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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
|  |  | |  | |  | |  | |  |  |

Document last reviewed: November 2023

Reviewed by: Kasey Senior – Service Manager, Practice Standards

Next review date: June 2024