

# **Manchester Children's Services Supervision Policy.**

**Updated: July 2019**

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## **1. Introduction**

Manchester Children's Services recognise that staff members are its most important asset in fulfilling the Council's responsibility to provide a high quality service. The purpose of this document is to ensure a consistent approach to supervision throughout Children's Services, which ensures to support and motivate staff, encourage reflective practice and monitor performance and targets set at appraisals. Linking with Council aims and objectives and in doing so enhance the quality of staff performance in providing services to children and their families.

### **1.1 Forms of Supervision**

#### **1.1.1 Professional Supervision and Case Supervision**

On most occasions professional supervision, which includes personal development, and case supervision will take place during the same session. However, supervision has separate elements that are recorded separately. At all times supervisors and supervisees hold individual and joint responsibility to ensure purposeful and effective supervision takes place.

#### **1.1.2 Unscheduled (Ad Hoc) Case Discussions**

As a result of changes of circumstances or new information learned there is often a regular need for management direction between planned case supervision sessions. Where direction is given, recommendations made or activity is planned to be carried out, or decisions made which diverts from the plan, it is essential is recorded. It is the manager's responsibility to ensure accurate and timely recording of unscheduled ad hoc case discussions or decisions.

#### **1.1.3 Group Supervision**

Group supervision is a key for supporting workers' growth and development and is expected to be held monthly. Group supervision may be case focused, where workers discuss a family they are currently working with, or, reflective where aspects of practice may be discussed.

Group supervision will generally be team based. However, this is not fixed and opportunities to include members of other teams, services and agencies in group supervision provide substantial learning opportunities are encouraged.

Group supervision will generally be led by the team leader/manager, senior social worker or a Signs of Safety practice lead.

The case practice learning that can be achieved in a group is generally greater than through individual supervision because it benefits from the skills, analysis and experience of the whole group and involves actively practicing analysis and applied case work skills.

Group supervision can also provide a sense of empowerment that is essential to building emotional and psychological health and resilience, as a means of sharing the anxiety inherent in case work, a strategy to deal with working with uncertainty and sharing the emotional support a team can provide.

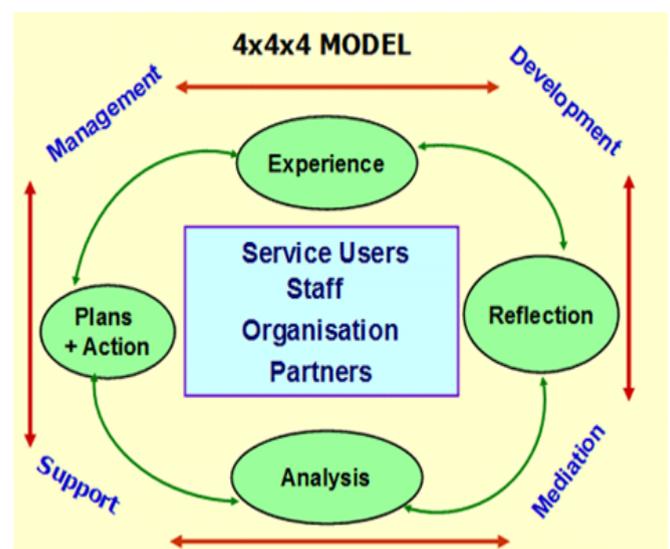
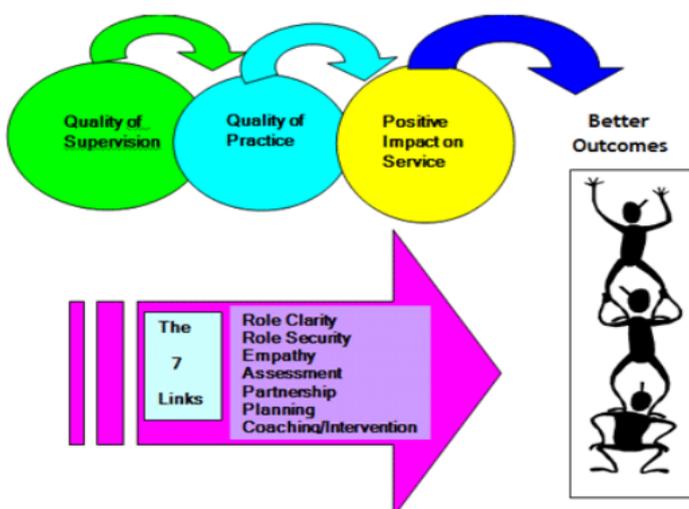
Group supervision focussing on cases the case discussion will follow the Signs of Safety Mapping

