|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fostering Social Workers Record of Supervision Visit to Foster Carers** | | | | | | |
| **Foster Carers Details** | | | | | | |
| **Carer 1** | |  | | | | |
| **Carer 2** | |  | | | | |
| **Date Registered** | |  | | | | |
| **Foster Approval** | |  | | | | |
| **Date Annual Review Due** | |  | | | | |
| **Further Information** | | | | | | |
| **Fostering Social Worker** | |  | | | | |
| **Date of Visit** | |  | | | | |
| **Fostering Household** | | | | | | |
| **Forename** | **Surname** | | **Date of Birth** | **Age** | **Relationship** | **Placement Dates** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **People Present** | | | | | |
| **Name** | | | | **Relationship** | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| **Supervision Checks** | | | | | |
|  | **Yes / No** | | **Comments** | | |
| **Child placed seen and spoken to:** |  | |  | | |
| **Fostering bedrooms seen:** |  | |  | | |
| **Diary records seen:** |  | |  | | |
| **Goals and plans agreed upon in previous supervision and evidence followed up.** | | | | | |
| **Goal / Plan / Safety Planning** | | **Timescales** | | | **By Whom** |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Record of Supervision Visit** | | | |
| ***Foster Family Wellbeing*** *(e.g. factors impacting on placement, consider family issues/birth children, health, planned holidays and finance etc).*  ***Safeguarding and Practice Issues*** *(e.g. consider CSE, Missing, positive behaviour and risk management. Include complaints, allegations, and standards of care, praise and compliments, professional relationships, use of ‘signs of safety’)*  ***Care Plan and Contact*** *(e.g. views of child / young person, evidence young person and carers appropriately involved in planning and decision making. Issues of drift to be escalated. Delegated Authority and Permanency, transition planning to adulthood for care leavers).*  ***Child/Young Person’s progress*** *(e.g. wider needs including Health, Education, Emotional & Behaviour, age appropriate self-care, skill development and boundaries, pocket money and savings)* | | | |
| 1. **General Discussion** | | | |
|  | | | |
| 1. **What has been working well for you as a foster carer and what has been working well for the child or young person you are looking after? How has this been achieved and what difference has this made?** | | | |
|  | | | |
| 1. **What are the worries for you and / or your child or young person? Are there any complicating factors?** | | | |
|  | | | |
| 1. **What do you do as a family to support your child or young person’s sense of belonging within your family and any other significant people?** | | | |
|  | | | |
| **On a scale 0 – 10.**  **E.g. On a scale of 0 – 10, where 10 means that the placement for the child or young person is stable and going really well and 0 means the placement is really difficult for everyone in the household, where would you rate the situation right now?** | | | |
|  | | | |
| 1. **Is there anything that might help you better care for your child or young person? What needs to happen to move up the scale? Goals and Plan:** | | | |
|  | | | |
| 1. **Is there evidence of how learning and development has contributed to the care provided and is the Personal Development Plan up to date.**   (Training attendance, support group attendance, career progression, skills and competencies) | | | |
|  | | | |
| **What needs to happen next, timescale for completion and by whom:** | | | |
| **Goal / Plan / Safety Planning** | | **Timescale** | **By whom** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Future dates** | | | |
| **Planned meetings** |  | | |
|  |  | | |
|  |  | | |
| **Date of next supervision** |  | | |

**Statement: I/We agree that this is a true record of the meeting today and I/we signed and will receive a copy of this document as soon as possible following the meeting**

**Signed:**

**Carer 1: …………………………………… Date: .………….**

**Carer 2: …………………………………… Date: .………….**

**FSW: …………………………………… Date: .………….**

**DOCUMENT TO BE UPLOADED ONTO LIBERI ONCE SIGNED**