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Practice Guidance for writing Social Circumstances Reports for Mental Health Review Tribunals and Managers' Hearings.

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Executive Summary

The aim of this document is to:

- Provide guidance to practitioners on the preparation and writing of Social Circumstances Reports (SCR) for Mental Health Review Tribunals (MHRT) and Managers Hearings.

The guidance sets out:

- The definition and purpose of SCR
- The legal context of SCR
- Clarity around who should write the report
- Clarity about what is in the report
- Tips from experienced KCC practitioners
- Tips for writing court reports

Key messages

1. A SCR is a legal requirement which will help the MHRT or Managers Hearing to make decisions affecting a person's life.

2. Joint working with Mental Health practitioners (MH practitioners) is the key to comprehensive and accurate SCRs.

Contents

1. Introduction

1.1 What is a SCR?

It is a report submitted to a MHRT/ Associate Hospital Managers (Hospital Managers) when a person with a mental health issue or with challenging behaviour associated with a learning disability or autism has been detained under the Mental Health Act (MHA) and their detention is under review with the possibility of it being discharged.

The SCR is an important document which analyses the interaction between the health and social circumstances of a person who has been detained together with the writer's knowledge of alternative care and support options, which may be available in the community. The SCR helps to paint a rounded picture of the person detained as a unique individual.

1.2 Are there different types of SCR?

Not so much different types of SCR as differences between the contents required for:

a) In-patients
b) Community Treatment Orders (CTOs)
c) Guardianship
d) Conditionally discharged patients

Please see Appendix 4 for definitions and Appendix 1 for full details of contents needed for each scenario.

1.3 What do SCR do?

They provide the MHRT/ Hospital Managers with 'hard' evidence of the person's circumstances if discharged from their detention, in particular, what medical, social care and other support will be available in the community. Together with this, they provide 'soft' evidence about the views of the Nearest Relative (NR) and non-professional others who play a significant part in the individual's care, the person's own views and an assessment of their strengths and positive factors.

In addition, the SCR provides the author's professional opinion on whether a legal framework is required to ensure the person receives the care they need either as an in-patient (e.g., MHA, S.3) or in the community (e.g., CTO).

1.4 What is the legal framework around SCRs?

A SCR was made a regulatory requirement in England under the Tribunals, Courts and Enforcement Act 2007.

In England, a SCR is a mandatory requirement in all cases, except MHA, S.2 cases, when it must be sent or delivered to the MHRT/ Hospital Managers if it *"can reasonably be provided in the time available"* (Tribunal Procedure Rules 32(5)(d)).

In England, the provision of information in mental health cases by the Responsible Authority and the Secretary of State for Justice is governed by the Tribunal Procedure (First-Tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 (the Tribunal Procedures Rules) and a Practice Direction issued by the Tribunal in 2008.

1.5 Tell me more about MHRT

The First-Tier Tribunal is established under the Tribunals, Courts and Enforcement Act 2007. This and the Hospital Managers Hearing are independent judicial bodies. Their main purpose is to review the cases of detained, conditionally discharged, and supervised community treatment patients under the MHA and to direct the discharge of any patients where it thinks it is appropriate. The MHRT also considers applications for discharge from Guardianship (MHA Code of Practice (CoP), S.12.3 although Hospital Managers don't.

Important

Even though the MHRT/ Hospital Managers' Hearing does not take place in a formal court and the panel will do all they can to keep things informal as well as accessible, it is nevertheless a court of law and a judicial process. As such, it should not be treated as simply a hospital meeting.

1.6 Who should write a SCR?

The CoP, S. 12.21 states that: *"where possible, reports should be written by the professionals with the best overall knowledge of the patient's situation."*

In many cases, this will be the LD/OPPD social worker /nurse because typically they will have a longer history of contact with the person whereas, the MH practitioner may only know the individual from the point they were admitted to hospital.

