



Emergency Duty Team Operating Procedures and Practice Guidance

This document is the Children's and Young People's Service and Adult and Health Services Emergency Duty Team's Operational Guidance Handbook. It contains information on the role of the Emergency Duty Team (EDT); the procedures for EDT staff and the arrangements between the EDT and day services in both Children's and Adults Services.

LEGISLATION, REGULATIONS AND GUIDANCE

- Children's Act 1989
- The Children Act 2004
- The Children Act 2004
- Working Together to Safeguard Children 2018
- DH Assessment Framework
- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- NHS and Community Care Act 1990
- Direct Payments Act 1996
- Delayed Discharges Act 2003
- Carers and Disabled Children Act 2004
- Mental Health Act 1983
- Mental Capacity Act 2005
- Mental Health Act 2007

RELATED DOCUMENTS

- Durham Children's Services Procedures Manual
<http://www.proceduresonline.com/durham/cs/index.html>
- LSCB Child Protection Procedures
<http://www.proceduresonline.com/durham/scb/>
- Working Together to Safeguard Children 2018
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- County Durham Family Outcome Framework
<http://www.durham-lscb.org.uk/professionals/early-help-and-neglect/toolkits-and-guidance-for-practitioners-single-assessments-and-early-help/>
- 0-19 Level of Need Guidance
<http://www.durham-lscb.org.uk/wp-content/uploads/sites/29/2016/06/0-19-Level-of-Need-Final-2016.pdf>

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1. INTRODUCTION

1.1 VALUES AND PRINCIPLES

The Emergency Duty Team (EDT) provides a range of emergency social care services out of hours to members of the public and other agencies to ensure that Durham County Council's statutory social care obligations are met.

The Emergency Duty Team aims to respond to enquiries from professionals and members of the public covering a range of social care issues including;

- Safeguarding children and vulnerable adults
- Mental health
- Older persons
- Physical and learning disabilities

Effective service is based upon each enquiry being assessed and responded to appropriately.

Safeguarding children enquiries and requests for Mental Health Act Assessments are given the highest priority.

EDT works as part of a 24-hour single 'front door' service to ensure that children and vulnerable adults are safeguarded within County Durham.

The EDT aim to provide services which are sensitive to the needs of the service users and their carer's.

The EDT work in partnership with service users, carers and other agencies and consults with service users throughout the team's involvement to ensure they deliver a quality service.

Service users are treated with dignity and respect. The EDT endeavours to provide services which are appropriate to service user needs and wishes, in relation to issues of disability, age, gender, sexual orientation, culture, race, language and religion.

EDT will obtain feedback from service users through quality assurance questionnaires or by means of any comments, suggestions or complaints received about the service.

Services provided are in accordance with The Human Rights Act 1988.

1.2 A GUIDE TO THE ROLE OF THE EMERGENCY DUTY TEAM

Durham EDT staffing is set out below:

- First Contact and Prevention Operations Manager
- EDT Team Manager
- 2 Senior Practitioners
- 6 Social Workers
- 3 Social Worker Assistants
- Administrative support

The core team is assisted by a group of sessional social workers, recruited from day time teams to help at times of peak demand, which also shares and enhances mutual understanding and knowledge.

EDT Service

The EDT Social Workers carry out statutory duties to protect children and vulnerable adults, as well as supporting people through other difficulties, and meeting urgent social care needs. An assessment of need is carried out which enables the team to arrange any appropriate emergency provision. This can include;

- Provide information, advice and guidance
- Assess and provide interventions on an emergency basis
- Contact other professionals/agencies where necessary, who can assist in the resolution of problems
- Provide a range of services to ensure the safety and welfare of service users, pending further assessment and follow up by our day time colleagues

2. THE ROLE OF EDT

The EDT works to provide support to a variety of stakeholders and service users including;

- Services for children, young people and families
- Older people
- Mental Health
- Sensory Loss and Physical Disability
- Learning Disabilities
- Substance misuse
- Missing from home

2.1 Support provided to children and their families

The team provides;

- Intervention to children and young people in need of protection or support to promote their health and welfare in accordance with Durham LSCB Child Protection Procedures
- 24/7 support to children and young people within their families through close links with colleagues from the day time teams
- Accommodation for children considered to be at risk of significant harm
- Advice and assistance to young people who are at risk of being missing from home

2.2 Support provided to older people and people with a physical or sensory disability

EDT assists people to remain in their own home whenever possible. This can include;

- Modifying existing home care packages, and providing emergency home care
- Provide emergency temporary residential care, or nursing home care for those at high risk at home
- Providing support to carers
- Liaison with GP's, district nurses, hospitals and rapid response services to meet the needs of those in need

2.3 Support to people with a learning disability

EDT can assist people to live independently in their own homes, provide support to maintain placements, and to assist to resolve crisis situations, wherever possible. This can include;

- Provide support to service users and their carers/families
- Arrange temporary respite care in the event of a crisis
- Liaison with care providers, medical practitioners and other relevant professionals to meet the changing needs of the service user when problems occur

