**COMPLIANCE CHECKLIST – this should be used as tool to assist the Supervision discussion. This may be completed by the social worker prior to supervision taking place.**

**ALL CASES**

|  |  |  |
| --- | --- | --- |
| **Compliance** | **Date Last Completed** | **Date to be completed** |
| Genogram |  |  |
| Information sharing agreement |  |  |
| Chronology (up to date) |  |  |
| Single Assessment (up to date) |  |  |
| SMART Plan |  |  |
| Relevant Risk Assessment (CSE, Missing, e.g.) |  |  |
| Trigger plan |  |  |
| Return home interview |  |  |
| Relevant alerts |  |  |
| Ethnicity/Religion |  |  |
| Family and Professional relationships clear |  |  |
| Case summary |  |  |
| Visit (**s.17** within 5 days and then maximum of 20 day intervals) (**s.47** within 72 hrs and then as in strategy meeting and ICPC, maximum of every 10 days) (**LAC** as per reg.s and plan) |  |  |
| Child Seen |  |  |
| Child seen alone |  |  |
| Direct work |  |  |
| Review |  |  |
| Basic details on file (Disability/ethnicity etc) |  |  |
| Closure/transfer summary |  |  |

**PRE-BIRTH**

|  |  |  |
| --- | --- | --- |
| **Compliance** | **Date Last Completed** | **Date to be completed** |
| 14 weeks, commence assessment, complete by 22 weeks |  |  |
| 14 onwards, family group conference |  |  |
| 22-24 weeks, strategy meeting |  |  |
| 24 onwards ,ICPC safeguarding birth plan |  |  |
| 24 onwards LPM |  |  |
| 24 onwards potential kinship options to be identified. Viability to full kinship assessment. |  |  |
| 32-36 weeks; discharge plan |  |  |
| Birth; review and implement discharge plan. |  |  |
| CAFCASS plus |  |  |

**CHILD PROTECTION**

|  |  |  |
| --- | --- | --- |
| **Compliance** | **Date Last Completed** | **Date to be completed** |
| Strategy meeting |  |  |
| s.47 |  |  |
| CPC |  |  |
| Child Protection medical |  |  |
| Core Group |  |  |

**Children in Care**

|  |  |  |
| --- | --- | --- |
| **Compliance** | **Date Last Completed** | **Date to be completed** |
| IHA + RHA |  |  |
| Dental registration and visits |  |  |
| Immunisations |  |  |
| Medical consent |  |  |
| Placement Information record |  |  |
| Placement referral |  |  |
| Placement Planning meeting (within 72 hrs) |  |  |
| PEP |  |  |
| Contact arrangements |  |  |
| Decision for entry into care |  |  |
| Edge of Care Panel |  |  |
| Plan for permanency |  |  |
| Adoption tracking |  |  |
| SDQ |  |  |
| Care Plan |  |  |

**CARE PROCEEDINGS**

|  |  |  |
| --- | --- | --- |
| **Compliance** | **Date Last Completed** | **Date to be completed** |
| LPM |  |  |
| PLO |  |  |
| Review PLO |  |  |
| FGC |  |  |
| Statement |  |  |
| Letter of Intent |  |  |
| CPR |  |  |
| Viability Assessment/Reg.24 |  |  |
| Parenting Assessment |  |  |
| Sibling Assessment |  |  |
| Visit to parents |  |  |

**CARE LEAVERS**

|  |  |  |
| --- | --- | --- |
| **Compliance** | **Date Last Completed/Achieved** | **Date to be completed/Achieved** |
| Pathway Plan |  |  |
| Pathway Plan review |  |  |
| EET |  |  |
| Suitable Accommodation |  |  |
| In-touch |  |  |