The author will need to present the MHRT/ Hospital Managers with sufficient evidence to support continuing liability to detention or a CTO. Clinical and social reports form the backbone of this evidence (CoP, S.12.05).

As the report writer has to present their report to the MHRT/ Hospital Managers, it is expected by the MHRT that they will be a registered member of staff (social worker/nurse).

In practice, medical reports will be submitted by the in-patient Responsible Clinician (RC) for detained in-patients and by the Community RC for people subject to a CTOs/Guardianship. SCRs will be completed by a practitioner from the responsible community team (LD/OPPD/ CAMHs) with support from the MH practitioner where necessary.

NHS England's contract with low to medium secure hospitals requires that the majority of the SCR is completed by the in-patient social worker. Therefore, only a *"facilities report"* i.e.: the part in the SCR that describes what accommodation, employment, education, leisure activities, meaningful day activities are either currently available or could be available is provided by the community practitioner.

This means that:

Although the lead professional is the MH practitioner the greatest part of the report is written by the practitioner who is dealing with the future care of the person and who, therefore, has a sound knowledge of all the options and opportunities available to them.

If the person detained is not known to you, then **the responsibility lies with the MH practitioner** to complete the report. It is however, good practice to offer support to the MH practitioner in order to provide a LD/OPPD practitioner perspective (communication, how to present information, etc.).

Joint working ensures the report is complete and as accurate as possible in order to help the MHRT/ Hospital Managers to make a decision.

1.7 Who has a right to see the SCR?

- The MHRT/ Hospital Managers. The MHRT is composed of a judge and two members, one of which will be a medical specialist. The judge will Chair the proceedings.
- The person detained. It is good practice for the author to go through the report with the individual and be honest and open about their recommendations prior to the MHRT/Hospital Manager's hearing.
- The NR (with the consent from the individual detained.)

- The individual's legal representative
- The professionals (such as RC, MH practitioner, nurse) involved in the care of the person detained.
- The Local Social Services Authority (LSSA) if subject to Guardianship

It is always best practice to check with the person who they want the information to go to and it is important to remember who will see it when writing it.

1.8 The role of the Approved Mental Health Professionals (AMHP)

AMHPs are mental health professionals (social worker, psychiatric or learning disability nurse, occupational therapist or chartered psychologist) who have undertaken an advanced course of training to equip them to undertake duties defined by the MHA and CoP and who have then been warranted by the LSSA to undertake these duties.

MHA S.13(1) describes the duty that LSSAs have, when they have reason to think that an application for admission to hospital or Guardianship may need to be made for someone within their area. In these circumstances it then has to arrange for an AMHP to consider the person's case on their behalf and decide whether the individual needs to be assessed under the MHA. If this is the case the AMHP then has to coordinate the assessment and to reach a decision in collaboration with others (doctors and NR), as to whether detention under the MHA is the appropriate response to the person's current needs. There is also a duty on the LSSA to make such arrangements if requested to do so by a person's NR (**MHA S.13 (4)**; CoP, S.14.36). AMHPs are also involved in the process of a person being detained under a CTO **(MHA S.17A)**, renewing and revoking this order.

AMHPs are currently operating from a centralised county wide service. The cases allocated to AMHPs to consider a MHA assessment can be from anywhere in the County and from a wide variety of groups. There is no age limit in relation to the MHA, the legislation applies to children through to older people and can include people presenting to services for the first time as well as known individuals. Although a young person has to be aged 16 or over to be subject to Guardianship. Learning Disability is included within the definition of mental disorder used by the **MHA S.1(2)** *"mental disorder"* means *"any disorder or disability of the mind".*

The AMHP involvement is limited to the MHA assessment process and subsequent admission to hospital (if this is what is required). As part of this they do produce a report ('MH1' uploaded on the KMPT Rio system) detailing the circumstances of the assessment and the rationale for the outcome. Their involvement does not extend beyond this and they are unlikely to have had prior involvement with the person.

