**Case Reference:**

**Date of this supervision plan:**

**Date of supervision plan reviews:**

|  |  |
| --- | --- |
| **1. Child/Young Person Details** |  |
| * 1. First Name
 |   |
| * 1. Family Name
 |  |
| * 1. Date of Birth
 |  |
| * 1. Mosaic ID number
 |  |
| * 1. Gender
 |  |
| * 1. Ethnicity
 |  |
| * 1. Religion
 |  |
| * 1. Disability
 |  |
| * 1. Date this supervision episode started or is planned to start
 |  |
| * 1. Child/Young Person’s home address
 |  |
| * 1. Name of person (s) with parental responsibility at this address
 |  |
| * 1. Relationship to child/young person
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| * 1. Name and address of any other person with parental responsibility not living at the child's home address
 |  |

*The next section asks you to state simply the reasons for supervising the child*

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| **2. Reason for Supervision Order** |
| 2.1 Why did/does the child or young person need to be made subject to a supervision order? |
|  |
| 2.2 What would happen if the child or young person was not made subject to a supervision order?  |
|  |
| 2.3 Who will be looking after this child or young person?  |
|  |

*The next section moves into the plan for supervision and here you should set out any elements included in the Order under Schedule 3, for example any requirements as to medical examination, or residence. You should also include any services or support to be offered.*

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| **3. The Supervision Plan** |
| * 1. Aim of the supervision plan *(including where the child will be living, who will be caring for the child)*
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|  |
| * 1. What outcomes are required?
 |
|  |
| * 1. Actions to be taken to achieve the planned outcomes? *(please only include those which have been agreed, include frequency of visits and any support to be provided to the child or their carer. )*
 |
| *What*  | *by whom and when* |
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| * 1. Specific expectations of the parent/carer’s designed to ensure the child is protected from risk of harm (including, for example, any expectations as to drug or alcohol usage, contact with risky adults or similar)
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| * 1. Risks and contingencies *(state here the key risks and give details of any contingency planning; this should include any specific expectations of the parent/carer which, if breached, would be likely to lead to HCC seeking an extension of the Supervision Order or the removal of the child)*
 |
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| * 1. List the agencies consulted in the formulation of this plan
 |
|  |

*The next section focuses upon what steps need to be taken to maintain continuities in the child's life - always important but essential if the desired permanency is back in the family home or in the home of a special guardian. (3.1-3.4 must be completed, 3.5 & 3.6 if relevant)*

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| **4. Child or Young Person's Needs and Support** |
| 4.1 Identity: including religious persuasion, racial origin, cultural and linguistic Background |
|  |
|  |
|  |
| * 1. Retaining a place within the family home/network
 |
|  |
|   |
| * 1. Education and training
 |
|  |
| * 1. Health including physical, emotional and mental health
 |
|  |
|  |
| * 1. Emotional and behavioural development
 |
|  |
|  |
|  |

*The next section concerns the views of the child or young person and is to highlight any concerns they have or areas where their views have not been able to be incorporated into the plan*

|  |
| --- |
| 1. **Wishes and views of the child/young person**
 |
| * 1. Has the supervision plan been explained to the child or young person?
 |
|   |
| * 1. What concerns do they have, and is there anything they wanted that is not reflected in the supervision plan or the placement arrangements?
 |
|  |

*The next section concerns the views of the child or young person’s family members and is to highlight any concerns they have or areas where their views have not been able to be incorporated into the plan*

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| 1. **Wishes and views of parents and others**
 |
| * 1. Has the supervision plan been explained to the parents and other relevant people? Does the family fully understand their responsibilities?
 |
|  |
| * 1. What concerns do they have, and is there anything they wanted that is not reflected in the care plan or the placement arrangements?
 |
|  |

*The next section will need to be completed to reflect when the plan is to be reviewed, including frequency, and when a decision will be made about extension or expiry of the supervision order*

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| 1. **Review of supervision plan and consideration of need for extension of order**
 |
| * 1. dates for regular reviews
 |
| * 1. agencies to be invited (these may coincide with CIN meetings)
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|  |
| * 1. date for final review
 |
|  |

*The next section details, for easy reference, the staff within the Council who are responsible for carrying out the plan*

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| 1. **Management and Support**
 |
| 9.1 The manager responsible for overseeing the plan  | Name  |
| Contact  |
| Team Manager |
| 9.2 The person responsible for implementing the plan | Name  |
| Contact  |
| Social Worker |
| 9.3 The independent person responsible for reviewing the plan | Name  |
| Contact |
|  |  |

**Procedures for making complaints and representations:** Any interested party may make complaints or representations regarding the implementation of the Supervision Plan with the social worker directly or with their manager. If matters are not resolved this way a formal complaint may be made using the Local Authority’s complaints and representations procedure.

Parties to ongoing proceedings may make any disagreements known through their legal representation.

*This final section carries the signatures of staff and managers necessary at each stage including into the court process*

**Name and professional position of the person who prepared the Supervision Plan**

Social Worker

Signature Date:

Team Manager:

Signature: Date:

**Endorsement for Final Hearing**

Head of Service

Signature Date:

**Address of Children’s Team and telephone number**

Nelson House, Whitecross Road, Hereford HR4 0DG - 01432 260665