

Version:	2.0– Case Recording protocol
Approved by:	Operational and Procedures group. Subgroup chair: Theresa Leavy
Date of approval:	4 th November 2010
Name of responsible group:	Operational and Procedures
Date issued:	4 th November 2010
Next Review date:	November 2013
Date disseminated:	22 nd November 2010

THE LSCB MULTI -AGENCY CASE RECORDING PROTOCOL

Table of Contents:

Introduction	Page 3
Basic Individual and Family details	Page 3
Basic Record Keeping	Page 4
Working to Meet Needs Within a single Agency	Page 4
Partnership Working for Children and Families	Page 4
Interagency Collaboration to Meet Needs	Page 5
Appendix 1: Use of Alerts/Violent markers – Guidance from the Information Commissioner's Office (ICO)	Page 6
Appendix 2: LSCB Multi-Agency Case File Audit Tool	Page 10

INTRODUCTION

Agencies providing services for children and their families have agreed to maintain their records in line with the agreed protocol and to ensure that their own internal standards and procedures conform to this overall approach.

The objective of the protocol is to ensure that:

- Information about children and young people are recorded fully and accurately
- All those working with children have records which enable them to carry out their roles in an effective and efficient way.
- All those working with children have records which enable them to see their work as part of the overall plan of service provision for the child and family.
- When it is required for effective service provision, accurate information can be shared in a timely way between agencies that have a 'need to know'.
- Service users who wish to read their records within the relevant legal framework can have access to an accurate and well organised record of the services that have been provided.

This protocol can be applied to either electronic or paper recording systems and to agencies using a combination of both.

BASIC INDIVIDUAL AND FAMILY DETAILS

The following basic details should be readily apparent on each case record:

1. Child's name and family name – consistently and correctly spelt
2. Child's date of birth – accurately and consistently recorded
3. Any previous names and aliases are recorded when they are known – consistently and correctly spelt
4. NHS, pupil identification or other client reference number
5. Address including postcode
6. Gender of child / young person
7. Legal status (if any)
8. Any specific risk factor or need (e.g. Child protection / looked after / disability / SEN register)
9. Names of persons with parental responsibility – who may give consents if required
10. Ethnicity – using an authorised set of categories
11. Disability or key diagnosis if relevant
12. Child and family main language
13. Family or individual religion
14. Details of key adult members in the household
15. Details of other key family members away from home
16. Links to other cases / children's records or files – where there may be shared needs or risks
17. Name of the key worker in the agency – if there is one
18. Name of the lead professional worker for the case – if there is one

BASIC RECORD KEEPING

1. Notes have a clear structure organised into approved sections so that information can readily be retrieved
2. If the record is a paper one all documents are secured in the file
3. Case records enable a clear chronological order of events to be easily established
4. The author of all notes can be identified
5. All notes are dated, where appropriate with the time recorded, and contemporaneous
6. Records should be contemporaneous or made within the timescales required by agency policy
7. The recording distinguishes factual information from professional assessment or opinion
8. Notes are complete and cover all significant events
9. Events are recorded to the level of detail required by the agency
10. The record meets the agency requirements in relation to the link between paper and computerised records (e.g. all records are identified or are printed out if necessary)
11. Patients / service users are able to access their records within the legal framework required by the agency

WORKING TO MEET NEEDS WITHIN A SINGLE AGENCY

1. All key events and interventions have been recorded
2. Recording is up-to-date
3. The record contains up-to-date assessments
4. The record contains up-to-date progress reports
5. Key events in the case history are readily identifiable
6. All papers from linked services / departments within the same agency are stored together / or easily identifiable and easily accessible
7. Any supervisory or case management decisions that have been taken and the actions that flow from them are clearly recorded
8. The reasons for supervisory and management decisions are clearly recorded
9. The level of risk / need / priority of the child / family is defined and apparent from the case record
10. Any specific risks and contingencies (to staff, child or other vulnerable person) have been recorded
11. There is evidence that managers and / or supervisors have read records and files in line with management requirements where applicable

