**Practice Note for all SCT Practitioners,** Managers**and Staff:**

**Case Summaries**

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**What is a Case Summary?**

Case Summaries are a snapshot of a child/young person’s lived experience within their family providing the reader with an outline of the history and purpose of the current involvement within Sandwell Children Trust. The case summary should also clearly outline the progression of the child or young person’s plan and provide a sense of the work that has been completed. All case files should include a case summary.

The Case Summary should evidence crucial information such as key safety features, which may include individuals within the friends/family network who should not be having any contact with the Child or Young Person due to the risks they pose. This also includes specific reference to key documents such as safety and birth plans and where they are located.

**Why do we complete Case Summaries?**

* Case summaries can provide information about the background and identity of the child and their family which strengthens our relationships, the quality of our interventions and supports us to adopt a more trauma informed approach.
* It supports our understanding of the child’s personality, their likes, dislikes and their participation. Essentially, how they have been Involved, Influenced, Invested and Informed influences the support they are currently being provided (Practice Note: Child’s Participation - 4 x I’s).
* Families do not have to keep on repeating their story about their experience as it provides their Social Worker and practitioners with key information.
* They identify what work has been done with the family to avoid duplication of work already completed. It will inform us what work is being done to support the child and family.
* Case summaries support us in understanding how the work that has been completed with the child and/or family and what work has been done to support the progression of their plan.
* It provides a ‘quick’ reference guide in the absence of the allocated Social Worker, to ensure that any Duty Worker, Team Manager and the Emergency Duty Service Manager can understand the child’s current circumstances. With the right information it enables these practitioners to be able to work in a relationship based and trauma informed way.

**Timescales:**

Case Summaries should be updated every three months and/or when there is a significant event or change in circumstances for the child. During the COVID 19 pandemic, case summaries were updated every month due to COVID restrictions or when there was a significant event or change in circumstances to the child and family. Practitioners must be mindful that case summaries should continue to be updated more frequently where there may be concerns relating to COVID 19.

Additionally, the Case Summary should be updated upon transfer to another Social Worker or team or closure of a case. The updated Case Summary should not just be the adding of an extra paragraph, as over a period, this would make the Case Summary too lengthy and cumbersome. Instead, it should be an updated version of the Child’s current circumstances. However, some content would need to remain in every Case Summary, such as the reasons why the child became Looked After, when and why the child became subject to a Child Protection Plan, or CIN Plan.

**What information should be included within the Case Summary:**

* Pen picture of the child, their favourite subject, their family, culture and identity including additional needs.e.g.whether an interpreter is needed.
* Brief family history of involvement.
* The reason why the Child has come to the attention of services in the current referral.
* Child’s current plan/legal status and type of Legal Orders (include dates when the order was obtained).
* Information to inform the reader how the plan is progressing.
* Brief overview of professional intervention.
* Final review and outcome (If completing a Transfer or Case Closure Summary) to include what direct work (or observations) has been done with the child that has led to the current decision.
* COVID 19 Pre-Visit Risk Assessment and if relevant should be included.
* Key dates such as the next core group, review meetings, visits etc.
* Contact details of significant family members.
* Key agencies involved with the Child and the Family and their contact details.
* Date of when the case summary was updated and by whom.

**Principles of a good Case Summary**

* Case Summaries should be succinct and focused on needs and outcomes for the Child.
* Case summaries should be written based on the individual child’s needs and circumstances and should not be the same for each child.
* Case Summaries should be updated every three months and or when there is a significant event or change in circumstances for the Child.

