

9.1 Case file analysis - guidance for the local authority

1. Introduction

The primary purpose of analysing files is to assist SWIA to reach a valid judgement in respect of the following key questions:

- What key outcomes for people who use services have we achieved?
- What impact have we had on people who use services?
- How good is our delivery of key processes?

In addition, the overall quality of files (e.g. up to date recording which is fit for purpose) will also be analysed.

2. Sampling

The number of case files requested from the local authority will be determined by:

- the size of the local authority and
- issues arising from the advanced information.

Between 100 and 200 case records will be randomly selected from a range of categories (see below). The number and type of case files will be determined by the lead inspector, in consultation with the local authority co-ordinator. The lead inspector will ensure that a record of each stage of the sampling process is kept, including reasons for the sample size selected.

3. Files to be analysed

Representative selection of case files will be based on the following categories:

Adult Services (up to 100 case records)

- Older people (excluding older people with dementia), receiving residential / respite / short break services, or intensive domiciliary services (5 days per week or more)
- Older people with dementia
- People aged < 65 with physical disabilities
- People aged < 65 with sensory impairments
- People with mental health problems

- People with learning disabilities – vulnerable adults
- People with learning disabilities
- People in receipt of substance misuse services
- People seeking asylum.

Children and Families Services (up to 100 case records)

- Looked after and accommodated child or young person
- Looked after child or young person (excluding children looked after and accommodated)
- Young person leaving / has left care
- Child or young person with disabilities
- Child or young person on the Child Protection Register
- Child or young person in need – young carer
- Child or young person in need – other
- Carer of child or young person in need

The number to be read from each category will be determined by the lead inspector, who will have considered the results of the advanced information at that stage. In any event, a minimum of five files will be taken from each category.

4. Process

Please see the Timetable for Performance Inspection (Section 29) for the detailed timeline for case file analysis.

Step 1: Prior to the selection of case files for analysis, it will be necessary to obtain a full, comprehensive list of people receiving a service from the local authority. This will be requested as part of the advance information.

The lead inspector will ask for the names of up to six local authority file readers from the inspection co-ordinator. This number may be exceeded in the case of the larger local authorities. The group of file readers should be comprised of experienced practitioners and operational managers, working with a range of care groups.

Step 2: Information for case file sampling received.

Step 3: On the basis of the list of service users received, the lead inspector and the support manager will be responsible for selecting a representative sample, reflecting the areas which have been identified as being of particular interest during the initial phase of the inspection. At this stage, the lead inspector

may also request additional case files for some service users. For example, this might include the file of a foster carer with whom a child is placed or the case record from a service user's residential home or day centre.

- Step 4: The sample frame is sent to the local authority co-ordinator, who checks the accuracy and availability of the sample selected. If any case file is unavailable, the local authority co-ordinator may choose to remove a name and replace it with another one which reflects as closely as possible the characteristics of the case record originally chosen. The reasons for doing this must be clearly recorded and made available to the lead inspector.

In total, the local authority will have no less than 10, and no more than 15 working days to gather the files together for analysis – to be agreed between the lead inspector and local authority co-ordinator. This will be largely dependent on the size of the sample to be analysed.

- Step 5: Training on case file analysis will be provided by SWIA for local authority file readers. Alternatively, this may take place at the beginning of the case file reading – e.g. in large, rural or outlying local authorities.

In circumstances where some or all case records are held electronically, training should also be arranged by the local authority for file readers who are unfamiliar with the relevant computerised information system. Again, this may also take place at the beginning of the case file reading if circumstances dictate.

- Step 6: The local authority co-ordinator will ensure that paper copies of the requested case files are gathered in the agreed location, organised according to service user group. Secure storage must be made available for case files, close to the accommodation provided for inspectors to read files. Where applicable, the local authority will ensure that all file readers have access to electronic records.

- Step 7: Case file analysis begins.

If a file is required by the social work team during the case file analysis period, SWIA inspectors will ensure that it is read and returned as soon as possible. Files will not be taken off site and will be returned to teams immediately after the case file analysis.

