



Emergency Duty Team Operating Procedures

Updated January 2022

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>
- DSCP 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/>

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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. We will only respond to emergencies that cannot wait until the following day.

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:

- Strategic 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. We take appropriate action 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 DSCP Child Protection Procedures <https://www.proceduresonline.com/durham/scb/>
- 24/7 support to children and young people within their families through close links with colleagues from the daytime 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

INTERFACE 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.

4.2 Alerts

- Locality Team colleagues wishing to advise EDT of any particular concerns which may occur outside of office hours must do so via the professional's line number prior to leaving the daytime office. This must be recorded on the relevant system.
- 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 relevant system, 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)

3. 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.

3.1 Contacting Senior Managers/EDT Operations Manager

- The purpose of the Strategic Managers supporting EDT rota is so that Directorate cover is available to EDT staff for those situations which necessitate a Strategic Manager being available to share responsibility, endorse decisions and to receive information from EDT.
- EDT staff should contact the strategic 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 of 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 Service Manager should be notified by email in all cases when EDT staff have contacted the Strategic 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 the relevant system , for example Liquid Logic/ Acias, 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/Service Manager before removing any identifiable confidential information from the office

- 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

- In addition to contacting the strategic manager on duty, relevant 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

- 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

4. 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

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.

5. 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, indication who was involved on 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.

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 recording 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/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.

6. 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.

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

All staff follow existing policies for Social Work practitioners.

Personal Development Review (PDR)

All staff within EDT will receive an annual PDR and follow existing procedures.

9.7 Team Meetings

The EDT Team 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.

