## **SW report for subsequent CLA review (CSSW)**



### Child's details

This form should be used for all second and subsequent CLA reviews, as well as initial CLA reviews that take place due to a change of care plan for a child who is remaining in the care of the Local Authority (e.g. moving to a foster placement from a children's home).

Name of child	
Age	
Date child became looked after	
Date of review	
Child's Independent Reviewing Officer	
Information on documentation	
Is the child a British citizen / has settled status?	
O Yes	O No

What arrangements are being made to secure their status?		
Does the child have a passport?  O Yes  Passport number  Expiry date of passport	O No	

Where is the passport stored?		
Where is the child's birth certificate stored?		
Does the child have a national i	insurance number?	
O Yes	○ No	

What arrangements are being made for this?			
Meeting invitees			
Precently invicees			
People invited to the review me	eting		
People invited to the review me	eting	Agency	
People invited to the review me		Agency	
People invited to the review me		Agency	
People invited to the review me	me	Agency	
People invited to the review me  Na  Information on the plan	me	Agency	
People invited to the review me  Na  Information on the plan  Details of child's current place	me	Agency	

ID:

If any of the above information is i	incorrect, please update on the front screen
Brief statement detailing the main presenting	issues and level of concerns that meant that the child could no longer remain at home and led to them becoming looked after.
Reason for child being looked afte	r
What is the overall care plan for this child?	
Please explain why this permanence plan was chosen	
permanence plan was chosen	

Has the child been seen alone since the last review?	
O Yes	O No
Has the child's bedroom been seen since the last review?	
O Yes	O No
Has the child been spoken to about their upcoming review a file?	nd their views, wishes and feelings recorded and uploaded on their
O Yes	O No
How does the child want their review to be set up? Who should be the child want to contribute to the review?	ere, where should it be held and who should chair etc? How does the

Why not?

Has this report been shared wi	th the child at least 2 days pric	or to the review in an age-appropriate	form?
O Yes		O No	
O N/a			
Why not?			

Has this report been shared with the parents / holders of Parental Responsibility for the child at least 2 days prior to the review?		
O Yes	O No	
O N/a		
Why not?		

# Review of the child's current care plan

Only complete when there is an existing Care Plan already in place, i.e. at second and subsequent reviews

### **Child's plan**

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done	Progress

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done	Progress

## **Permanence plan**

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done	Progress

Have care proceedings concluded?	
O Yes	O No
Is the child in a long-term foster placement?	
O Yes	O No
Is there a family finding SW allocated from the permanency to	eam?
O Yes	O No

## **Health plan**

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done	Progress
Are there any upcoming health appointments? Please give details.				
Date of next health review				
Date of last opticians appointment				

Any actions required			
Date of last dental appointment  Any actions required			
Is this child to date with immun	isations?	O No	

What is the plan to catch them up?	
Is the child on the dynamic support register / have a CETR?  O Yes - Dynamic support register  O No	O Yes - CETR
Summary of the plan to meet these needs?	

Has the child been an OYes	inpatient?		O No			
Have they had a care education treatment review?						
O Yes			O No			
Education plan (PEP)						
What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done	How will the pupil premium be used to support this action	Progress	
Date of last PEP						
Does the child require	additional support i	n school?				
O Yes			O No			
What support do they req	juire?					

Further details				
This information is recorded in the exploita	ation response meeting workflo	DW .		
Exploitation plan				
	what actions will be taken	Who will be responsible	When does it need to be done	Progress
Exploitation plan  What needs to change to reduce risk and	What actions			Progress
Exploitation plan  What needs to change to reduce risk and increase support	What actions			Progress
Exploitation plan  What needs to change to reduce risk and	What actions			Progress
Exploitation plan  What needs to change to reduce risk and increase support	What actions			Progress

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ID:

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Include details of anyone whom contact is restricted with.

#### Arrangements for Family Time, including with siblings living apart

Person	Frequency	Type of contact	Arrangements (transport, location, supervision)

Does the child's plan include planned short-term breaks?	
O Yes	O No

### Social Worker's assessment and views of involved professionals

Please provide an updated assessment on:

- How the child is presenting and their views, wishes and feelings
- The child's needs and developmental progress in relation to milestones
- How things are going in the placement and whether the placement can still meet the child's needs
- The child's relationships with their peers, family, carers and others in the placement
- Any significant incidents or events since last review
- How resilience is being promoted e.g. activities the child is engaged in, supportive adult relationships the child enjoys
- Contact arrangements and whether they remain in the child's best interests
- Any planned applications for court orders

Views of other professional(s) /			
views of other professionalis) i			
1			
guardian(s)			
quaruiari(S)			

Is the current care plan working and is the placement meeting the child's needs? What progress has been made to date? If the plan is not working, why is this?
Child, family and connected person's views
Child, family and connected person's views  f the child is too young, is not wishing to engage with the review process, or has difficulties with communicating their views directly, then you should add your observations of them and, if possible, also think about what they might want to say if they were able to and what their likely views are.
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hat is the child most proud of since their last review, What are their main achievements that they would like to share?
That is the child most product since their last review, what are their main achievements that they would like to share:
hat are the views of their parent(s) / carer(s) or any important connected person that the child wants to be involved in their review?
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What are the child's views r	egarding their overall care plan	experience and the support	they are receiving?
Social workers should ensure that this box is	completed and that it addresses specifically the ch	ild and families views on the plan and the supp	ort they receive
Proposed new care plan			
Needs to be completed for every r	review		
Date of this plan			
Proposed Care plan			
What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done

### **Proposed Permanence plan**

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done

### **Proposed Health plan**

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done

### **Proposed Education plan (PEP)**

What are the child's care needs and how will they be met	What actions will be taken	Who will be responsible	When does it need to be done	How will the pupil premium be used to support this action

O Yes		O No	
Type of concorn			
○ CSE	O CCE		O Both

### **Proposed Exploitation plan**

What needs to change to reduce risk and increase support	What actions will be taken	Who will be responsible	When does it need to be done

Include details of anyone whom contact is restricted with.

### **Proposed arrangements for Family Time, including with siblings living apart**

Person	Frequency	Type of contact	Arrangements (transport, location, supervision)

Completed by

Has not been verified

Team manager's comments  Having read the updated assessment, the team manager should record any comments here.		
Team manager	Has not been verified	