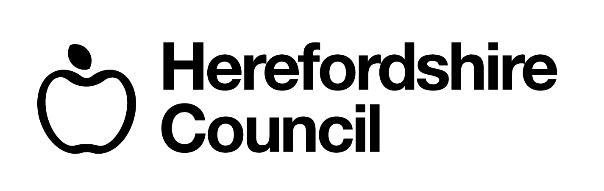
[](http://www.herefordshire.gov.uk/)

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**Recording with Care Policy and Practice**

**Children and Families, Safeguarding and Family Support Division**

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# Part 1 – Introduction

1.1 Good quality recording is an essential part of social care work and forms part of the service to service users and carers. It provides a tool for planning and monitoring work, shows how and why decisions were made and provides data for evaluation purposes. It is also a source of information to children and young people about their lives and experiences and will normally be accessible to them.

1.2 This Policy and Practice should be read in conjunction with the Records Management Policy.

1.3 Part Two provides the Recording with Care Policy, which outlines the requirements of recording practice standards, data protection and access issues. This policy must be followed by every member of staff. Records refer to any paper file, video or audio record or electronic record held in respect of a service user. Reference to a case record is intended to refer to any or all of these records.

1.4 The importance of good, accurate case recording is defined by the Department of Health Social Services Inspectorate, ‘Recording with Care’ (1999):

“Good case recording helps to focus the work of staff and supports effective partnerships with service users and carers. It ensures there is a documented account of their involvement with individual service users, families and carers. It assists continuity when workers are unavailable or changed and provides an essential tool for practitioners and managers to have a record of progress and decision making in order to manage and monitor the quality and effectiveness of the work.”

Records are a major source of evidence for investigations and enquiries. Over the last 25 years, inadequate case records have often been cited as a major factor in cases with tragic outcomes. Records created within the children’s wellbeing directorate may be used as evidence in court cases, particularly where they are contemporaneous. Therefore it is vitally important that all records are complete, legible, accurate, relevant and timely.

1.5 It is the responsibility of each member of staff to ensure their records are maintained to a satisfactory standard. It is the responsibility of the manager to ensure these standards are maintained. Managers at all levels are responsible, via the agreed audit programme for periodically auditing standards in their own service and responding to any learning/required action identified. Outcomes of these audits are reported routinely to the Senior Management Team of Safeguarding and Family Support and then quarterly to the Senior Management Team.

# Part 2 – Recording Policy

## Policy Statement

2.1 Case records are the recorded account of the work of the Safeguarding and Family Support Service with an individual or a family. The case record details the assessment of need, the care plan, objectives and any review of service. It should also show why decisions are made and service user and carer views about their service. Most of the case record is stored electronically on the Mosaic case management system, and the case record applies to recording in all types of media, including filming and audio recording. Where information is not stored on Mosaic that is part of the case record, it should cross-reference as to where it is located (controlling access to the cross-reference itself in cases of confidentiality such as LADO investigations).

2.2 Good case recording helps to focus the work of the Safeguarding and Family Support Service and supports effective partnerships with service users and carers. It is an important part of our service to them.

2.3 This policy outlines the requirements for all staff in the Safeguarding and Family support Service to achieve a good quality record that is accurate and accessible to the service user.

## Purpose of Recording

2.4 Recording is a key part of professional activity and is central to good social work and social care practice. The purposes of recording are as follows:

* To provide a record of the service provided to users and carers and to detail the service user’s take-up of the service.
* To show how decisions have been made and who was involved in making them.
* To provide service users with a record of events in their life.
* To help workers in the processes of assessment, care planning and review.
* To provide a tool for managers to evaluate the performance of their staff.
* To show other professionals involved in the case the previous situation, what is happening and plans for the future.
* To show how service users and carers have been involved in the assessment, planning and review of the services they receive.
* To provide management information to assist in the process of evaluating outcomes for service users.
* To provide continuity when workers change or are unavailable.
* To provide information to assist enquiries into complaints or investigations.
* To gives evidence of compliance with legislative and policy requirements, including the General Data Protection Regulations and the Data Protection Act 2018.
* To provide accurate reporting of management information to assist in strategic and corporate planning processes at a local, regional and national level.

## Diversity, Equal Opportunities and Ethically Sound Practice

2.5 The application of principles of equal opportunities and anti-oppressive practice in issues of diversity must be evident in the way records are compiled, managed and are able to be accessed. For example, records must be written in a way that demonstrates respect for all service users and fairness in forming opinions and making decisions. Records should indicate that consideration has been given to individual needs in appropriate service provision. There may be special needs arising from ethnicity, race, disability, gender, culture, age, religion, language, communication or sexual orientation. Case records must demonstrate anti-discriminatory, anti-oppressive language and response to service requests. Records should demonstrate sensitivity to all groups within our communities. Service users should be encouraged and enabled to read and contribute to their records. This may necessitate copy records being produced in other languages, media or Braille, for example.

## General Principles

2.6 When processing information (either manually or electronically) about a service user or his/her family, staff must comply with the principles of good practice identified in the General Data Protection Regulations and the Data Protection Act 2018, including transparency of processing to service users. In addition, the following general principles will apply:

* A record should be set up for each individual child or young person who is a service user; each child or young person service user will have a separate case record.
* Service users should be encouraged, wherever possible, to read and contribute to their records.
* The record must reflect core social work and social care values, legislative requirements, service user participation, equality of opportunity and the directorate’s policies and procedures
* The record must be accurate and verifiable, well-organised, up to date, free of jargon, legible, concise and relevant, dated with the name of the author clearly identified (no initials) and securely stored and managed
* Records must demonstrate attention to service user/carer perspectives, wishes and feelings, assessment, planning, setting of objectives, monitoring, review, decision making and distinguishing between fact and opinion
* ***Note:*** *It is perfectly acceptable to provide opinion and indeed necessary within assessment to reach a conclusion based on the available evidence, but records should indicate clearly when an opinion is being offered.*
* Records concerning children should demonstrate that the child’s needs have been the paramount consideration.
* Records concerning adults should demonstrate that the service has acted appropriately in performing its duties.
* Personal basic details (i*.e. name / DOB /ethnicity/ next of kin /address /NI and NHS Number etc.)* will be clearly and accurately recorded at point of first contact; this will be regularly reviewed and updated as required.
* Every contact concerning a service user is recorded.
* Any decisions taken are recorded and clearly identified.
* The evidence on which decisions are based is clearly shown.
* There is clear evidence on the record showing when copies of key documents (e.g. assessments, child protection plans, reviews, and minutes of meetings) are supplied to service users and carers).
* The identity of the member of staff making the record is clearly shown.

## Supporting Legislation, Guidance and Reports

2.7 The framework supporting this policy includes the following:

* Recording with Care - Social Care Group, Department of Health. CSCI inspection of case recording in Children’s Services Departments
* Children Act 1989
* Children Act 2004
* Children and Families Act 2014
* Adoption and Children Act 2002
* Care Planning and Fostering (Miscellaneous Amendments)(England) Regulations 2015
* Information Commissioner’s Office Guidance on Information Sharing
* National Health Service and Community Care Act (1992)
* General Data Protection Regulations
* Data Protection Act 2018
* Freedom of Information Act 2000 (future implementation)
* Human Rights Act 1998
* Mental Health Act 1983
* Mental Health (Patients in the Community) Act 1995
* Valuing People
* Working Together to Safeguard Children in Need , DoH 1999
* The Framework for Assessment of Children in Need and their Families
* Public Protection Panels

2.8 Local policies and procedures supporting this framework include:

* Mosaicguidance
* Information security policies
* Information Sharing Protocol
* Working Together 2015
* MAPPA Guidance
* Quality Assurance Framework and Practice Evaluation Policy

## Access to Records

2.9 The General Data Protection Regulations and the Data Protection Act 2018 establishes a regime for disclosure of records. The basic principle set out in the Act is that a living individual has right of access to any personal data held about them, although the Act identifies a number of exemptions that limit this right.