Professional (Internal) Group Supervision Process. Using this format, case mappings in group supervision may look at particular aspects of case practice. These aspects might, for example, include, developing danger statements or words and pictures explanations, or more broadly in Signs of Safety and other work, developing questions for areas of practice that appear stuck.

## 1.2 The Manager’s Toolkit for Supervision

### 1.2.1 The Supervision Outcome Chain

**Tony Morrison** developed the “The Supervision-Outcome Chain” to describe how reflective but authoritative social work/care practice is developed through the adoption of 7 clear ‘links’ or elements within supervision. This enables agencies to develop a workforce that is confident, authoritative, assertive, supporting and challenging; with practitioners who know what is expected of them and who can critically reflect on their experiences and learn from them. This in turn leads to quality social work practice, improved service delivery, and better outcomes for children. In this way, supervision is seen as a key component of the package of support and help offered to children and their families.



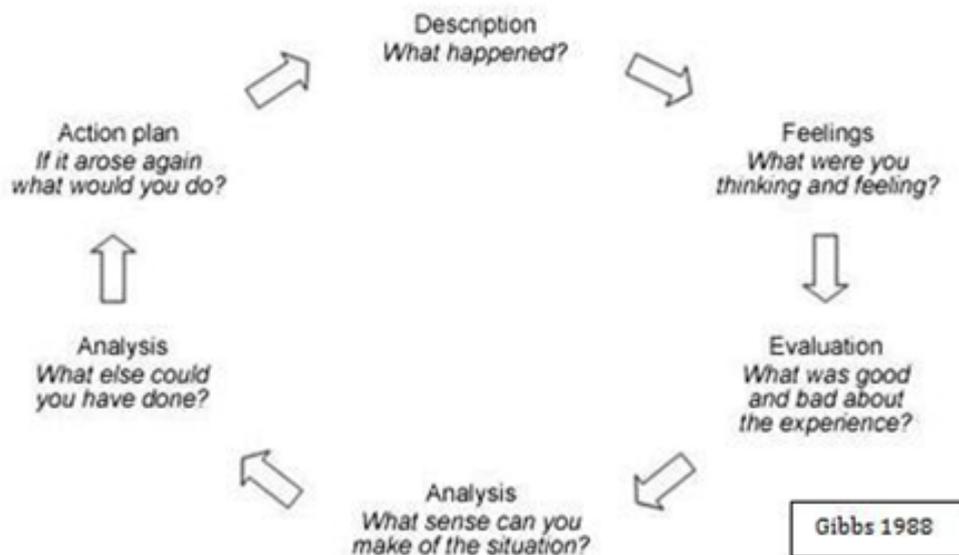
### 1.2.2 4x4x4 Model

This model by Tony Morrison integrates the four functions of supervision, with the reflective supervision cycle and focuses on the needs and priorities of the four stakeholders: Service users, Social Workers, Organisations and Partner agencies. The Model provides a framework for supervision, ensuring plans and actions result from the experience, reflection and analysis of workers.

This model along with the Supervision Outcomes Chain should help managers and supervisors to locate the key tasks and functions of supervision with practitioners. Outcomes that we will evaluate against will be our strategic outcomes of Safe, Happy, Healthy and Successful. Case summaries at 3, 6 and 9 months as well transfers and closures should use these outcomes to reflect on the impact of our support for children and their families.

