**NAME OF FOSTERING HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHO WAS PRESENT DURING THE VISIT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISING SOCIAL WORKER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF VISIT: / /**

**NAME OF CHILD/REN IN PLACEMENT**

**1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were there any actions done in the last supervision visit? If so have they been completed? (Please refer to the previous supervision record)**

| **foster Carer’s Data** |
| --- |
| **DBS**  | **dd/mm/yy** | **Health and Safety checks dd/mm/yy** | **dd/mm/yy** |
| **Medical**  | **dd/mm/yy** | **Last unannounced visit dd/mm/yy** | **dd/mm/yy** |
| **Last annual Review**  | **dd/mm/yy** | **Last supervisory visit dd/mm/yy** | **dd/mm/yy** |

**Action plan for any outstanding statutory requirement:**

|  |
| --- |
|  |

**SCALING QUESTION(S)**

**Please adapt the example to form your own scaling questions. For example, to give an indication of placement stability, support provided to the foster family, how the child is prepared for a placement move or independence.** *The fostering social worker and foster carer should each give an answer individually.*

***Example:*** *on a scale of 0-10, where 0 is my family and I do not feel the placement is going really well, none of us are happy, we do not feel supported and we do not believe it could possibly last another day and 10 is everyone in the household is happy, we all feel a part of a family unit and this placement is working well,* ***where would you place yourselves today?***

**ACTUAL Scaling Questions used:**

|  |
| --- |
|  |

**Reasons for scaling:**

|  |
| --- |
|  |

**FRAMEWORK: Please consider the five outcomes for each child in placement as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **5 Key Outcomes:** Framework Considerations for each child in placement. | **What are we worried about?**What’s not working? | **What’s working well?**What are the existing strengths?  | **What needs to happen?**Goals and next steps  |
| **Being Healthy**General HealthIncidences, AccidentsRegistration and appointments with GP, Optician, Dentist Personal Hygiene, Self-careEmotional health/CounsellingSexual Health (age appropriate)Has the strengths and difficulties questionnaire (if applicable) been completed? If so when?  |  |  |  |
| **Staying Safe**Unauthorised AbsencesAccidents/InjuriesMonthly EDT summaryHousehold Policy |  |  |  |
| **Enjoying and Achieving** School attendance and progress/ ExclusionsInformation and decisions from PEP and school reportsLeisure activities, hobbies, community groupsContact with birth family/friendsHoliday |  |  |  |
| **Making a positive contribution**Self esteemIdentityLife story workCulture & Religion |  |  |  |
| **Achieving economic wellbeing**Independent skills (age appropriate)Savings and finance |  |  |  |

**OTHER INFORMATION ABOUT THE PLACEMENT**

1 – Have there been any changes or placement endings since the last visit? Is yes please give details

2- Is the safer caring policy up-to-date? YES/NO any issues arising from this or have there been any notifying incidents (sch 6 & 7) YES/NO

*(Consider creating a danger/worry statement and safety plan)*

3- Is the foster carer’s recording up to date? If not when will this be done by?

4- Is there any need for a short break, if so how can this be progressed?

5- How many days respite have already been taken this financial year?

6- Is there any finance issues for the carers? Is the child receiving enough pocket money and savings?

7 - What are the carer(s) development needs?

10 – Any other important information or actions agreed? (Please record any disagreements)

Date of next supervision \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

**Signed by:**

Carer 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carer 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising social worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_