**Appendix D1 – Practice Supervision**

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| **Practice Supervision****CONFIDENTIAL** |
| ***Front Sheet:****To be completed at first supervision and updated/checked by the worker bi-monthly and reviewed.* |
| **Supervisor:** |
| **Supervisee:** |
| **Date allocated to the team:** |
| **Child’s Name and ID number:**  |
| DOB:  |
| Legal status: |
|  |
| Passport: |
| Birth Certificate: |
| **Actions reviewed from previous supervision** |
| **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:** |
| **Child’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 child (Voice/Choice)** |
| **Last seen**: **Seen alone?** Y/N |
| **The Family (Voice/Choice)** |
| **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 child 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 child/family?** |
| **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 child or family:** |