

Quality Documentation in Casework – Tips and Examples

Children and young people need us to write clearly, respectfully and purposefully about their lives. This is because what is written about them affects how we and others view them, the decisions that are made about their lives and how as adults they might understand their childhood. It may seem that documenting your casework to a Court standard compared to documenting with the child or young person (child) in mind, may mean what is written and how the information is recorded should be different. However, by following the principles of good record keeping discussed in [Quality Documentation in Casework](#) you can produce quality documentation to satisfy both audiences and ensure compliance with the Office of the Children’s Guardian (OCG) **see** [NSW Child Safe Standards for Permanent Care](#).

Tips for Documenting your Work

Consider the following points:

- If I put myself in the shoes of the child, family or carer, have I written in a dignified way, in a way that I would like to be written about?
- Have I captured what a child would think is important?
- Have I captured what a parent or carer wants to make sure is written?
- Have I recorded in an ethical, non-biased and fair manner?
- Have I explained ‘what, why and how’ when decisions are made, and recorded this so that the child, their family, the carer and my colleagues can understand?
- If I was sitting with the child, family or carer later, would I feel comfortable to read what I have written about them?
- Would all my recording provide appropriate balance and context?
- How can I use my writing and documentation to reflect on my practice?
- How can my team consider and improve our case notes from a perspective of usefulness, purposefulness, service planning and service delivery?

Recording Smarter not Harder

Here are some ideas for doing this:

- Allocate time each week to go 'offline' to capture and reflect on the work you have done with children, families and carers.
- Summarise your notes with key bullet points: who, when, your purpose, general observations, actions, outcomes and views of the child, family or carer.
- Don't leave long gaps between when you visit children, families and carers and when you document the work. It will make it harder to remember the important points you wanted to cover and the observations you made.

Using technology to help work smarter

- Take an iPad or tablet to visits with a family to work on documents such as case plans with the child, family or carers.
- Use your smart phone and app's like 'Tiny Scanner' to immediately scan your notes for attaching to electronic files. The hardcopy can then be left with the parent/carer.
- Making a voice recording on your smart phone in the car, or soon after your visit to capture the key points of your visit.
- Use 'talk to text' apps like:
 - Android: Speechnotes, Voice notes, OneNote or Speech to Text
 - iPhone: Evernote, Dictate or Dragon Dictation

Understanding How the Quality of the Documentation Affects the Perception

Read these three different ways to capture a family preservation phone record for Sally and John. Notice how each record makes you feel about the family. Notice your initial reactions to the information recorded. On a scale of 1-10, how worried are you about John after each record. Consider any differences and the contributing factors. How might this contribute to your next steps as John's caseworker?

Example 1:

6/4/2020 at 10am

Description: Follow up call with Sally about John's earache.

Sally took John to the GP this morning. Dr Smith diagnosed John with a middle ear infection and prescribed antibiotics. Sally sounded a bit down. She said she did not get much sleep because John was uncomfortable and crying from his earache and she was worried about him. Sally and I talked about how hard that can be and she said she felt a bit stressed with it all. We discussed how she is coping with feeling stressed and if I could help with anything? She asked for help to pay for John's medicine. We agreed that:

- I will visit at 11am today to take Sally and John to the chemist to get the antibiotics. Permanency Support Program (PSP) Service Provider will pay.
- Sally will call me if she is feeling overwhelmed and needs help between now and then. She will not drink whilst being the primary carer of John.

Two further examples of the same phone conversation where the casework staff lacks clarity around why they are recording, forgets to use respectful language and fails to recognise an opportunity for critical analysis and review of current casework support:

Example 2:

Phone call to n/m. N/m attended doctor with s/c. H/v this afternoon to get medication.

