|  |  |
| --- | --- |
| Foster Carer name: |  |
| Foster Carer name: |  |
| Name of Supervising Social Worker: |  |
| Date of supervision: |  |
| Agreed frequency of supervision: |  |

|  |  |
| --- | --- |
| Foster Child name: |  |
| Foster Child name: |  |
| Foster Child name: |  |

N.B: The foster family considers the adults, the child/ ren placed within it, the birth child/ren and other key persons in the network.

|  |  |
| --- | --- |
| **What contact has been made with the foster family and in what way this month, to include Duty support, OOHs support, professional meetings attended, Keeping In Touch (KIT) calls, etc,:** | |
|  | |
| **Actions completed from last supervision:** | |
|  | |
| **1: What is working well for the fostering family?** | |
|  | |
| **2: Tell me about something in the last month that you are proud of that has happened in the fostering family?** | |
|  | |
| **3: What are your worries that might be impacting on the fostering family?** | |
|  | |
| **4: Review of Risk assessments, Safer Caring plans, Schedule 6 and Schedule 7 reporting, etc.,** | |
|  | |
| **5: Personal Development Plan (PDP): training for the foster carer which will support with the specific child/ situation** | |
|  | |
| **6: Matters arising: including financial, recording, Annual Review, appointments and meetings, family time for the child placed, family time for the foster carer, etc:** | |
|  | |
| **On a scale of 0-10, 10 being that everything to do with fostering is really good, and the carer feels happy and 0 is that they feel really unhappy about fostering and how things are going that they really don’t want to do it where would they be today?** | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | |  |  |  |  |  |  |  |  |  |  |  | | |
| **What needs to happen next?** | |
|  | |
| **Read, agreed and signed by:**  *(Any disagreements should be noted below with an action/timescale for follow up – this to be concluded prior to next supervision where possible)* | |
| **Foster carer:** |  |
| **Foster carer:** |  |
| **Supervising Social Worker:** |  |
| **Date of Next Supervision:** |  |