and should see reports in a timely manner before the meeting so they can form their views.

Confidentiality. Information will only be kept confidential from a service user for specific reasons eg:

- where disclosure of the information is likely to result in serious harm to their physical or mental health or to that of another individual (including a member of staff);
- where disclosure would identify a third party who has not consented to being identified (this does not apply to third parties who have provided information in a professional capacity);
- where disclosure would be likely to prejudice the prevention or detection of crime.

Consent. Written consent should be gained from a service user before any personal information relating to them is sought from other sources. However, a service user's consent to disclose their personal information or seek information from other agencies is not required in instances where the law or public interest overrides their right to confidentiality. These include:

- if there is a concern about an individual's safety;
- where the courts have made an order;
- to prevent, detect or prosecute a serious crime.

Sharing of information In situations where a request is made to or by another organisation, to share information the decision to share or not to share regarding who made the decision and the reasoning behind this, should be recorded;

Staff should include their full name, designation (eg Manager, Social Worker, Senior Practitioner) and team on every document on LCS;

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Where an interpreter is used this should be recorded, giving their name and whether they were from a contracted service or a named staff member, family member and/or friend;

Management oversight must be evidenced. The line manager should routinely audit files in accordance with Case File Audit Programme. Relevant sections of the record must be endorsed, and issues of concern of actions identified during the course of the audit recorded on the appropriate record; managers' entries on LCS in respect of management supervision/decision-making/oversight need to be highlighted in green on the system;

Recording of decision-making to highlight the reasons for the decision-making and the decisions made, including assessing risk and why other decisions were not made, should be clear. All of the people who take such decisions should be identified and where necessary a copy of the signed decision should be uploaded. Every decision arrived at between supervisor and worker, whether in a formal or informal supervision session, must be recorded in the service user's case recording at the time of the decision being made. Managers must also use supervision to ensure that the case record is being maintained in a reasonable state (please refer to RBC's Supervision Policy);

Risk Alerts

Working with service users may on occasion give rise to the need to record a 'risk alert' on LCS. The purpose of a risk alert is to provide a warning, for example about the recorded characteristics, behaviour or circumstances of a child or adult where these might give rise to a risk of harm to our staff or others. The list of risk alerts are on LCS, examples of these are:

- Dangerous pet;
- Persons known to be violent; and
- Need to protect information.

To ensure consistency of decision-making, only Heads of Service can make the decision for a risk alert to be recorded. Risk alerts are recorded on LCS on the front screen, where Allegations and Offences as well as Risks to Children and MAPPA (Multi-Agency Public Protection Arrangements) can also be recorded. It is mandatory to record the date the risk alert started or was first known about and to describe the risk alert further in the free text box. This should refer to a specific dated case record(s) or document(s) in LCS that details the concern, describes the risk, and notes which Head of Service agreed the risk alert record which must be reviewed by a Head of Service within six months of being recorded and at least six monthly thereafter.

Restricted Records

Staff must only access service user records appropriate to their allocated caseload and/or work or management responsibilities. However, there are some situations in which access to particularly sensitive records must be restricted to proactively prevent them from being accessed inappropriately. Examples of such records are those that relate to employees of the Children's Services or children who have been or who are in the process of being adopted.

Adoption records will be restricted at the point when a child is matched with their prospective adopters to prevent inappropriate links being made between the child's birth and adoptive

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families. In these cases access will be restricted to the case worker, their team manager and the team's senior practitioners, the Adoption Team Manager and the Independent Reviewing Officer (IRO). In non-adoption cases case files will be restricted to the caseworker, their team manager and their senior practitioner (if the caseworker is supervised by the senior practitioner) and the IRO (if the child/young person is a looked after child). The decision to restrict a record will be made by the relevant Head of Service.

If a member of staff attempts to access a restricted record inappropriately, the LCS Helpdesk will contact the Manager for the area in which the record is based, who will ascertain if there has been an intention to breach confidentiality.

Case Record Integrity

When information has been entered onto LCS, it should not be deleted. This is because subsequent records will have been written based on, or in the light of, that information and to remove it could render subsequent records incomprehensible.

If information needs to be amended or corrected this must be done in a new Case Note and recorded by the Team Manager with the correct information and reason for case recording being amended.

