Case Supervision

Child / young person's details

Case ID

Name

DOB / EDD

Address

# 

# Supervision details

Worker Name

Team Manager / Supervisor

Date of supervision

Type of case

Date of next review meeting / conference

If Child Protection - Date of next Core Group

Reflection: What are we trying to achieve for this child? What do they want? What will success look like? How will we know things have improved?

**Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the desired outcome?** | **Actions needed to achieve outcome** | **Who will be responsible?** | **When does it need to be done by?** |
|  |  |  |  |

## 

## Visits

## 

**Are visits within statutory/planning timescales?**

Yes/No

If no, please provide details

## Cared for Child only

Are Family Time arrangements up to date and meeting the child / young person's needs?

Team Manager who completed this form