Keeping children and their lived experience at the centre - Writing our records to the child

**Why it’s important:**

* Good record keeping is an integral part of our professional activity and is central to providing good care.
* Case records should tell a child’s individual story, including the strengths within their family, the areas where support is required, any risks or concerns raised, and actions taken to keep them safe.
* Case recording should evidence the child’s wishes and feelings and the views of their parents and carers throughout.
* Any child may wish to access their information in the future. What would they read? Would it tell an accurate, clear, and coherent story that they understand and can connect with?
* For some children in care, reading their case records may be the only way for them to get important information about themselves, their family, and their history. It’s really important that their file helps them understand and piece together their life experiences and any decisions/plans made regarding them.
* 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 and strengths-based practice and systemic thinking.

**Top tips:**

* The aim of working in this way is to provide a clear, accurate record of their story and our involvement in that story. Good records are focused and written clearly, concisely and in simple straightforward language to communicate the meaningful “story” and decision-making about a child or young person. What we write about the children and families we work with matters.
* Keep the child at the centre, make reference to their 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 specific age that the child is at the time of your involvement. 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
* Writing this way is not about minimising risks or their context. In fact, writing simply and clearly to the child should bring to life the impact any risk has on their life more vividly.

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

|  |  |  |
| --- | --- | --- |
| **In Full** | **In Part** | **Not Used** |
| All case records (e.g., visits, calls,  etc) where contact with child and family | Management direction and oversight – any decisions (and rationale) that has an impact on the child and their life should always be written to the child (e.g. a change in where they live) | Chronology |
| Safety Plans |  | Court documents (including PLO) |
| Family Time records |  | Emails copied onto the system |
| All child and family assessments and updated assessments (including parenting, viability and S47) |  | Case supervision records |
| All Child’s Plans and reviews (at all threshold levels) including CP review paperwork |  | Strategy Discussions |
|  |  | Bespoke – stand-alone Risk Assessments (unless on the child) – the outcome and impact of any risk assessment will be communicated to the child through an updated assessment or plan (if appropriate) |
| **Children in Care and Care Leavers, Fostering and Adoption** | | |
| Record of Review of Arrangements | Kinship Assessment – Social Worker analysis and management decision should be to the child | Child Permanence Report |
| Looked After Child Care plan | Permeance panel – chairs recommendation should be to the child | Fostering records and assessments |
| Pathway Plan |  |  |

**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 are recorded for younger (pre-verbal) children, or those children without verbal communication.

**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.

**Recording Risk**

Being clear about risk and its impact on a child is vital to us being able to keep children safe. The style of writing we use should never minimise the understanding of the risk a child is suffering or is at risk of suffering

* Risks should be recorded clearly and accurately – you should still state the facts about risks
* The context surrounding risk is important to understand and record too – this includes being clear about any additional vulnerabilities / issues which might increase the risk and any strengths or safety factors which lessen the risk and/or highlight how the family are trying to keep the children safe.
* Being clear about the impact of risk on each child is at the heart of our practice model – stronger families, safer children and should always be highlighted in our recording

**Ask yourself** does your recording of risk make its impact to the child come alive to the reader and does it enable decisions to be made about how it needs to be managed appropriately

**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, risks, strengths, and concerns; the rationale for decisions made 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**

At the heart of building and developing trusting relationships with children and families is good quality, reflective case recording and open and honest 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? Is what the child / family reading consistent with the conversations / discussions they have been part of?

**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 other 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 makes 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?

**Some examples of how this might look in practice**

**Home Visit**

Alice, I came to see you and your family today because school told me that your mum was a little late picking you up today and you got really upset and scared that something bad might have happened to her and tried to run away. School were worried about how upset and frightened you were and wondered if something might have happened at home, as you don’t normally get this upset when your mum is a little late.

At first your mum told me everything was fine, but then admitted that her and your dad had had a really big argument last night. That both of them shouted lots and said some really nasty things to each other, which made your mum cry. Mum said that whilst you were at school, she and your dad had a long talk and your dad told your mum that he is worried about his job and is really sorry that he shouted at your her and made her cry. Your mum is worried that you might have heard the argument whilst you were in bed last night and could have been frightened by it.