### 1.2.3 Reflective Supervision Model

Reflective supervision should allow for reflection by the supervisee and supervisor on the case and how the situation made them feel, what they have learnt and would do differently, or, allow them to gain an understanding of what worked well enabling them to use this practice again.



## 2. Professional Supervision

Professional supervision is the opportunity for supervisors/managers and staff members to:

- Spend dedicated time ensuring that the member of staff understands the role to which he or she is appointed;

- Give time and space to ensure that the supervisor/manager can hear of any issues both personal and professional which are affecting the member of staff and ensure support is in place. For example, this would include agreeing leave arrangements or hearing about health difficulties, or problems in the workplace;
- Give and receive constructive feedback;
- Give and receive clear direction around tasks, direct work and case management planning, and for the employer and organisation to provide support including ensuring that lieu time arrangements are agreed;
- Jointly review training and development needs and agree how these needs will be met;
- Provide a forum in which performance is reviewed and when may be needed to formulate plans to address any performance issues and monitor such plans;
- Provide a basis for the collection of evidence for the annual appraisal of staff for both parties, with particular reference to training and development needs;
- Provides an opportunity to review workers current caseload and ensure that this is within the individuals' professional competency and capacity. This should be balanced against the needs of the service at that point. Caseload management is a fluid and dynamic process.
- Case file audits and closing the loop regarding cases will be discussed at each supervision
- In order to improve our assessment work: All social workers to audit / RAG rate 2 assessment pieces of work using the 6 golden threads, see Appendix K.
- 

Professional supervision is also intended to help in identifying and achieving personal learning, career and development opportunities for the supervisee. Learning and Development will be discussed in supervision.

## 2.1 Frequency of Professional Supervision

At the beginning of a supervisory relationship, the supervisor and supervisee must complete a 'Professional Supervision Agreement', this clarifies the frequency nature and approach to supervision (see **Appendix D – Professional Supervision Agreement**)

Supervision should be booked in as detailed below using electronic booking arrangements wherever possible, and should be planned so that both parties are aware of the dates for the year ahead.

- Four weekly for any member of staff with **case holding responsibilities** and their line managers;
- Four weekly for full time staff without case holding responsibilities;
- Twelve weekly for non-frontline staff (e.g. Business Support).

Newly appointed staff in their probationary period are likely to require more frequent supervision and supervisors should take care to agree frequency in the early months of appointment and review thereafter.

The supervision standards include as a minimum;

- Supervisors to be trained in supervision processes and the application of these procedures;
- Supervisees to be inducted into the supervision procedures;
- Planned and regular supervision will be provided according to the agreed timescales;
- Sufficient time will be allowed to enable a quality supervision to take place;
- All supervision will be recorded;
- The Supervision File will be available for the first supervision and will follow the structure outlined in **Appendix A - Supervision File Checklist/Structure** and the Supervisor will ensure the checklist is completed;
- The **Worker's Details (Appendix B)** will be completed at the first supervision and placed on the file;
- **'The Professional Supervision Agreement' (Appendix D)** will be completed, agreed, and signed as part of the induction process between both parties;
- **Supervision dates and Forward Planner (Appendix C)** will be used to ensure supervisions are planned in advance and rescheduled if they have to be postponed for any reason. It is the Supervisors responsibility to ensure regular supervision is planned;
- Practitioners are required to prepare for supervision by identifying issues for discussions and direct work and interventions with a child/family in advance and bringing any necessary documentation to the meeting;
- Names or personal details of clients will not be recorded in Professional Supervision notes; however, Liquidlogic ID may be used if appropriate;
- Disagreements should be recorded together with proposed activities to resolve or escalate as required.