2.4 Support to those with mental health difficulties

EDT provides help and support to people living in the community and can signpost other appropriate services. These include;

- Undertake Mental Health Act Assessments
- Telephone support and counselling

2.5 Support to those with drug and alcohol problems

EDT provides advice and support as well as signposting to other services. These include;

- Referral to departmental and voluntary organisations offering specialist advice and services
- Liaison with GP's, Community Psychiatric Nurses, Psychiatrists, Crisis Resolution Teams and hospitals

2.6 Support to those with housing or accommodation problems

EDT provides advice and support to people with housing and accommodation problems and can signpost to other appropriate services. These include;

- Telephone advice
- Referral to the relevant council homeless officers
- Liaison with accommodation providers
- Mediation with family and friends to negotiate alternative accommodation or provide conflict resolution to prevent family breakdown

2.7 Support to those fleeing domestic violence

EDT provides advice and support to people who are experiencing domestic violence. This can include;

- Maintaining the safety and well-being of all parties
- Telephone advice to signpost other specific services
- Assistance to arrange a place of safety including, when appropriate, safe conveyance
- Mediation with family and friends to provide alternative accommodation
- Liaison with alternative accommodation providers

2.8 Support to young people who are or are at risk of missing from home

EDT provides help and support to young people who are thinking of, or who have run away. This includes;

- Provide advice and support
- Signpost to information
- Mediation service and help to return home
- Where appropriate, somewhere safe to stay

2.9 Contacting the Team

EDT operates outside of office hours and can be contacted from Monday to Thursday – 5.00 pm - 8.30 am, from 4.30 pm on Friday's until 8.30 am the following Monday.

- Telephone number is 03000 267979
- E- mail address is EDT@durham.gov.uk and edt-gcsx@durham.gcsx.gov.uk

3. EDT - CHILDREN AND YOUNG PEOPLE'S SERVICES

3.1 Safeguarding Children referrals

Where there is a safeguarding concern in respect of a child(ren);

- Duty social worker needs to gather essential information from referrer including;
 - ✓ Details of concern
 - ✓ Identifying any other child at potential risk
 - ✓ Referrer's involvement with child
- Duty social worker to make further checks i.e.
 - ✓ SSID checks
 - ✓ CP list
 - ✓ Paris checks
- Duty social worker should make initial decision regarding action;
 - ✓ Determine levels of risk, is child safe now? Is any immediate action required?
 - ✓ If needed consult CP procedures and record accurately rationale for decision
 - ✓ Analysis, risk assessment
- If immediate, police welfare visit is appropriate
 - ✓ Contact Police Control 0345 6060365, request welfare visit giving details of concern, request incident number and feedback
- If strategy decision required;
 - ✓ Liaise with relevant police colleagues when children have been made subject to police powers
 - ✓ Make arrangements for where/how strategy discussion should be held
 - ✓ Duty social worker to complete strategy discussion form
 - ✓ Ensure copy of strategy given to appropriate persons
 - ✓ Record any task which locality may need to undertake i.e. completing agency checks, arranging debrief
- Referral to be completed. If child subject to Police Powers of Protection Prevention e-mail needs to be sent to Legal Department;
 - ✓ Duty social worker needs to ensure the safety and welfare of the child
 - ✓ If appropriate, information leaflet should be given to parents/carers
- Contact Senior Manager on call.

3.2 Children in Need Referrals

Concerns about a child or young person;

- Duty social worker needs to gather essential information from referrer including;
 - ✓ The nature and details of the concern
 - ✓ The impact on the child/young person
 - ✓ The referrer's involvement with the child/young person's family
 - ✓ Any difficulties being experienced by family members due to domestic abuse, mental ill health, alcohol/drug misuse and/or learning disability
 - ✓ The duty social worker must place an emphasis on clarifying with the referrer any concerns about maltreatment and the associated risk factors in order to determine if urgent safeguarding is needed
 - ✓ Parental consent to the referral or the child's consent where appropriate
- The duty social worker needs to make a determination based on the information gathered to ascertain if a child's health and/or development may be impaired or the child is suffering harm and therefore immediate action is required
- The determination process takes into consideration;
 - ✓ Current presenting concerns and circumstances
 - ✓ Previous history
 - ✓ Any other available information
 - ✓ Risk factors/risk analysis
- In cases where immediate action is not warranted however a Single Assessment is required, information will be transferred to First Contact the following morning.
- In cases where it is unclear whether a Single Assessment is necessary because of insufficient information or a need to gather information from other Agencies is not available out of hours, the duty social should request First Contact Service to make further enquires.

3.3 Accommodating Children and Young People

- Children and young people should only be accommodated by EDT when their assessed needs clearly demonstrate that there is evidence that the child or young person would suffer significant harm if they remained in the family/carers home.
- When there is a need for a child to be placed out of the family home then enquiries should be made about any other potential family/friend carers before considering foster care
- When considering using family or friends then SSID and PNC checks should be undertaken to ensure this would be appropriate. Where there are no family/friends provision the duty worker will contact a foster carer on the EDT available list, taking care to match the needs of the child with the carer.