2.10 A “data subject” is entitled to see their record and any information held about them once this request has been received verbally or in writing. They are entitled to be told for what purpose and to whom the content of it may be disclosed, as well as various other aspects regarding the processing of their data. **The maximum time limit for compliance with a request for access to records is one month.** The data subject will be entitled to copies of any information contained on the file unless any exemptions apply. If exemptions apply they will still be entitled to copies of information not covered by exemption. Advocates and supporters of service users are not entitled to be supplied with the personal data of service users unless the service user has given informed and explicit consent to do so; further information is available in the guidance for supporters attending LAC reviews.

2.12 Certain exemptions apply to the information requested and the main ones are detailed below:

|  |  |
| --- | --- |
| *Third party information* | If information on the record cannot be disclosed without referring to another individual who can be identified from that information, compliance with the request for disclosure is not required **unless** the third party has consented in writing, **or** it is reasonable in all the circumstances to comply with the request without the written consent of the other individual. Other Children’s Services staff or other professionals working alongside Children’s Services (e.g. health and education staff) are not regarded as third parties, but family and friends of the service user will be regarded as third parties.  Information should be shared if it can be anonymised but this is **not** an alternative to seeking third party consent which is a requirement of the Act. Instead, consent should be obtained where reasonable and if this is not forthcoming for whatever reason, consideration should be given to whether it is viable to anonymise the records so as to enable disclosure. It is the responsibility of the team manager to ensure that appropriate consent has been obtained and that the information is suitable for disclosure. |
| *Legal Professional Privilege* | Any information relating to correspondence with or advice given to the Local Authority by its legal advisers is exempt from disclosure and should be maintained in the restricted section of the file. This information is not disclosable, even to Children’s Guardians appointed by the Court. |
| *Negotiations and Legal Proceedings* | Any information relating to either of these categories will be exempt from disclosure. |
| *Court Reports* | Any information prepared for the purposes of Court proceedings will be exempt from disclosure until court proceedings are concluded. |
| *Adoption Records* | Adoption records relating either to the child or to the adopters are specifically exempted from disclosure. Access by adopted persons to their records is supported by Section 51 of the Adoption Act 1976 |
| *Serious Harm* | If it can be established that disclosure would be likely to prejudice the social work duties because serious harm to the physical and/or mental health or condition of either the data subject or any other person would be likely to be caused, then the relevant records do not have to be disclosed. Advice will be required to determine this from line managers or legal advisers as the Act has not defined “serious harm” and it remains a matter for professional judgment. |
| *An individual’s expectations and wishes* | The exemption is for when an individual with parental responsibility for an individual under the age of 18 applies to see information about that child or young person. The exemption only applies however to the extent that complying with the request would disclose information that:   * the individual provided in the expectation that it would not be disclosed to the requestor, unless the individual has since expressly indicated that they no longer have that expectation; * was obtained as part of an examination or investigation to which the individual consented in the expectation that the information would not be disclosed in this way, unless the individual has since expressly indicated that they no longer have that expectation; or * the individual has expressly indicated should not be disclosed in this way. |
| *Access to children’s records* | A parent with parental responsibility can seek disclosure of data held on their child’s record with the child’s express consent (if of sufficient age and understanding to give informed consent). Disclosure can also be made where staff are satisfied that disclosure is in the child’s best interests. However, all the other exemptions apply. Information should not be disclosed if it has been given by the child in the expectation that it would:   * not be disclosed to the parent: or * obtained as a result of an investigation or an examination, consent to which was given by the child in the expectation that it would not be disclosed to the parent; or * The child has expressly indicated that it should not be disclosed.   Parents sometimes seek information about themselves held on the child’s record and this should be disclosed unless exemptions apply |
| *Access to record of a person incapable to managing his/her own affairs* | A person appointed by the Court to manage the affairs of a person deemed incapable of doing this themselves is permitted to have access to the relevant records. This is only applicable if an order has been made by the Court of Protection or an Enduring Power of Attorney has been registered. |
| *Prevention or detection of crime* | It is not required to disclose information if doing so would be likely to prejudice the prevention or detection of crime or the apprehension or prosecution of offenders. This also applies to information provided to the local authority (e.g. by the police) for the purposes of discharging their statutory function. If in doubt, legal advice must be sought. |

## Confidentiality and Information-Sharing

* 1. Confidentiality implies the protection of the privacy of the person to whom the information relates, and ensuring that they are not harmed, distressed, humiliated, or embarrassed by any breach of their confidentiality.
  2. Case records and the information they contain are by their nature confidential and staff must respect this at all times.
  3. The council’s information security policies must be followed with regard to such aspects as:
* transferring information using a secure method;
* storing information so that it is safe from accidental loss or damage, and secure from theft or unauthorised viewing;
* destroying information securely;
* ensuring discussions are not overheard by or information is not imparted to those not authorised to receive it;
* using integrity over the information and declaring any interests such as family connections;
* following procedures for sharing information with other people;
* ensuring information is not left where unauthorised people can find it, including being left on desks or unlocked cabinets in offices where others have access or at home if working remotely;
* reporting data breaches.

2.16 **ALL** staff have an obligation to safeguard the confidentiality of personal information, in line with legislative requirements. A breach of confidentiality provides grounds for a complaint against a member of staff and could result in disciplinary action.

2.17 Children’s Wellbeing has a Caldicott Guardian appointed who has responsibility for ensuring that confidentiality of information is maintained according to legislative requirements.

* 1. Herefordshire Council has an information sharing protocol with other partner organisations that require data sharing agreements to record the legality and procedure for sharing information with partners either carrying out a service on our behalf or providing a service with us, such as reporting and investigating safeguarding concerns. Examples are privacy notices, local data sharing agreements and standard contractual clauses.

2.19 In most situations the legal basis for sharing personal information will be the council’s legal obligations, the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller, or to protect the vital interests of an individual.Privacy notices must outline how personal data is processed to meet the council’s transparency pobligations under data protection legislation, including what information is shared and with whom.Where possible individuals should be informed when information about them is shared.There are exceptions to this where not sharing information would place a service user at risk, or where we are under a legal obligation to share the information without notification. The DfE Guidance on Information Sharing and inter-agency guidelines on the management of child protection allow for referrals to be made to the Children’s Services Department and checks to be undertaken, without service user/carer’s consent if to seek the consent may place the child at additional risk of harm. The duty to disclose includes, but is not limited to, compliance with the Crime and Disorder Act. Police forces requiring such information will request disclosure in writing, providing reasons. In West Mercia they use form Annex C or sometimes Form A222 and such requests are processed by the Information Access Team.

2.20 Information cannot be routinely shared with other family members without the consent of the service user. This applies even if the other party is a parent or relative of a child or adult service user, unless assessment indicates that risk of harm would result from not sharing information. Exceptions to this are outlined in legislation, e.g. there is a requirement in the Mental Health Act 1983 for an Approved Social Worker to notify the nearest relative of an application for admission for assessment.

2.21 If there are **any** doubts about information-sharing, legal advice should be sought.

2.22 If a child or young person is unable, because of age or insufficient understanding, to be informed about the sharing of their information, whoever holds parental responsibility for the child or young perso should be informed unless to do so would place the young person at increased risk of harm.

2.23 There are occasions when there are research requirements or the need arises to share data (non-identifiable) between agencies. As this is not personal information in relation to a service user or carer, this is acceptable. Great care must be taken not to include information that may be personally identifiable.

2.24 If a service user transfers to another local authority, information should only be shared where suitable conditions for processing apply, ie legal obligations, the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller, or to protect the vital interests of an individual.

2.25 The Children’s Wellbeing Directorate is jointly responsible with police and probation for MAPPA that monitors plans and public safety issues in relation to the Management of Dangerous Offenders and Mentally Disordered Offenders. There are specific circumstances where it is permitted to share personal information in order to protect the public. The policy in relation to this must be strictly adhered to.

2.26 Disclosure of information is required in legal proceedings and a Children’s Guardian, CAFCASS Officer or Official Solicitor appointed by a Court to represent the interests of a child, young person or carer is permitted access to their records, apart from legal advice tendered to the local authority. This advice is not accessible by the service user.

