**Case summary guidance/standards**

* The case summary should be succinct and should refer the reader to any relevant plan, assessment etc. rather than telling the whole story in the summary.
* The case summary should also be updated if there is a **significant change** for the child.
* It should be updated **every 3 months**, even if there is no change so that if a call comes in out of hours or if you are not in the office then someone will know that it has been updated based on the date that shows in the summary/case note.
* Old information should be copied into a case note entry and a new summary created.

**THINK…..**

* **what does someone who knows nothing about the child need to know if I am not here or something happens out of hours?**
* **Will someone be able to take the right action for the child or have enough information to make a good decision?**

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| --- | --- | --- |
| **Child name:** | **PID:** | **DOB:** |
|  |  |  |
| **Who am I:***Write a short profile about me – write it with me (perhaps the first time you meet me). What do I look like, how old am I, what is my culture, identity, religion, sexuality and what are my likes, dislikes, wishes and feelings?* |
|  |
| **Who has Parental Responsibility for me:***Mother, Father, Local Authority, Family member* |
|  |
| **Who has given consent for children’s social work service to be involved with me:** |
|  |
| **What you need to know about my health needs, disability how I communicate, and my additional needs:** |
|  |
| **Who do I live with:***E.g. Parent/Carer etc* |
|  |
| **Who are my family:***Mother, Father, all siblings etc.* |
|  |
| **Who is important to me:** *Family, friends or other connected people.* |
|  |
| **Do my family members have any communication needs**: *(disability, English not first language etc) Please include any names, addresses and phone numbers* |
|  |
| **Who do I have contact with and who is it not safe for me to have contact with:** |
|  |
| **What are the contact arrangements:** |
|  |
| **Why are Children's Service working with me:***What led to this referral and current involvement?* |
|  |
| **Am I on a CiN, CP or CiC plan or a care leaver:** | **When did this plan start:** |
|  |  |
| **Short summary:***Not more than 12 lines but with key relevant information, including history and which gives a brief overview*  |
|  |
| **Who is working with me and my family:***Please list all professionals* |
| Professional | Agency | Contact Details |
|  |  |  |
| **Foster carers details and name of agency if not in-house:** |
|  |
| **Key information if I am a in care:** |
|  |
| **Legal status** | **PEP***Date EHCP if applicable* | **Health** *Annual Health Assessment date* |  **Dental Check***Date* |
|  |  |  |  |
| **Contact Arrangements (both direct and indirect):** |
|  |
| **Safety Plan and Contingency Plan:***Please include what is the plan for me if the risks to me escalate suddenly?* *What was agreed at my family meeting?* |
|  |
| **Who can help me and my family at a time of crisis or look after me if my main carer suddenly cannot:***For example through ill health, risks to me etc.* *What is their name address and telephone number.* *Does this person know they might be called about me?* |
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|  |  |
| --- | --- |
| **Person completing this form:** |  |
| **Date today:** |  |