



Title/Status-	Building Relationships through Writing Our Records to the Child
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Responsible Head of Service	Safeguarding, Improvement & Quality Assurance
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Leicestershire Procedure for Building Relationships through Writing our Records to the Child.

Applies to- All Children

Building Relationships through Writing our Records to the child

Why it's important:

- Case records document the day-to-day life of children and young people.
- It tells their individual story, including the strengths within their family, the areas where support is required, and any concerns raised.
- Case recording evidences the child's wishes and feelings and the views of their parents and carers.
- It is essential for hypothesizing, analyzing and planning, forming the basis for the child's chronology, assessments and any formal reports written.
- Case recording assists in making sense of the available information, ultimately impacting on decision making, asking what is going on within this family? Have we got the right plan for the child?
- Ultimately, the child may wish to access their information in the future. What would they read? Would it tell an accurate, clear and coherent story?
- For some children in care, reading their case records gives them information they may not otherwise have had, it can help them understand and piece together their life experiences.
- Underpinning all of the above, is the significance of building relationships with our Children and Families and central to this is the demonstration of our core values and behaviours:

Core Values and Behaviours – the foundation for practice

Core Values

Aspirational

Achieving the best outcomes for children and families

Being Curious

Digging for detail using purposeful practice

Collaboration

Building relationships built on the Signs of Safety approach

Behaviours

Professional Kindness

Understanding trauma for children, parents and colleagues

Active Listening

Listening to build robust solutions

Outcome Focused

Creating measurable improvements for children and families

Being Accountable

Everyone is responsible for high quality practice

Top Tips

- Keep the child at the centre, make reference to children's likes, dislikes, interests and achievements, so there is a clear sense of the child within the recordings.
- Share your case recordings with children and families on a regular basis. Sharing information should not only happen when a formal assessment or report for a meeting is completed. Working in collaboration with children and families is key to forming positive relationships and achieving positive outcomes for children.
- Language should be straightforward without jargon or acronyms or where they are used will be explained in full at the first use in each report.
- Remember the child may read different documents at different ages and stages of their lives. For example, a young person could read their Pathway Plan at the age of 16 but may again read it as a young adult in their 20's, if they choose to access their records. Therefore, do not get fixated on writing to the child at the age that the child is at the time of your involvement, the aim of working in this way is to provide a clear, accurate record of their journey with Leicestershire County Council's Children's Services. It is not about minimizing the context of risks; we need to still clearly capture the evidence of risks and concerns for children but doing this using clear jargon free language.
- A good age to have as a benchmark, is a child of secondary school



age. Therefore, if you write based on a 11+ child's understanding, this should help keep focused on the use of language and style of writing.

- Good records are focused and written clearly, concisely and in neutral straightforward language to communicate the meaningful "story" and decision-making about a child or young person.



The table below sets out the key documents that are to be written to the child:

In Full	In Part	Not Used
All areas of CFS		
All case records (i.e.: visits, calls, etc)	Case Supervisions – analysis section	Chronology
Danger statements, Safety Goals and Scaling Questions		Court documents
Safety Plans		Plus, any other document notlisted here
3 monthly updates		Emails being recorded
Independent Reviewing Officer Quality Assurance Alert		
Audits		
First Response & Field Work		
Child in Need Plan	Child and Family Assessment – Social Worker analysis and Management oversight	Plus, any other document not listed here
Child Protection Plan	Section 47 - managers analysis and oversight	
Core Group record	Child and Family Assessment to Initial Child Protection Conference – Social Worker analysis and Management oversight	
Child in Need Core Group	Social Work updating assessment to Review Child Protection Conference – Social Worker analysis and management oversight	
Child in Need review record	Initial Viability assessment – managers analysis	
HSB meeting	Key Decision Discussion - managers impact statement	
	Child Decision-Making Meeting – management oversight	
	Parenting Assessment – Worker analysis (analysis of parenting capacity and impact on the child section) and any management comments.	
	Parenting Assessment sessions case notes – analysis to the child	
	Contact & Referral – SW enquires, worker analysis and manager analysis	
	Supervised Contacts – analysis	
Children in Care and Care Leavers, Fostering and Adoption		