5. Case file reading

In the process of reading and analysing case files, file readers will complete the case file analysis template, in accordance with guidance notes for file readers.

If, in the course of reading a file, a significant issue regarding the safety or welfare of an individual comes to light, the file reader must inform the lead inspector immediately.

9.2 Case file analysis - guidance note for local file readers

1. Introduction

- 1.1 The primary purpose of analysing case files is to assist SWIA to reach a valid judgement in respect of the following key questions:
- What key outcomes for people who use services have we achieved?
 - What impact have we had on people who use services?
 - How good is our delivery of key processes?
- 1.2 In addition, the overall quality of files (e.g. up to date recording which is fit for purpose) will also be analysed.

2. Evaluation

- 2.1 In order to achieve accuracy and consistency, a case file analysis template is applied. You will receive training in advance of carrying out file reading. In support of this, SWIA colleagues will provide support in the form of moderating completed file analysis templates, seeking to ensure that judgements are supported by the required type and level of evidence.

3. Completing the case file analysis

- 3.1 In normal circumstances, case files will be provided in paper format. There may, however, be instances where agreement has been reached between SWIA and the local authority for case material to be provided electronically. In such circumstances, you will receive guidance on how to access information on screen.
- 3.2 A case record analysis template must be completed for each file read.
- 3.3 In normal circumstances, you will be asked to scrutinise case material going back a period of 24 months. However, you may find it necessary to access case material further back in the file in order to make sense of more recent events, but the case file analysis template should only cover the last 24 months.

- 3.4 If, in the course of reading a file, a significant issue regarding the safety or welfare of an individual comes to light, the matter must be drawn to the immediate attention of the lead inspector.

4. □ Conclusion

Local file readers find that taking part in this exercise helps them, and their local authority, understand the quality assurance issues that SWIA inspectors are considering. They are also able to assist in the continuous improvement process within their local authority.

9.3 Case file analysis template

Check details

Template checked by	
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1. Basic details

1.1	Name of file reader	
1.2	Date read	
1.3	Local authority	
1.4	Office/ Area team holding case	
1.5	Case ID No.	
1.6	Age of person	
1.7	Gender	M / F
1.8	Ethnic status (indicate if not on file)	
1.9	Name of social worker / care manager	
1.10	Date file first opened (even if unallocated)	

2. Details of case type

The questions in section 2 refer to the primary service user, even where the person named on the cover of the file is different.
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Adult services	Tick one
2.1 Adult aged > 65 with dementia	
2.2 Adult aged > 65 with mental health problems	
2.3 Adult aged > 65 (other designation – please specify)	
2.4 Adult aged < 65 with a physical disability	
2.5 Adult aged < 65 with a sensory impairment	
2.6 Adult aged < 65 with mental health problems	
2.7 Adult with learning disabilities – designated as a vulnerable adult in need of protection	
2.8 Adult with learning disabilities	
2.9 Adult in receipt of substance misuse services	
2.10 Adult < 65 (other designation – please specify)	
2.11 Carer – looking after an adult	
2.12 Adult seeking asylum	
2.13 Criminal Justice	

NOTE: The list of children and family services is overleaf.

Children and families services		Tick one
2.13	Child looked after at home (home supervision)	
2.14	Child accommodated under section 25	
2.15	Looked after and accommodated child	
2.16	Young person receiving a child care service from throughcare and aftercare (or equivalent).	
2.17	Child with disabilities	
2.18	Child on the child protection register	
2.19	Child in need – young carer	
2.20	Child in need – other	
2.21	Carer of a child in need	

Current accommodation type		Tick one
2.22	Own tenancy	
2.23	Supported tenancy	
2.24	Owner occupier	
2.25	With parents	
2.26	With relative/ kinship carer	
2.27	Foster carer	
2.28	Care home	
2.29	Hostel	
2.30	Residential school	
2.31	Homeless	
2.32	Secure care	
2.33	Other (please specify)	

