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| **Supervision Support Visit** |

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| **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** |

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| Actions from Previous Visit  | Responsible | Update |
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| Actions from Monitoring Form | Responsible | Update |
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| **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:** |

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| Actions arising from this visit | Responsible |
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| Date of Next Supervision |  |

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