PARTNERSHIP WORKING FOR CHILDREN AND FAMILIES

1. There is evidence of open ways of working with the child / young person – including – if appropriate – an honest sharing of concerns / diagnosis and plans
2. There is evidence of open ways of working with the key adults including – if appropriate – an honest sharing of concerns / diagnosis and plans
3. Key documents / records have been made available to the family – using an interpreter – in translation if required to meet any specific needs

INTER-AGENCY COLLABORATION TO MEET NEEDS

1. Details of the principal professionals known to be working with the child – family are recorded in a prominent position in the case record
2. Permissions / consents and arrangements to share information with other agencies are set out clearly on the case record
3. Key information has regularly been shared with partner agencies in line with the requirements for the type of case
4. Findings of assessments has been shared with other agencies where required by procedures or good practice
5. Desired outcomes and plans to achieve them have been shared with key professionals in other agencies
6. There is a regular multi-agency forum for review of progress – if appropriate
7. Minutes / notes of multi-agency meetings have been circulated
8. Any specific known risks and contingencies (to staff, child or other vulnerable person) have been communicated to other agencies where appropriate

For guidance on Information Sharing, please go to www.lutonlscb.org

Appendix 1:

Please note: This guidance is from the Information commissioners Office

ICO – Use of Violent markers.

Data Protection Good Practice Note

The use of violent warning markers

This guidance explains to those working with the public how best to manage the use of violent warning markers.

Employers have a duty of care to their staff to protect them in the workplace. Violent warning markers are a means of identifying and recording individuals who pose, or could possibly pose, a risk to the members of staff who come into contact with them. We understand that, in practice, a flagged piece of text is attached to an individual's file. These markers should be used very carefully and should contain the reasons for identifying individuals as being potentially violent. They are likely to record information relating to:

- the apparent mental stability of an individual; or
- any threatening actions, incidents or behaviour they have or are alleged to have committed.

This means personal data, and often sensitive personal data, will be included in a violent or potentially violent warning marker and so must comply with the Data Protection Act 1998 (the Act).

Compliance with the Act – fairness

The first data protection principle requires that the processing must be fair and lawful. This means that a decision to put a marker on an individual's file must be based on a specific incident or expression of clearly identifiable concern by a professional, rather than general opinions about that individual. The individual should pose a genuine risk and the decision should be based on objective and clearly defined criteria and in line with a clear and established policy and review procedure. The criteria should take into account the need to accurately record any incident.

For consistency, you should make sure a senior nominated person in the organisation is responsible for making these decisions. Decisions should be reviewed regularly. When making a decision this person should take into account:

- the nature of the threat;
- the degree of violence used or threatened; and
- whether or not the incident indicates a credible risk of violence to staff.

For the processing to be fair, you should normally inform individuals who have been identified as being potentially violent soon after you make the decision to

add a marker to their record. It should be part of your procedure to write to the individual setting out why their behaviour was unacceptable and how this has led to the marker.

You should tell them:

- the nature of the threat or incident that led to the marker;
- that their records will show the marker;
- who you may pass this information to; and
- when you will remove the marker or review the decision to add the marker.

There may be extreme cases where you believe that informing the individual would in itself create a substantial risk of a violent reaction from them. For example, because of the nature of the incident or the risk to another individual. In these cases it may not be sensible to inform the individual as described earlier.

If this is the case, you must be able to show why you believe that by informing the individual of the marker there would be a substantial risk of further threatening behaviour.

You should make all decisions on a case-by-case basis and keep records.

Compliance with the Act - processing conditions

The Act states that you should not process personal data unless you can meet one of the conditions in schedule 2 of the Act, and for sensitive personal data, one of the conditions in schedule 3.

As employers have a duty of care towards their staff, for example, under health and safety legislation, the appropriate schedule 2 condition to allow processing of information in markers is that processing is necessary to comply with any legal obligation imposed on the data controller (which in this case would be the employer). The appropriate schedule 3 condition is that processing is necessary to comply with any legal obligation imposed on the data controller in connection with employment.