The AMHP does not have a responsibility to write the SCR if a person appeals against their section and is not best placed to do so.

2. Guidance on writing the report

2.1 Is there a specific form/ template I need to use?

It is expected that the person writing the report will do so using the appropriate template published by HM Courts and Tribunals service:
https://www.gov.uk/government/collections/mental-health-tribunal-forms

Important:

If an existing report becomes out-of-date, or if the status or the circumstances of the person detained change after the reports have been written but before the MHRT/ Manager's Hearing takes place, the author of the report should then send to the MHRT/ Manager's Hearing an addendum addressing the up-to-dated situation.

2.2 What if the report contains information which should not be disclosed to the individual?

If you believe that some information in the report should not be disclosed to the individual concerned, then this information should be written on a separate sheet headed: *"Rule 6(4)* ***NOT TO BE DISCLOSED TO THE PATIENT"*** with the name of the person, time/date of the MHRT/Manager's Hearing and a written explanation attached as to the reasons for requesting non-disclosure. The criteria for this are *"serious harm to the service user or their mental health or another individual".* The MHRT/Manager's Hearing will ultimately decide what should be disclosed to the person.

All reports will, however, be made available to the person's legal representative, although that representative will be bound by any ruling of the MHRT/Manager's Hearing.

2.3 What happens if there are information gaps in the report that nobody can fill?

Be honest and say that, despite your best efforts to get the information, it has not been possible to do so.
Reasons for this might be:

- The person is currently too unwell to share their views/ hopes.
- This person is new to your services and you have only been involved in their care for a few weeks and do not yet have a full history as you are reliant on other professionals/people who know the individual to engage with you.

2.4 I do not have time to find out all the information required in the timeframe I have been given. Can I just write basic information?

No, you may not.

While realising that SCR writers are busy professionals, it is important that the SCR considers the information needed in the report above and complies fully with all the regulatory requirements.

A well-thought-out and structured SCR makes all the difference when a MHRT/ Hospital Managers' panel is trying to read and digest complex information in a limited time frame (sometimes having more than one hearing per day).

Failure to provide the requisite information presents MHRT/ Hospital Managers' panel with an incomplete picture of the person's aftercare needs and available community resources. This may lead to an adjournment and, in turn, may not only be stressful for the person concerned but delay them being discharged from detention, which is a breach of their human rights.

Please do not cut and paste details of old reports particularly if many pages are involved. Past history can be helpful but always consider whether a short summary will suffice or perhaps a chronology. Include key issues that evidence relevant behaviour in recent months or evidence of risks and the latest care plan.

Care plans should always be specific, have current end dates and accurately reflect the latest Care Programme Approach (CPA) planning/ review meeting.

2.5 I am a not a MH practitioner and, as such, do not feel I can comment on the person's clinical presentation, who should complete that part?

The short answer is: the MH practitioner (CPA Care Coordinator) who is currently involved in the person's mental health care.

While it is reasonable to be approached to complete a SCR where the individual is known to the team, it is best achieved as a joint document with the CPA Care Coordinator in order to cover all required areas of the SCR.

2.6 As the report writer, do I have to write recommendations?

Yes, because:

- You owe the person a duty of care both under the law and under your professional code of conduct.
- Your report helps the MHRT/Manager's Hearing to be in a position 'speedily' to decide whether or not detention is a proportionate response.

However, it is good practice to work jointly with the MH practitioner currently working with the person to check out your thinking so as to arrive at the best possible recommendations for the individual's future.

2.7. As the report writer, what happens if I cannot attend the MHRT/ Manager's Hearing?

Every possible effort should be made to attend the MHRT/Managers Hearings and priority should be given to ensure you are in attendance. If for any reason you cannot attend the scheduled hearing you should consult your senior/line manager to discuss in the first instance and ascertain whom would be best suited within your team to attend and take forward the case on your behalf.