2.27 Government inspectors and audit staff also have right of access to records for audit purposes only.

## Storage and Security of Records Policy

2.28 Security of records is an essential element in the maintenance of confidentiality. Records must be kept securely to ensure both confidentiality and ease of access to authorised persons in the absence of the case holder.

2.29 It is the responsibility of *all* staff to ensure that the risk of unauthorised access to service user records is minimised. It is the responsibility of all managers to ensure that the required systems and structures are in place for the security of records within the staff groups for which they have responsibility.

2.30 The loss of a file or record is a serious matter and the required procedures (below) must be implemented immediately.

2.31 Data processed for any purpose will not be kept for longer than is necessary. Retention schedules are set out in Appendix 4.

## Practice Requirements

2.32 Old paper files and records (including those held on tape or disc) must be kept in the Modern Records Unit and if required out of storage, in lockable cabinets when not being actively worked on. Files and records must be replaced in these cabinets outside of normal working hours and must be locked. On no account should files or personal records of any sort be left out on desks. Files must be returned promptly to the Modern Records Unit when finished with.

2.33 Laptops must be securely stored when not in use. Access to electronic records must be closed down on laptops and desktops when the worker is away from their desk, by logging off, or for very short periods, by locking the workstation.

2.34 Files and records must only be removed from their normal office location when circumstances make this essential. When files are removed from the office, the requirements of the Taking Confidential Information Off Site Policy must be followed. If working in a public place ensure no confidential information can be seen by others not authorised to see it.

2.35 If a laptop, mobile phone file or record cannot be found, the case holder must initiate a thorough, systematic search in conjunction with relevant support staff. The loss should be notified immediately to the manager and Information Governance Team. If the record is not located by the next working day, the Head of Service should then be notified. The circumstances in which the original file was lost and the steps taken to locate it must be clearly recorded. The Head of Service must notify the Assistant Director and the Director and decide whether or when the service user should be notified of the loss and whether other parties need to be informed. S/he will also consider whether policies and procedures have been properly followed and whether any disciplinary action should be taken.

2.36 If it is suspected that a file has been stolen, the manager will immediately inform the Head of Service who will inform the Assistant Director and the Director and decide on the need to report the matter to the police.

## Service User Contribution to Records

2.37 All service users should be encouraged to read and contribute to their own record/file.

2.38 Each service in the Directorate has procedures which encourage this participation. For example, in the Safeguarding and Family Support Service, the assessment format has specific sections for service users to comment in writing about their assessment and the analysis. Reviews, planning meetings and child protection conferences all have procedures that record in the minutes the views of the child or young person and their parents/carers.

2.39 It is a requirement that every case holder encourages and facilitates contributions by service users to their own records. It is the responsibility of each manager to monitor case recording to ensure that this standard is achieved.

2.40 Each service in the Directorate has procedures and policies that require that service users be provided with copies of relevant assessments, care plans and reports. It is essential that these are fully complied with to ensure that the service user has access to as much information as possible. Their views on these documents should be sought and recorded.

2.41 Consideration must be given to means of facilitating service user contributions to their record to ensure equality of opportunity. This may require additional services such as use of an interpreter if English is not the service user’s first language and if they cannot read a translation into their own language/dialect. Needs of people with a learning disability who may need assistance in accessing or contributing to their records should be assessed and met where appropriate. Use of an advocate should be considered. There are similar issues for people with a literacy problem. Some people may need their records read to them and be provided with the ability to respond e.g. by someone writing a response dictated by them or giving a verbal, taped response. People with a particular physical disability, hearing or visual impairment may require a different solution to enable them to contribute to their records.

2.42 Where there are identified difficulties of access or ability to contribute, a record should be made of the assessment of need to enable a service user to access or contribute to their records and of the assistance offered.

## Service Users Recording of Meetings

2.43 Children’s Social Care does not allow the audio or visual recording by service users of formal or informal meetings with members of staff. Personal data must be carefully used and stored. An official record is kept of all meetings and service users can have access to these records where the information is about themselves. Members of staff must ensure that where records such as minutes of meetings are agreed to be circulated to those attending, they are written up and provided to the service user promptly. Any queries regarding the accuracy of such records can be recorded at the next formal meeting, or for other records, with the social worker. The records will be updated accordingly if any errors or omissions are substantiated.

## Disputes

2.44 When someone disputes the accuracy of information held about them, if the issue is not straightforward the case holder should make the manager and the council’s Data Protection Officer aware of the dispute and a decision should be taken by the manager as to how the validity of the claim will be investigated. This should be recorded on the case file. If the manager, in consultation with the Head of Service and Data Protection Officer as required, considers the claim to be valid, then it should be investigated.

2.45 If the investigation shows that the record is inaccurate, the recording will be amended accordingly and copied to all relevant parties who were given copies of the previous recording. Details of the information amended will be shown. The case holder, in consultation with their manager, should take action to amend any previous assessment, care plan or service that was based on the inaccurate or erroneous information. A copy of the amended record should be sent to the complainant within 10 working days of the outcome of the investigation.

* 1. The above action **must** be taken when a service user or another person disputes the accuracy of information that is held about them. Anyone subject to inaccurate information is entitled to approach the Information Commissioner if they believe that the Children’s Wellbeing Directorate has not made the requested correction

## Provider Held Records

2.47 Provider held records are regarded as part of the service user’s case record and all elements of this policy apply equally to the main case file/record and to in-house provider held records. All recording relating to the child and their family must be recorded in the child’s Mosaicpersonal record. Personal information records relating to the provider e.g. Foster Carer and Adopter records must be kept on the provider’s own records.

2.48 Some provider held files may have to be kept in paper form. Elements of these provider held file will be duplicates of reports and records held on the main case record. Other reports will be stand-alone documents related to the service provided in that unit. When a provider unit closes a service all paper file/record content should be sent to the case holder to merge with the main file/ record content. This should be pruned by the receiving team to ensure that there is no duplication on the main file/record.

2.49 When a service user requests access to their record, care must be taken to facilitate access to all records maintained including those in provider units.

2.50 Where a service is provided by an independent or voluntary provider on behalf of the council, the contract should specify arrangements for standards of recording and the requirements to provide documentation for the main file. The standard required should be in line with this policy and procedure. When the service ceases, records should be returned and merged with the main file.

2.51 Other agencies who are data controllers in their own right will deal with disclosure of their own records (e.g. health records) even where copies are held on children’s wellbeing directorate files.

## Destruction of Records

2.52 The Schedule for Retention of Records specifies the required duration for storage and maintenance of specific records as laid down by statute or other guidance. Records must not be held for longer than required and arrangements for destruction of records must be adhered to. This relate both to paper or other records and electronic records.

## Monitoring of Recording Practice & Standards

2.53 The following standards are those adopted for recording practice by the

* Safeguarding and Family Support Service:

**Case recording as part of service to users and carers**

* *Children’s Services case recording policies and procedures, the resulting case records and access to them, are components of services to users and carers.*

**Recording Practice**

* *The quality and content of case recording reflects both good professional practice and Children’s Services policy and guidance.*

**Principles and Purposes of Case Recording**

* *The purposes of case recording, together with underpinning principles and legal requirement are set out in the policies of the Children’s Services.*

**Contributions to Case Records and Sharing Information from them**

* *The Children’s Services has guidance on and systems for receiving contributions to case records, and the appropriate sharing of information from them.*

**Equal Opportunities in Recording Practices**

* *The Children’s Services requires and ensures that good practice in equal opportunities is reflected in the Case Record.*

**Management Arrangements**

* *Management arrangements ensure the practice of case recording meets the policy and procedural requirements of the Children’s Services.*

For each of the above standards, there are a number of individual standards that contribute to the overall standard. The detailed standards are set out in Appendix 1.

2.54 It is the responsibility of every member of staff in the Children’s Wellbeing Directorate to ensure that the standards are met. It is the responsibility of every manager to monitor the standards and adherence to recording procedures.