3. Case recording

		Circle one
3.1	Is the recording continuous with no significant gaps?	Yes / No
3.2	Is this level of recording appropriate and in keeping with the needs of the service user?	Yes / No
3.3	Does the file structure make for easy reference?	Yes / No
3.4	Are the file entries legible?	Yes / No
3.5	Are all file entries dated?	Yes / No
3.6	Are all file entries signed?	Yes / No
3.7	Is the purpose of reports clearly stated?	Yes / No / NA
3.8	Are all reports dated?	Yes / No / NA
3.9	Is there a chronology of key events (or equivalent) contained in the file?	Yes / No / NA

4. Delivery of key processes

		Circle one
4.1	Is it clear from the social work file which agencies and key staff are involved?	Yes / No
4.2	Is there an assessment on file ?	Yes / No
IF NO JUMP TO QUESTION 4.7		
4.3	Has the most recent assessment been completed in the latter twelve months of the twenty four month period under inspection?	Yes / No
4.4	Is the timing of the completion of the most recent assessment in keeping with the needs of the service user?	Yes / No
4.5	Is the type and/or level of the assessment in keeping with the needs of the service user?	Yes / No
4.6	Using the six point scale and guidance provided, rate the quality of the most recent assessment on file.	Level 6–excellent Level 5–very good Level 4–good Level 3–adequate Level 2–weak Level 1–unsatisfactory
4.7	Is there a care plan or equivalent on file? IF NO, JUMP TO QUESTION 4.11	Yes / No
4.8	Has the most recent care plan been completed within the last twelve months of the twenty four month period under inspection?	Yes / No
4.9	Using the four point scale and guidance provided, determine the extent to which the needs and risks identified in the most recent assessment (evaluated in question 4.6 above) addressed in the actions set out in the current care plan (or equivalent)?	1. Completely 2. Mostly 3. Partially 4. Not at all
4.10	Is there evidence that the care plan or equivalent is being reviewed at regular intervals which reflect the level of need/ risk in this case?	Yes / No
4.11	Is there a record of all decision making or review meetings? IF NO, JUMP TO QUESTION 4.15	Yes / No / NA
4.12	Is there a list of action points evident from these records?	Yes / No / NA
4.13	Are there stated timescales for action?	Yes / No / NA
4.14	Do action points include detail of who has responsibility for carrying them out?	Yes / No / NA
4.15	On average, how often has the individual been seen by the social worker/ care manager?	Circle one: 1. More than fortnightly 2. Between fortnightly and monthly 3. Less than monthly

4.16	Is this level of contact in keeping with the requirements set out in the care plan or equivalent? If there is no care plan, circle NA	Yes / No / NA
4.17	Is this level of contact in keeping with the current needs of the individual?	Yes / No
4.18	Is there evidence of multi-agency working, with clearly stated roles and responsibilities?	Yes / No / NA
4.19	Are there transfer summaries where applicable?	Yes / No / NA
4.20	Are there issues regarding the protection of the primary service user evident from the file (e.g. protecting vulnerable adults, child protection)? IF NO, JUMP TO QUESTION 4.25	Yes / No
4.21	Is there an up to date risk assessment, completed within a timescale appropriate to the needs of the service user?	Yes / No / NA
4.22	If appropriate, is there an up to date risk management plan?	Yes / No
4.22.1	Which is the main trigger for the risk assessment and / or risk management plan: a) to prevent abuse or neglect, including to self b) to support greater independence or learning new skills c) these appear to have an equal focus.	a) b) c)
4.22.2	How would you rate (combined) the quality of the risk assessment / risk management plan?	Level 6—excellent Level 5—very good Level 4—good Level 3—adequate Level 2—weak Level 1—unsatisfactory
4.23	Have all concerns (past or current) regarding abuse, neglect or exploitation been dealt with in accordance with procedure? IF YES, JUMP TO QUESTION 4.25	Yes / No / Not recorded
4.24	Please give the date the concerns came to light, and explain why you think the correct procedures were not followed.	Yes / No
4.25	Is the impact of worker supervision sessions evident in the case file?	Yes / No
4.26	Is there evidence that a first line manager regularly scrutinises this file?	Yes / No
4.27	Is there evidence that a senior manager periodically scrutinises this file?	Yes / No
4.28	Is there any concern about violence and/or any health and safety risk to all local authority staff? IF 'NO' JUMP TO QUESTION 4.30	Yes / No
4.29	Has the service appeared to take adequate steps to	

