**Multi Agency Supervision Template**

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

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| Brief Overview of Family Circumstances |
| * *Why Multi Agency Supervision is being requested.*
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| 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?*
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| Agreed Outcomes |
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