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**Group Case Supervision Template**

**FAMILY SAFEGUARDING GROUP CASE SUPERVISION**

* Forms can be cancelled if created in error
* Consolidation to be enabled to support family working

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| **Child’s Name** *Prepopulated* | **Date of Birth** *Prepopulated* |
| **Date of FS Group Case Supervision**  **Attendees** | |
| **CP** **CIN** **CLA** **PLO** **CARE PROCEEDINGS** | |
| **Actions/Updates from previous GCS** | |
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| **Experience element of the Kolb reflective cycle** | |
| **Case Summary (This will not be a pull through) This information should be in case summary/workbook summary**  *Points to consider:*   * *What is the current situation/level of professional involvement? Date current plan commenced?* * *Key dates/visits? E.g. court filing dates, ADM dates.* * *Dates child(ren) last seen/seen alone?* * *Dates family last seen?* | |
| *Person recording should indicate where the above information can be found.*  *E.g. See workbook summary, or see case summary.* | |
| **Outcomes and Analysis (From all Family Safeguarding Workers involved)**  **(***Text box which will bring through the child’s workbook summary(outcomes & analysis) information from all FS workers involved.* | |
| **Observations and Feedback**  Feedback from professionals not in Family Safeguarding  *Points to consider:*   * *What are the strengths? Evidence?* * *What are the areas for further work? Evidence?* * *What tools are being used as part of the intervention?* * *Views of adults including absent fathers* * *Has a Permanency Planning Meeting taken place?* * *Has a Family Group Conference taken place?* | |
| **Child/ren Observation (incorporating the voice of the child)**   * *What is life like for them living in the home?* * *Parent- child relationships, sibling relationships?* * *Childs Self-esteem, ability to build relationships with peers* | |
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| **Reflection element of the Kolb reflective cycle** | |
| **Evidence of Change**  *Points to consider:*   * *Evidence of engagement?* * *Evidence of barriers/challenges?* * *Views of family members?* * *New partners/significant others?* | |
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| **Outline how Equality and Diversity areas are being addressed**   * *What is the family culture, what is important to them as a family* * *What are these areas and why are they important* * *What impact are these areas that impact on the family* | |
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| **Reflection on impact**  *Points to consider:*   * *What is the impact on the child (what is it like for the child?)* * *What is/has worked well with the family?* * *What is not working well for the family?* | |
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| **Analysis element of the Kolb reflective cycle** | |
| **Analysis**  *Points to consider:*   * *From the information gathered and shared, what does this mean?* * *The views of all involved workers need to be considered* * *How does it impact on the child?* * *Evidence where the parents are at relating to the cycle of change? Are there any barriers/challenges? Are they ready to make the changes? If yes how? If no, why?* * *What progress and outcomes have been achieved?* | |
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| **Judgement of Risk**  *Points to consider:*   * *Relevance to each individual child needs to be considered?* * *Risk factors (increasing/decreasing)* * *What do we need to know more about? What don’t we know?* * *What does this mean for the immediate safety of the child(ren)?* * *Are there any grey areas we need to know more about?* | |
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| **Planning element of the Kolb reflective cycle** | |
| **Management Decisions and Case Direction**  *Points to consider:*   * *Plan for future period of work* * *Timescales* * *Evidence to support this decision-making* | |
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| **Overall RAG Status**   |  |  |  | | --- | --- | --- | | **Red** | **Amber** | **Green** | | **1-2-3** | **4-5-6-7** | **8-9-10** |  |  | | --- | | **Frequency of Supervision Based on RAG rating.** | | **(Picklist with values to be based on rag rating selected.)** | | |
| *User Choose field to allow completing worker to choose which manager will receive the form to authorise it.*  *(AUTHORISATION STAGE TO BE ADDED WHEN THE FORM HAS BEEN COMPLETED)* | |
| **Manager Authorisation**  Form authorised? *Yes/No (radio buttons)*  Date of decision (*Date field)* | |
| Additional Information/Comments *Text box for additional information/comments to be recorded with regards to the decision* | |

Document last reviewed: November 2023

Reviewed by: Kasey Senior – Service Manager, Practice Standards

Next review date: December 2025