**Family Support Chronology – Progression of case**

**Name of the children:**

**Name of the parents:**

**Name of family support worker:**

**Status of case (Assessment, CIN, CP, PLO, LAC):**

|  |  |
| --- | --- |
| **Date family support work commenced:** | |
| **Work identified by allocated Social Worker:** | |
| **Number of sessions offered to date:** | **Number of sessions completed to date:** |
| **Summary of work completed to date:**  ***(Including resources, programmes etc., voice of the child, referrals to other agencies and attendance at groups)*** | |
| **Current risks to the child/children at this time:** | |

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| --- | --- | --- | --- | --- |
| **Date** | **Aim of the session (visit, meeting, phone/text contact)** | **Announced/unannounced** | **Did the session take place? If not, why not?** | **Outcome (summary of concerns and strengths)** |
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**Signature: ………………………………………………………………. Date: ………………………………………………………**