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| **Thomas CP Case Summary Example:**  **Pen Picture**  Thomas is a 10-year-old male of dual heritage White/ Black Caribbean descent (his father’s family are from Jamaica) and his mother’s family and from Sandwell. He has two younger siblings Terence 6 and Joshua 7. His mother is Jennifer Brown, 33 and his father is Daren Brown 36. Thomas is tall for his age (5ft 3) and he is slim built. He has short curly hair which is usually cut short around the side and long on top. He has brown eyes and a lovely smile. He loves football and supports Manchester United. His favourite player is Marcus Rashford.  **Current involvement**  On the 10.02.21, there was an incident of domestic abuse incident in which Mr Brown assaulted Ms Brown causing severe bruising to her body. Thomas tried to intervene, and he was punched by dad during the incident and sustained bruising to his face. Mr Brown was arrested and bailed to his parents address with conditions that he can have no contact with the children until the outcome of the Police investigations. Thomas and his siblings were made subject of a Child Protection Plan under the **Category of Emotional Abuse** on the 31.03.21**.**  **Family history**  Sandwell Children’s Trust have been previously involved with Thomas and his family on three previous occasions dating back to January 2015. Concerns have centred around domestic abuse and alcohol misuse by his father. Between January 2019 and December 2019, the children were subject of a Child in Need Plan.  **Thomas’ views and participation**  Thomas said that he was scared when his dad was hitting his mum and this was not the first time he has seen it. He said his dad gets worse when he drinks and picks fights with everyone. He loves his dad and want things to get better so they can all go to Jamaica like he has promised to meet some of his family. He has become more interested in his identity since doing work at school  He has used the safety plan and his aunt came around to the house. Thomas participates in his conferences by speaking to the Child Protection Chair and sending in a piece of direct work about how he feels for all his meetings. He has also used the APP, Mind Of My Own to share his feelings with the Chair. Thomas has said that things are better at home he feels that his parents are arguing less since Social Worker started coming to see them. He feels listened to by everyone who are working with him and his family and he can see a difference in home life as things are more relaxed.  **Progress of work completed:**   * A safety plan was developed with Thomas and his siblings on the 12.02.21, his mother, his maternal aunt Jackline Trent, who lives in the next street is their safety person and the safeguarding lead at Oldbury Primary school ensures she contacts Thomas every day online. (See documents). * Direct work is being undertaken individually with Thomas and his siblings. * A Risk assessment is currently being completed with Mr Brown. (See documents for the assessment plan) * Ms Brown is undertaking the Freedom Programme with Black Country Women’s Aid and this has been informed by the Cultural Genogram completed with her which showed that her mother and sister also experienced domestic abuse. * Mr Brown is being seen weekly whilst the risk assessment is being competed and is been having online counselling support from Cranston substance misuse services. * COVID 19 Pre-visit risk assessment is completed prior to each visit to clarify whether anyone is isolating or showing symptoms.   **Significant Family Members**   * Jennifer Brown 07981 234100 * Darren Brown 07987 654321 * Jackline Trent (Maternal Aunt) 07673 212372   **Key Professionals involved**   * Janet Sheridan, Social Worker, 07893 245233 * Ms Alice Fitzgerald, Safeguarding Lead, Oldbury Primary School 07756 312764 * Mr Sean Jolly, Cranston Drugs and alcohol services 07631 245215 * Ms Jean Smith, Women’s Aid 07732 135136   **Key Dates:**  Core Group Meeting[**15.01.21 at 2pm**](mailto:15.1.21@2pm) **(**Virtual Teams**)**  Review Child Protection Conference[**20.1.21 at 10am**](mailto:20.1.21@10am)(Virtual Teams)  Next Child Protection Visit**: 14.01.21 at 4pm** (Using Full PPE including eye protection)  **Case summary updated on: 11.01.21. by Janet Sheridan**  **Charlie CIN Case Summary Example**  **Pen Picture**  Charlie is an 9-year-old female of white Scottish descent. She has three older siblings, Jeremy 18 and Jake 19 and Samantha 21. Her mother is Carol Smith, 35 and her father is Harvey Down 38. Charlie is of average height and she has short straight brown hair which she sometimes wears with a headband. Charlie has blue eyes which lights up when she smiles. She loves playing with slime and glitter and her favourite colour is pink. She loves making cakes with her mum and her favourite programme is Junior bake off. Charlie loves animals and wants to be a veterinary nurse when she grows up.  **Family history**  Charlie and her family first became known to Sandwell Children’s Trust tin January 2020. Concerns were due to Ms Smith’s Mental health issues and substance misuse. Ms Smith has a diagnosis of personality disorder and depression. She took an overdose of her medication on one occasion which required admission to hospital to have her stomach pumped. Charlie and her siblings were supported by Early Help between 10.1.20 and 10.7.20.  **Current Involvement**  The current involvement started in January 2021 when Charlie attended school and informed her class teacher she was late because she could not wake her mum up for a long time. She also said that her dad was shouting at her mother the night before as she had been drinking. Charlie was very upset and worried as she didn’t want her mum to die. A single assessment was completed, and Charlie was subject of CIN Plan on March 2021. At the last CIN meeting, Mr Down and Ms Smith agreed that Charlie could attend nurture group at school.  **Charlie’s voice**  Some direct work has been done with Charlie and she has spoken of her worries about her mother’s mental health. She says she has butterflies in her stomach when she thinks that he mum might not wake up after taking her tablets. Charlie has a safety plan (see documents) and she is aware of who to contact if she is worried, this is her maternal aunt Jane Hyde who lives with her grandmother Sylvia Hyde. Charlie comes to her CIN reviews and likes to talk about how she is doing.  Charlie has said that things are better at home and she feels less worried. She said that her Social Worker has really listened to her. The plan has worked as she understands her mum’s mental health better and knows what to do if she starts to get poorly. She doesn’t feel so alone now when she is worried.  **Progress of work completed:**   * Ms Smith has worked well with the CPN has stopped using cannabis and has a better good understanding of how her mental health impacts on her parenting. She has found this helps her antidepressants to be more effective and her mood has improved. * Direct work has been undertaken with Charlie using the Karen Triesman cards which showed the trauma that she has experienced and have informed the support she is currently receiving. * Mr Down has been supporting Charlie her school work. He has said that he’s not very confident in this and has welcomed the support from school. * COVID 19 Pre-visit risk assessment is completed prior to each visit to clarify whether anyone is isolating or showing symptoms.   **Significant Family Members and contact details:**  • Ms Carol Smith: 07893 221701  • Mr Harvey Down: 07876 543211  • Sylvia Hyde: 07892 121233  • Jane Hyde: 07992 876764  **Key agencies involved and contact details:**  • Mrs Linda Briers, Safeguarding Lead Tipton Primary School, 07891 123405  • Jenny Maddison Community Psychiatric Nurse; 07789 134256  • Lucie Frank, social worker 07789 021737  **Key Dates:**  Next home visit: 18.05.21 at 4.00 pm  Next CIN Meeting 28.05.21 at 3.30 pm Tipton Primary School.  **Case summary updated on: 11.01.21 by Lucie Frank** |

**Date of Practice Note:** September 2021

**Date to be reviewed:** September 2022

**Authorised by:** BA Practice Development Team: Pauline Dunkwu and Aman Basi