**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 |
|  |  |  |