	protect the safety of staff working with the individual?	Yes / No
4.30	Is there a current legal order in existence?	Yes / No
4.31	Is the individual accommodated or resident away from home? IF YES, JUMP TO QUESTION 4.34	Yes / No
4.32	Is there an up to date assessment of the family carer's needs?	Yes / No / NA
4.33	Has the carer been offered a carers assessment?	Yes / No / NA
4.34	Is this a closed case? IF NO, JUMP TO QUESTION 4.36	Yes / No
4.35	Are the reasons for closure clearly recorded?	Yes / No
4.36	Is this an unallocated case? IF NO, JUMP TO QUESTION 4.39	Yes / No
4.37	If appropriate, has the individual been given information regarding the reason for any delay in providing a service?	Yes / No / NA
4.38	If appropriate, has the individual been given advice as to what to do in event of a significant change in circumstances?	Yes / No
4.39	Is this a case involving transition from child to adult services in the period under scrutiny (including Throughcare and Aftercare services)? IF 'NO' JUMP TO QUESTION 4.45	Yes / No
4.40	Is the young person involved in transition planning?	Yes / No
4.41	Where appropriate, are the parents/ carers involved in transition planning?	Yes / No
4.42	Is the young person receiving a service from the through care and after care team (or equivalent)?	Yes / No
4.43	Are all of the relevant transition partners involved – e.g. Child Care Services, Adult Services/ Criminal Justice Services, NHS, Education, Careers, voluntary sector partners?	Yes / No / NA
4.44	Overall, do you think the transition was and/or is being handled well?	Yes / No
4.45	In general, do you consider that the level of social work intervention to be inadequate, proportionate to the assessed need, or excessive - thereby creating dependency?	Circle one: 1. Inadequate in meeting need 2. Proportionate to assessed need 3. Excessive

5. Impact on people who use services

		Circle one
5.1	Is there evidence that the service shares key information with the individual or with an appropriate representative?	Yes / No
5.2	Is there evidence that the individual (or appropriate and identified representative) is invited to attend decision making meetings or reviews?	Yes / No / NA
5.3	Is there evidence that the views of the individual are taken into account at each key stage (either by the service user or through an appropriate and identified representative)? IF THE ANSWER IS YES, JUMP TO QUESTION 5.6	Yes / No
5.4	Is there an appropriate explanation recorded on the file outlining why the individuals views are not taken into account at each key stage?	Yes / No
5.5	Is there evidence of efforts to obtain the views of the individual and/or involve that individual in decision making, regardless of the communication abilities and/or age of the service user?	Yes / No
5.6	Has the individual made a formal complaint during the period under scrutiny? IF 'NO' JUMP TO QUESTION 5.8	Yes / No
5.7	Was the complaint dealt with appropriately by the service – i.e. within agreed timescales, in accordance with procedure?	Yes / No / not recorded
5.8	Is the individual from an ethnic minority? IF 'NO' JUMP TO QUESTION 5.10	Yes / No / not recorded
5.9	Is there evidence that all dealings with the individual have adequately taken into account potential barriers arising from differences in language, culture or beliefs?	Yes / No
5.10	Does the individual have a disability or sensory impairment? IF 'NO' JUMP TO QUESTION 6.1	Yes / No
5.11	Is there evidence that all dealings with the individual have adequately taken account of potential barriers arising from the nature of the disability?	Yes / No