- If in exceptional circumstances a carer's approval needs to be exceeded this must be approved by the Senior managers supporting EDT, e.g. to accommodate a sibling group the extensions exemption forms are to be completed
- PIR must be completed in all cases where EDT makes a placement.
- Social workers should be physically present at the point the child is looked after in the placement. If police or others escort a child/young person to placement the EDT social worker should endeavour to attend as soon as possible to formally place the child
- EDT utilise a bank of Social Work sessional staff who will be called upon when required
- Arrangements should be made for Community Support Team/Volunteer Driver Service (dependent on child's needs) to collect the child or young person from the placement and escort them to the locality office, home or other appropriate destination
- Placement referrals should be e-mailed to locality teams and fostering teams

4. RELATIONSHIPS WITH DAY SERVICES

4.1 EDT Welfare Visits

- Visits undertaken by EDT will not replace visits by Social Work Teams. EDT cannot guarantee to visit on specific days/times, and there may be occasions when we meet the demands of our core business.
- Examples of situations where EDT visits would be appropriate include;
 - ✓ Checking potential "home alone" situations
 - ✓ Where there is risk that parents/carers may be under the influence of alcohol and drugs
 - ✓ Where there is a risk of inadequate or dangerous childcare arrangements
 - ✓ To check that a person who poses a risk to the child is not present. In these situations, EDT need a description of the person
 - ✓ To monitor where neglect may be an issue
- The visiting EDT worker will provide detailed recording, in cases of neglect, utilising the neglect toolkit
- Locality social workers will contact EDT duty social worker on the dedicated EDT Professionals line to discuss the request for a welfare visit and once agreed locality social worker will complete and e-mail a welfare request form to EDT attached as an (appendix 10.2)

4.2 Alerts

- Locality Team colleagues wishing to advise EDT of any particular concerns which may occur outside of office hours should complete SS413 Alert Form (attached) which should be faxed to EDT
- Colleagues should telephone EDT to confirm receipt of alert and clarify any complex issues
- Information which requires specific actions by EDT must always be discussed and agreed with the duty social worker at the start of the EDT shift
- Alerts sent to the EDT should be recorded on SSID, Alert written on top of the referral and placed in the ongoing tray for the shift
- If there is an ongoing concern Alert should be passed in Alerts tray whilst they remain relevant
- EDT staff must read alerts on a regular basis
- Once the alert is no longer relevant they are to be placed in completed tray for filing

- Case record will be kept in accordance with Department of Health guidance and legal requirements
- The use of abbreviations, symbols or language that is not clearly understood by service users should not be used
- Alerts form can be found in (Appendix 10.3)

5. CONFIDENTIALITY AND SHARING INFORMATION

All employees and agents who work for the Council are bound by a legal duty of confidence to protect confidential information they may come in contact with during the course of their work. This is not just a requirement of their contractual responsibilities but also a requirement of the common law duty of confidence and where this involves personal information, the Data Protection Act 2018 (DPA18). For some staff it is also a requirement of their professional code of conduct. See the [Duty of Confidence Code of Practice](#).

Staff should pay particular attention to ensuring consent to share information is clearly recorded on file. Where it has been necessary to share information without consent then the justification should be recorded and if possible authorised by Service Manager/Team Manager/Senior Practitioner.

Where appropriate the **DCC Data Protection policy** should be considered to facilitate effective information sharing. In addition, there are a series of **Caldicott** briefings that are circulated to all workers with helpful information and updates.

Where appropriate the **DCC Local Information Sharing Protocol** should be consulted with to facilitate effective information sharing.

5.1 Contacting Senior Managers/EDT Operations Manager

- The purpose of the Senior Managers supporting EDT rota is so that Directorate cover is available to EDT staff for those situations which necessitate a Senior Manager being available to share responsibility, endorse decisions and to receive information from EDT.
- EDT staff should contact senior manager on duty in the following circumstances;
 - ✓ The death or serious injury of a child brought to the attention of EDT
 - ✓ Notifiable events which will subsequently be notified to Ofsted and the Adult Inspectorate
 - ✓ Institutional or large scale Child Protection or Adult Protection issues
 - ✓ Any incident which would trigger civil contingencies (emergency planning) procedures
 - ✓ Alleged serious abuse or malpractice in any establishment linked to the County Council
 - ✓ A fire, flood or any significant event impacting on the operations of any establishment linked to the County Council
 - ✓ Death or serious injury of a member of staff or indication that a member of staff has failed to return home/or to the workplace and escalating action is underway
 - ✓ Death or serious injury of a service user

The above is not exhaustive and members of EDT will use their judgement when considering whether to contact Head of Adult, Wellbeing and Health Service.

EDT Team Manager and Operations Manager should be notified by email in all cases when EDT staff have contact Senior Manager on call or Head of Service.

