

Child's Summary



Purpose

The purpose of this document is to clearly lay out the headings and guidance for case summaries for all services. This is to allow for consistency county and service wide.

Guidance

- All services to use the below headings as a template for their case summaries on LCS or EHM. Our Practice Standards (Page 6) state: "Every child has an up-to-date case summary and analysis that clearly identifies risk and harm, which is clear and concise."
- Suggestions as to what is included in each heading included and guidance notes in blue to be deleted before finalising.
- Be succinct and keep information up to date and relevant, avoid copying and pasting large sections from other documents. Avoid using jargon, acronyms or professional terms others may not understand.
- Services can add a small number of headings to this provided this is done county wide i.e. all assessment services utilise the same template. This is to allow for any service specific items essential to this area of work. For example, detailing diagnosis and medication for children with disabilities.
- Case summaries to be updated every 3 months or when a significant incident or change occurs as per procedures. For cases managed by Children Looked After and Care Leavers, it has been agreed that certain children are reviewed less frequently, in these circumstances the case summary should be updated after every review.
- Do not keep adding updates onto the bottom of the case summary, as this makes it confusing to read and unnecessarily long. When you update due to a significant event occurring or safety plan change, ensure that you still refresh all information at that time or during the regular 3-month updates to prevent out of date recording.

Template headings

Delete guidance comments in blue before finalising.

Put any safety concerns for staff or urgent significant events in red at the start of the case summary and where to find the information e.g. hazard or risks to children on LCS

Brief history - All services

To be a short statement that avoids long cut and paste from previous documents. This should cover the whole family.

To cover:

- Background - Reasons for our involvement and original referral including any key factors to consider i.e. if any previous child exploitation, cumulative concerns of low-level neglect, relevant family history and patterns and so on.
- For children in care and care Leavers- why the young person became looked after, was this a care order, interim care order or section 20? What age were they? Did they receive life story work/ later life letter?

PEN Picture – All services, for the child individually and not all siblings

This will provide evidence of the child being the centre of the work we do and their journey. To be written in either dear diary style (to the child) or 1st person style (if provided by the child).

To cover:

- A description of the child, their likes, and dislikes, how they identify, other social graces considerations. Include how they describe themselves if age appropriate.
- What the child wants to happen? What are their views and thoughts? What do they say is going well/ they find difficult and what they think needs to change?
- For children with disabilities/ health needs – how I like to be communicated with, how I want practitioners to act at visits (e.g. to be on time and not use too much eye contact with autism), who knows me best, a good day for me is... a bad day for me is...

Current Plan & Reason for It - All services

Be brief and refer to where other documents can be found e.g. current plan and where it could be found on LCS. This should cover the whole family.

To cover:

- What is the plan e.g. child in need, child protection, court proceedings, Care or pathway plan, supervision order, pathway plan and so on.
- Which team is leading it e.g. family safeguarding, adolescents and so on.
- Reason the plan is in place.

- For children with disabilities/ health needs – care package plan and review date.

Current Situation – All services, however not all sections may be relevant to the child

This should cover the whole family.

To list:

- *Who has Parental Responsibility?*
- *Who does the child live with?*
- *Siblings*
- *Accommodation* where the child lives, if they live with their siblings, type of provision e.g. with family, supported lodgings, foster care and so on. Hours and focus of support if relevant, housing relevant if relevant, building independent skills plan if relevant.
- *Frequency of visiting*
- *Any court orders*
- *Any Youth Justice Involvement*
- *Family & Friends time (contact) arrangements*
- *Education & Training* where, what level, end date, upcoming exams, EHCP (include where to find it) and educational support in place if relevant. Employment details and job role if relevant. If NEET – since when, what is the plan and what work has taken place and benefits in place.
- *Health* any physical or mental health needs including diagnosis and impact, medication and treatments, communication methods, health teams and professionals involved.
- *Unaccompanied Asylum-Seeking Child* current situation including date asylum claim made, solicitor detailed, what is required, if asylum granted (if completed), leave to remain details (if completed). If the child has ID, ARC card and biometrics. The child's level of English and if an interpreter is needed (detail which language).
- *Child Exploitation Risk Rating*

Occupational Therapy Plan – For children with disabilities/ health needs who have OT involvement

Risk Factors/Analysis/Impact on the child - All services

This may not be relevant for children with disabilities who are open only for a care package however to be included if any risks to the child or to their siblings. This should cover the whole family.

To cover –

- Any safeguarding concerns such as domestic abuse, substance misuse, mental health needs (parental or child's), sexual abuse and so on.
- Any extra-familial harm concerns, sibling to sibling abuse, child to parent abuse, missing and so on.

- Any educational risks such as missing from education or low attendance and so on.
- Impact from childhood trauma/ any adult safeguarding concerns
- Include analysis, impact on the child, and include if discussed at multi-agency meetings such as child exploitation meetings.
- If a risk assessment has been completed, where this can be found. Or if no risk assessment but a separate document to cover risks has been completed, e.g. reunification assessment where this can be found.
- Any risks to professionals and why e.g. do not visit alone.
- For children with disabilities/ health needs – what difficulty/ harm does their disability pose to themselves, their family, and their community.

Progress against the plan – All services

This should cover the whole family.

To cover:

- Highlight any outcomes and progress achieved by the family.

Contingency/Safety plan – All services

This should cover the whole family. To be kept up to date and to be relevant to the current plan, strengths, and risks. All children should have a safety plan.

To cover:

- What interventions or risk management plan is in place including multi-agency plans to mitigate risk
- Who could be contacted in an emergency with contact details e.g. a family member or friend.
- Overview of the safety plan, the date of the safety plan (to ensure its up to date) and where to find this, e.g. what will the family do in a domestic abuse situation, what is the plan if a child goes missing etc.
- What is the contingency if the safety plan is not followed or does not work.
- If the child has their own safety plan and where to find this.
- Overview of the Family Group Conference plan and where to find this, e.g. who in the family will look after the child in case of an emergency or how will the family support the child attending school regularly etc.
- If a looked after child, who has been assessed as a suitable alternative carer (with checks).
- When the safety and contingency plan will be reviewed.

Key professionals involved – All services

This should cover the whole family.

To cover all key professionals, GP, and other significant adults such as previous foster carer and adult siblings etc along with their role and contact numbers/ email addresses.

Key dates – All services

This should cover the whole family.

To cover:

- Last multi-agency review meeting and next one e.g. core group, placement meeting etc
- Last conference, next conference (if relevant)
- Court dates (if relevant)
- Transition referral was completed, will be completed on and when accepted (if relevant)
- CCC checklist was completed/ will be completed on and when eligible from (if relevant)
- EHCP completed on/ will be reviewed on (if relevant)