Once this person has been established, full consultation and liaison/discussion should take place with the covering professional to ensure that all areas of the case are discussed and the covering professional has been issued with a copy of your report prior to the appeal date. It is important they feel comfortable to convey a comprehensive account of the case and have knowledge of your views regarding detention prior to representing you at the appeal. The covering staff member should be allowed access to the person's electronic record to gain insight to how the person has been managed prior to the appeal. Ideally this staff member will have some knowledge of the individual in question and ideally have met them prior to the appeal.

Failure to attend a hearing and /or to ensure that your replacement is appropriately briefed is likely to lead to the adjournment of the hearing. This is unacceptable conduct as it can lead to a person being detained longer than they would otherwise.

Failure to attend a Tribunal or to prepare a report within the given timescales will most likely lead to you be summonsed to attend a reconvened hearing and the Chief Executive and/or Director of Adult Social Services may also be summonsed to explain the reasons for the delay to proceedings. Failure to attend would be discussed with you in supervision and may lead to disciplinary action.

Appendix 1.

FROM:
PRACTICE DIRECTION; FIRST-TIER TRIBUNAL; HEALTH EDUCATION AND SOCIAL CARE CHAMBER

STATEMENTS AND REPORTS IN MENTAL HEALTH CASES (http://www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/Practice+Directions/Tribunals/statements-in-mental-health-cases-hesc-28102013.pdf)

Differences between the contents of required SCR for:

a) In-patients (non-restricted and restricted)
b) Community patients
c) Guardianship patients
d) Conditionally discharge patients

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
The report must: be up-to-date, specifically prepared for the tribunal and have numbered paragraphs and pages. It should be signed and dated. The sources of information for the events and incidents described must be made clear. This report should not be an addendum to (or reproduce extensive details from) previous reports, but must briefly describe the patient's recent relevant history and current presentation, and must include:	√	√	√	√

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
1. whether there are any factors that might affect the patient's understanding or ability to cope with a hearing, and whether there are any adjustments that the tribunal may consider in order to deal with the case fairly and justly.	√	√	√	√
2. details of any index offence(s) and other relevant forensic history;	√	√	√	√
3. a chronology listing the patient's previous involvement with mental health services including any admissions to, discharge from and recall to hospital;	√	√	√ And adds: "**and any previous instances of reception into guardianship"**	√
4. the patient's home and family circumstances;	√	√	√	√
5. the housing or accommodation currently available to the patient	√ **omits** "currently" and **adds:** "if discharged"	√	√	√
6. the patient's financial position (including benefit entitlements);	√	√	√	√
7. any employment or available opportunities for employment;	√ **Reads:** any available opportunities for employment"	√	√	√
8. any conditions currently imposed (whether by the	✕	✕	✕	√

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
tribunal or the Secretary of State), and the reasons why the conditions were imposed				
9. details of the patients' compliance with any past or current conditions	×	×	×	√
10. any conditions to which the patient is subject under Section 17B, and details of the patient's compliance	×	√	×	×
11. any requirements to which the patient is subject under Section 8 (1), and details of the patient's compliance	×		√	×
12. the patient's previous response to community support or Section 117 aftercare;	√	√	√ **BUT omits:** "or section 117 aftercare"	×
13. so far as is known, details of the care pathway and Section 117 after-care to be made available to the patient, together with details of the proposed care plan;	√	×	×	×
14. details of the community support or section 117 after-care that is being, or could be made available to the patient, together with details of the current care plan	×	√	√ **but omits :** "or section 117 after – care"	√
15. the current adequacy and effectiveness of the care plan;	√	√	√	√

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
	But reads: **"the likely adequacy etc…**"of the **proposed** care plan"			
16. whether there are any issues as to funding the current or future care plan and, if so, the date by which those issues will be resolved;	√ **But reads:** "the proposed care plan"	√	√	√
17. the strengths or positive factors relating to the patient;	√	√	√	√
18. a summary of the patient's current progress, behaviour, compliance and insight;	√	√	√	√
19. details of any incidents where the patient has harmed themselves or others, or threatened harm, or damaged property, or threatened damage;	√	√	√	√
20. the patient's views, wishes, beliefs, opinions, hopes and concerns;	√	√	√	√
21. The views of the guardian	**×**	**×**	√	**×**