5.2 Two Minute Risk Assessment

- A two-minute risk assessment should be completed before every community visit
- This includes regular welfare visits where the risk assessment should be completed before the first visit
- In the case of welfare checks, please check the risk assessment and amend accordingly if any new information comes to light
- Check SSID prior to a visit to obtain any available updates
- Team members should ensure the following;
 - ✓ When you go out ensure your colleagues know where you are going and log details using the Care Connect System
 - ✓ When out on visits please contact the office to update on your whereabouts and update details within the Care Connect System
 - ✓ Keep mobile telephone switched on to enable colleagues to contact each other
 - ✓ Team members should record visits in the log book

5.3 Security of Personal/Confidential Information - When working away from the office

- EDT social worker/assistant staff must read Caldicott Briefing No 8 and adopt the following procedures to ensure the security of information
- Personal information must not be taken away from the office unless it is considered absolutely essential to do so in the course of your work
- If Working at home agreement must be sought from Team Manager/Operations Manager before removing any identifiable confidential information from the office
- Any information contained on encrypted memory sticks must be relevant and deleted on a regular basis
- Any paper records including notes, referrals, PIR must be transported securely and not left on view in cars. Individuals not employed by EDT must not have access to information
 - ✓ Any situation of such seriousness that immediate disciplinary action in relation to staff may be necessary;
 - ✓ Any incident which would trigger high profile media interest
 - ✓ Any decision requiring to authorise an extension or exemption to a foster carer's approval

The above list is not exhaustive and members of EDT will use their judgement when considering whether to contact a Senior Manager for any other matter where advice or support is need.

- In addition to contacting the Senior Manager on duty, relevant Specialist Managers will require notification of the following;
 - ✓ The death or serious injury of a child brought to the attention of EDT
 - ✓ Notifiable events which will subsequently be notified to Ofsted
 - ✓ Institutional or large scale Child Protection Issues
 - ✓ Any incident which would trigger civil contingencies (emergency planning) procedures
 - ✓ Alleged serious abuse or malpractice in any establishment linked to Safeguarding and Specialist Services
 - ✓ Fire, flood or any significant event impacting on the operations of any establishment linked to Safeguarding and Specialist Services
 - ✓ Death or serious injury of a member of staff or indication that a member of staff linked to Safeguarding and Specialist Services has failed to return home/to workplace and escalating action is underway
 - ✓ The death or serious injury of a service user linked to safeguarding and Specialist Services
 - ✓ Any situation of such seriousness that immediate disciplinary action in relation to staff may be necessary
 - ✓ Any incident which would trigger high profile media interest

The above list is not exhaustive and members of EDT will use their judgement when considering whether to contact Head of safeguarding and Specialist Services.

- In addition, the Head of Adults, Wellbeing and Health Service will require notification of the following;
 - ✓ The death or serious harm to an existing service user of Adults, Wellbeing and Health Service under suspicious circumstances
 - ✓ Any issue where there is potential for significant risk of harm, to an existing service user of Adults, Wellbeing and Health Service
 - ✓ Death or serious injury of a member of staff, or indication that a member of staff linked to Adults, Wellbeing and Health Service, has failed to return home/to workplace and escalating action is underway
 - ✓ Any incident warranting press attention e.g. serious injury, accident in relation to a member of staff or service user, flood, evacuation, etc. in relation to any establishment linked to Adults, Wellbeing and Health Service

6. EDT - ADULT AND HEALTH SERVICES

6.1 EDT Guidance about mental health issues

Section 136

The purpose of this guidance is to provide EDT not AMHP workers with a basic understanding about the law and what is expected of them in the event that they receive information about a service user detained under s136 in the absence of an AMHP.

The Law

Four conditions must be fulfilled before the police take action under s136 MHA;

- ✓ The person must appear *to the officer* to be suffering from a mental disorder
- ✓ The person must be in a 'place to which the public have access'
- ✓ The person must appear *to the officer* to be in immediate need of care or control
- ✓ The *officer* must consider it necessary to remove the person in their own interests or for the protection of others

The phrase 'a place to which the public have access' (s136(1)) is not defined under the MHA, but has been considered by case law. A public place could include a public highway, a railway platform, a public house during opening hours or the landing of a block of flats, providing there are no barriers or notices restricting access. Legal interpretation suggests that an Accident and Emergency (A&E) Department waiting area would come within the scope of a public place. It should be noted that it does not include private premises such as a front garden (where members of the public only have access by virtue of being visitors to private premises).

S136 authorises the person's detention for up to 72 hours; the local protocol recommends that an assessment be initiated within 4 hours of the person being detained so information seeking is a priority if an AMHP is absent.

6.2 Acting on receipt of information

EDT will be informed about a service user being detained under s136 from a number of contact points;

- ✓ Detaining Police Officer
- ✓ Police Communications
- ✓ Crisis Resolution Team
- ✓ Standing in Nurse at Hospital where service user is or will be detained

Starting point;

- ✓ Has officers detained the patient under s136

There have been many occasions where Police have not used this power to detain and instead either inform the service user that they may use this or the service user is happy to be seen on a voluntary basis and officers are simply bringing them to the hospital

- ✓ Name and address of the service user/their normal place of residence
- ✓ Location of the place of safety

If the service user is a Durham resident and has been taken to any hospital in Durham or Darlington the Durham EDT will progress. If the service user is a Darlington resident and taken to a Darlington Hospital (DMH or West Park) then Stockton EDT will progress.

