| **Case ID:** |  | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Every file should have** | | **Evidence on File Y/N** | **Action to be taken** | **By When** | **Notes / Comments** | **Date of Manager confirmation that action complete’** |
| Up to date and accurate demographic information including: | |  |  |  |  |  |
| Name | |  |
| DOB | |  |
| LL Unique identifier | |  |
| Language | |  |
| Ethnicity | |  |
| Disability | |  |
| Home Address | |  |
| Family members details | |  |
| Professionals involved | |  |
| An up to date Chronology for all children | |  |  |  |  |  |
| A genogram for all children (where this cannot be completed in LL currently there should be a hard copy scanned in ‘documents’ section. | |  |  |  |  |  |
| An up to date assessment (no more than 12 months old and updated where there has been any significant change in circumstance including for example a change in the child’s family plan; changes to family/household composition) and which evidences management oversight and evidence it has been shared. | |  |  |  |  |  |
| An up to date Family Plan which evidences management oversight (regularly updated) and evidence that it has been shared with child / family and partners recorded within LL | |  |  |  |  |  |
| Up to date case recording (ensuring the child’s views are clearly recorded) | |  |  |  |  |  |
| Recording of all visits to children and evidence that they have been seen alone; that direct work has been completed and the child’s voice is clear | |  |  |  |  |  |
| Evidence of direct work with children with clear focus on discussing with the child / young person reasons for ongoing involvement /worries/what is going well | |  |  |  |  |  |
| Minutes of multi-agency meetings over the last 12 months - team round the family meetings at 4-6 weekly intervals; clearly recording the voice of the child and evidence they have been shared with family and partners | |  |  |  |  |  |
| Evidence of clear rationale for key management decisions  - where threshold decisions are made  - Step Up/ Step Down | |  |  |  |  |  |
| A completed closure form which clearly evidence’s what outcomes have been met and where this evidence can be found on the child’s record. | |  |  |  |  |  |
| Evidence of considering/linking in with VCS Alliance Worker on any appropriate support for the family in the community. This is to be recorded in case notes. | |  |  |  |  |  |

**Manager Authorisation that file has been checked and is up to date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  | | |