|  |
| --- |
| **Supervision Support Visit** |

|  |  |  |
| --- | --- | --- |
| **Foster Carer:** | **SSW:** | **Date:** |
| **Children in Placement:** | **Children Seen:** | |
| **Time Supervision started:** | **Time Supervision ended:**  **Duration:** | |
| **Confirm that the foster carer was called prior to supervision taking place to confirm that the household was covid and symptom free.** | **No symptoms of covid in the household** | |

|  |  |  |
| --- | --- | --- |
| Actions from Previous Visit | Responsible | Update |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Actions from Monitoring Form | Responsible | Update |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Dates children seen by SSW:** |
| **Placement discussion - concerns, achievements and outcomes: Record any progress that the child has made.**  **Health:**  **School:**  **Activities/Identity:**  **Family time:**  **Meetings:** |
| **Delegated Authority – any decisions to be made or updates needed?** |
| **Is the Young person/s Risk Assessment up to date?**  **Any outstanding action? need updating:** |
| **Medicals completed? Y/N** |
| **Is the H&S check up to date?**  **Any outstanding action?** |
| **Is the Safer Caring Agreement up to date?**  **Any outstanding action?** |
| **Is the Unannounced visit up to date?**  **Any outstanding action?** |
| **Foster Carers Recordings – feedback:** |
| **Foster Carer’s personal circumstances that may have an impact on the young people in placement.**  To include update on carers’ health and any change or proposed changes in household composition |
| **Holiday/Sleepover or Support Plans:** |
| **Personal Development Plan – Record Training/Support Groups/Workshops Attended:**  **Describe how this training has impacted the carers practice:** |
| **What we are doing well?:** |
| **Niggles?:** |
| **Children’s niggles since last supervision:** |

|  |  |
| --- | --- |
| Actions arising from this visit | Responsible |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Date of Next Supervision |  |

|  |  |
| --- | --- |
| Foster Carer/s Signature |  |
| Foster Carer/s Signature |  |
| Supervising Social Worker Signature |  |