Information required;

- ✓ Reason for detention
- ✓ Ethic origin/language/religion
- ✓ Any other services involved
- ✓ Any names and contact details for family/significant others?
- ✓ Name of GP
- ✓ Is the service user fit for interview?
- ✓ Is there any alcohol or substances involved?
- ✓ Is there any risk of violence?
- ✓ Has the service user been seen by a doctor? (FME or Consultant Psychiatrist)
- ✓ Has there been any medical recommendation by a doctor?
- ✓ Is the service user asking to leave?
- ✓ Will the service user cooperate in assessment process?
- ✓ Do police need to restrain the service user?
- ✓ Does the referrer know if the service user is known to mental health services?
- ✓ Does the service user have a PARIS number?
- ✓ Did the service user commit any other crimes before or after detention?
- ✓ Information requested by Police

Police are usually requested to stay with the services user however, in some circumstances after a risk assessment has been carried out between the police and place of safety staff and the risks are deemed to be such then police can leave.

Depending on work load usually at least an hour to 3 hours, on call psychiatrist need contacted and in many cases section 12 doctor found and arranged. Information requested by place of safety staff nurse in charge at the 136 suite.

An on call consultant can assess and discharge the section 136 if he or she believes that the service user is NOT suffering from a mental disorder. However, an AMHP must assess if there is evidence of a mental disorder and only then can the 136 be discharged.

6.3 Arranging Residential Placements for Older People

- When EDT receive a request for residential care for an older person, social worker should assess a person's needs. Placements should only be made in cases of high risk.
- EDT social workers will explore possibility of family providing support.
- EDT social workers will explore possibility of arranging home care provision to enable a person to stay in their own home.

- If a person is unwell then they must be seen by a GP prior to arranging any placement.
- Service user must be told that there may be a financial assessment involved in provision of residential placement.
- When assessment indicates a residential placement is required to ensure the safety of a person then County Durham Establishments must be approached before going to the private sector. (updated information held in EDT)
- An emergency care plan must be provided to the Care Home (see attached pro forma)
- Transport for service user. Family members should be approached first to take their relative to the placement. If this is not possible then transport should be arranged through Urgent Care, Out of Hours Service GP.
- Referral should be coded "Ass" and sent as high priority to the relevant Integrated Team the following working day.

6.4 Food Parcels/ Gas Electricity

- A service user may contact EDT requesting food or stating they have no gas or electricity due to no money to put on gas/electricity cards. This may be for a number of reasons: not received benefits, lost or stolen money.
- In such cases where a service user is deemed vulnerable, i.e. they have a learning disability, mental health issues, or have children then EDT can provide food parcels.
- EDT does not give money to service users.
- When staff arrive at the service users home they should check the food stocks and gas/electricity meter balances. If it is determined that gas and electricity top up is needed, staff should take the keys/cards to the nearest shop and top up then return these to the service user.
- Staff should provide receipts and update petty cash.
- Information should be recorded on SSID as a message.

7. RECORD KEEPING

7.1 Accurate and relevant recording (detailed consideration)

Information recorded must be accurate and relevant and the content of case records will include: -

- Verifiable and factual information.
- Descriptions of direct observation by the worker.
- Wishes, feelings and views of service users.

In each case any non-factual information must be clearly identified and recorded in a separate sentence or paragraph to factual information.

Unsubstantiated and attributable information will be recorded on the service user record only if it is judged to be of current or possible future significance. The standing of this information must be absolutely clear. Attempts should be made to check its accuracy as quickly as possible and to record the results.

All decisions must be recorded, indicating who was involved in the decision making, what information was taken into account and the reason for the decision.

Where there is unresolved disagreement with a service user recorded facts, note this and record the service user's views.

There will be occasions where 'detailed' recording will be required and is likely to be used to cover what might be seen as significant events e.g. Child Protection or Safeguarding Adults. It should be borne in mind that even where a detailed recording is required, this should still be as concise as possible.

The closure/transfer of any case should be clearly recorded and any recommendation(s) for further action must be clearly recorded.

At the point of closure/allocation to another team/service within Children & Young People's Services and Adults, Wellbeing & Health the record should be in good order and in such condition that the essential details of the EDT involvement with the service user can be clearly and easily seen.

The decision to no longer provide a service and close a case should be recorded and the EDT worker must ensure that the record is in good order.

EDT worker is responsible for ensuring the case record is kept to the required standard and complies with the policy and procedural guidance on the case records, care management procedures and meets statutory requirements.

Recording is an integral part of the services we provide to users and carers. It is an essential component of gathering information, analysis and decision making and a means by which staff can justify, explain and be accountable for their actions. The importance of good accurate case recording was defined by the DH Social Services Inspectorate, 'Recording with Care' (1999):

'Good case recoding helps to focus the work of social services department's 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 change and provides an essential tool for managers to monitor work. It becomes 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.'

