**Brief history- (original referral/duration of involvement) –**

***My preferred communication method is****:*

***Pen Picture - All about me****:*

***The people who know me best are****: my father, brother and grandmother.*

***Describe my disability/health issues and how they impact on me****:*

1. *A good day for me is:*
2. *A bad day for me is: e.g. when I feel tired and find it difficult to get out of bed.*

***What challenge does my disability pose****:*

*To me: I am losing the use of my muscles, and my mobility is now very limited. I use a wheelchair to get around.*

*My family: I need my family to assist me with my basic care needs.*

*My community: I use a wheelchair and struggle to access some areas if they are not adapted for wheelchair users.*

***My transition referral was completed/will be completed on:*** *(insert date)*

***Transition Referral Accepted on:*** *(insert date)*

***My CCC checklist was completed/will be completed on:****: (insert date)*

*My checklist was submitted to the ICB on: (insert date)*

*I meet/do not meet threshold for a full DST assessment*

*I am eligible for CCC: Yes/No (insert date of decision)*

***My ECHP was completed/reviewed on****: (insert date)*

***Current plan and reason for it*** – *CIN, CP, PLO, Proceedings, Care or pathway plan, Supervision order. Be brief and refer to where other documents can be found e.g. current plan and where it could be found on LCS. Include brief overview of care package*

***Current Situation***

* *Who has PR?*
* *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, which housing register bidding on if relevant, building independent skills plan if relevant.*
* *Frequency of visiting*
* *Any court orders*
* *Any Youth Justice involvement*
* *Family and 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 – See All About Me.*
* *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**

**Advocacy/ Independent Visitor details – For relevant children e.g. children looked after, care leavers and children on a child protection plan**

***Safeguarding Factors/Analysis/Impact on the child***

* For children with disabilities/ health needs – what difficulty/ harm does their disability pose to themselves, their family, and their community. Is there a behavioural management plan, moving and handling plan, risk assessment? Please signpost where this is saved on the electronic records.

*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.*

***Progress against the plan***–

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* –** *with telephone numbers*

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)
* EHCP completed on/ will be reviewed on (if relevant)
* Last Home Visit and next one planned.

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| --- | --- |
| Title | CWD Child Summary -Guidance and Template |
| Purpose |  |
| Updated by | Melanie Caroll |
| Approved by | Jenny Brickell |
| Date | 12/02/2025 |
| Version | V1 |
| Status | Final |
| Frequency | 12 Months |
| Next review date | February 2026 |