5. Key outcomes

		Circle one
6.1	Is there evidence that objectives set out in care plans have been, or are in the process of being achieved?	Yes / No / NA (if there is no care plan, circle NA)
6.2	Has the individual been helped to access mainstream services (e.g. education/ training, employment, health, recreational)	Yes / No / NA
6.3	During the period under scrutiny, is there evidence that the individual's circumstances (in terms of reducing harm or risk, promoting independence or social inclusion) have generally improved? IF YES, JUMP TO QUESTION 6.7	Yes / No
6.4	Using the four point scale and guidance provided to what extent can the lack of improvement be attributed to ineffective social work services?	1 - To a greater extent 2 - Mostly 3 - Partly 4 - Not at all
6.5	Using the four point scale, to what extent can the lack of improvement be attributed to a lack of collaboration between services?	1 - To a greater extent 2 - Mostly 3 - Partly 4 - Not at all
6.6	Can the lack of improvement be attributed to a lack of co-operation from the individual? NOW JUMP TO QUESTION 6.9	Yes / No
6.7	Using the four point scale and guidance provided, to what extent can this improvement be attributed to effective social work services?	1 - To a greater extent 2 - Mostly 3 - Partly 4 - Not at all
6.8	Using the four point scale, to what extent can this improvement be attributed to effective collaboration between services?	1 - To a greater extent 2 - Mostly 3 - Partly 4 - Not at all
6.9	During the period under scrutiny, has the individual become more independent, or more dependent on social work services?	Circle one: 1. More independent 2. More dependent on social work services 3. No perceived change over the period
6.10	Is this in keeping with the needs of the individual?	Yes / No

9.4 Case file analysis template - explanatory notes

Introduction

These explanatory notes are designed to aid the process of case file analysis and should be used by file readers alongside the case file analysis template (Section 09.3). SWIA only analyses files that have been open for the last two years. Earlier files of a case may be requested in order to assist the file reader in gaining a better understanding of the case.

Basic details

(Please note: the number below refer to the questions on the case file analysis template.)

Q 1.5 Case ID No. – this is the local authority’s unique reference number.

Q 1.9 Record the name of the case manager/social work as it appears on the file.

Q 1.10 Record the first contact (as it appears on the file) that the service user had with social work (i.e. first referral or phone call to the service).

Case recording

Q 3.1 Each contact (phone calls, meeting, home visits etc…) with service users should be recorded in the case file. For the purposes of this question, gaps in recording should be judged in relation to the level of recording which is appropriate to this particular case (see 3.2 below). For example, if an older person is settled in residential care, there may only be case recording at annual review.

Q 3.2 As with question 3.1, each contact with service users should be recorded in the case file. The level of recording should reflect the expectations set out in the care plan including the level of contact, actions to be achieved within agreed timescales and expectations of inter-agency working. For example, if a young person is accommodated, you would expect to see contact recorded with them, their family and the other professionals involved as agreed in the care plan.

Q 3.9 A chronology of key events should be near the front of the file. It should contain major life events (e.g. birth of sibling, change of school/house/employment, change in family relationship etc.), changes to legal status, and any concerns which have been reported about the service user by themselves or others.

Delivery of key processes

Q 4.5 Level of assessment - all referrals should have an initial assessment on file. The assessment may be contained in an earlier file if the case has been open for more than two years. This may lead directly to the provision of a straightforward service (e.g. referral to another agency) or no further action. However, if the initial assessment indicates a service is required, it is more likely that a further assessment will be needed. In some cases (e.g. following child protection registration), a more comprehensive assessment may be needed. File readers should be made aware during training of the local authority's assessment processes to help them decide if there is evidence of these in the case files.

The type of assessment needed will vary between user groups. For example, for community care cases a single shared assessment should be evident. For child protection or vulnerable adults, an appropriate risk assessment should be on file.

Q 4.6 There are a number of factors which should be taken into account when considering the quality of the assessment. They may not all be relevant for every assessment. These include:

- Does the assessment contain all the information relevant for this type and level including personal/family history where appropriate?
- Is the information structured in a meaningful way?
- Does the assessment include the views of the service user, their carer(s) and family as appropriate?
- Does the assessment include the views of other relevant agencies where appropriate?
- Is the information analysed using up to date knowledge/theory/research etc?
- Does the assessment clearly identify the needs of the service user, their carer(s) and family as appropriate?
- Where appropriate is there an assessment of risk to the service user and/or others?
- Does the assessment include a summary of previous agency involvement and the service user's response to this (where appropriate)?
- Are there options set out for action with the advantages and disadvantages of each option clearly stated?
- Is there a clear recommendation on the way forward?