The White Paper (2006) 'Our Health, Our Care, Our Say,' highlights the move towards greater transparency in the services we provide, offering more choice and control to users of services. Our records need to evidence that we are meeting these expectations. This guidance sets out a framework to recording, identifying key principles and reflecting core values that staff working across the directorate need to consider.

7.2 Policies and principles

Record keeping will be central to the process of assessment, decision making, service planning and delivery and is an integral part of the service to service users and carers.

It is recognised that good recording supports good practice in a number of ways: -

- Supports effective partnerships with users and carers
 - Assisting continuity when workers are unavailable or change
 - Provides documented evidence and account of the department's involvement with an individual service user
 - Providing evidence for planning and allocating resources at an individual and strategic level
 - Facilitating reflection, analysis and planning
 - Supporting the formulation of risk assessments and risk management plans
 - Supporting supervision and professional development
 - Recording that the practitioner and agency have met the expectant standards of social care.
1. Records will clearly show the nature of involvement with service users, what decisions have been taken, by whom and on what basis.
 2. Service users and carers are helped to understand the purpose and content of their case record and are invited to contribute to it.
 3. Service users and carers are informed about decisions and outcomes of requests for services, receive written copies of their assessment and care plans, as well as being kept informed at all stages.
 4. Service users and carers are informed of their right of access to their case record and the procedures for doing so. Users are encouraged access to their personal records, if this is their wish, supported in reading their records, correcting errors and omissions and recording personal statements, including and dissent.
 5. Case records should identify issues arising from ethnicity, race, culture, gender, age, religion, language, communication, sensory impairment, disability, sexuality and how these have been taken into account.

7.3 Recording standards

Each service user will have a separate case record.

Personal basic details (*i.e. name/dob/ethnicity/religion/nok/address/GP etc.*) will be clearly and accurately recorded at point of first contact; this will be regularly reviewed and updated as required.

Essential key components of every case record will ensure: -

- Every contact concerning service users is recorded.
- Any decisions taken are recorded and clearly identified
- That 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, care plans etc.) are supplied to service users and carers, other professionals.
- The wishes, feelings and views of the service user are recorded on file under clear headings
- The full name and date/time of the member of staff making the record are clearly identifiable at appropriate points.

7.4 Format of Records

Records will include information under heading or in the format/templates directed by Durham LSCB procedures/Adult Safeguarding procedures/ Mental Health Act assessment etc.

Each and every contact with the service user must be recorded. All entries should identify purpose of the visit, meeting or telephone contact, any action resulting from the visit, meeting or telephone contact should be recorded clearly.

Records will show that users and carers: -

- Have been consulted
- Have had their views recorded
- Have been informed of decisions and plans where the service user agrees to this information being disclosed or where the carer has significant involvement in their care.

Records must indicate appropriate authorisation from managers e.g. exemption from Fostering & Adoption, request for additional resources.

Note: where a decision has been reached which includes detail of legal advice received, this must form part of the record.

Key points about the content of records are that they must be: -

- Accurate and to the point
- Up to date

- Relevant
- Easy to read and in plain English
- Easily understood by the service user
- Included on the record before the end of the worker's shift

There must always be good reason for recording and continuing to hold any information on service users and third parties and workers must always distinguish between fact, judgement and unverifiable information.

The amount of information collected and recorded must be the minimum necessary for the particular purpose, but be complete, i.e. all essential information appearing to be relevant relating to a particular decision or purpose must be recorded.

8. CROSS BOUNDARY PROTOCOL

It is to be expected that the majority of cross-boundary issues will be resolved by discussion, against a background of mutual aid and co-operation between the authorities concerned.

The following protocol is intended to assist in the resolution of those situations, out of hours, where there is some disagreement between authorities as to who should take responsibility. This protocol does not prevent specific authorities from reaching individual agreements on cross boundary issues.

Throughout the protocol the following terms are used: -

Parent Authority - means the authority within whose boundaries the person ordinarily resides

Host Authority - means the authority within whose boundaries the person physically is when the situation arises which requires resolution.

The resolution of any difficulty will be informed by consideration of two principles:

8.1 General Legal Principle

This is driven by any legal power that a parent authority exercises over any of its residents, such as care order or similar under Children's legislation. In this case it is the parent authority's primary responsibility to manage the presenting difficulty.

8.2 Possession Principle

This is governed by the current whereabouts of the person. So where a person is present in a host authority and not subject, by virtue of the general legal principle, to any legal power from his/her parent authority then it will be the host authority's responsibility to manage to the presenting difficulty.

Any financial situation should be negotiated between host and parent authority in advance of any expenditure.

The discharge of parent authority responsibilities will not preclude making arrangements with a host authority for any actions taken on behalf of the parent authority.

An absolute key to resolution is good communication and the sharing of any relevant and necessary data.

9. EDT RESOURCES AND ORGANISATION

9.1 Rota

The EDT Senior Practitioner is responsible for drawing up the rota of working sessions for EDT staff with support from the EDT Team manager

The EDT operates outside of office hours and can be contacted from 17.00 - 8.30 am Monday - Thursday, from 16.30 on Friday's until 8.30 am the following Monday.

