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| **Record of Supervision** **Parenting & Family Support** |
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| **SUPERVISOR** | **SUPERVISEE** | **DATE** |
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| **AGENDA**1. **Personal health and well-being**
2. **Review/actions from last supervision**
3. **Workload and responsibilities**
4. **Quality Assurance/Audit/Observations**
5. **Health & Safety / Safeguarding**
6. **Continuous Training & Development**
7. **Any other business**
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| **Self-assessment completed by worker? Attach to record of supervision.** |

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| **1) Personal health and well-being*** *Are there any personal issues which are impacting on work performance? Does this information need sharing with anyone else?*
* *Sickness:*
* *Leave:*
* *TOIL:*
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| **Actions:** |

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| **2) Review/actions from last supervision** * *Completed? If not, why not?*
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| **Actions:** |
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| **3) Workload and responsibilities*** *For Parenting Workers: Which groups do they presently run? Numbers attending? Visits completed? Capacity?*
* *For FS Worker: How many cases/children? Closures? Capacity?*
* *EHM numbers of groups/cases discussed in this supervision – worker and line manager review together on the system if key recording is up-to-date as specific groups or families are discussed?*
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| **Actions:** |

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| **4) Quality Assurance/Audit/Observations*** *What’s the quality of work and strengths? Discussion regarding specific audits/feedback from practice observations? What does your data tell you about their performance? Messages from Outcome Star and/or (for parenting) Parent Journey?*
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| **Actions:** |

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| **5) Health & Safety/Safeguarding** * *Any specific risks? For example, related to aggressive service users, lone working etc?*
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| **Actions:** |

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| **6) Continuous Training & Development*** *Professional aspirations? What support is needed for learning identified? Has previous learning identified been completed – outcome and impact?*
* *Evolve performance targets and review?*
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| **Actions:** |

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| **Date of next Supervision:**  |

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| **Signature of Supervisor:** |
| **Signature of Supervisee:** |