File readers should rate the assessment on one of the 6 scale points below. *Note... even if the assessment is 'out of date' – based on question*

4.3 – this question should be answered according to the explanatory notes here.

Excellent – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the assessment provides a high level of and/or original insight into the case. An excellent assessment will be of an outstanding level of professional competence.

Very good – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. A very good assessment should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

Good – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be some weaker areas. A good assessment should demonstrate an entirely acceptable level of professional competence.

Adequate – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. An adequate assessment should demonstrate a basic level of professional competence but practice may be variable.

Weak – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. A weak assessment demonstrates a lack of professional competence in key areas.

Unsatisfactory – You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. An unsatisfactory assessment demonstrates a lack of professional competence.

Q 4.9 File readers should rate the extent to which the needs of the service user identified in the assessment are reflected in the current care plan using the 4 point scale below.

Completely – All the identified needs and risks are addressed appropriately in the care plan.

Mostly – More than half of the identified needs and risks are addressed appropriately in the care plan.

Partly - Half or fewer of the identified needs and risks are addressed appropriately in the care plan.

Not at all – There appears to be no link between needs and risks identified in the assessment and the care plan. This rating should also be used where the assessment does not clearly identify needs and risks.

Q 4.21 For some service users it will be appropriate for a risk assessment to be included in the overall assessment (evaluated in question 4.6). However, in some cases a separate risk assessment should be available on file. These include children on the child protection register or the subject of a child protection investigation, or is the service user an adult at risk? In either case we are interested in whether the main reason for the risk assessment was to keep people safe, encourage independence or both in equal measure.

There are a number of factors which should be taken into account when considering the quality of the risk assessment. They may not all be relevant for every assessment. These include:

- Is there a clear statement as to why a risk assessment is needed? Does the risk assessment clearly identify the needs of the service user, their carer(s) and family as appropriate?
- Are the aims and purpose of the risk assessment clearly stated?
- Are the communication needs of the service user fully addressed (for example language spoken, signs, symbols, speech and language therapy, Braille or audio)?
- Is there reference to the service user's capacity to consent to the risk being taken, including any undue pressure on them to take or not take the risk? Capacity to consent implies the service user understands the consequences of proceeding / not proceeding.
- Does the risk assessment include the views of the service user, their family carer or advocate as appropriate?
- Does the risk assessment include the views of other relevant agencies where appropriate?
- Does the risk assessment contain all the relevant information including level and nature of risk for example in regard to frequency, severity and likelihood? Calculation of severity and likelihood should consider:
 - Facts
 - Records , including of near misses
 - Past behaviour
 - Medical conditions (where relevant)
 - Known triggers
 - Specific risk factors
 - Family/ social circumstances

- Is the information structured in a meaningful way?
- Is the information analysed using up to date knowledge/ theory/ research etc?
- Does the risk assessment include a summary of previous agency involvement and the service user's response to this (where appropriate)?
- Are there options set out for action with the advantages and disadvantages of each option clearly stated? Are the benefits and costs to service users if the risk not addressed discussed? Is it worth doing? Is it in the best interests of the service user? In what ways?
- Is there a clear recommendation on the way forward?
- Are dissenting views to the majority decision recorded?
- Is the risk assessment signed off by the service user, advocate or family carer (where appropriate) and agency lead (plus at least one manager)?

Q 4.21.2 File readers should rate the assessment and plan on one of the 6 scale points below. *Note... even if the assessment is 'out of date' – based on question 4.3 – this question should be answered according to the explanatory notes here.*

Excellent – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the risk assessment or management plan provides a high level of and/or original insight into the case. An excellent risk assessment or management plan will be of an outstanding level of professional competence.

Very good – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. A very good risk assessment or management plan should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

Good – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be some weaker areas. A good risk assessment or management plan should demonstrate an entirely acceptable level of professional competence.

Adequate – You should be able to answer 'yes' to most of the above questions where they are appropriate but there may be some areas of weakness. An adequate risk assessment or management plan should demonstrate a basic level of professional competence but practice may be variable.

