**CIC Review Report**

**Child’s Progress in Placement**

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| **Child’s name:** |  |
| **Foster Carer(s) name(s):** |  |
| **Supervising Social Worker:** |  |
| **Local Authority Social Worker:** |  |
| **Independent Reviewing Officer:** |  |
| **Child’s Local Authority:** |  |
| **Allocated Therapist:** *(if applicable)* |  |
| **Period covered from-to:**  *(From date of previous report)* |  |
| **Date of CIC review meeting:** |  |

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| **Young Person:** | | | |
| Savings arrangement and current total:  (please specify account details) |  | Date of last Bedroom Seen: |  |
| Date of Child Seen Alone: |  | Date of unannounced visit: |  |
| Pocket Money arrangement: |  | Clothing allowance arrangement: |  |

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| **Achievements & Celebrations**  *Recognition for any achievements for the young person within the last six months?* |
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| **Outcomes** | | | |
| **Being Healthy**  *Physical and Mental Health, Medication, Medical Appointment, Therapeutic Need* | | | |
| **What’s working well? What are the existing strengths?** | | | |
| **What are we worried about? What’s not working? What is the agency doing to support? What support do we need from the LA or other professionals?** | | | |
| **Date of last CIC Medical** |  | **Date of Last Opticians:** |  |
| **Date of Last Dentist:** |  | **Any other Medical Appointments:** |  |
| **Medication:** |  | **Therapeutic interventions:** |  |
| **Therapy Feedback:**  *Seek allocated therapists/OT/SALT feedback for the progress and development of young person for the last six months.* |  | | |
| **RAG rating:** *Rate Red, Amber, Green based on your assessment of how young person is meeting the desired outcome.* |  | | |

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| **Staying Safe**  *Making positive choices, safeguarding concerns, missing from home, risk taking behaviours, discrimination, e-safety, exploitation concern, does the safe care plan, risk assessment & RAG rating require updating?* | | | |
| **What’s working well? What are the existing strengths?** | | | |
| **What are we worried about? What’s not working? What is the agency doing to support? What support do we need from the LA or other professionals?** | | | |
| **Date of Safe Caring Plan:** |  | **Date of Risk Assessment:** |  |
| **RAG rating:** *Rate Red, Amber, Green based on your assessment of how young person is meeting the desired outcome.* |  | | |

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| **Education & Social Networks**  *Clubs/activities/events. How is school going? (meeting academic expectations, friendships, after school activities)* | | | |
| **What’s working well? What are the existing strengths?** | | | |
| **What are we worried about? What’s not working? What is the agency doing to support? What support do we need from the LA or other professionals?** | | | |
| **Date of PEP:** |  | **Date of EHCP:** |  |
| **RAG rating:** *Rate Red, Amber, Green based on your assessment of how young person is meeting the desired outcome.* |  | | |

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| **Relationships, family time and identity**  *Relationships within the fostering family, at school, in the community, family time, life story work, religion and culture needs.* | |
| **What’s working well? What are the existing strengths?** | |
| **What are we worried about? What’s not working? What is the agency doing to support? What support do we need from the LA or other professionals?** | |
| **RAG rating:** *Rate Red, Amber, Green based on your assessment of how young person is meeting the desired outcome.* |  |

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| **Independence Development**  *Independence skill Responsibilities within the fostering home, Money Management, DLA, Pathway Planning, Pocket Money, Savings, Clothing Money, Transitions & Self-Care.* | |
| **What’s working well? What are the existing strengths?** | |
| **What are we worried about? What’s not working? What is the agency doing to support? What support do we need from the LA or other professionals?** | |
| **RAG rating:** *Rate Red, Amber, Green based on your assessment of how young person is meeting the desired outcome.* |  |

**Summary of period (including progress of child)**

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| *How has the carer supported the child/young person the last six months? What has been the strengths and any areas of development?* |

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| **Supervising Social Worker’s name:** | **Signature** | **Date** |
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| **Deputy Manager’s Name:** | **Signature** | **Date** |
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