## **2.2 Recording of Professional Supervision**

All individual supervision meetings will be recorded using the (see **Supervision Recording Template (Appendix E)**) The **'Any other business'** section will be used to reflect the differing roles and responsibilities for non-case holding staff. One copy will be provided to the supervisee and one copy retained by the supervisor.

It is expected there is accurate recording that a supervision session has taken place and Supervisors/Managers should ensure that a record of the date the supervision took place is recorded on SAP (for those who have access).

## **2.3 Newly Qualified Social Workers Supervision and the Assessed and Supported Year of Employment (ASYE).**

During the Assessed and Supported Year in Employment (ASYE), the supervision for newly qualified social workers will be tailored to their needs, but there will be increased supervision alongside protected time dedicated to learning and development. Newly Qualified Social Workers will also have a reduced caseload. Workers will attend the MMU ASYE Programmes. They will also attend monthly group supervision offered in their district and ASYE training sessions offered every two months.

The Continuing Professional Development (CPD) activities will be logged by the supervisee in the CPD log available on the HCPC Website or on alternative formats for those who do not have access to this website.

## **2.4 Confidentiality and Retention**

If a paper record of the supervision is kept, then it must be kept in the agreed designated area for Supervision Files in the office. A copy of the record should be provided to the supervisee, who should also ensure the record is kept securely. Hard copies should be agreed, signed and dated by the supervisor and supervisee. When the member of staff moves post or ceases employment, these records should be transferred to the new manager or archived.

There are circumstances where it may be necessary for supervisors to discuss information gained from supervision with senior managers. Supervision records may be released for the purpose of monitoring the quality of supervision, or used as documentation in disciplinary or legal proceedings. Supervision records are the property of Children's Services. Where issues of a personal nature, to the member of staff, are contained within a supervision record, the confidentiality of such material should be protected in line with the Data Protection Act.

The supervisee may keep a record of supervision as part of any Continuous Professional Development Portfolio. Any record should avoid personal identification of service users or third parties, as service users may be able to apply for access to such records under the Data Protection Act. Supervisees should ensure that supervision notes retained are electronically secure, or if paper records are held, they are kept secure and confidential.

The principle of confidentiality within supervision does not exclude the supervisor or supervisee from their responsibilities under Manchester Children's Services Practice Standards. Should evidence of misconduct, unsafe or illegal practice arise, the supervisee is encouraged to report them to the operational manager, but if this does not occur, the supervisor should do so.

### **3. Case Supervision**

Case supervision is undertaken on those cases where the supervisee has been allocated a referral and/or piece of work to be completed. The supervisee may be the Key Social Worker, Supervising Social Worker, Lead Professional or be providing a service as part of the Early Help Intervention. Case supervision provides the supervisor and through this the organisation with oversight of casework.

This procedure sets out the requirements, including frequency and criteria, for when each child's record should be discussed in supervision, areas to be discussed and checked by the supervisor and timescales for recording onto the child's record. Where one or more members of staff are jointly working with a family, joint supervision may be beneficial.

Case Supervision will follow a format utilising Signs of Safety methodology; Signs of Safety adopts a strengths-based and safety-focused approach to child casework.

It is expected that every 3 months a case will be updated with a summary. This will be the focus during supervision at each quarterly interval to determine the impact of a child against Safe, Happy, Healthy and Successful criteria. Any transfers or closures should follow the same process.

Case Supervision will be recorded using the Signs of Safety Framework. **Currently, these should be recorded in case notes using the three main headings: What are we worried about? What is working well? What needs to happen?** For guidance on the Signs of Safety Supervision format and for additional support material, please refer to **Appendix H Signs of Safety Supervision Guidance**).

It is expected that case supervision will look at direct work and plans to carry out direct work with a child/family by the practitioner. This will require practitioners to bring two examples of direct work completed/partly completed, or plans to carry out direct work with children on two of their allocated cases, to each monthly supervision session.

The supervisor will ensure that if the Case Discussion has not been completed on Case Notes during the supervision session, it will be placed on the system within one week.

