

SUPERVISION ORDER SUPPORT PLAN

Child's Name:

Date of Birth:

Name of Family member where the child/ren lives:

Local Authority where the Family Lives:

The proposed support plan is based on the assessed support needs of the child and the parent/carer and of the birth relatives.

Date Proposed Plan was Completed:

Length of Supervision Order:

SOCIAL WORKER RESPONSIBLE FOR CO-ORDINATING AND MONITORING THE DELIVERY OF THE SERVICES IN THE PLAN

Name:

Service Area:

Address:

Telephone:

E-mail:

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Timeline			
Week	Task	Meetings and Monitoring	Changes

Who is involved in the plan	
What are the specific tasks of this person?	Network Lead

Recording and demonstrating the plan	
How will the family demonstrate the use of the plan?	



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How will the professionals involved with the family demonstrate?

Specialist Services

(ONLY IF AGREED AT DECISION MAKING MEETING/CSM)

Person – Name and Relationship to Child	Type (eg. direct, face to face) or indirect	Frequency, Duration, Venue and Starting Date	Will Contact Need to be Supervised	Who Will do This?	Purpose of this Contact

Family time

Person – Name and Relationship to Child	Type (eg. direct, face to face) or indirect	Frequency, Duration, Venue and Starting Date	Will Contact Need to be Supervised	Who Will do This?	Purpose of this Contact

Signature

Signature	Print Name	Date



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Child / Young Person (where appropriate)			
Parent/Carer			
Child's Social Worker			
Team Manager			
Service Manager			

Managers Review:

Based on the analysis and plan in place, is the recommendation the appropriate course of action to ensure the safety and wellbeing of the child?			
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Date Review was held:			
Authorising Manager:			