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
22. except in restricted cases, the views of the patient's Nearest Relative unless (having consulted the patient) it would inappropriate or impractical to consult the Nearest Relative, in which case give reasons for this view and describe any attempts to rectify matters;	√	√ **But no mention of:** "except in restricted cases"	√ **But no mention of:** "except in restricted cases"	✗
23. the views of any other person who takes a lead role in the care and support of the patient but who is not professionally involved;	√	√	√	√ **But reads:** " the views of any partner, family member or close friend"
24. whether the patient is known to any MAPPA meeting or agency and, if so, in which area, for what reason, and at what level - together with the name of the Chair of any MAPPA meeting concerned with the patient, and the name of the representative of the lead agency;	√	√	√	√
25. in the event that a MAPPA meeting or agency wishes to put forward evidence of its views in relation to the level and management of risk, a summary of those views (or an Executive Summary may be attached to the report); and where relevant, a copy of the Police National Computer record of previous convictions should be attached;	√	√	√	√

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
26. in the case of an eligible compliant patient who lacks capacity to agree or object to their detention or treatment, whether or not deprivation of liberty under the Mental Capacity Act 2005 (as amended) would be appropriate and less restrictive;	√	×	×	√ **But reads:** "to their placement or treatment" and "would be more appropriate" and **omits "** "less restrictive"
27. whether (in Section 2 cases) detention in hospital, or (in all other cases) the provision of medical treatment in hospital, is justified or necessary in the interests of the patient's health or safety, or for the protection of others;	√	×	×	×
28. Whether it is necessary for the patient health or safety , or for the protection of others, that the patient should receive medical treatment and, if so, why;	×	√	×	×
29. Whether it is necessary for the welfare of the patient , or for the protection of others, that the patient should remain under guardianship and, if so, why;	×	×	√	×
30. whether the patient, **if discharged from hospital**, would be likely to act in a manner dangerous to themselves or others;	√	√ But reads: **If discharged from the CTO**	×	×

	In-patients	Community Patients	Guardianship patients	Conditionally discharged patients
31. whether the patient, **if absolutely discharged ,** would be likely to act in a manner harmful to themselves or others; whether any such risks could be managed effectively in the community and, if so, how	×	×	×	√
32. whether, and if so how, any risks could be managed effectively in the community, including the use of any lawful conditions or recall powers;	√	√ **But does not include:** "including the use of any lawful conditions or recall powers"	√	×
33. whether it continues to be appropriate for the patient to remain liable to be recalled for further medical treatment in hospital and, if so, why;	×	×	×	√
34. whether it continues to be necessary that the Responsible Clinician should be able to exercise the power of recall and, if so, why;	×	√	×	×
35. whether, and if so the extent to which, it is desirable to continue, vary and/or add to any conditions currently imposed	×	×	×	√
36. any recommendations to the tribunal, with reasons.	√	√	√	√

Appendix 2. Tips from experienced KCC practitioners

Pre-writing:

- Meet with the person detained and their representatives, make the first meeting informal. Getting to know the person and their family/ representatives without having an agenda –seek out their thoughts/ feelings and how they view their situation.

- Just keep in mind that most relatives want their loved ones to be safe.

- For formal meetings thereafter, depending on communication, involve Speech & Language, OT, Advocate/ IMHA – discuss the points that you wish to cover at the meeting. Seek advice on best ways to communicate i.e. via communication cards, bite size information, how long would the person be able to engage in the meeting – find out about the signs to look for if the person is likely to disengage/ feel overwhelmed.

- Build relationships with multi-disciplinary teams to obtain information which contributes to the report – the MDT will have information which will help provide a holistic view of the person which might not be in their reports.