Record of Review of Arrangements	Social work updating assessment to Review of Arrangements – Social Worker analysis and management oversight	Child Permanence Report
Looked After Child Care plan	Permanence panel – chairs recommendation	Fostering records
Pathway Plan	Kinship Assessment – Social Worker analysis and management	Court documents
Foster carers profiles which are shared with young people		Plus, any other document not listed here
Safer caring policies which may also be shared with young people		
Private fostering and step-parent adoption - case records to the child when they have done any direct work with the child during their visits.		

We recognize we work with lots of different children and families, if there is a family you are working with where it is felt it would be good for all documents and records to be written to the child, based on their needs and circumstances, this should be discussed with the manager and recorded within supervision, so that there is consistency for the child's record.

Why it's important: Practice Principles and Standards

Child at the Centre

The child should always be at the centre of your case recording.

- Record the child's wishes and feelings explicitly and say how these views were obtained.
- Record the child's own words or upload their pictures, photographs or written documents where possible.
- Ensure observations for younger children, or those children without verbal communication capture their world, experiences and responses to it.

Jenny Molloy (aka 'Hackney Child') spent many years in local authority care as a child and has spoken about reading her file as an adult.

Doing so, she found out that her own parents had spent time in the care system and had themselves experienced neglect.

Jenny has said that finding out about her parents' history helped her make sense of what happened to her as a child.

Even when our intervention is not as serious as to involve care proceedings or a deprivation of liberty, what we write about the children and families we work with matters. It matters to them, as it would matter to us.

Good record keeping is an integral part of our professional activity and is central to providing good care.

Some of our Personal Advisors have been speaking to their young people gathering their views about writing their pathway plan to them. Here is what they said:



- It's better because we are relating it to them rather than just telling them things
- It feels like it's written more to us with us in mind, rather than something you just write.
- When we read our plan, it feels like our personal advisor is talking to us
- It makes the plan feel real and personal to us
- Think about what you write as sometimes it can sound patronising. Pathway plans are too long they often repeat the same information.

Ask yourself would someone reading the child's file get a sense of their personality, opinions, likes and dislikes? Would the child recognise themselves in your recordings? Would they understand how their views were used to inform decision making.

Clarity of Recording

- A good case record is focused and written clearly, concisely and in neutral straightforward language to communicate the meaningful "story" and decision-making about a child or young person.
- It enables the reader to quickly understand the child's full circumstances, needs and possible risk factors and the basis for decisions made with the reasons and the outcomes intended.
- Writing to the child does not mean that the concerns for their safety are watered down they need to be clearly set out along with the strengths and safety within the family.

Ask yourself would the child understand why important decisions were made, who made them and when?

Language

Forming relationships with children and families can ultimately be enhanced by good quality, reflective case recording and open conversations.

- Language should be straightforward without jargon or acronyms or where they are used will be explained in full at the first use in each report. This will aid understanding for anyone else who needs to read it and enable the child to understand it at a later date.
- Language can of course, change over time a child accessing their case records in 10 to 20 years, may not fully understand key events in their life or why decisions have been made, as language evolves.
- Names and job roles where relevant should be written in full so that all individuals and their actions can be easily identified at any time.

Ask yourself - How would I feel if this information had been written about me or my family?

Transparency and Accuracy

Share your case recordings with children and families on a regular basis. Sharing information should not only happen when a formal assessment or report for a meeting is completed.



- Check the accuracy of your day-to-day recordings throughout the work.
- Give families an opportunity to know what you are recording and understand why you have formed this view.
- Be clear what is fact and opinion.
- Have you interpreted the information accurately?
- What does the child or family member think about this specific recording?
- Are you open to challenge and capturing other points of view of both families, the child and the professionals?

Families may not always agree with your viewpoint, but this method will ensure open conversations are had, disagreements are logged, and there are no surprises. You will empower families and make them feel valued.