The individual's rights

The Act gives individuals the right to make a subject access request. In most circumstances, you should reveal the fact that there is a violent warning marker on the individual's record. Although, in most cases, you should already have informed the individual. However, you should make this decision on a case-by-case basis and consider any other individuals (third parties) that may be included in the information. For more information about this, please see our guidance 'Subject access requests involving other people's information'.

There may be rare cases where you will need to consider whether:

- revealing the existence of the marker;
- revealing the information in the marker; or
- what the individual may infer from the existence of the marker;

may actually cause serious harm to the physical or mental health or condition of that individual. In these cases, you must get specialist advice from health and data protection professionals. For some of these cases there may be relevant statutory instruments that modify the provisions in the Act that relate to the individual's rights (see note 1).

Requests from individuals to stop processing their personal information

Section 10 of the Act gives individuals the right to require you to stop processing their personal information if this is likely to cause them substantial and unwarranted damage or distress. If an individual gives you a section 10 notice relating to a violent warning marker then you should be aware that you may ultimately have to justify creating the marker in court.

Passing the information to other organisations

From a legal point of view, the appropriate schedule 3 condition for processing mentioned earlier will not cover disclosing the marker information to other organisations, as the condition relates to a legal obligation on the employer for their own staff, not other organisations' staff. However, where there is a good reason for providing the information to another organisation, for example, to alert them to the potential risk to their staff, this will be justified even though no schedule 3 condition obviously applies. In these cases, our focus is on whether the processing is justified and not unfair.

The senior nominated person in the organisation should determine this on a case-by-case basis where there is a credible risk that an unlawful act, such as an assault, will occur. They should only provide the information to an individual of a similar level in the other organisation.

If you pass the information on to another organisation, you should inform the individual, unless that would be a serious risk to the person or another individual as described earlier. If you review the marker and decide to change or remove it, you should then inform the other organisations you previously sent the information to.

Retention

The fifth data protection principle states that personal information should not be kept longer than necessary. You must make sure violent warning markers are removed when there is no longer a threat. This should be part of the standard review procedure. The retention period is likely to depend in part on:

- the original level or threat of violence;
- how long ago this was;
- the previous and subsequent behaviour of the individual; and
- whether or not an incident was likely to have been a 'one-off'. For example, where the individual was suffering an unusual amount of stress due to a particular set of circumstances.

Security

All files containing an indication that an individual is potentially violent should be retained securely whether they are paper files or held on computer. You should also take steps to prevent unauthorised access to any information indicating that an individual has been violent.

Staff training

Staff should be trained to use the system and procedures you have relating to violent warning markers. They should be aware of:

- their duty to report all violent or threatening incidents or professional expressions of concern about real or potential violence;
- the name of the person they should report the incidents to; and
- the senior nominated person who makes the decisions about markers.

More information

If you need any more information about this or any other aspect of data protection, please contact us.

Phone: 08456 30 60 60 (Lo-call rate)

01625 54 57 45 (National rate)

E-mail: please use the online enquiry form on our website

Website: www.ico.gov.uk

Note 1

SI 2000 No. 413 'The Data Protection (Subject Access Modification) (Health) Order 2000'

SI 2005 No.467 'The Data Protection (Subject Access Modification) (Social Work) (Amendment) Order 2005'

Appendix 2: LSCB Multi-Agency Case File Audit Tool



Checklist for QA group multi agency file audit

(Please add tick/cross as appropriate)

1. BASIC INDIVIDUAL AND FAMILY DETAILS THE FOLLOWING BASIC DETAILS SHOULD BE READILY APPARENT ON EACH CASE RECORD:	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
1. Child's name and family name – consistently and correctly spelt			
2. Child's date of birth – accurately and consistently recorded			
3. Any previous names and aliases are recorded when they are known – consistently and correctly spelt			
4. NHS, pupil identification or other client reference number			
5. Address including postcode			
6. Gender of child / young person			
7. Legal status (if any)			
8. Any specific risk factor or need (e.g. Child protection / looked after / disability / SEN register)			
9. Names of persons with parental responsibility – who may give consents if required			

