**Appendix D2 – Practice Supervision – Fostering/Adoption**

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| **Practice Supervision – Fostering and Adoption Teams****CONFIDENTIAL** |
| ***Front Sheet:****To be completed at first supervision and updated/checked by the worker bi-monthly and reviewed.* |
| **Supervisor:** |
| **Supervisee:** |
| **Date carer approved:** |
| **Carer’s Name and ID number:**  |
| DOB:  |
| Approval status: |
|  |
| DBS date: |
| Medical date: |
| TSD completed? |
| **Need to know information:** (any allegations, safeguarding issues, complaints, compliments, exemptions, approval variations?) |
| **In relation to placements:Why are we working with this child?**(Danger/Worry Statements)**What are we trying to achieve?**(Safety/Stability/Success Goals) |
| **Date of supervision:** |
| **Supervisor:** |
| **Supervisee:** |
| **Care’s name and ID:** |
| **What’s working well?** *(To be completed prior to supervision by worker)* |
| **What are we worried about?** *(To be completed prior to supervision by worker)* |
| **The voice of the carer/family:** |
| **Last seen**: **Last unannounced visit:** |
| **The voice of the child in placement:** |
| **Scaling**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  |  |  |  |  |  |  |  |  |  |

***On a scale of 0 to 10 where 10 is there no real worries about the placement and*** ***0 is there are serious concerns where would you scale this today?*** |
| **To get to the next step on the scale, what would be different for the situation?** |
| **Analysis and reflection** *(Breaking down the information above to evidence decisions being recommended – what does this mean for the child/family and what is the progress towards the safety/stability/success goal)* |
| **What needs to happen?** *(Next steps and actions)* |
| **Agreed frequency of visiting the placement:** |