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| **Date of Supervision** |  |  |
| **Allocated Social Worker** |  |  |
| **Allocated Family Support Worker** |  |  |
| **Supervisor** |  |  |

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| --- | --- |
| **Child Name** |  |
| **Mosaic Number** |  |
| **Case status CIN, CP, LAC** |  |
| **Date last discussed in supervision** |  |
| **Key dates (for example, last multi-agency meeting, forthcoming meetings, PLO timescales etc)** |  |
| **Date allocated to Family Support** |  |

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| **Family Support Worker plan: (the plan should be agreed with Social Worker and uploaded onto mosaic). Summary of plan below:** |
|  |
| **Update against the plan** |
| **What is working well** |
|  |
| **What are we worried about** |
|  |
| **What are the next steps** |
|  |

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| --- | --- | --- |
| **Decisions and actions** | | |
| **What** | **By who** | **By when** |
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