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Recording Timescales Table

Process/Event	Framework Assessment/Observation/Activity	Completion Date
Contact & Referral	Contact & Referral Episode	Within 24 hours
Child and Family Assessment	Single Assessment	Within 45 days of referral date
CIN Meeting	Child in Need Plan	5 days before scheduled meeting
Chronology	Chronology Form	Updated at least every two months

Child Protection

Process/Event	Framework Assessment/Observation/Activity	Completion Date
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Initial Strategy Discussion/Meeting	Strategy Discussion/Meeting	Within 24 hours of meeting
Review Strategy Meeting	Review Strategy	Within 24 hours of meeting
Initial Child Protection Conference	Initial CP Conference Social Work Report	Within three working days before Meeting to Chair and Family
	CPC Report - Decisions & Recommendations	Within 24 hours of the meeting
	CP Conference Record	Within 20 working days of the Meeting
	Core Group Meeting Minutes	Within 5 working days of the core group

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CP Review Conference	CP Review Social Workers Report	Three working days before meeting to Chair and family
	Review CPC Report- Decisions and Recommendations	Within 24 hours of meeting
	CP Conference Record	Within 20 working days of the meeting
CP Visits		Within three working days of the meeting

Child in Care & Care Leavers

Process/Event	Framework Assessment/Observation/Activity	Completion Date
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Children in Care Plan	Child/Young Person's Care Plan	Within 10 working days of becoming Looked After
PEPs	Completion of PEP	To be completed within 20 days of child being initially accommodated
Health Assessments	Initial health screening: dental checks immunisations	To be completed within 20 days of child being initially accommodated
Placement Planning Meeting	Child/Young Person's Placement Plan	Within 5 days of the meeting
Children in Care Review Meeting	Child/Young Person's Care Plan	Within 5 days of meeting
	CYP LAC Review Record of Meeting	The decision/ recommendations to be completed within 5 working days and for the full record of the meeting to be completed within 15 working days

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	CYP LAC Review Chairs Monitoring Information	Within 20 working days of the meeting
Pathway Assessment Pathway Plan	My Pathway Assessment My Pathway Plan	Pathway Assessment is either by 16 ¼ years or 3 months after they become C4C, if this is after their 16 th birthday – the same with the Pathway Plan
Statutory Visits		Within three working days of visit

Other Case Recording

Process/Event	Framework Assessment/Observation/Activity	Completion Date
CIN/CIC/Care Leaver/CP Visits	Records of Visits	Within 3 days of visit
Case Notes- Contacts	Case notes - Contacts	Within 3 days of Contact

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Supervision	Case Notes	Within 5 working days of Supervision
Management Decisions	Case Note - Managers Decisions	Within 24 hours of Referral Within 2 working days of other decisions being made
Legal Planning	Record of Meeting to include actions agreed	Within 3 working days of LPM being convened
Pre-Proceedings	Pre-proceedings Letter Pre-Proceedings Meeting	Copy of signed Pre-Proceedings letter to be uploaded within 1 working day of the letter being sent to parents and carers Within 3 working days of the Pre-Proceedings meeting being held
Care Proceedings	Letter of Intent to issue Proceedings	Signed Letter of intent to issue to be uploaded on file within 1

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	<p>Social Work Evidence - Statement and Care Plan</p> <p>Court Orders</p> <p>Expert Assessments</p>	<p>working day of the letter being sent out to parents/carers</p> <p>With 2 weeks of the decision to issue</p> <p>Within 2 working days of receipt to be placed on Care Director</p> <p>Within 3 working days of Receipt to be placed on Care Director</p>
<p>Private Fostering</p>	<p>Notification</p> <p>Arrangement Start</p> <p>Visits</p>	<p>To be recorded on Care Director within 24 hours</p> <p>If notification given then 6 weeks prior to arrangement. If arrangement has started then CAAS to be notified immediately.</p> <p>Within 7 working days of notification. Please refer to The Children (Private</p>

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		Arrangements for Fostering) Regulation 2005 for further guidance
Panels – general	Minutes	General rule is Panel minutes should be recorded on LCS within 10 working days of Panel taking place
Resolution Panel	Minutes	Resolution Panel is recorded on LCS within 5 working days of Panel taking place

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