**Multi Agency Supervision Template**

|  |  |
| --- | --- |
| Lead Partners |  |
| Date |  |
| Child / Family Name |  |
| Attendees |  |

|  |
| --- |
| Brief Overview of Family Circumstances |
| * *Why Multi Agency Supervision is being requested.* |

|  |
| --- |
| Reflective Multi Agency Supervision Case Discussion |
| * *Each individual family members to be discussed what life is like for them.* * *Past trauma for any family member?* * *Current harm / risk and strengths?* * *What information is missing?* * *What assessments are outstanding?* |

|  |
| --- |
| Agreed Outcomes |
|  |