# Part 3 – Recording Practice

## General Recording Guidance

3.1 All records (written or electronic) should reflect the standards required in the Recording with Care Policy.

3.2 Records must follow the file structure for the Service. Recording must be in the correct format. Additional notes on pieces of paper are unacceptable in a paper file. E-mails or recording of an informal nature containing irrelevant information are also unacceptable, for example, emails that contain personal information, such as “*Hi, back from holiday, had a great time but didn’t want to come back to work!*”

3.3 All case records from November 2008 must be made on the child’s electronic record in Mosaic. No additional case recording relating to the child may be made separately, except where such information needs to be specifically restricted, and cannot be restricted on Mosaic.

3.4 In addition to the case record, case audits will be stored in Mosaic. Supervision records will be stored in a restricted shared drive with elements relating to service users stored on the relevant case file in Mosaic. Complaints and investigations will be cross-referenced on Mosaic in a case note (allegations against staff must be with restricted access).

## Personal details

3.5 The child’s personal details should provide an accurate, up-to-date record of all relevant personal information. It is important that this record is as comprehensive as possible.

* It is essential that the child’s full name, date of birth, ethnicity, gender, language and religion are recorded;
* The child’s home address, school/nursery/work address must be kept up-to-date;
* The child’s GP, health visitor and any professional contacts must be recorded and updated;
* All relevant family members, whether living with or separate from the child, must be recorded. All members of the child’s household must be recorded;
* The person(s) with parental responsibility must be recorded.

3.6 It is important that it is kept up-to-date at all times. Any change or addition must be recorded. A child or other person may be placed at risk, or an inaccurate assessment made, if the record is not up-to-date and comprehensive.

3.7 It is important to complete the steps within Mosaicrelating to any plan made for the child or care package details. This includes changes of carer, placement and legal status. The child’s personal details will not reflect this information unless the episodes are completed. When the child’s personal details are comprehensive, up-to-date and accurate, this is reflected in the information cascading to relevant episodes within Mosaic.

3.8 Any additional information relating to evidence of risk in respect of contact with the child or family must recorded in the "warnings" section of the child’s personal details (top left hand box on the front screen of the case record). The person that this relates to should be told that they have a warning marker for aggressive behaviour placed on their record. When no longer relevant the warning should be removed.

## Making a Case Note

3.9 A case note is a chronological record of events, observations and actions in a child’s individual Social Care record. All case notes must be:

* Fit for purpose;
* Understandable and accessible
* Clear and succinct
* Honest and respectful
* Fair and balanced
* Accurate and evidence-based

A case note should be used to record the following:

* A face-to-face contact;
* A contact via telephone, e-mail, letter, text, fax;
* A meeting relating to the child;
* A decision relating to the child;
* A change relating to the child;
* Agreements and plans discussed and agreed;
* Factual information or evidence-based observations witnessed or received;
* Different views relating to plans or decisions – from the child, their family or other professionals;
* The wishes and feelings of the child, their family/carers;
* Management decisions via case discussions outside supervision and formal supervision

3.10 All contacts relating to the service user must be made using the pro-forma in Appendix 2. This is available as a template to create a word document that can then be uploaded as a case note in Mosaic.

* All case notes must have a title that reflects with whom the contact took place, e.g., school nurse/ mother/YP or the type of visit or meeting, e.g., assessment/statutory/ Core Group/Child Protection Conference/LAC Review/ Court Hearing. Names MUST always be followed by title, eg Telephone Call to Jean Smith (Mother)
* Care must be taken to record the type of contact accurately.
* If an assessment session/supervised contact is recorded as a word document in more detail – make a summary of date, time, nature of contact in case note;
* If a face-to-face contact is attempted but the child/family is not there/does not keep the appointment, this must still be recorded and must also include that the manager has been updated. It should also include a date and time set for the next visit;
* If an initial assessment/S.47/core assessment is being undertaken, the pro-forma must still be used for recording a contact. Any relevant observations/evidence must be copied and pasted into the assessment to support the analysis and decision;
* If more than one worker is present at the contact, they must decide who will make the case note. If recorded verification is required of an observation or decision, the other worker must also make a record. If there are any differences in views, the workers must consult and agree on how this will be recorded;
* Relevant information in respect of a related child must be recorded in their individual record. It is not compliant with Data Protection to record “see record of(another child)”. Use copy and paste to record selected relevant information on another child’s record.
* Legal advice provided to the council placed in case notes or documents must clearly identify “restricted information”. The outcome/ decisions arising from this advice must be recorded
* Be careful not to record information that is confidential to a particular child on another child’s record.
* Ensure information relating to safeguarding is recorded on the records of all relevant children.
* Use ‘see multiple case notes’ to view all related persons together if needing to ensure information is not missed.

3.11 All changes/additional information in the child’s personal details must be altered in the Personal Details section and using steps in Mosaic. Information to enter into the child’s chronology must include as a minimum where:

* There is a relevant change in the circumstances of the child, their family or carers;
* There is a significant safeguarding concern;
* There is a change in the child’s legal status or the legal status of a sibling;
* There is a relevant change in the make-up of the child’s household;
* Any new C&YP, CP or LAC Plan;
* Any significant changes to the child’s C&YP, CP or LAC Plan;
* The source of the information;
* Any significant change relating to the child’s health or education.

## Warning notes and personal safety

3.12 A warning note must be added if there is evidence of a risk to workers having contact with the service user or their household/family, or a risk to others, or other issues relating to contact with the service user that workers must be aware of prior to contact (e.g., history of verbal abuse/racist or sexist remarks/vexatious complainant).

3.13 Any warning note must be evidence-based and kept up-to-date. It must be reviewed regularly and especially on opening or closing a contact

3.14 Any risk assessment/management of risk plan must be uploaded as a document in the child’s personal record and referred to in the warning note.

3.15 A warning note will also be added to the personal record of a person convicted of an offence indicating they are a risk to children. A PPRC must be added by the Business Support Coordinator and notification is sent to a MASH Manager.

## Documents

3.16 All documents must be added using Mosaic guidance and in line with the guidance set out in Appendix 3.

## Restricted Information

3.17 It is important to note that because information is held as Restricted Information, it may not be exempt from disclosure. Where a request for access is made, then determination of what is, and is not exempt must be made.

3.18 It is also important to note that because information is held as Restricted Information does not mean it should not be shared with other professionals working with that child and family. Professional judgement must be used to ensure the needs of the child are met and they are adequately safeguarded.

3.19 If third-party information is to be shared at meetings, in Court and in reports, the Manager should ensure written copies are only retained by those people who need to have this level of detail and that it is clear that the information must not be shared with anyone who does not have a right to know. Where possible, consent of the person concerned should be sought to share their information. However, if they do not consent, they need to be advised that the information may still be shared if it is relevant to safeguard a child, or an adult, to aid the prevention or detection of a crime, or is deemed to be in the public interest.

3.20 Advice from Herefordshire Council’s Legal Services to Children’s Services staff is confidential as we are their clients. This legal advice must be clearly identified as Restricted Information in the case note heading

3.21 DBS, vetting checks, and Police incident reports are confidential and should be identified as restricted Information in the case note heading. There must be a case note indicating where to find the information and noting its significance to the assessment of risk and the needs of the child.

3.22 Unless permission has been given to share the report, health reports and documents must be identified as restricted Information. A Data Protection request to the appropriate trust could enable these to be shared.

## Information recorded in the personal record of another service user

3.23 Information contained in the record of another service user must not be used without the consent of that service user unless the information is relevant to safeguard a child, or an adult, to aid the prevention or detection of a crime, or is deemed in the public interest. The service user must always be informed if this is the case. Information should not be used for a different purpose than that for which it was given without the consent of the individual. The ‘Caldicott’ principles must be adhered to.

## Restricting access to case records to selected individuals

3.24 Restricting access to case records on Mosaic should be on an exceptional basis, as all employees are bound by information governance principles of only accessing information for a service reason and declaring any interest in a case. Files must be restricted when a serious case review is triggered, and if deemed appropriate when a Safeguarding Adults Review occurs.

3.25 When Children’s Wellbeing is working with a person employed by Herefordshire Council, or directly related to a person employed by Herefordshire Council, the case holding Team Manager should consider whether to restrict access to the relevant case records to maintain the confidentiality of the staff member.

