**LONDON BOROUGH OF TOWER HAMLETS**

**SUPERVISION SUPPORT PLAN**

**Child’s name:**

**Date of Birth:**

**Current Legal status of child:**

**Local Authority:** London Borough of Tower Hamlets

**Child’s Address:**

**Date plan was completed:**

**INDIVIDUAL WORKER RESPONSIBLE FOR COMPLETING THIS PLAN**

**Name:**

**Agency:** London Borough of Tower Hamlets

**Address:** 4th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG

**Telephone:** 0207 364 xxxx

**Email: .......**@towerhamlets.gov.uk

**Purpose of this plan**

This is a Supervision Support Plan is in support of Local Authority’s Care plan for xxxx to be made subject of a Supervision Order for a period of xx months. The support plan will set out the Local Authority’s expectations from xx’s parents and the family, as well as support that will be offered to the family by the Local Authority with timescales in order to improve the outcomes for xx.

This plan will take effect as soon as the Supervision Order is granted. The Supervision Support Plan will form the Child in Need Plan and will be reviewed every 6 weeks.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Identified Needs | What actions or services are agreed for the child/family | Who is responsible for any identified actions and services for the child/family? | Timescales (approx. Start and end date) | Planned outcome and Plan for Review |
| 1 | **Health:** (*A brief summary of the child/young person's health and any particular needs that will be addressed)* |  |  |  |  |
| 2 | **Education: *(****A brief summary of the child/young person's current educational development, progress and achievements and any particular needs that will be addressed)* |  |  |  |  |
| 3 | **Emotional and Behavioural Development*:*** *(A brief summary of the child/young person's emotional and behavioural development and any particular needs that will be addressed)* |  |  |  |  |
| 4 | **Identity:** *(A brief summary of the child/young person's sense of self and any particular needs that will be addressed)* |  |  |  |  |
| 5 | **Family and Social Relationships:** *(A brief summary of the child/young person's important relationships and their wishes and feelings about these and any particular needs that will be addressed)* |  |  |  |  |
| 6 | **Contact:** *(Outline of proposed arrangements for contact (indirect, direct, virtual, telephone, letters)* |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Signed by:**

Ms (mother):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Mr (father):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Special Guardians):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

(Social Worker): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: