**Multi Agency Supervision Template**

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| **Lead Facilitators** **(name, role and organisation)** |  |
| **Date of Session**  |  |
| **Child / Family Name** |  |
| **Attendees** **(name, role and organisation)** |  |  |
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| **Brief Overview of Family Circumstances** |
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| **Reflective Multi Agency Supervision Case Discussion** |
| *-Each individual family members to be discussed what life is like for them.**-Current harm / risk and strengths?**-What information is missing?**-What assessments are outstanding?* |
| **Agreed Outcomes**  |
| *Consider next steps or actions which need to be taken as a result of information identified in the session.*  |