Example 3:

Phone call to mother Sally Briggs on 0987 654 32 by CW Jane Smith. Natural mother answered and caseworker identified herself and the purpose of the call. Caseworker asked how natural mother was and mother said "fine". Natural mother confirmed she had attended the doctor at 9am this morning with subject child. CW asked whether the doctor had provided a diagnosis. Mother advised that subject child has ear infection in right ear and was prescribed antibiotics for 7 days. Mother disclosed that she was also asked the doctor about changing contraceptive pill methods and she would be getting an IUD. CW asked mother why she wanted to change contraceptive methods and mother said it was because of weight gain. Mother then stated that she did not have enough money to pay for John's medication. CW advised

that she would request approval from MCW to purchase medication and undertake a home visit at 2pm today and asked if she would be home so I could take her to the chemist. Mother stated that she would be home and asked if CW could also purchase a bottle for s/c because she had “lost one on the bus this morning”. N/m also stated that she was feeling “really stressed because John is crying a lot”. CW informed natural mother that they can discuss this further this afternoon at the arranged home visit. Mother thanks CW and said goodbye.

Example of a well written home visit record for Sally and John

6/4/2020 at 11am

Description: Home visit with John and Sally to purchase antibiotics and discuss stress management.

John’s health – John now has his antibiotics and Sally and I spoke about the correct dosage. Sally decided to purchase baby Panadol after we spoke about John’s crying increasing as a result of pain, the pharmacist also recommended this.

Sally’s wellbeing and stress management options – I could hear John crying when I arrived and saw Sally was holding him as I opened the front door. Initially Sally was short in her responses to me as she tried to pack a nappy bag but began to calm as I continued with the conversation and offered to hold John while she packed. John’s cheeks were flushed, and he managed a half smile when I spoke to him.

In the car Sally told me that John had been crying much more than usual over the last four days and she was very tired after being up and down to him all night.

Together we decided that:

- Sally will ask her sister to come over this evening and care for John so she can get a good night’s rest
- I will visit again in 2 days and see how she and John are feeling
- I will follow up on Sally’s attempts to get John into childcare two days a week for some respite
- Should Sally want to drink alcohol she will make sure that her sister is in the home to care for John.

Sally told me she is stressed and tired but has continues to look after John and has not drunk alcohol for three weeks. Sally understands what her binge drinking means for John if there is no one else around to look after him. Sally said she was able to plan around this if she felt she needed to drink. Sally continues to work really well with me in our planning. She thinks about my suggestions and offers her own. Sally is

loving towards John with lots of cuddles and kisses while I was there. John smiled when she kissed him and played a peek a boo game with her. Sally picked him up when he cried and soothed him.

Example of a well written record capturing a decision-making process

6/04/2020

Description: Changes in arrangements for Jacob to see his Mum.

Jacob was supposed to see Rebecca on Monday and Wednesday. Jacob looks forward to seeing his mum and most days arrives at the office excited and smiling.

After Jacob was taken into care, Rebecca came to see Jacob at every scheduled time. She looked well. The family time observation and reports refer to her being warm and attentive towards Jacob and attending to all his needs. Workers noted that she greeted him with hugs and kisses as soon as he arrived, and she initiated all care of him throughout the visit and spoke warmly and excitedly about seeing him each time.

Over the last six weeks, Rebecca has attended twice out of 12 scheduled visits (including today). Jacob has been teary and disappointed at not being able to see his mum and has been asking why “mum has stopped coming?” Rebecca came to the visit today with Jacob. I spoke with Rebecca after her visit to ask her why she hadn’t been able to attend the other visits, if something was going on as it was a different pattern from before, and to let her know that Jacob was missing her.

Rebecca said she had decided to not take her prescribed medication to treat her bipolar disorder and was finding it difficult to get out of bed some days. We spoke about what this meant for her life and for Jacob. I told her how he was missing seeing her. Rebecca said she was not keeping up with her personal hygiene and was embarrassed and anxious about leaving the house. Rebecca and I talked about times she had stopped taking her medication in the past and what has happened at these times. We also talked about how, when she takes her medication, she feels more able to cope with the day-to-day things in her life. Rebecca agreed for me to talk to her GP to discuss her medication and ways to support her to manage it more consistently. Rebecca suggested reducing visits to one day per week till she can stabilise her medication again, as she doesn’t want Jacob sad or distressed if she doesn’t arrive. We discussed how important it is for Jacob to see his mum.

We decided that I will go with Rebecca tomorrow (11am) to visit her GP and discuss her medication. Family time will continue as scheduled until after the visit with the

GP and his recommendations for stabilising medication. In the interim, I will phone Rebecca in the mornings of contact this week to offer support in what she felt she needed to get to the office to see Jacob.

Please see: [Quality Documentation in Casework](#) for further information.