For example, at the start of each home visit, you could share your record of the previous visit. This approach makes it more likely that any opinions you record will be substantiated but can also help in the development of a more transparent relationship between you and the family.

Ask yourself – are you confident that your recording reflects views that have been shared with the child and their family. Have you given opportunities for challenge? Are basic facts about the child recorded in the file and reports accurate? What does it mean to the parent and child if you have not spelled names correctly or key dates?

Examples of how this might look in Practice:

Three-month update- involve the child and family what are important things they think should be captured.

‘Since I last wrote your three-monthly update you have started taking swimming lessons, you told me at first you didn’t like going but now you love it.

Sandy your foster carer has told me that you did really well in your spelling test and got a certificate which is brilliant.

You have been seeing your mum and dad every week at the contact centre where you played tennis and drew lots of pictures which Sandy has put on her fridge door.

You told me you made a new friend at school his name is Denny and you have been to tea at his house, and you had fish fingers. Denny has a dog called Benji and now you keep telling Sandy you want a dog’

Home visits

'On May 16th I visited you at home, also there was your mum, sister Sally and GiGi.

I came to see you because your mum had turned up at school shouting and falling about, School were worried that your mum had been drinking alcohol and had come to pick you up.

I spoke with your mum and GiGi who told me it had been your mum's birthday and she'd gone out with friends for lunch and had drunk too much alcohol. Mum was really sorry and had forgotten that she'd already asked GiGi to pick you up.

Mum said I could talk with you, and we sat in your bedroom you showed me your favourite teddy Frankie. We talked about what happened you said you said it was embarrassing when mum had shouted at your teacher Mr Townley and were worried what your friends might say. Mum has said she was really sorry and had apologized to Mr Townley. We arranged that I would visit you again on the 1st June'

Section 47 Enquiry Managers comments

My name is Sammy Knowles I am the Team Manager in First Response and today the Police called us after your mum got into an argument with your dad and threw a vase at him which hit you in the head and you needed 5 stiches. When the police arrived, your mum went to hit one of the officers and was arrested. Both your mum and dad had been drinking and it was felt they would be unable to take you to the hospital and your Aunty Beth took you and you have stayed in her care. Because you got hurt, we had a strategy discussion with the police, your school nurse and school. We talked about our worries for you, what safety you have around you and what needed to happen. From reading your case file I can see that the police have been to your house three times in the last 3 months because of arguments between your mum and dad and 1 year ago you had a Child Protection plan because of the arguments you were seeing and hearing at home. Due to what happened it was agreed that you were at risk of significant harm, your mum and dad agreed that you would continue to stay with Aunty Beth whilst we carried out our enquiries to understand what should happen next.

Summary of a Core Group meeting

'Today we (your mum, dad, teacher Mr Simms, mum's drug worker Cherry King,) all got together and had a meeting called a core group.

At the meeting we talked about your child protection plan to see how it's working. Mum has been going to her weekly appointments at Turning Point with Cherry and her drug tests have been negative meaning she has not taken any drugs.

Mr Simms told us how you have been to school every day on time, have been wearing your uniform and have done your homework. You stay at your dad's house every weekend which you enjoy. We all agreed things are going well and would meet again in 6 weeks' time.'



Worker Analysis of Family Time

My name is Misa Turnbull, and I am a support worker at South Wigston. Today I supervised your family time with your mummy. Your foster carers Bobbi and Tanveer dropped you off you ran straight up to your mummy and threw your hands around her. You and mummy sat on the floor and played with the toys you liked the bobo doll the best. Mummy sang nursery rhymes and gave you your dinner, macaroni cheese today, you ate every bit! Mummy helped you prepare for the end of your time together saying she had to leave in 10 minutes and that you would see each other again in two sleeps. Mummy wrote in your book to Boobi and Tanveer telling them what you ate and how you were. When it was time for mummy to go you cried at first and clung to mummy, mummy calmed you down explaining that she had to go, that you would see each other soon. You stood with me, and we waved goodbye to mummy.