When I spoke to you on your own – you told me you had heard lots of shouting last night and your mum crying. You said that you get told off last night for not letting your little sister play with your new doll and you were worried it was your fault that your mum and dad were so angry. Your said that when you got up this morning your dad wasn’t at home, and you didn’t know where he was. When your mum was late you were worried something might have happened to her and you were scared that your little sister might be as frighted as you were, which is why you tried to run away – so you could check she was OK.

**Manager’s decision / rationale**

James, since we have been working with you and your family, we have been really worried about the arguments your mum and dad have. How often they happen and how sometimes your dad ends up hitting and hurting your mum. We are worried that you have seen these arguments and fights a lot and have told Tina, your social worker and Mr Smith your form teacher how frighted they make you feel and how scared you are that your mum will end up really hurt. Although your mum and dad have been working really well with us and other professionals the arguments and fights keep happening. Your dad knows the arguing and fighting usually happens after he’s been to the pub, but he’s found it really hard to stop going, especially if he’s had a hard day at work. Both your mum and dad don’t want you to be frightened by anything that happens at home; they both love you and want you to feel safe. At the meeting we had with your mum and dad today everyone agreed that the best thing would be for your dad to go and live with your uncle Tom for a while. You will still see your dad lots - he’s going to pick you up from school 2 times a week and at weekend, when you might go out as a family altogether with either your nana or your uncle Tom. Your mum and dad are still going to be working with us all because they really want to try and stop arguing and fighting so much.

**Recording about risk**

Example 1

Josh, you are currently exploring your sexuality and sometimes like to wear women’s clothes. Your mum’s partner repeatedly makes homophobic comments towards you. You told me that he calls you “Gay Boy”, “Queer” “Fag” which you don’t like, and he encourages your younger brothers to do the same. You have told me that it really hurts you that your mum, has witnessed it several times but has never said anything to him. It makes you wonder if she feels the same as him.

Your mum’s partner has also said he doesn’t think you should spend time with your younger brothers in case “your behaviour rubs off on them.’’ This has really upset you because you love your younger brothers and like spending time with them.

Josh this behaviour is evidence that you are suffering emotional harm.

Example 2

Lucv we believe you are at risk of physical harm when in your mum’s care, especially if she has been be drinking alcohol. Your mum has been seen (by several your extended family) handling you in a very rough manner as she tries to change your nappy and dress you. She was observed not supporting your head and pulling your arms and legs harshly on multiple occasions. They told me that you were crying and got very distressed when these things happened. You were also observed being left on the floor, where there were lots of things within your reach – your aunty June observed you picking up a small bottle top and putting it in your mouth. Although your mum was sat in the room watching you at the time – she never responded. Your aunty June had to quickly take the top out of your mouth as she was frightened you might choke.

Example 3

Holly and Jessica these are the main risks that meant we needed to have an initial child protection conference so a decision could be made about whether either of you were at risk of significant harm:

* There have been a number of assaults and anti-social behaviour over the past month which have led to the police coming to your address to speak to your mum and her partner (Jake). From one of these assaults your mum was stabbed and needed to go to hospital. The hospital also found lots of new bruises they believed had also happened that night. It is believed that Jake caused these injures, though your mum and Jake deny this.
* It is believed that both of you have witnessed several of these violent incidents. Jessica you have told school that Jake and your mum fight when they have been to the pub all day; Holly you have said you get frightened sometimes at night when you can hear your mum and Jake shouting at each other. If you continue to live in a home where there is lots of violence you may start to think this is normal and how adult relationships work. This may mean you accept violence from your partner when you are older; possibly even use violence in your relationships as this is what you’ve been shown.
* Both of you are missing school more, and when you are there are not engaging with lessons and other young people like you used to. If this continues your learning will start to fall behind others in your class and you will not reach your potential at school. This will impact on the opportunities / jobs you find are available to you as an adult. School is really worried about you, Holly, as they feel your behaviour has really changed since Easter, you seem to be very angry and you started a number of violent incidents with other young people. The police have been involved on 2 occasions and Holly, you are potentially facing criminal charges for these 2 assaults and if things don’t change you could end up with a criminal record that will impact your future opportunities, possibly even time in prison. Holly this behaviour may be a sign that the violence you have repeatedly witnessed has already led you to think it’s OK to behave towards others like this and this is becoming the way you resolve your issues.