3.26 Where an allegation of mistreatment or abuse of a child is made against a person employed by the council, or directly related to a person employed by the council, the case holding manager must consider whether to restrict access to the relevant case records to ensure the child remains safeguarded whilst the allegation is investigated in line with safeguarding guidance and working together procedures, and to maintain the confidentiality of the staff member.

**Appendix 1 – Recording Standards**

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

*Children’s Services case recording policies and procedures, the resulting case records and access to them, are part of service to users and carers.*

1. Each child and young person who is a service user has a separate case record.

2. Service users and carers are informed of Children’s Services policies on case recording.

3. Service users and carers are helped to understand the purpose and content of their case record and are invited to contribute towards it.

4. Service users are informed of their right to access to their case record and of the procedures for doing so.

5. The views of service users and carers are evident on case files and can be related to the sequence of decisions taken and arrangements made.

6. Case records contain details of when service users and carers have seen and been offered and/or given copies of papers.

7. Service users and carers are informed about decisions and outcomes of requests for service.

8. Service users and carers receive written copies of their assessments and care plans, and are kept informed at all stages.

9. Service users and carers are encouraged and supported in reading their records, correcting errors and omissions, and recording personal statements, including any dissent.

10. The Children’s Services policy on open access is published, third parties are informed of it when giving information and their agreement to sharing the information with service users is sought.

## STANDARD 2 RECORDING PRACTICE

*The quality and content of case recording reflects both good professional practice and Children’s Services policy and guidance.*

1. The content of case records is sufficient to give an account of all significant aspects of the work undertaken.

2. The record demonstrates the interaction between social care practice and what is written down. Quality of recording (i.e., how items are recorded and stored) meets good professional practice and follows Children’s Services policies and guidance.

3. Content of case records reflects good professional practice and accords with Children’s Services policy and guidance.

4. Case records contain detailed assessments and care plans at an appropriate level.

5. All contributions to assessments and care plans, including disagreements and their resolution, are recorded (i.e., from service users, carers, other professional etc).

6. All decisions are recorded, including who made those decisions, when and for what reasons.

7. Papers for which open access cannot be achieved are easily identifiable within the case record.

## STANDARD 3 PRINCIPLES AND PURPOSES OF CASE RECORDING

*The purposes of case recording, together with underpinning principles and legal requirements, are set out in the policies of the Children’s Services.*

1. The Children’s Services has clearly stated a belief that good case recording is central to good social care practice.

2. The Children’s Services has a written policy which covers all issues relevant to service user records and the principles underpinning them.

3. The Children’s Services uses an ICT strategy and policy which complements the general policy on case recording.

4. Children’s Services policy includes statements on access and confidentiality.

5. Children’s Services policy complies with the General Data Protection Regulations and the Data Protection Act 2018.

6. The Children’s Services has agreed protocols for relevant information exchange with other public and independent agencies.

7. Children’s Services policy states expectations of the accuracy and quality of records, including style, content and use of language.

8. The Children’s Services has a policy on the videotaping of interviews, including their safe storage and access, and the requirement that their existence is noted on written case records.

9. The Children’s Services publicises its policies on case records including access by service users and exchange of information with other agencies.

10. There is a policy on the destruction of records that takes account of the specific legal requirements for each service user groups.

## STANDARD 4 CONTRIBUTIONS TO CASE RECORDS AND SHARING INFORMATION FROM THEM

*The Children’s Services has guidance on, and systems for, receiving contributions to case records from external sources, and the appropriate sharing of information from them.*

1. Children’s Services arrangements provide for relevant people/agencies to contribute to case records and Children’s Services guidance covers the use to be made of such contributions.

2. In all settings a record is made of work done with a service user, and arrangements exist for recorded information to reach that service user’s main case record.

3. There is evidence to show that information received is evaluated, and its relevance assessed, whenever possible in agreement with the person giving the information.

4. Arrangements for information gathering are made in partnership with persons requiring a service, and (where appropriate) their carers.

5. The circumstances and ways in which information will be shared with other people and agencies, who can demonstrate a need to know, are clearly stated in written guidance.

6. Written guidance states that case records show when information has been shared.

7. Service users, and their carers where appropriate, are always asked, and in specific circumstances told, when information about them is to be shared, and the reasons why.

8. Relevant information about service users is made available to providers prior to the delivery of service or support.

9. Relevant records are transferred to another area or local authority at appropriate times when a service user or family moves.

## STANDARD 5 EQUAL OPPORTUNITIES IN RECORDING PRACTICES

*Children’s Services requires and ensures that good practice in equal opportunities is reflected in the case record.*

1. Children’s Services issues guidance regarding the need for case records to reflect good practice in equal opportunities, and how this should be done.

2. Case records reflect anti-discriminatory practice and demonstrate sensitivity to the needs of all people in the community.

3. Case recording identifies special needs arising from ethnicity, race, culture, gender, age, religion, language, communication, sensory impairment, disability and sexual orientation.

4. Children’s Services promotes access to records for service users with language and communication needs.

5. Case records contain information which is routinely gathered for monitoring and planning purposes, and to promote good equal opportunities practice.

## STANDARD 6 MANAGEMENT ARRANGEMENTS

*Management arrangements ensure practice of case recording meets accepted good professional standards, and the policy and procedural requirements of Children’s Services.*

1. Children’s Services provides guidance for staff on good professional standards of case recording, and on implementing Children’s Services policies on case records.

2. Responsibility for ensuring the quality of case recording has been clearly identified to specific types or levels of manager.

3. Managers are aware of all Children’s Services policies and guidance on case recording, they ensure that staff have direct access to them and written copies are kept in an easily accessible place.

4. Case records are used effectively by managers and practitioners to plan work with service users, to aid the assessment and decision making processes, to monitor practitioners’ involvement with service users, and to monitor progress of care plans.

5. Managers ensure that staff have appropriate development and training opportunities to learn about good professional recording standards, Children’s Services policies and guidance and how to put them into practice.

6. Managers ensure that practitioners achieve good professional standards and adhere to Children’s Services policies and guidance, by routinely monitoring the quality of case records and efficiency of case recording practice.

7. Aggregated needs identified in case records are systematically monitored and used to inform the planning of services.

8. Managers ensure the secure storage of case records and other confidential information, and their destruction in accordance with guidance and legal requirements.

# Appendix 2 – Recording Proformas

## Arrangements for recording a face to face contact

Arrangements for recording face to face contacts (this can be used to print several copies to carry round with you to use as a writing pad with prompts) If you would rather write or type straight onto the proforma the following page gives you the actual template.

Proforma (see following page):

* Date/time of contact;
* Type – e.g., home visit, office visit, supervised contact, assessment session;
* Place;
* Announced / unannounced;
* Purpose – e.g., initial assessment; S.47 enquiries; core assessment; review assessment; statutory LAC; statutory CP; review plan; monitoring/support; information-sharing;
* All persons present – including child(ren); adults from family; workers; other children/adults – state full names (when known); relationship and titles of professionals;
* Was the child(ren) seen? Alone?
* Observations of – home conditions; appearance/ interaction of child(ren); appearance/interaction of adults;
* Summary of – areas/issues discussed; relevant information shared; areas of agreement/disagreement
* Evidence of improvements/concerns;
* Outcome of contact – actions agreed; who will do what; timescale
* Views of parents/ relevant people involved with the contact
* Views of Child/Young person

**Recording Template – Direct Contact**

|  |
| --- |
| **Name of worker who made the contact and wrote this record:** |
| **Date/time of contact** |
|  |
| **Place:** |
|  |
| **Announced - Pre arranged** |
|  |
| **Purpose -/Type** e.g., home visit, office visit, supervised contact, assessment session.  Initial assessment visit |
|  |
| * **All persons present and each individuals relationship to the child/ren:** including child(ren); adults from family; workers; other children/adults – state full names (when known); relationship and titles of professionals; |
|  |
| **Was/were the Child(ren) seen? Alone?** ( Child to be seen and alone if appropriate if child subject to a CP plan or LAC plan during an IA or S.47, therefore if child was not seen during a statutory visit please explain why and what is the plan to see the child)? |
|  |
| **Observations: e.g. of home conditions, family dynamics, attachment.**  .  **Additional case notes.** |
|  |
| Summary of – areas/issues discussed; relevant information shared; areas of agreement/disagreement  . |
| . |
| **Evidence of improvements/concerns:** |
|  |
| **Outcome of contact/agreed actions:** actions agreed; who will do what; timescale |
|  |
| **Views of parents/ other relevant people:** |
|  |
| **Views of Child/Young person** |
|  |

## Arrangements for recording meetings

Pro-forma:

* Date and place
* Purpose/type
* Was the child/family/carer present? (with full names, relationships and titles if not in word document/ICS document)
* Agencies represented (with full names, relationships and titles if not in word document/ICS document)
* Summary of actions agreed and recommendations
* Decisions arising
* If a word document of minutes or an ICS report/record is made in respect of the meeting, this must be noted in the case note and saved in documents under the appropriate heading. A summary of the pro-forma must still be made in case notes.
* The chair is responsible for the recording of the meeting. The lead professional with authorisation to make a case note in Mosaicon behalf of Children’s Services is responsible for making the case note.