Shifts are organised so that 4 social workers are on duty during the busiest periods.

The shift patterns for the EDT have been reviewed and take account of European Working Time Directives and interests of Health and Safety guidance.

9.2 Annual Leave

Annual leave must be agreed by the Team Manager, giving as much notice as possible. However, requests for leave at short notice will be accommodated where possible, subject to exigencies of the service.

9.3 Sickness

Where a social worker is unable to start or complete a shift because of illness, they must advise the Team Manager by 10.00 am, who is responsible for arranging duty cover.

9.4 Working Arrangements

The EDT service will normally be provided by one or two social workers on duty together to ensure that a quick and appropriate response is made to all referrals and that referrals are dealt with in order of priority.

The social worker will take responsibility for managing the referrals made, consulting the on call manager when necessary. They will take decisions as to when it is appropriate to arrange for the client to be visited or whether the work can safely be dealt with by phone. All decisions involving expenditure of any resources will be documented for audit purposes.

It will be the aim of the EDT to speak to the person making a referral within thirty minutes of the referral being received. When this is not possible the EDT Coordinator will aim to ensure that the referrer is kept informed of the likely availability time of the EDT worker.

When one EDT shift is followed directly by another, the social worker should contact each other and appropriate to hand over any work, which needs completion, and to advise of any referrals, which may occur or recur. Handover procedures are in place.

9.5 Management Cover

A rota of senior officers ensures that advice and assistance is available to EDT officers at all times.

9.6 Supervision, Appraisals, Performance Management and Training

Supervision

Supervision is the name for the regular, planned and recorded sessions between staff members and their Line Manager. Supervision enables managers to monitor and support their employees' performance and to promote their professional development. Supervision usually takes place in a one to one meeting but may also be provided in a group setting. Supervision must be provided to ALL employees and operates alongside the Durham County Council (DCC) Corporate Appraisal process.

All practitioners within EDT will receive formal supervision in accordance with Durham County Council supervision and appraisal policy and Supervision frequency document. (SW1 form should be used)

This will amount to at least 9 supervision sessions every year along with one appraisal.

Each supervision should have an element of reflection, supporting the worker to solve problems, understand assumptions and integrate theory and knowledge into practice.

Supervision records should be typed and signed by both supervisee and supervisor.

Signed records should be stored on the person's individual file and the worker should have a copy.

The date of the supervision meeting should be recorded on My View as appropriate.

Workers should be encouraged to participate in group supervision so that they receive a minimum of 11 supervision sessions throughout the year.

Each supervision session will be completed on the SW1 Supervision Form

Appraisal

All staff within EDT will receive an annual appraisal:

<http://intranet.durham.gov.uk/Pages/PoliciesandProceduresDetails.aspx?ItemId=3788>

A performance appraisal is an opportunity for the employee and manager to meet to:

- Discuss job performance;
- Set specific objectives and targets in line with the council's vision and the priorities to be achieved over the coming year;

- Assess the current training and development needs, discuss support required from the manager;
- Discuss the achievement of objectives, targets and key performance indicators as well as competency development.

Appraisals should take place on a yearly basis

Both team manager and supervisee should prepare in advance of the meeting.

The appraisal should cover:

- An open discussion of the appraisee's duties;
- Staff care and wellbeing;
- A review of objects/targets;
- Review of behavioural competencies;
- Areas for development;
- An open discussion of how the appraisee is managed.

Appraisal records should be typed.

The appraisee should have time to make written comments on the form before it is signed by both supervisee and supervisor.

Signed records of appraisal should be stored on the appraisee's individual file and the appraisee should have a copy.

The date of the appraisal meeting should be recorded on My View as appropriate.

Completed appraisals should be randomly endorsed by Operations/Service Managers to ensure consistency.

Personal Development

Each worker should have a Personal Development Plan (PDP) outlined on the appraisal form. The development of the PDP should support:

- The objectives of the worker for the upcoming year;
- Development needs identified following case file audits;
- Development needs identified following observation of practice (where applicable);
- The development of each worker against the Durham County Council behavioural competencies.

Any parts of the PDP which require formal training should be discussed with Learning and Development.

Progression against should be reviewed regularly as part of supervision.

Additions to the PDP can be agreed as part of supervision.

9.7 Team Meetings

The EDT Service Manager will be responsible for ensuring that the Team Meetings are arranged at least once a month during normal office hours. EDT officers are required to attend all team meetings.

9.8 Quality Assurance

The EDT Service Manager will be responsible for developing and implementing a range of measures which ensure that the quality of the service provided by EDT is of a high standard and is routinely monitored. These measures will include the routine collection and analysis of agreed management information.

