**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 |  |