#### **3.1 The Frequency of Case Supervision**

In all cases it is the responsibility of the supervisee to bring to the attention of the supervisor any significant changes in circumstances where frequency of supervision may need to be increased or an

'ad hoc' discussion or decision may be required. (**See: 1.2 Unscheduled 'Ad Hoc' Case Discussions**)

**In all cases it is the responsibility of the supervisor to ensure that a worker's full case load has the appropriate level of supervision. The supervisor and supervisee will agree the cases to be discussed at each supervision using their knowledge and professional judgement. It is a requirement that all cases of the supervisee are supervised within an 8 week cycle.**

Case Supervision should take place as a **minimum** as detailed below, however, frequency can be increased at the supervisor's discretion or the request of the supervisee depending on the complexity of the case, level of risk and experience of the worker involved. The following sets out the frequency for case supervisions:

- All individual cases, where a child is subject to a **Child Protection** plan, **Child in Need** planning, **Looked After Child**, or, where a child is receiving **Early Help support**, the key worker should receive case supervision on that case within an 8 week cycle. As stated above frequency of discussion/supervision on that case will be based on professional judgement.
- Where a member of staff is involved in any of the above cases (but **not as Keyworker or Lead Professional**) or supporting a family or young person as a '**single agency involvement**' cases should be discussed within four weeks of allocation and then as a minimum every eight weeks. However, the frequency of case supervision may be increased at the workers request or at the manager's discretion.
- Where more than one member of Local Authority staff is involved with the child, joint supervision can be considered where it is helpful and effective to do so. This could be in the form of a Signs of Safety Group Supervision (Mapping session).

Further management oversight will be achieved through case conferences, support panels and case file audits. These arrangements provide increased focus on ensuring Early Help cases where Children's Services staff hold lead professional responsibility are regularly supervised to ensure progress on improving outcomes, provide challenge and leadership and prevent drift.

**All staff are responsible for highlighting changes in circumstances or new information which increases risk to the child and will request and receive unscheduled 'ad hoc' case discussion with a line manager.** This should not wait for a scheduled case supervision. Discussions and decisions held with supervisors between planned case supervision meetings should be recorded in Liquidlogic under Case Notes. It is the responsibility of the supervisor to accurately record Case Discussions or Decisions.

In any one year (April 1st - 31st March) the supervisor should arrange for **two practice observations for all case holding staff**, some examples of which may include a home visit, presentation at conference/meeting, attendance at Court or direct work with children and/or families. One must be undertaken by the supervisor, the second can be by another professional of similar status.

Observations of practice should be recorded on the **Practice Observation Template (Appendix I)**. Supervisors/managers should ensure that a record of the date of when the observation took place is recorded in the Learning and Development section of the Supervision Record template.

### **3.2 Purpose of Case supervision**

The purpose of case supervision based upon Signs of Safety is to improve outcomes for children by:

- Enabling the organisation, through the supervisor, to ascertain that a practitioner is reaching the required standard in relation to delivery both in specific and general tasks in delivering a service to the child and family;
- Identifying and enabling clear and effective management of risk. (Risks to child, family, staff member, and organisation);
- Enabling targets and objectives to be agreed and outcomes to be monitored in relation to specific cases or roles (including allocation records). Outcomes that evaluate against our strategic outcomes of Safe, Happy, Healthy and Successful ;
- Establishing a clear understanding of accountability;
- Being challenging and inquisitive as to the progress and management of the case, taking responsibility for ensuring progress is achieved in order to assist the child to reach his or her potential, and relating to Signs of Safety Assessment and Planning;
- Facilitating reflective practice;
- Ensuring that recording on the child's record is compliant with information governance and records management policy, procedure and guidance;
- Identifying how issues which impede the effectiveness of intervention and delivery of service can be resolved;
- Confirming that the welfare of the child is paramount and that their wishes, views and feelings have been ascertained, taken into consideration and recorded;
- Ensuring that the parent(s)/carer(s) views have been sought, taken into consideration and recorded;
- Evidencing that the child's voice has been heard and listened to through the direct work with them ensuring the child's journey has been tracked and wherever possible that the child has contributed to the assessment, planning, review and decision making;
- Ensuring that the provision of services promotes the ethnic, cultural, racial, gender, religious, identity and language needs of the child and family;

- Reviewing and monitoring workload management to identify if the supervisee has adequate time and knowledge to meet the needs of the case.

