

**FAMILY SUPPORT SERVICE**

##### Session Summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Time and duration:** |  | **Venue:** |  | |
| **Present:** |  | | | | | |
| **Week**  **Session:** |  | | | **Announced / Unannounced** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of need:** | CIN | CP | LAC |

|  |
| --- |
| **Specific aims of session (make links to key goals from Action Plan):** |
|  |

|  |
| --- |
| **Summary of work completed:** |
|  |

|  |
| --- |
| **Views of child/young person:** |
|  |

|  |
| --- |
| **Positive outcomes:** |
|  |

|  |
| --- |
| **Barriers/ Concerns:** |
|  |

|  |
| --- |
| **Next steps/ agreed actions:** |
|  |

**Any significant concerns identified?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No | X | N/A |  | Other |  |
| Details: |  | | | | | | |

**If yes, have these been shared with line manager and/or allocated social worker?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No | X | N/A |  | Other |  |
| Details: |  | | | | | | |

**Have any new personal safety risks been identified?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No | X | N/A |  | Other |  |
| Details: |  | | | | | | |

**Following these newly identified risks, has the RA been reviewed and shared with your line manager?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No | x | N/A |  | Other |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Next Session: | Date: |  | Time: |  | Session Summary produced by: |  |