Key Decision Discussion

What needs to happen/Analysis of Risk

My name is Leon Townley I am a Service Manager in Children's Social Care and today I met with Danny Dire your Social Worker and Danny's manager Kundai Madinah to talk about the worries we have for you Dexter and your brother Amos. We are worried because your mum is saying that you both have toileting issues that you struggle to open your bowels and because of this you need to take Laxatives and we are not sure if you really need this medication.

We have spoken to Doctors who know you both very well who said that you Amos have some underlying health needs that mean you do see health professionals and sometimes need to go to Hospital to help keep you safe and healthy because when you are poorly your blood sugars can get low.

However, we are worried because Mummy only tells the Doctors about your very low blood sugars after she has visited them and despite sharing these worries sometimes it takes up to three days for you to be taken hospital, by which time your blood sugars are ok. This makes people worried that either mummy is not looking after your health by making sure you are taken to the hospital straight away (which would be very dangerous for you) or Mummy is 'fabricating' the worries (making them worse than what they are or making them up). If this were the case, we would need to understand why Mummy is doing this so that we can ensure she gets the help she needs not do this.

If nothing changes you might have lots of admissions to hospital and have tests that you don't need. We also worry that if your Mummy is poorly with her mental health and knows that we are all trying to stop her fabricating your illness she may start to say you are even more poorly or worse still give you things to make you poorly. We call this inducing your illness and sadly sometimes children can become very poorly or even die as a result.

Whilst we are worried about you and your brother there are lots of things that are going well. School and Nursery talk about what lovely children you are, they have no worries about your health, you play with other children and are growing and learning as other children your age do.

We have been involved with your family before and your previous social worker, Hussain Nazim spoke positively about your Daddy and that he understands some of the worries. We are hoping we can speak to both your Mummy and Daddy together about your safety plan which will reduce the worries we have and help Mummy manage your health safely so that you only get the help that you need when you need it.

You and Dexter have a child protection plan. This means all professionals that know you and your family will work with you all to help keep you safe and look into the worries about fabricated illness to understand if this is happening and what we can do to help Mummy (and Daddy) to stop this from happening.



If we do not see any changes or if Mummy makes things worse (by making you ill) we will speak to our legal team to see if we need to go to court in order for a Judge to hear all the worries and make a decision about how unsafe things are for you and perhaps even for you Dexter. After hearing what everyone has to say including your Mummy and Daddy the Judge could decide that it is not safe for you and Dexter to live with Mummy and Daddy or that you are not to be left alone in Mummy's care until we think Mummy's care is safe. In order to stop this from happening we would need to see both Mummy and Daddy always working to the agreed safety plan and child protection plan. We would also need there to be no further incidents of you being poorly because Mummy has hurt you or Mummy saying you are so poorly that you end up going to hospital and having tests you didn't need.

Contact and referral Managers analysis

Today your head of year Mr Hayes contacted us as he was worried about the level of care you might be providing for your mum who has multiple sclerosis. Mr Hayes said in the last three weeks you have been absent from school on 6 occasions, often turn up late in unclean clothes and appear really tired. Mr Hayes said he tried to talk with you about what is happening in your life, but you became tearful and refused to talk, which is unusual behaviour for you that you are usually talkative and open. It's clear that something has changed over the last few weeks which is having an impact on your wellbeing and schooling. It's important we understand what's happening in your life therefore I am going to ask a service advisor to ring your mum to share Mr Hayes worries and talk about what is happening.

Social Work Managers Decision and Rationale Actions

Disha Petal our service adviser called your mum to talk about what is happening in your life and the worries Mr Hayes shared. Your mum told us that that she and your dad had recently separated and that this had really impacted on her health. Being new to the area your mum has not had the time to make friends and therefore has no support close by and as a result you have been taking on extra care tasks. Your mum was really sorry about how this is impacting on you and your schooling and has agreed to us conducting a carers assessment to help us understand the level of care you are providing and what support could be offered to you and your mum. Your mum has also agreed to us making a referral to adult services to ensure she gets the support she needs.