- Obtain reports from the multi-disciplinary team with as much time as possible, so you are able to clarify any information that may be ambiguous.

- As well as knowing all about the individual from the MDT, get to know what support and services would be available in the community and how the person's needs would be met.

- **The key is knowing everything!** Being clear about social care processes, based on needs and risks; having a care and support plan on how you see the person's needs being met in the community. Discuss all options with your line manager and seek agreement as this will have cost implications.

- Your job is to hold all the pieces together, get the whole picture and make a very personal and real plan that will enable someone to have a good life in the community.

When writing:

- Remember that the social circumstance report is a legal document, the importance of being factual. Information from the MDT is from a medical model

– social care is social model; ensuring there is information that brings the person to life/ which makes the individual less abstract – within a report writing framework.

- To ensure your report is consistent – that you have a plan which is a working document and identify areas which could be subject to change. This could be related to not finding accommodation in that particular area, the provider recruiting staff – factors which could cause delays etc.

- Be honest and give details of all the issues you are facing to enable a discharge, what you are doing about those challenges and when you expect everything to be in place for the person to be safely discharged.

- Discuss your report/ your proposal with your line manager. Make sure the cost of your care package has been agreed.

After writing:

- Have someone else read through it for grammar, spelling and flow.
- Print it off to read it if reading off the screen is difficult.
- A more environmentally friendly version of the above is use Ctrl + Alt + Space Bar on highlighted text in Word for it to read aloud. The read aloud function can help you hear how the words may be conveyed by someone who doesn't know the way you wrote them; is it too harsh sounding or not descriptive enough?

The tribunal

- The people who make up the tribunal are very understanding and are grateful for the information you provide, so make sure you provide all the information they need to be able to make a judgement. This is your opportunity to see social justice in the making.

- Have respect for it, it is a formal process. Arrive on time and dress well. You will be told where to sit. You only speak when you are addressed so do not interject even if you disagree with what the psychiatrist is saying. You will have an opportunity to address that issue when it is your turn to speak.

- Make sure you debrief with a colleague/ line- manager.

As a social worker, you tend to focus on case notes, assessment and care and support plans. When you write an SCR, you have the opportunity to use all your knowledge, values and skills to actually do social work.

Appendix 3.

Guidance to Social Care Practitioners on writing Reports.

by Sage Patel, KCC Legal department. August 2014.

A. Introduction

1. This guidance is for professionals within social care at every level whether they are unqualified Social Care Practitioners, newly qualified Social Workers, experienced social workers or even Senior Managers. It is aimed at helping professionals to gain a clear and better understanding of their roles and responsibilities but also to appreciate the wider ambit of their duties both to their employer organisations and the judicial system.

B. Prelude

2. It is apparent that report writing does not feature as a key subject within the training and courses which social care professionals undertake as prerequisites to their social care careers. It does however become apparent once that individual enters the profession that report writing is an integral part of their role, as a record of their contribution and analysis of each individual case which they take charge of and as an effective and powerful tool in communicating those thoughts to others within and outside of their profession.

3. Different social care practitioners are governed by their own Codes of Practice and Conduct. It is paramount that those codes are adhered to. Whilst practitioners both remember and abide by those written Codes of Conduct which directly relate to their roles, they appear not to give too much value to the unwritten rules. Report writing is one of those discreet elements of a professional's role which is commonly forgotten and underplayed resulting in a lack of appreciation and acceptance of how important such an exercise is. Unfortunately, there is no known rule or guidance specific to social care professionals as to how they should produce their findings within reports.

There are, however, rules promulgated by the judicial system in particularly in the guise of the Civil Procedure Rules which are stated to be directed at experts.

C. Social Care Professionals are Experts

4. It is unfortunate yet understandable, given the general perception which social care professionals usually fall victim to as to why they feel undermined and sometimes devalue their work.

