Appendix 4: Children’s Case Supervision Record (LCS exemplar)

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| **Surrey County Council****Children's ICS Support Team County Hall****Kingston [RESTRICTED ]****Tel: Fax:** |
| **Child Supervision Record** |
| **Details of Child:** |
| Family Name |  | Given Names |  |
| Actual DOB |  | Gender |  |
| Ethnicity |  | Primary Language |  |
| Primary Address |  | Telephone |  |
| Mobile |  |
| Case Number |  |
| Secondary Address |  | Current Address |  |
| Date of Supervision/MO |  |
| Social Worker Name |  |
| Manager Name |  |
| **Presenting issues/needs/risks** |
|  | Presenting issues needs risks |  |
| **Update/ Progress** |
|  | Update/Progress |  |
| **Voice of the Child** |
|  | Voice of the Child |  |
| **Analysis / Management Oversight (include reflection)** |
|  | What does this mean for the child? |  |
| **Decisions made and actions required/previous actions reviewed.** |
|  | Date of Decision | Decisions | Who will do what? | By When? | Completed |  |
|  |  |  |  |  |  |  |

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Reviewed by: Kasey Senior – Service Manager, Practice Standards

Next review date: June 2024