**Appendix 5**

**Foster Carer’s Supervision Record**

**Supervision Visit details**

|  |  |
| --- | --- |
| Date of Visit; | *Mandatory field* |
| Date of previous visit: | *Mandatory field* |
| Who was present during the supervision? | *Mandatory field – free text box* |
| Name of Supervising social worker; | *Mandatory field* |

**Foster child(ren) living in the household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Placement Start date** | **Legal Status** | **Name of Social Worker** |
|  |  |  |  |  |

**Foster Child(ren) moved since last visit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Placement end date** | **Name of Social Worker** | **Has all the information relating to the child/young person been returned?**  |
|  |  |  |  | Yes/No *(mandatory field)**If no; when? (insert date box)* |

**Practical Discussions**

**Previous actions set in respect of the foster carer/supervising social worker**

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions that were set from last review** | **Completed** | **Update *(to complete if action is still outstanding)*** | **Date of review *(to be carried forward to the next set of actions)*** |
|  | Yes/No *(mandatory field)* |  | *Insert date* |

**Previous actions set in respect of the carer(s) training and development;**

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions that were set from last review** | **Completed** | **Update *(to complete if action is still outstanding)*** | **Date of review *(to be carried forward to the next set of actions)*** |
|  | Yes/No *(mandatory field)* |  | *Insert date* |

**Foster Child *(A record of discussion about the child/young person. This information will be shared with the social worker, at a Looked After Reviews and Network Meetings)***

|  |
| --- |
| **Date of the child’s social worker’s last visit *(what was the purpose? Any significant issues raised?)***Free text box (mandatory field) |
| **Carer(s) update on the children they are looking after;**(mandatory fields, with headings) and boxes for each child in placement)**Routine and Development;****Education;****Health;****Spending time with family and friends;****Wraparound Intervention;****Pocket/Clothing money and Preparing for independence *(how much is the child/young person entitled too? How is it being spent?)*****Life Story *(what achievements/memories has the carer collected for the child/young person?*****Log Books**Have they been checked? Yes/NoComments;Free text box**Child/young person’s bedroom seen?**Yes/NoComments;Free text box |
| **Reflective discussion *(What is the carer finding a challenge and why? How does it make the carer feel? Why does the carer feel the child/young person is behaving in that way; linking the behaviour to the Brain and Developmental trauma training? What has worked well? What could have been done differently and why?***Free text box (mandatory field) |
| **Any other areas of discussion?** *(For example, any conversations taken place with birth children/other house hold members? Any updates in respect of the Service that is relevant to the foster carer? Any other support being provided and the progress? )**Free text box* |

**Actions from discussions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions**  | **By whom?** | **By when?** | **Date of review?** |
|  |  | *Insert date* | *Insert date* |

**Training and Development**

|  |
| --- |
| **Is the carers training in date?***Yes/No**If no, please comment;* |
| **Reflective Discussion** *(what recent training/self-learning has the carer completed? What have they learned and how are they putting it into practice? Is it helping? If not why not?)***Additional Training needs;** *(What would benefit the carer to learn more about? How will this be delivered?)* |

**Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **What training is required?** | **Is this mandatory?** | **By when?** | **Date of review?** |
|  | *Yes/No* | *Insert date* | *Insert date* |

**Analysis**

|  |
| --- |
| **Supervising Social worker’s overall views in terms of how the foster placement is progressing;**Free text box (mandatory field) |
|  |

**Signatures;**

**Social worker completing the form;**

**Date form completed;**

|  |
| --- |
| *I/we agree that this is a true record of the meeting**Foster carer signatures;* |
| **Foster carer’s comments** |