1. BASIC INDIVIDUAL AND FAMILY DETAILS THE FOLLOWING BASIC DETAILS SHOULD BE READILY APPARENT ON EACH CASE RECORD:	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
10. Ethnicity – using an authorised set of categories			
11. Disability or key diagnosis if relevant			
12. Child and family main language			
13. Family or individual religion			
14. Details of key adult members in the household			
15. Details of other key family members away from home			
16. Links to other cases / children’s records or files – where there may be shared needs or risks			
17. Name of the key worker in the agency – if there is one			
18. Name of the lead professional worker for the case – if there is one			
2. BASIC RECORD KEEPING	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
19. Notes have a clear structure organised into approved sections so that information can readily be retrieved			
20. If the record is a paper one all documents are secured			

2. BASIC RECORD KEEPING	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
in the filed			
21. Case records enable a clear chronological order of events to be easily established			
22. The author of all notes can be identified			
23. All notes are dated, where appropriate with the time recorded, and contemporaneous			
24. Records should be contemporaneous or made within the timescales required by agency policy			
25. The recording distinguishes factual information from professional assessment or opinion			
26. Notes are complete and cover all significant events			
27. Events are recorded to the level of detail required by the agency			
28. The record meets the agency requirements in relation to the link between paper and computerised records (e.g. all records are identified or are printed out if necessary)			
29. Patients / service users are able to access their records within the legal framework required by the agency			
30. Patients / service users are able to access their records within the legal framework			

2. BASIC RECORD KEEPING	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
required by the agency			
3. WORKING TO MEET NEEDS WITHIN A SINGLE AGENCY	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
31. All key events and interventions have been recorded			
32. Recording is up-to-date			
33. The record contains up-to-date assessments			
34. The record contains up-to-date progress reports			
35. Key events in the case history are readily identifiable			
36. All papers from linked services / departments within the same agency are stored together / or easily identifiable and easily accessible			
37. Any supervisory or case management decisions that have been taken and the actions that flow from them are clearly recorded			
38. The reasons for supervisory and management decisions are clearly recorded			
39. The level of risk / need / priority of the child / family is defined and apparent from the case record			
40. Any specific risks and contingencies (to staff, child			

3. WORKING TO MEET NEEDS WITHIN A SINGLE AGENCY	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
or other vulnerable person) have been recorded			
41. There is evidence that managers and / or supervisors have read records and files in line with management requirements where applicable			
4. PARTNERSHIP WORKING FOR CHILDREN AND FAMILIES	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
42. There is evidence of open ways of working with the child / young person – including – if appropriate – an honest sharing of concerns / diagnosis and plans			
43. There is evidence of open ways of working with the key adults including – if appropriate – an honest sharing of concerns / diagnosis and plans			
44. Key documents / records have been made available to the family – using an interpreter – in translation if required to meet any specific needs			

5. INTER-AGENCY COLLABORATION TO MEET NEEDS	ACHIEVED PLEASE TICK IF ACHIEVED	N/A PLEASE TICK IF THIS STANDARD IS NOT APPLICABLE	COMMENTS PLEASE ADD COMMENTS IF APPROPRIATE
45. Details of the principal professionals known to be working with the child – family are recorded in a prominent position in the case record			
46. Permissions / consents and arrangements to share information with other agencies are set out clearly on the case record			
47. Key information has regularly been shared with partner agencies in line with the requirements for the type of case			
48. Findings of assessments has been shared with other agencies where required by procedures or good practice			
49. Desired outcomes and plans to achieve them have been shared with key professionals in other agencies			
50. There is a regular multi-agency forum for review of progress – if appropriate			
51. Minutes / notes of multi-agency meetings have been circulated			
52. Any specific known risks and contingencies (to staff, child or other vulnerable person) have been communicated to other agencies where appropriate			