Manager oversight of Initial Viability Assessment

Riley, your social worker Georgina has completed an assessment about your auntie Sally to see if she would be able to look after you as you grow up, if you aren't able to go back to live with Mummy and Daddy. Georgina found that auntie Sally knows you really well, because she has looked after you lots of times since you were little, and she knows your routine very well too. Sally was a bit worried about how she would manage the times when you see your Mummy and Daddy, but she has thought about it a lot and feels that she will be able to manage this if you are in a public place like the park. Sally has talked to her bosses at work and they have said that if you go to live with her she can drop her hours so that she only works when you are at school, so she could drop you off and pick you up. Georgina has talked to me about the work she has done with you and how you have told her you would like to live with Sally, and we think that this would be a really good idea if the Judge decides you can't go back to Mummy and Daddy's house.



Writing through a Trauma Informed

Since the decision was made to write our records to the child Children and Family Services made the commitment to becoming a trauma informed department which is a golden thread through all of our work with children and families. Just as our actions and interactions need to be trauma informed so do our written records. It is important that we think about the words that we write so that our records are:

- clear,
- no blaming and shaming
- respectful and are non-stigmatizing
- inclusive
- show an understanding of history and it's impact on what is happening now

Writing to families through a trauma lens can help workers and families understand how traumatic experiences have influenced perceptions, feelings and behaviors and assist in the development of effective plans for changing course and moving forward.

Below are a couple of examples of how we might write through a trauma lens

Parenting Capacity

Your dad Mathew witnessed and experienced significant violence and abuse as a child by both of his parents, it seems that this was the regular method that the people around him would use when they felt frustrated and reverted to, to manage their problems and disagreements. Whilst growing up feeling the pain and anguish of abuse doesn't always guarantee that children will follow the same path in some cases, early exposure to abuse influences how children behave as adults. For your dad living with these unhealthy behaviours has shaped his values, view of himself and the world around him as well as his behaviours towards relationships. Your dad has normalised the use of violence and aggression, which has become an entrenched attitude and a way of dealing with problems.

The unpredictability and level of unsafe care that your dad experienced as a child has impacted on his ability to regulate his emotions and give meaning to his and your feelings and emotions Devon. This often leads your dad to misread facial expressions seeing them as being negative and critical which induces a shame response usually seen as attack (verbal and/or physical) as a way of managing the overwhelming feelings of shame.

Your dad's childhood experiences have influenced his parenting behavior and interactions with your Devon and as a result he struggles to show you affection and is harsh in his discipline of you and uses the parenting strategies that he was exposed to as a child. This way of parenting is supported by the cultural expectations your dad holds towards men and fathers. Your dad compares his own childhood experiences of having been physically abused to his own harsh parenting practices and believes that his behavior does not qualify as being abusive and struggles to understand that yelling, name-calling, threats of punishment or abandonment, are forms of abuse and therefore struggles to see the impact of his behaviors on you Devon.

Your dad's childhood experiences have caused him psychological distress which he finds it very difficult to talk about and has a limited close network. Your dad's parenting needs to be understood against the backdrop of own childhood experiences of having been parented. From this perspective your dad's aggressive and insensitive parenting can be understood as coming from his lack of having stable, nurturing, and loving relationships.

Your dad needs support to understand his own traumatic history and how this influences his view and expectations of relationships and fatherhood. It is important that we raise your dad's awareness around how his presence can be a source of fear and insecurity for you Devon. Your dad needs support to help him understand how his ideas regarding parenting, fathering and relationships is influencing how you see the world and what behaviours are acceptable.



