**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):**

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| --- |
| **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:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: ………………………………………………………**