5. The media often portrays social care practitioners in a very negative light undermining their professionalism and treating them as scapegoats to any misgivings in the care of those who are in need of their support and services.

6. But these examples should not be a disincentive to professionals. In fact, it should give them all the more reason to apply more focus, diligence and passion to the work they do to discredit those general misconceptions of their profession. They should develop the confidence to be able to overrule those negative views created by those who do not recognise the value and importance of their contributions to society and to look upon themselves as professionals, as specialists and most importantly as experts within their field. If each social practitioner followed this philosophy and approach, then there is no doubt they will feel empowered and enabled to place themselves on the same footing as the typical independent court expert witness.

D. CPR Part 35 Experts

7. Part 35 of the Civil Procedure Rules (CPR) provides strict and prescribed guidelines for experts as to the format, style and substance of their reports. These guidelines are not only a model for good practice, but they are a clear indication of the court's expectations of what a report should look like.

8. We would strongly recommend that all social care practitioners read and understand Part 35 of the CPR so that they can ensure that their next report satisfies the criteria. A copy of Part 35 and its practice directions are found in http://www.justice.gov.uk/courts/procedure-rules/civil/rules/part35

E. What is a report?

9. A report is written for a clear purpose and to a particular audience. Specific information and evidence are presented, analysed and applied to a particular problem or issue. The information should be presented in a clearly structured format making use of sections and headings so that it is easy to locate and follow.

F. What makes an effective report?

10. There are two reasons why reports are used as forms of written assessment; these are to find out what you have learned from your reading, research or experience and to give you experience of an important skill that is widely used in the workplace and elsewhere.

11. An effective report presents and analyses facts and evidence relevant to the specific problem. You should ensure that proper references are made to those

sources which are used throughout so that the reader would both understand the source of your information as well as merit.

The style of writing in a report is usually less discursive than in an essay, with a more direct and economic use of language. However, when one is tasked with writing an essay they are always provided with a brief as to a specific focus for the writer by way of the specific questions set. A well written report will demonstrate your ability too.

G. What should an effective report include?

12. The social care practitioners report should be addressed to the court and not to the party from whom the professional has received instructions. If Kent County Council requests an individual professional to provide a report for the court then that professional should remember that he or she owes a duty to the court to provide a report based on facts and unbiased opinions supported by evidence.

13. The report must:

1) Give detail of the writer's qualifications.

2) Give details of any literature or other material which has been relied on in making the report.

3) Contain a statement setting out the substance or facts and instructions material to the opinions expressed in the report, or upon which those opinions are based.

4) Make clear which of the facts stated in the report are within the professional's own knowledge.

5) State who carried out any examination, measurement, test or experiment which the professional has used for the report, give the qualifications of that person and say whether or not the test or experiment has been carried out under the professional's supervision.

6) Where there is a range of opinion on the matters dealt with in the report –

    a. Summarise a range of opinions and;

    b. Give reasons for the professional's own opinion;

    c. Contain a summary of the conclusions reached;

    d. If the professional is not give an opinion without qualification, state the qualification and contain a statement that that professional understands their duty to the court and has complied with that duty.

7) When presenting the report to a court or tribunal the professionals report must be verified by a statement of truth in the following form as directed in the CPR.

'I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer'.

H. Preparation for an effective report

14. In order to produce an effective and well-structured report, preparation is a key factor and the professional should manage their time as efficiently and effectively as practicable and possible amongst their other work commitments. Writing reports can be made easy with forward planning. Social workers are required to provide running records which effectively are a form of a report. Whilst other elements of their roles may seem more important, it is imperative that any observations, findings and information gathered during a specific exercise should be recorded in a clear, detailed and comprehensive manner. If this is achieved, then it provides for a more accurate aide-memoire for the professional who would then later need to go on to write a fuller report based on that information.

15. It is advisable that the professional makes a record as and when it is practically possible during or immediately after the event in question. This will ensure that the information is accurate and reliable.

