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LADO supervision agenda

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| **Name of Supervisee** |  | | |
| **Name of Supervisor** |  | | |
| **Date of Supervision** |  | | |
| **Agreed agenda**  **Should be created by both supervisor and supervisee.** |  | | |
| **Brief record of issues discussed** | | | **Actions agreed and by whom and timeframe** |
| **Check in** –  How are you? Wellbeing/Impact of Work on Staff Member (including Health) | | | |
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| **Review of actions from last supervision** | | | |
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| **Workload and performance management e.g.**   * Overall workload (consider scaling question to understand impact of workload on worker - see note 2 for example) * Case work (check last Management Oversight decisions and last case supervision record on each case discussed.) * Project work (if appropriate) * Data performance issues * Practice/Performance issues | | | |
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| **Reflection on practice e.g. reflection on issues that impact on individual – could be challenges experienced, personal impact (Motivational Interviewing)** | | | |
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| **Thematic review of issues e.g.:** | | | |
| * 3 most recent allegations * 3 most recent completed allegations * Complex / non recent abuse * Cases ongoing longer than 6 months * Partnership working including issues | | * Training with external agencies * Notifications to Ofsted / HCPC or other regulatory bodies * Feedback from agencies * Feedback from MASMs | |
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| **Worker support/care/self-e.g.** *What’s worked well in helping you do your work effectively/what has made it more difficult to be effective in your work*   * Health and Safety * Personal, external or organisational issues impacting on work * Equality and Diversity needs * Annual Leave, TOIL, sickness | | | |
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| **Learning and Development e.g.**   * Identifying learning and impact from: Audits, Observations, Training courses, Complaints/compliments * Identifying individual learning needs, updating PDR * Team development issues * Linking to professional qualifications of worker, e.g. Social Work Knowledge and Skills Statements if appropriate   Review impact on practice from group supervision/case mapping sessions attended since last supervision | | | |
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| **Any other business** | | | |
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*The above notes represent the discussion as recorded by the Supervisor. If there are any errors and omissions, please raise at the next session.*

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| **Signature of Supervisor** |  |
| **Signature of Supervisee** |  |
| **Date of next session** |  |

Document last reviewed: November 2023

Reviewed by: Kasey Senior – Service Manager, Practice Standards

Next review date: December 2025