**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.* |