Weak – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. A weak risk assessment or management plan demonstrates a lack of professional competence in key areas.

Unsatisfactory – You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. An unsatisfactory risk assessment or management plan demonstrates a lack of professional competence.

Q 4.22 As in question 4.21 a separate risk management plan should be available on file in certain cases. Children on the child protection register should have a child protection plan and those service users designated as at risk by the local authority should have appropriate paper work in keeping with local authority’s procedures There are a number of factors which should be taken into account when considering the quality of the risk assessment. They may not all be relevant for every assessment. These include

- Is it clear which agency has the primary duty of care in overseeing the risk management plan?
- Does the risk management plan contain a SMART (specific, measurable, achievable, realistic and time bound) list of actions?
- Does the risk management plan clearly state who is responsible for each action, and by when?
- Does the plan state how progress in taking the risk will be monitored and recorded, including near misses?
- Are the joint and individual roles and responsibilities within and between agencies clear, including frequency of monitoring, recording and means of communication ?
- Are the final outcome decisions and responsibilities for action clearly recorded?
- Is the risk management plan signed off by the service user, advocate or family carer (where appropriate) and agency lead ?
- Does the plan state how frequently it will be formally reviewed, including dates where available, and who will be responsible for reviewing it?

Q 4.25 The impact of worker supervision sessions may be evident in the case file through the inclusion of summary sheets from supervision sessions about the case or inclusion in the case recording of discussions and/or decisions reached in supervision sessions or informal consultations.

Q 4.26 This might include counter-signing of case notes or a signed confirmation that the file has been scrutinised.

Q 4.27 This might include signed confirmation of scrutiny as above or evidence of an internal file audit.

Impact on people who use services

Q 5.1 *Evidence* could be a case note reflecting a conversation with a service user (and/or appropriate representative), or *evidence* of a service user (and/or appropriate representative) being present at and contributing to a meeting (s) where key information is being shared.

Key outcomes

Q 6.4 File readers should rate the extent to which lack of improvement can be attributed to ineffective social work services using the 4 point scale below. File readers should take account of the various factors they have identified already in their scrutiny of the case file. Of particular relevance are:

- the level of contact and social work intervention (3.2, 4.16, 4.17, 4.45)
- the quality of the assessment and the extent to which the assessment is reflected in the care plan (4.6 and 4.9)
- risk management planning (where appropriate) (4.22)
- the achievement of objectives (6.1, 6.2)

To a great extent – All or almost all of the lack of improvement can be attributed to ineffective social work services.

Mostly –The lack of improvement can be attributed more to ineffective social work practice than any other factors.

Partly –The lack of improvement can be attributed more to factors other than ineffective social work services.

Not at all –The lack of improvement cannot be attributed to ineffective social work services.

Q 6.5 File readers should rate the extent to which lack of improvement can be attributed to a lack of collaboration between services. File readers should take account of the various factors they have identified already in their scrutiny of the case file. Of particular relevance are:

- the involvement of other agencies (4.1)
- the involvement of other agencies in the assessment and care plan (4.6, 4.9)
- evidence of multi-agency working (4.18)
- the management of transitions (where appropriate) (4.43, 4.44)
- access to mainstream services (where appropriate) (6.2)

To a great extent – All or almost all of the lack of improvement can be attributed to a lack of collaboration between services.

Mostly –The lack of improvement can be attributed more to a lack of collaboration between services than any other factors.

Partly –The lack of improvement can be attributed to more factors other than a lack of collaboration between services.

Not at all –The lack of improvement cannot be attributed to a lack of collaboration between services.

Please note that for questions 6.7 and 6.8 use the above guidance in the positive, in other words for a grading of ‘to a great extent’ – all or almost all of the improvement can be attributed to the collaboration between services and so on through the remaining options.

9.5 Guidance on observed practice with individuals

1.1 This guidance note should be read in conjunction with Section 14, Planning for the fieldwork. This guidance note relates specifically to observed practice with individuals. The guidance note on Fieldwork also sets out the additional requirement for 10 sessions of observed practice in reviews and other decision making meetings such as adult care reviews, child protection case conferences, and children's hearings.

