**Children and Young People’s Services**

**Supervision Record**

**CONFIDENTIAL**

|  |  |
| --- | --- |
| **Name of supervisee:** |  |
| **Name of supervisor:** |  |
| **Date of supervision:** |  |

|  |
| --- |
| **Agenda** |
|  |

|  |  |
| --- | --- |
| **Progress towards actions from last supervision/audits/Resolution processes** | **Action**  (By whom/when) |
|  |  |

|  |  |
| --- | --- |
| **What’s working well?**   * Health, safety, personal matters | **Action**  (By whom/when) |
|  |  |
| **Tell me about something you have completed within your work in the last month that you are proud of?** | **Action**  (By whom/when) |
|  |  |
| **What are your worries?**   * Work, health, safety, personal issues etc. that might be impacting on your work | **Action**  (By whom/when) |
|  |  |

|  |  |
| --- | --- |
| **Management of work**   * Current caseload * Reasons for deviations from the average caseload figure (higher or lower) * Workload, priorities - how are you doing with this? | **Action**  (By whom/when) |
|  |  |
| **Caseload**   * Reflection, learning, strengths and developmental area - Children or young people allocated to the social worker discussed in supervision – recorded on child’s electronic case record * PID Numbers **only** should be listed here | |
|  | |
| **Development opportunities**   * What impact have development opportunities had on your work, particularly with children and young people? * New development needs. * Strengths or areas for development linked to the KSS. * Do you want to be considered for National Assessment and Accreditation System (NAAS) endorsement? | **Action**  (By whom/when) |
|  |  |
| **Time management**   * Flexitime, leave, sickness, absence | **Action**  (By whom/when) |
|  |  |
| **Job satisfaction**  On a scale of 0-10, 10 being that everything to do with work is really good, and you feel happy and 0 is that you feel really unhappy about work and how things are going that you really don’t want to be here, where would you be today? | **Action**  (By whom/when) |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  |   **What would be different for you if you were to move up the scale one?** |  |

|  |  |
| --- | --- |
| **Disagreements/differences of opinion**   * Include an action and timescale for follow up. Where possible this should be concluded prior to next supervision. | **Action**  (By whom/when) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Read, agreed and signed by** | | | |
| Supervisee: |  | Date: |  |
| Supervisor: |  | Date: |  |

|  |  |
| --- | --- |
| Supervision recorded on ResourceLink | Yes/No |

|  |  |
| --- | --- |
| Date/time/venue of next supervision |  |