**Appendix 2: Case Supervision Template**

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| Date of supervision |  |
| Name of supervisor |  |
| Name of supervisee |  |
| Name and ID of child/ren or young person |  |

Progress of Plan – from previous supervision and “Actions/Decisions/Timescales” brought forward for sign off

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| --- | --- |
| Actions | Outcome |
|  |  |

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| --- | --- |
| **Case update –** *(include information about visits, assessments, meetings)*Core worries/ reason for involvement/ significant events since last supervision.Make sure the voice of the child, young person and the family are shown in this supervision record. Please be specific and use clear language throughout.  |  |
| **Child/Young Person’s voice**What direct work has happened since the last supervision that evidences their expressed wishes and feelings in relation to Social Care involvement? Have they been asked to scale or given a scale of their worries? |  |
| **What is working well?***(Must refer to progress of plan)*What do family or child/YP do well? (Indicators of change – even small ones)Who supports the family/YP?What is being done to keep this child/yp happy and healthy?What is being done to keep this child/yp safe?What has kept the child safe in the past? |  |
| **What are we worried about?***(Must refer to progress of plan and incomplete actions)*What has happened in the past that makes us worried about this child/yp?What are we most worried about at the moment?What is likely to happen if nothing changes in the child/yp’s timescale?What makes this case complicated?What is our danger statement? |  |
| **Analysis and reflection?***(All cases must be scaled and reasons recorded)*How worried are you about this child/yp and why? How safe is the child? How motivated is the family? How well is the safety plan working?What does 10 look like for this family? |  🡨-------------------------------------------------------------------------🡪 0 1 2 3 4 5 6 7 8 9 10 |
| **What needs to happen?***(What actions need to be added to the plan or are still to be completed to ensure the child is safe and well)*What do the family/yp want to happen?What is our safety goal? |  |

Plan – what are the family’s next steps/actions, social worker/lead professional/Team Around the Child actions to be taken and by when

|  |  |  |
| --- | --- | --- |
| Actions | Who  | timescales |
|  |  |  |