1.2 In the fieldwork phase of the inspection, inspectors will spend some time observing practice of social work and other staff when they are working with people who use services, and their carers. The objective of this is to provide a 360 degree view of social work intervention from the perspective of the person who uses services, the social worker / care manager, carer and / or stakeholder – backed up by evidence from the case file.

1.3 During the file reading week, the lead inspector will select 15 cases for observed practice. The local authority co-ordinator will then make arrangements with colleagues in area teams for the identified people who use services to be invited to participate in observed practice, with their consent. Where practical, consideration will be given to accommodate individuals who may be unavailable outwith the fieldwork phase. Staff with case responsibility must be asked to state whether there are any special factors that would make contact unhelpful or difficult. In response to this, inspectors will use their judgement in deciding whether to go ahead with observed practice. The local authority and SWIA have a shared responsibility in respect of any health and safety issues that may arise from the proposed interviews.

1.4 From the 15 selected cases, a total of 10 sets of observed practice should be set up for the inspection team. The lead inspector is responsible for ensuring there is a mix of adult and children's cases to be observed, including some of the following:

Adult services

- Older people
- People aged < 65 with physical disabilities or sensory impairments
- People with mental health problems
- People with learning disabilities
- People in receipt of substance misuse services

Children and families services

- Children and young people on home supervision
- Looked after and accommodated children
- Care leavers
- Children and young people with disabilities
- Children and young people on the Child Protection Register
- Children and young people in need – young carer
- Children and young people in need - other

1.5 It is expected that the practice to be observed will be purposeful, falling into the usual schedule or pattern of work or intervention experienced by the individual involved. It should not be artificial or contrived. In anticipation that a proportion of interviews or sessions are postponed or cancelled, the local authority will be responsible for identifying a number of contingencies, in consultation with the support manager.

1.6 Observed practice can have up to 6 stages, each of about half an hour:

1. reading of the case file
2. period of observed practice, taking the form of one to one interview, or family session or group work or formal meeting
3. interviewing the individual concerned (where appropriate)
4. interviewing the social worker / care manager
5. interviewing the carer (where applicable)
6. interviewing other service providers / stakeholders (where applicable)

It is expected that a range of activity will be included in observing practice – intake, assessment, care management and case closure. Average duration of this process is estimated to be 3 and 4 hours, or 2 observed practices per inspector per day.

1.7 The local authority is responsible for preparing a timetable of observed practice. The inspection team will provide a sample letter to individuals invited for interview. All interviews are confidential in the sense that people's names are not used in the reports and they will not be quoted in a way that can identify them.

1.8 If necessary, inspectors will make home visits to people who use services and carers. The local authority should ensure that adequate interpreting / advocacy / personal assistance is available for the person to make their contribution as effective as possible. The individual may also

choose to be accompanied by a relative or friend. In exceptional cases, some persons may be interviewed by telephone.

1.9 At the conclusion of the performance inspection, the local authority should send out the SWIA leaflet summarising the main outcomes of the inspection to the people interviewed in the course of observed practice.

9.6 Observed practice: sample letter from the local authority

Dear (NAME)

As you may be aware, inspectors from the Social Work Inspection Agency (SWIA) are visiting (NAME OF LOCAL AUTHORITY) during (PERIOD). In carrying out their inspection, SWIA inspectors are finding out how well people are being served by social work services. They are working with (NAME OF LOCAL AUTHORITY) to improve those services.

Over the two weeks the inspection team will be here, they will be carrying out a number of visits, meetings and interviews with people who are responsible for arranging or delivering services, carers and people who use social work services.

As part of this process, an inspector from the SWIA team would like to talk to you about the service you have been receiving and, with your permission, talk to others involved in helping you, as well as reading some of the content of your social work case file.

I will be contacting you again (INSERT DETAILS) to find out how you feel about going ahead with this and, with your agreement, go through the practical arrangements with you.

If, in the meantime, you have any queries or questions, please do not hesitate to contact me.

Yours sincerely

Social Worker / Care Manager