### **3.3 Recording of Case supervision**

The case supervision record is evidence that there has been supervisory oversight of direct work and endorsement of the practice, quality, decisions and service provided. Each supervision session will record two examples of either the planning of, or, the occurrence of direct work with children.

This is important for case audits, serious case reviews, management performance information, caseload management, appraisals and service user access to records.

Disagreements should be recorded together with proposed actions to resolve or escalate disagreements.

Case supervision must be recorded on Liquidlogic in Case Notes. The name of the service, name and role of the supervisor, followed by the name and role of the supervisee should always be recorded in the Headline box. (e.g. MONTHLY/AD HOC Supervision - Mary Poppins TM and Jo Smith SW). The expected standard is that the case supervision is recorded on the system at the time of the supervision meeting. If this is impossible the supervisor should record on the system within one week.

Prior to subsequent case supervision meetings, the supervisor will check the contents of the last 'case supervision' on the system and in the meeting will review with the practitioner, confirming if the tasks were completed and cross referencing with evidence on the child's file.

### **3.4 Confidentiality and Retention**

All records, including 'case supervision' notes are part of the child's file and care should be taken to ensure that all direct work is recorded and written records are clear and written with the knowledge that service users may wish to access records.

The principle of confidentiality within case supervision does not exclude the supervisor or supervisee from their responsibilities under Manchester Children's Services Professional Practice Standards. Should evidence of misconduct, unsafe or illegal practice arise, either party should report them to a senior manager, as soon as possible.

### **3.5 The Principles and Processes of Case Planning within the Signs of Safety**

Manchester City Council Children's Social Care use the Signs of Safety model of practice. It is constructed around a comprehensive risk assessment framework that involves everyone in assessments and planning (families and professionals). Keeps the child/young person at the centre. Focused above all on BUILDING ENOUGH SAFETY to close the case.

### **The Signs of Safety is a questioning (not an expert) approach.**

The Signs of Safety consultation mapping process is designed to help workers think their way into and through a child protection case in preparation to take the assessment map to the family and other professionals involved in the case. The consultant/supervisor uses an inquiring (questioning) approach to help the worker 'map' or 'think themselves into and through' the case using the Signs of Safety framework. By mapping the case, a worker can get their own assessment out of their head and onto paper, so that the assessment and case plan can be reflected on and developed more easily, both with other professionals and the family.

### **The Signs of Safety Assessment and Planning Framework**

The Signs of Safety assessment and planning form, presented in Appendix 1, is designed to be the organising map for child protection intervention from case commencement to closure. At its simplest, this framework can be understood as containing four domains for inquiry:

1. What are we worried about? (Past harm, future danger and complicating factors.)
2. What's working well? (Existing strengths and safety.)
3. What needs to happen? (Safety goal and next steps.)

Where are we on a scale of 0–10 where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be (re) abused? (Judgment.)

**3.6 Observation** Each member of staff must be observed in practice on 2 occasions within a 12 month period, one being undertaken by the worker's direct line manager. The other may be an observation by another professional of similar status and /or IRO at conference etc. These observations by the line manager will be part of the once a month observations that need to be undertaken as detailed in the Quality Assurance Framework

### **4. Setting the Activities in the Context of Formal Appraisal**

All services are accountable for continuously improving the quality of their services and safeguarding high standards of care. Manchester City Council Performance Management and Appraisals system underpins operational management and supervision arrangements and encourages continuous professional development of all staff.