Parenting Capacity

Your mum Zaheda reflects openly about her childhood and can recognize the parts of her mother's care that weren't safe. Unfortunately, this knowledge and insight doesn't extend into her own parenting as she is not able to recognize the similarities in her and her mother's parenting styles. It is positive that Zaheda is providing you and your sister Mischa with a better quality of care and affection than she received as a child, but unfortunately this quality of care is still lacking in some areas. This confuses your mum, and it is difficult for her to understand this, for example, your mum will say that she 'never went to school', so she considers that you having 45% school attendance is brilliant. Similarly, your mum recalls that her mother constantly shouted at her and her siblings, so the fact that she doesn't shout at you and Mischa is good, but she struggles to recognize that children also need positive words of support, physical affection, comfort, encouragement and praise, which your mum Zaheda rarely shows you. This is likely because your mum didn't experience this as a child, and so it is likely to feel unnatural to her. We don't want to take away from the progress that your mum has made, but moving forward we would like to see you mum Zaheda working with us on growing her understanding of providing you with comfort and encouragement.

Getting to know me paperwork (Gateway paperwork)

At the age of 11 months Ahmet, you were placed in care as your mum and dad who were both struggling with their poor mental health which impacted on the care they gave to you, you often would go for long periods of time without being fed or having your nappy changed leaving you with severe nappy rash. Since you came into care until the age of 5 you moved foster homes 5 times. You are now 8 years old and spending time with your family has been limited due to your parents being unwell. Having a number of carers in your life for short periods of time has meant that you have had little opportunity to form strong lasting connections and have learnt not to expect comfort and companionship from adults as in your early life there were many times when your needs were either ignored or met with fear and pain. For you relationships are not a resource but a source of pain and distress you are constantly vigilant to danger and can't relax or enjoy playful moments. To survive your difficult experiences, you have learnt not rely on, or to trust adults and suppress your emotions and the need for comfort and companionship and therefore have no real circle of friends and choose to be by your self at breaktimes.

You find it difficult to internalise rules and have little awareness of or understanding of your emotions and reactions. In order to feel safe and protect yourself from the pain that might come from relationships you stay in a chronic state of defensiveness you try to take control of situations with those around you including your carers and teachers and pull away from people trying to connect with you. You resist authority and find it difficult to be open with others or share your thoughts and feelings and manage your emotions. These are the strategies you have developed to keep yourself safe in an abusive environment. These strategies focus on self-preservation and identifying the next potential threat and whilst you are safe now you do not feel it.

These protective behaviors may continue after you join a foster family due to you becoming focused on perceived dangers from within the relationships that surround you. Whilst these relationships could guide you out of them and help them discover comfort, curiosity and joy they are the relationships that you perceive as your greatest danger.

Therefore, due to your experiences, you will need carers who can understand that the behaviours they may see are your strategies that you have developed to keep yourself safe. You need carers who can see that your behaviours are expressing a need for connection and a way of asking for support and understanding.

The Language Of Care

Building upon our writing to the child work in Spring 2023 a survey was used to talk to children and young people in our care about language. From this we learned that:



- Language matters to our children
- It's important to use plain language to help our children understand what is happening around them when they are in care.
- Jargon and abbreviations must be avoided – this can leave children confused.
- Language needs to be adapted based on a child's age and length of time in care.
- Every child will have a different view of what language works for them.
- Children don't want to keep repeating important messages to new practitioners therefore we need to capture their views in ways that are central to their plan.

This led to the development of the following bottom lines by our children.

- Don't use acronyms or abbreviations that we may not understand.
- We will always have agreed the language and wording that our workers use when they are supporting and working directly with us.
- Workers will always check our understanding of language and words, particularly when supporting us in meetings with other services and professionals.
- Our preferred language and words will be recorded and shared with all workers who support us.
- Sometimes our circumstances and feelings may change. Our choice of language and words will be reviewed and changed as needed.
- We will not have to keep reminding workers about our preferred language and words.
- We should not have to explain our choice of language and words.

These bottom lines were translated into a toolkit for alternative words for terms that we might use which will support practitioners in their conversations with children and young people. It will give ideas about some of the important words that they may take for granted and form the basis of regular conversations to get updates about the words that are important to describe each child's journey when they are looked after.

Please click on the link to [Language Toolkit](#).