**Recording Template- meetings**

|  |
| --- |
| **Name of worker who made the contact and wrote this record:** |
| **Date and place** |
|  |
| **Purpose/type:** |
|  |
| **Was the child/family/carer present? (with full names, relationships and titles if not in word document/ICS document)** |
|  |
| **Agencies represented (with full names, relationships and titles if not in word document/ICS document** |
|  |
| **Summary of actions agreed and recommendations** |
|  |
| **Decisions arising** |
|  |

## Arrangements for recording actions/decisions

Managers must record:

Acceptance of a referral/transfer of case responsibility/ and reason for case closure

Financial/resource decisions, including if accepted/not accepted with reasons and options

Timescale decisions

Supervision actions/decisions

Care planning decisions

Workers must record:

Decisions made by other agencies/professionals affecting the child

Decisions/actions/agreements made with the child; family and/or carers

Discussions and agreements reached with other professionals/agencies/colleagues to share information, action or plans/assessments for the child

Decisions/recommendations arising from meetings relating to the child

Any case discussion with a manager outside of supervision

# Appendix 3 – Dealing with Documents

Before uploading any document, Managers and staff are required to consider the following questions:

1. Does the document provide a significant contribution to the assessment, review of service?

If NO - then record receipt of the document in case notes and add the information contained in the document to the appropriate episode as necessary. The paper copy can now be destroyed.

If YES - then record receipt of the document in case notes and add the information contained in the document to the appropriate episode as necessary, and then attach it to the record.

If the answer to Question 1 is YES, then Questions 2, 3 and 4 should also be considered.

2. Is the document the original?

If NO - then once it has been attached to the record it can be destroyed.

If YES - then consider Question 4.

3. Has the document come from another agency or Department?

If NO - then consider Question 4.

If YES - then once it has been attached to the record, it can be destroyed.

4. Might the document be required as evidence by the Court?

If NO, or not likely – then once it has been attached to the record it can be destroyed.

If YES, or even maybe – then once it has been attached to the record, the paper copy can be kept on either the current service user paper file if there as an existing one, or maintained in a central filing system.

**Accessing Documents**

The process of adding a document to the record is simple, and one which can be carried out by the worker themselves or in conjunction with Business Support. However, in order to easily identify the document once it has been added to the record requires attention to detail at the time of adding.

Always use the file-naming procedure set out in Appendix 5.

The documents are listed on the system under the following headings:

DOCUMENT – this field is automatically filled with the name of the document as it appears on the local drive. This cannot be changed once it has been added to Mosaic. Once on the system, this name can only be changed by request through the Mosaic Support Team. Therefore it is important that before attaching the document, the name is changed to something more appropriate and saved before it is attached. For example, the name of the service user may appear in the title on a report on the local drive, but this is not necessary, but more detail of the type of report or meeting and date would be more helpful.

TYPE – this field is added to the list automatically and will indicate whether it is a Word document (.doc), Excel spreadsheet (.xls) etc.

CLASSIFICATION – this field is chosen from a drop-down list by the member of staff adding the document to the system, and is the only thing that can be changed once a document has been added to the system.

DATE – this is the date the document is added to the system and will be added automatically. If, for example, if it is helpful for the date of a document to be added to the list of documents, e.g., for a review meeting, then this should be included in the document title. Documents will all be listed in one place, accessible through the “document” button on the left-hand side of the service user’s front screen. Also, within key steps there is a separate “documents” listing, so where a document is received as part of a particular process, e.g., a letter concerning a referral or assessment, then the document should be added to the system within that steps. In that way, the document will be readily identified in a shorter list of documents, although documents can be retrieved from either list.

There are two tabs in Mosaic for documents; “Forms and Letters” are system-generated documents, and “Attachments” are documents such as correspondence that are not generated ny the system.

Once in the system, it will not be possible to amend or delete the record, and access will be limited to workers with appropriate worker roles. The classification of the document, e.g., report or letter, can only be changed by clicking on the pencil at the side of the listed document.

If the document has been put onto the incorrect service user’s record, or if the title needs changing, this will only be able to be carried out by a member of the Mosaic Support Team in ICT Services.

Do not put personal details of service users in ICT Service Desk requests; raise a request with the Mosaic ID and if required email the Mosaic Support Team with further details.

