**TEMPLATE- Case Supervision Record**

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| **Case Initials** |  | **MOSAIC no** |  |
| **Supervisor** |  | **Worker** |  |
| **Other present** **(if applicable)** |  | **Date** |  |

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| --- | --- |
| Is there an up to date Chronology |  |
| Date of last Visit |  |
| **Update of Any Actions from last Supervision/Managerial Oversight*** Consider any completed and outstanding actions- what is the impact: what steps need to be taken to ensure actions are completed?
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| **Actions from last supervision:** |
| **Child’s Experience*** Brief summary if supervision or recap of child and family’s experience since last supervision
* What are the child’s views? How do we know this?
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| **Family Functioning/ History:****Child’s Voice:** |
| **What’s Working Well?*** How do we know? What is the impact on the child and family
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| **What are We Worried About?*** Is the plan being implemented? Is it making a difference?
* What are the barriers?
* Scaling
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| Is the plan being implemented?Is the plan making a difference?Barriers?**Scaling** |
| **What needs to Happen Next?**Include any statutory requirements e.g. reviews, assessments, visits etc. |
| **Actions agreed** | **By Whom** | **Timeframe** |
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