10. APPENDICES

Appendix 10.1

EDT Welfare Visits

1. This service is offered as an adjunct to core EDT business. We have limited capacity for welfare visits.
2. EDT welfare visits will be agreed at Initial or Review Child Protection Conferences when the Conference participants feel that out of hours monitoring would be helpful. The general principle is that visits would be appropriate in situations where children may be vulnerable outside of office hours.
3. Examples of situations where EDT visits would be appropriate include:
 - Checking potential "home alone" situations.
 - Where there is a risk that parents/carers may be under the influence of alcohol and drugs.
 - Where there is a risk of inadequate or dangerous childcare arrangements.
 - To monitor where neglect may be an issue.
4. The visiting EDT social worker or residential and community support worker will provide detailed recording, which will be inputted onto SSID in the usual manner by EDT admin colleagues. EDT information can be shared at Core Groups to help inform decision making and planning for the child.
5. The service will be time limited and the need for continuing EDT welfare visits should be considered at each Core Group. The Key Worker should contact EDT Team Manager to review EDT welfare visits monthly.
6. EDT have the capacity to work with approximately six families, dependent upon the complexity/frequency of visits etc.

Accessing the service

The referral process is as follows:

- CIN Social Worker will contact EDT Team Manager/Service Manager via EDT Admin between 14.00 - 16.00 Monday to Friday on telephone number **03000 262354**, if Team Manager/Service Manager not available they will endeavour to return the call on the next working day.
- EDT Team Manager/Service Manager will advise CIN Social Worker if we have the capacity to assist and if not will advise of the likely timescale for EDT to become involved. This information should then be discussed at the Initial or Review Conference.
- If EDT are able to assist, the CIN Social Worker should fax to EDT a completed **EDT MONITORING / WELFARE VISITS** form. EDT fax number is **03000 262960**
- EDT and CIN colleagues will review the arrangement after four weeks or within shorter timescales if appropriate.

NB! The **EDT MONITORING / WELFARE VISITS** form is separate to the **EDT ALERT** form!

A copy of the EDT Monitoring / Welfare Visits form is attached.

THIS FORM TO BE FORWARDED TO EDT ONLY AFTER DISCUSSIONS WITH

EDT MANAGER / SERVICE MANAGER

Contactable 1500 – 1700 03000 262354

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S SERVICE

EMERGENCY DUTY TEAM

TEL: 03000 267979

EDT MONITORING / WELFARE VISITS

CIN Social Worker

CIN Team _____

Tel No: _____ Fax No: _____

Visits agreed by:

CHILD/CHILDREN'S DETAILS

Name _____

Gender: _____ M / F

Date of Birth _____

SSID Party ID _____

Ethnic Origin _____

Address _____

Legal status of child _____

Name _____

Gender: M / F

Date of Birth _____

SSID Party ID _____

Ethnic Origin _____

Address _____

Legal status of child _____

Name _____

Gender: M / F

Date of Birth _____

SSID Party ID _____

Ethnic Origin _____

Address _____

Legal status of child _____

Name _____

Gender: M / F

Date of Birth _____

SSID Party ID _____

Ethnic Origin _____

Address _____

Legal status of child _____

Date/s and Category/s of CP Listing for each child _____

SIGNIFICANT OTHERS - Including Parents/Carers

Name	Relationship	Parental Responsibility	Address/ Telephone Number

SIGNIFICANT PROFESSIONALS / SERVICES INVOLVED

PURPOSE OF VISIT

PREFERRED TIME(S) / DAY OF VISIT AND FREQUENCY

CONTINGENCY ARRANGEMENTS I.E. ACTIONS TO BE TAKEN IN THE EVENT OF UNACCEPTABLE CIRCUMSTANCES REQUIRING REMOVAL OF CHILDREN

RISK FACTORS

TO A: CHILD/FAMILY MEMBERS

B: VISITING STAFF

ANY OTHER RELEVANT INFORMATION

Appendix 10.2

DURHAM COUNTY COUNCIL CHILDREN AND YOUNG PEOPLE'S SERVICE
EMERGENCY DUTY TEAM

ALERT/UPDATE

N.B Not requests for welfare visits

Total number of pages _____ Date/Time _____

TO Emergency Duty Team Fax 03000 262960
Tel Office Hours: 03000 262354
Tel Out of Hours: 03000 267979 professional line: 03000 260622

FROM

Name _____

Designation _____

Contact Details Tel: _____

Fax: _____

Current allocated worker (if different from referrer above) _____

Service User Details

Name _____

Date of Birth _____

SSID Party ID No _____

Ethnic Origin _____

Address _____

Contact No _____

Legal Status (Child) _____

Nearest Relative
(adult)

Significant Others

Name	Date of Birth	Relationship	Parental Responsibility	Address/Contact No

Significant Professionals/Services Involved

Summary Details (continue on additional sheets if necessary)

What do you anticipate will be the crisis/emergency need?
What actions have been taken so far to avert the circumstances?

What alternatives have you explored (e.g. relatives, placements, admission)?

What would you wish EDT to do in the event of a crisis occurring?

If you anticipate any legal action, please fax full details (e.g. evidence)

If you anticipate accommodation, please supply details

Who has been made aware of the alert to EDT (e.g. young people, parents, carers, other professionals etc?)

Any other relevant information (e.g. description details of missing person, description of persons not allowed to have contact)