16. Structure is also a key element of effective report writing and using the simple model of any form of writing one should aim to have an introduction, middle and an end.

I. Report Structure

1. *Executive Summary:*

   The summary should provide an overview of the whole report so that it provides the reader with a clear idea of what the report contains, without having to read it in detail. It should include very briefly, the background and purpose of the report, the main points covered on the significant findings, conclusions and recommendations.

2. *Introduction:*

   The introduction should give the reader a clear idea of:

   - the purpose of the report,
   - what the background is,

- what the report should cover,
- how the information was collected,
- any limitations on the report.

An example of these are for instance a chronology of events, a contents and index page and a sources of information list which provides a full list of all of the sources upon which information in the report is based.

3. *Main section:*

   This is the body of your report which contains most of your information.

   It would include presenting your research findings to the reader, organising the information into smaller subsections and providing these sections with a heading. Make sure the information flows logically from one section into the next.

4. *Conclusion:*

   You must not introduce any new information here. This is a section in which all of the other strands of your report are pulled together drawing out the main points of the report in a brief summary and emphasizing the most significant points. The conclusion should be linked back to the purpose of the report as set out in your introduction.

5. *Recommendations:*

   This is where you would have the opportunity to suggest how things could be improved or progressed or what in your opinion would be the resolution to any identified problem. The recommendations must flow logically from your conclusions so that the reader can see the basis for your suggestions. Recommendations can be listed and numbered but it is important that they are realistic.

6. *References/Bibliography:*

   The reference would include all the sources of information to which the professional has referred in their report. The bibliography would provide a list of all the sources that the professional would have consulted but not necessarily referred to. This is the central reference to your list of information and which forms a crucial part of the evidence on which the professional has relied in their report.

7. *Appendices:*

Appendices are materials the professional would refer to which are not essential for the reading of the report. However they should accompany the report so that the reader can refer to them. Appendices would include tables, graphs, statistics and diagrams as mentioned in the report.

J. Practical tips for Report writing

- Allow enough time ahead of the court deadline;
- Work from your file records;
- Advisable to prepare chronology of events to work from;
- Consider purpose of statement issues to be addressed;
- Plan your report;
- Write in the first person i.e. 'I', 'me', 'my';
- Distinguish between facts, hearsay and opinion;
- Include all facts, favourable or otherwise – but remain balanced and fair;
- Use appropriate style – formal and professional, but not emotive language;
- Break your report down into numbered paragraphs;
- Avoid use of jargon;
- If you do use quotes then make sure that they accompany the details of the source of the quote;
- If you have to use abbreviations, set out the term in full first;
- Do not forget analysis, conclusion and recommendation;
- Keep date formats and spelling of names consistent;
- Any attachments (aka appendices or exhibits) should be properly numbered and referenced;
- Where possible try and support anything in your report with written evidence;

- Make sure that you conduct a proper and thorough spell check and grammar;
- Carefully and critically read your report – as if you were the Judge reading it;
- Number your reports so that the reader is aware of which version it is. If you have produced a first report and you go on to produce a supplementary one, refer to your earlier report to explain any developments since that report. (Avoid duplicating information in your subsequent reports).
- When making any record and producing your report ask yourself the questions who, what, why, where, when and how and make sure that your report answers those.

Appendix 4.

Definitions

Community treatment order: The legal authority for the discharge of a patient from detention in hospital, subject to the possibility of recall to hospital for further medical treatment if necessary. Community patients are expected to comply with the conditions specified in the community treatment order.

Conditional discharge: The discharge from hospital by the Secretary of State for Justice or the Tribunal of a restricted patient subject to conditions. The patient remains subject to recall to hospital by the Secretary of State.

Detention: Unless otherwise stated, being held compulsorily in hospital under the Act for a period of assessment or medical treatment.

Guardianship: The appointment of a Guardian to help and supervise patients in the community for their own welfare or to protect other people. The Guardian may be either a local authority or someone else approved by a local authority (a private guardian).