# Appendix 4 – Retention Schedule

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***CHILDREN AND FAMILIES (CF)*** |  |  |  |  |  |
| **Code** | **CHILD PROTECTION** | **Storage Format** | **Special Processes** | **Retention Period** | **Action** | **Reason for Retention** |
| CF1. | Case files for children on Child Protection Register | E, P | None | 40 years | Destroy | Operational |
| CF2. | Section 47 enquiry records | E, P | None | 40 years | Destroy | Operational |
|  | **CHILDREN IN PUBLIC CARE** |  |  |  |  |  |
| CF3. | Child on Care Order/accommodated by Herefordshire | E, P | None | 75 years | From date of entry to care | Operational |
| CF4. | Herefordshire looked after child leaving the County | E, P | None | 75 years | From date of entry to care | Operational |
| CF5. | Child looked after by another authority but supervised by Herefordshire | E, P | None | 3 years from closure | Then pass back to originating authority. | Operational |
| CF6. | Notification of children looked after by other authorities placed with carers or in independent establishments in Herefordshire | E, P | None | 3 years | Destroy | Operational |
|  | **FOSTER CARERS** |  |  |  |  |  |
| CF13. | Approved Foster Carers | E, P | None | 10 years | After ceasing to foster | Operational |
| CF14. | Applications refused/withdrawn | E, P | None | 3 years | From closure of file | Operational |
|  | **OTHER WORK WITH CHILDREN AND FAMILIES** |  |  |  |  |  |
| CF15. | Child supported under Section 17 of the Children Act | E, P | None | 10 years | From date of closure if not subsequently part of another record | Operational |
| CF16. | Child with disabilities | E, P | None | 75 years | Destroy | Operational |
| CF17. | Child supported by Family Centre | E, P | None | 5 years | After closure, when the child is no longer in receipt of services from the Family Centre, their file should be united with the fieldwork file | Operational |
| CF18. | Child privately fostered | E, P | None | 25 years | Destroy | Operational |
| CF19. | Notification of individuals with a Schedule One allegation (offences against children) including discharge from prison | E, P | None | 60 years | Destroy | Operational |
| CF20. | Notification from other Authority of Missing Person | E, P | None | 3 years | Unless advised to keep longer by referring Authority | Operational |
| CF21. | Miscellaneous Papers/Referrals | E, P | None | 3 years | Not leading to any service | Operational |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***CHILDREN AND FAMILIES (CF)*** |  |  |  |  |  |
| **Code** | **ADOPTION** | **Storage Format** | **Special Processes** | **Retention Period** | **Action** | **Reason for Retention** |
|  | **CHILDREN PLACED FOR ADOPTION** |  |  |  |  |  |
| CF7. | Adopted Children including step-parent and non-agency adoption | E, P | None | 100 years | Commencing from date of adoption order | Operational |
|  | **ADOPTED ADULTS** |  |  |  |  |  |
| CF8. | Adoption Counselling documents (Schedule 2) | E, P | None | 100 years | Retain for time remaining on Adoption file | Operational |
| CF29. | Intermediary Request | E, P | None | 25 years | From Date of Application | Operational |
|  | **ADOPTIVE APPLICANTS** |  |  |  |  |  |
| CF9. | Applicants approved | E, P | None | 100 years | Send to Archives Services | Operational |
| CF10. | Applicants refused | E, P | None | 100 years | Send to Archives Services | Operational |
| CF11. | Applications withdrawn | E, P | None | 25 years | From date of withdrawal | Operational |
| CF22. | Adoption Support | E, P | None | 25 years | Destroy | Operational |
| CF23. | Special Guardianship Orders | E, P | None | 100 years | From Date of Order | Operational |
| CF25. | Birth Parent Counselling | E, P | None | 25 years | From Date of Counselling | Operational |
| CF26. | Miscellaneous enquiries not resulting in further action after initial visit | E, P | None | 25 years | From Closure of Enquiry | Operational |
| CF27. | Miscellaneous enquiries not resulting in further action and without an initial visit | E, P | None | 6 months | From Closure of Enquiry | Operational |
| CF28. | Notification of children placed for adoption in Herefordshire, by other local authorities | E, P | None | 18 years | From Notification | Operational |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **FINANCE (F)** |  |  |  |  |  |
| Code | **ACCOUNTANCY/FINANCIAL** | **Storage Format** | **Special Processes** | **Retention Period** | **Action** | **Reason for Retention** |
| F1. | Abstract of accounts | E, P | None | 6 years + current year | Destroy | HCFR |
| F2. | Budgetary control records | E, P | None | 6 years + current year | Destroy | HCFR |
| F3 | Costing records | E, P | None | 6 years + current year | Destroy | HCFR |
| F4. | Financial ledgers | E, P | None | 6 years + current year | Destroy | HCFR |
| F5. | Grant claim records | E, P | None | 6 years + current year | Destroy | HCFR |
| F6. | Journals etc | E, P | None | 6 years + current year | Destroy | HCFR |
| F7. | Record re closing ledgers | E, P | None | 6 years + current year | Destroy | HCFR |
| F9. | VAT claims | E, P | None | 6 years + current year | Destroy | HCFR |
| F11. | VAT records | E, P | None | 3 years + current year | Destroy | HCFR |
| F12. | Estimate working papers | E, P | None | 2 years | Destroy | HCFR |
| F13. | Investment records | E, P | None | 2 years | Destroy | HCFR |
| F14. | Leasing records | E, P | None | 2 years | Destroy | HCFR |
| F15. | Telephone call records | E, P | None | 2 years | Destroy | HCFR |
| F16 | Request for Payments – E 1’s | E, P | None | 6 years + current year | Destroy | HCFR |
| F17 | Finance Files (Closed/deceased cases) | E, P | None | 6 years + current year | Destroy | HCFR |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Code** | **BANK RELATED RECORDS** | **Storage Format** | **Special Processes** | **Retention Period** | **Action** | **Reason for Retention** |
| F19. | Bank reconciliation | E, P | None | 6 years + current year | Destroy | HCFR |
| F20. | Bank statements | E, P | None | 6 years + current year | Destroy | HCFR |
| F21. | Cheque books and counterfoils | P | None | 6 years + current year | Destroy | HCFR |
| F22. | Paid cheques | P | None | 4 years | Destroy | HCFR |
| F23. | Cancelled cheques | P | None | 2 years | Destroy | HCFR |
| F24. | Cheque lists (creditors/payrolls) | E, P | None | 2 years | Destroy | HCFR |
| F25. | Loan records and correspondence | E, P | None | 2 years | Destroy | HCFR |
| F26. | Returned cheque records | P | None | 2 years | Destroy | HCFR |
|  | **CREDITOR RECORDS** |  |  |  |  |  |
| F27. | Credit Notes | E, P | None | 6 years + current year | Destroy | HCFR |
| F28. | Creditor Invoices | E, P | None | 6 years + current year | Destroy | HCFR |
| F29. | Periodic Payment Records | E, P | None | 6 years + current year | Destroy | HCFR |
| F30. | Copy Order | E, P | None | 2 years | Destroy | HCFR |
| F31. | Delivery Notes | E, P | None | 2 years | Destroy | HCFR |
| F32. | Imprest Documentation (e.g. petty cash) | E, P | None | 2 years | Destroy | HCFR |
|  | **INCOME RECORDS** |  |  |  |  |  |
| F33. | Cash Books | P | None | 6 years + current year | Destroy | HCFR |
| F34. | Correspondence (income) | E, P | None | 2 years | Destroy | HCFR |
| F35. | Debtor Accounts (records non-current) | E, P | None | 2 years | Destroy | HCFR |
| F36. | Income posting clips and tabulations | E, P | None | 2 years | Destroy | HCFR |
| F37. | Periodic income records | E, P | None | 2 years | Destroy | HCFR |
| F38. | Receipt Books | E, P | None | 2 years | Destroy | HCFR |
| F39. | Record of receipt books issued | E, P | None | 2 years | Destroy | HCFR |
| F40. | Registrar’s quarterly returns | E, P | None | 2 years | Destroy | HCFR |
| F41. | Sales Records | E, P | None | 2 years | Destroy | HCFR |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Code** | ***ADMINISTRATION (ADM)*** | **Storage Format** | **Special Processes** | **Retention Period** | **Action** | **Reason for Retention** |
|  | **MISCELLANEOUS RECORDS** |  |  |  |  |  |
| ADM2. | Departmental Management & Team Minutes, all General Meeting | E, P | None | 3 years | Destroy | Operational |
| ADM3. | Flexi Time Sheets | E, P | None | 1 year | Destroy | Operational |
| ADM4. | Sickness Absence Records | E, P | None | 6 years + current year | Destroy | Operational |
| ADM5. | Return to Work & Self Certs | E, P | None | 6 years + current year | Destroy | Operational |
| ADM6. | Inland Revenue Documentation | E, P | None | 6 years + current year | Destroy | HCFR |
| ADM7. | Inventory Records | E, P | None | 6 years + current year | Destroy | Operational |
| ADM9. | Travel Claims | P | None | 6 years + current year | Destroy | HCFR |
| ADM10 | Car Leasing & Mileage Records | P | None | 3 years + current year | Destroy | HCFR |
| ADM11 | Car Loans | E, P | None | 3 years + current year | Destroy | HCFR |
| ADM12 | Capital Works Tabulations | E, P | None | 2 years | Destroy | Operational |
| ADM13 | Computer System Documentation | E, P | None | 2 years | Destroy | Operational |
| ADM17 | Postal Remittance Registers | E, P | None | 2 years | Destroy | HCFR |
| ADM21 | Stock Lists | E, P | None | 2 years | Destroy | Operational |
| ADM22 | Vehicle Logs | P | None | 2 years | Destroy | Operational |
| ADM23 | Internal Requisition (e.g. printing) | E, P | None | 1 year | Destroy | Operational |
| ADM24 | Diaries (inc. occurrence books) | E, P | None | 6 years | Destroy | Operational |
| ADM25 | Blue Badge paperwork (from April 2004 under Customer Services) | E, P | None | 3 years + current year | Destroy | Operational |
| ADM26 | P of P Records | E, P | None | 5 years | Destroy | Operational |
| ADM27 | RIDDOR Forms | E, P | None | 7 years | Destroy | Operational |
| ADM28 | Supervision notes | E, P | None | 6 years | Destroy | Operational |

# Appendix 5 – File Naming Procedure

Every electronic document saved during the course of council work should be given a meaningful name that gives all users an indication of the file contents and that is understandable both now and in the future.

Document names should not be excessively long. To reduce the name length, the required elements may not need to be repeated if they are already present in the folder names above. Whether elements are repeated will depend on whether the document will be referred to out of context, for example uploaded to the intranet where it would need a fuller title.

The ordering of elements, including the choice of element to go first, should be decided in advance by each team depending on how records are usually accessed and so need to be arranged within folders – alphabetically, numerically or chronologically.

