**All Teams Supervision Record 2020**

Record of Individual Supervision discussion:

1. Employees Name: Supervisor:
2. Date:
3. Date of last supervision:
4. If more than a calendar month since last supervision, please give reason for delay:

|  |  |
| --- | --- |
| **Review of Actions from Last Supervision**  |  |
| **Wellbeing**Personal Rag rating 0-10.0-3 4-6 7-10(what’s challenged you most this month, what have you learnt, what’s making you hopeful, work life balance, sickness, toil, use of Leave)  |  |
| **Learning loop** Have you had any audits undertaken since last supervision? (Outcomes and actions to be discussed)  |  |
| Any complaints or compliments since the last supervision? (Outcomes and actions to be discussed)  |  |
| **Children** Children discussed – Names or case ID must be listed (what does good look like for this child/ren, how are the relationships between you and the child/family, what do we know, any info, missing, what do we need, how can we find out, progress against plan, Progress on Life Journey work/book, what’s the focus, contingency)  |  |
| Children not discussed and why – names or case ID must be listed Details to be recorded on the case discussion sheet and added to Mosaic | N/A non case holding  |
| **Further reflections** What is going well / successes?(think about self, as a team, as a service and as a multi-agency partnership)  |  |
| Anything you are you worried about? (think about self, as a team, as a service and as a multi-agency partnership)  |  |
| Performance management, (visit timeless, quality, appraisal objectives)  |  |
| Training, continued professional development needsIdeas for the service as a whole  |  |
| **Misc.**  |  |
| Actions required regarding today’s supervision(be SMART, agree deadlines, what follow up is needed)  |  |
| **Finish supervision with:** |  |
| Did you find supervision helpful today? Is there anything else that you want to say that you haven’t been able to or should say that you haven’t ?  |  |
| Children that supervisor has dip sampled before or will after this session (Name of Case ID must be recorded)  |  |

**Supervisor: ……………………………………………….**

**Supervisee: ……………………………………………….**

Date of next supervision: