**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? | |
| **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? | |
| **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 | | |
| 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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