After a short period of use, the framework will soon become second nature and will save time spent thinking ‘what should I call this?’

***3.1 Elements***

1. **Date – YYYYMMDD**

**E.g. 20121026**

* + Putting the date first in this format will ensure that documents are listed in date order. This makes it easier to dispose of records in line with the relevant retention schedule.
  + The date should refer to the date of creation of the document, or date of receipt if externally created. For folder names, the date may be taken from the date the last document is added or some other means of closing the file, so that the disposal date can be easily determined (for example, 6 years after last document added).

1. **Subject**

**E.g. sickness absence, budget**

* + The subject should describe the main topic of the document and could be, for instance, an action, project, organisation or place name.
  + It is a useful ‘at a glance’ description of the contents.
  + If a document has been externally received, the source should be included.

1. **Focus or activity**

**E.g. monitoring, correspondence**

* + This should give context to the subject, describing the main purpose of the document.

1. **Type of document**

**E.g. report, procedure, minutes**

* + This should be the style or format of the document.

1. **Version control**

**E.g. v0\_01 draft, v0\_02, v1\_0**

* + All versions should have the same title, only the last digits should be changed to indicate the status of an updated document.

***3.2 Format***

1. Use only Aa-Zz, 0-9.
2. Use underscores to separate words. Any character that is not a letter, number, dash or underscore should not be included in a filename. This is particularly important if the document is being uploaded to the web
3. Do not use abbreviations, acronyms, or internal jargon.
4. Do not use personal names or include any confidential information.
5. Use lower case for all words.

**4. Examples**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  **YYYYMMDD** | **Subject**  **1-2 words** | **Focus**  **1-2 words** | | **Type**  **1-2 words** | **Version**  **vX.XX** | |
| **20121029\_** | **file\_naming\_** |  | | **procedure\_** | **v0\_01** | |
| 201210\_file\_naming\_procedure\_v0\_01.doc | | | | | | |
| **20130326\_** | **FromHealth\_** | **medication\_** | | **routine** |  | |
| Letter from client’s GP regarding medication | | | | |  | |
| **20130214\_** | **assessment\_** | **Initial\_** |  | |  | |
| 20090626\_assessment\_intial.doc | | | | | |  | |

# Appendix 6 – Hand Written Notes Guidance

**Introduction**

Hand written notes are documents in their own right and therefore their creation, usage, security, storage and disposal must adhere to the organisational guidelines on records management to ensure that all information is properly managed.

Notes created within the Children’s Wellbeing Directorate may be used as evidence in court cases, therefore all hand written notes must be complete, legible, accurate, relevant and timely.

**Taking notes**

* Notebooks must be issued specifically for the purpose. Notebooks should be in a good state of repair, not torn and without unnecessary staples or tape.
* Should you write in pen or pencil? Any notes that could possibly be used as evidence in court or in criminal proceedings or related to child protection or protection of vulnerable adults should be written in indelible, photo-copiable ink.
* Be aware we may share our notes with the user after writing them, or after writing them up; for example, they may make a subject access request using their right under Data Protection Act to see personal data that we hold about them.
* Make sure all entries are tidy, legible and comprehensible.
* Write facts and where an opinion is recorded, ensure that it is clear that it is an opinion.
* Do not rely on your memory. Make sure all entries are clear and unambiguous.
* Make sure all communication with the client and / or any third parties are clearly recorded. Record who was there, and what happened / what was done.
* Make sure details such as places, names, etc are spelt correctly.
* If appropriate, make sure that the social history, including home circumstances, is clearly documented.
* Make sure all entries are correctly dated and timed.
* Make sure you have signed all entries with an identifiable signature.
* Keep any other documentation such as post-it notes.

**Writing up notes**

* Write up your notes in Mosaic within the timeframes for areas to which the notes relate below:

Child protection – within 24 hours (working days)

Adult safeguarding – within 24 hours (working days)

Home visits and statutory visits – within 2 working days

Looked After Children - within 2 to 3 working days

Core Group / Case Conferences - within 2 to 3 working days

Minutes of Meetings - within 2 to 3 working days

Where notes are not required to be entered into a form in Mosaic, and need to be kept, they can scanned and uploaded as a document provided they are legible.

* Write up the notes as an accurate transcription, without embellishment, although additional information can be added if relevant. If additional information is added after the time of writing up this should be clearly shown as a later addition.
* Be aware that notes will be audited.
* Consider how you will store your notes between taking them and writing them up. Consider any associated security and access implications. Are the notes confidential? Who will require access to your notes? Make sure that if you store your notes in a secure place such as a locked cabinet, and that other staff members know where to find them if you are taken ill.

**Keeping written copies of the notes**

Keep the hand written copy of the notes if any of the following conditions apply:

* The notes were not written up within the timescale.
* The note(s) contain any information that may be required to use as evidence in court or in criminal proceedings, for example, if it recorded a crime taking place.

Paper notes to be kept should be placed in the Modern Records Unit and a note made on Mosaic that they exist.

**Destroying written notes**

Hand written notes remain the property of the organisation(s) until destroyed.

Unless the categories in the above section apply, the written notes must be securely destroyed (in a cross-cut shredder or using another method of confidential destruction approved by your line manager) once they have been written up to Mosaic.

**Checklist for Written Notes**

|  |
| --- |
| **Taking notes**   * **Use notebooks and pen** * **Remember notes may be seen by the person you are writing about** * **Write facts and state if you are giving your professional opinion** * **Record who was there, and what happened / what was done** * **Check spelling of names** * **Sign all entries and include the date and time** |
| **Writing up notes**  **Write up your notes in Mosaic within the timeframes below:**   * **Child protection – within 24 hours (working days)** * **Adult safeguarding – within 24 hours (working days)** * **Home visits and statutory visits – within 2 working days** * **Looked After Children - within 2 to 3 working days** * **Core Group / Case Conferences - within 2 to 3 working days** * **Minutes of Meetings - within 2 to 3 working days** |
| **When should I keep written notes?**   * **When the notes were not written up within the timescale.** * **When the notes contain any information that may be required to use as evidence in court or in criminal proceedings, for example, if it recorded a crime taking place.**   **Otherwise, destroy the notes securely once the written record**  **has been verified** |

# Appendix 7 – Where to Save Records in Mosaic

|  |  |
| --- | --- |
| **Record type** | **Where to save in Mosaic** |
| **Assessments** | Save in documents |
| **Emails** | Save the email in case notes (where possible the last in the email thread) |
| **Referrals** | Save in documents (scanned copy if necessary) |
| **All contacts** | Record as a case note |
| **Minutes of Meetings** | Save in documents |
| **Letters** | Save in documents unless LADO or Adoption letters then save in appropriate episode |
| **Complaints (not LADO)** | Case note indicating where complaint documents can be obtained |
| **Audits** | Case note indicating date of audit and where audit document can be obtained |

# Appendix 8 – Email Guidance

**Sending secure emails**

Always send sensitive information (such as personal data, commercially sensitive information, etc) securely by email.

Sending sensitive information

* Use a GCSX secure email if the recipient has a government standard secure email account (if they do, their email address will contain “gcsx.gov.uk”, “nhs.net”, “pnn.gov.uk”, “cjsm.net”, “gsx.gov.uk”, “gsi.gov.uk”, “gse.gov.uk” or “Cjx.gov.uk”).
* If no secure email account is held by the recipient, and they are in the council, CCG, Wye Valley NHS Trust, 2Gether or Hoople, password protect the document containing the information and telephone the recipient to give them the password, or use Egress.
* If no secure email account is held by the recipient, and they are in another organisation, use Egress.

**Things to remember when sending emails:**

* Ensure you are sending the email to the correct person, check the email address before you send it.
* Do not put personal and/or sensitive information in the subject line or body of the email. This must be placed in an attachment.
* Use delivery and read receipts to check that information has been received.
* Emails must be classified appropriately. If it contains sensitive information, it should be marked “OFFICIAL SENSITIVE” in the subject line.
* Check that the information is going to the appropriate person authorised to see it before sending it – avoid sending the information when you ask, “Is this for you?”
* Only send information on a need to know basis.