**All** staff will be involved in formal appraisal through the **All About You** process, which will be led by those immediately supervising staff as part of operational management arrangements. Formal appraisal will be informed by the outcomes of supervision activities and focus on the following topics:

- About You (anything important to the member of staff)
- Performance objectives and actions
- The service & role;
- Staff Contribution;
- Staff future
- Anything else

It is important that staffs learning and development needs are continuously considered as part of regular supervision to ensure the topics within the About You are achieved throughout the year.

## **5. Audit of Supervision Files**

### **5.1 Purpose of Audit**

In order to be effective the supervision process requires monitoring and quality assurance arrangements. The quality assurance process ensures that:

- The standards of supervision as outlined in this policy are being followed
- Staff are being supervised professionally and effectively
- Supervision sessions are being recorded
- Individual Supervision Agreements are being developed, reviewed and used
- The supervision process promotes equal opportunities and anti-discriminatory practice

### **5.2 Methods of Quality Assurance**

The quality assurance arrangements involve:

- The auditing of a random selection of supervision is to be undertaken by the relevant service manager and heads of locality . Feedback on the audit will be provided in bullet point form to the relevant individual within 5 working days of the audit finishing
- Discussion during supervision, for example, between service manager and team manager, about the team manager's practice in supervising their staff. The senior manager may request copies of supervision records as evidence of practice and to use as a tool where there are developmental needs on behalf of the team manager.
- Peer auditing of supervision files
- 

### **5.3 Process of Auditing of Supervision Files**

- 4 x Supervisions of social workers per month to be dip sampled by service managers and findings discussed at Service Managers meeting.
- Heads of locality will sample 2x supervision files belonging to team managers, ensuring all team managers files are seen within a year and are being suitably supervised;
- Strategic Leads will sample two supervision files belonging to Team Managers across the service per quarter.
- Heads of Locality, Strategic Leads within Children's Social Work, and Service Managers will undertake supervision file audits every quarter.
- There will be peer audits of supervision files carried out by Team Managers and Service Managers, twice yearly . Peer supervision audits should be completed using the peer supervision audit form (see appendix)

# Appendices

## Appendix A – Supervision File Checklist/Structure

SECTION	CONTENTS	DATE ADDED TO FILE
Front Page	Worker's Details –	
1.	Supervision dates and Forward Planner –	
2.	Supervision Agreement –	
3.	Supervision Recording Template –	
4.	Practice Observation	
5.	Feedback	
6.	AOB	

**Appendix B – Worker’s Details – CRB, HCPC, Emergency Contact**

**WORKER’S DETAILS**

**Name of Worker .....**

**DBS Number .....**

**HCPC Number .....**

**Emergency Contact Details**

**Name .....**

**Relationship .....**

**Phone number .....**

**Name .....**

**Relationship .....**

**Phone Number .....**



## Appendix D – Supervision Agreement

# Supervision Agreement

This supervision agreement is made between:

<b>Name of Supervisee:</b>	<b>Job Title:</b>
<b>Name of Supervisor:</b>	<b>Job Title:</b>
<b>Date of agreement:</b>	

The purpose of this supervision agreement is to outline those issues and to serve as a resource for our work together.

### **Aims of Supervision**

**Supervisee:** To have a safe relationship to reflect on challenging issues, positive outcomes and to feel supported in practice.

**Supervisor:** To provide a safe and supportive supervisory environment that promotes engagement, effective safe practice and professional development.

### **Regularity of Supervision**

- We will meet at least..... times a year – once every..... weeks for a session. This will only change in the event of annual leave, sickness or emergency situations.
- Formal supervision sessions will be for 1.5 to 2 hours each.
- If there is a need to meet outside of our regular times for work related issues this will be respected, explored and accounted for as informal supervision.
- We will book the dates for supervision and appraisal in advance, confirming the next appointment at the end of each session and arranging to meet at a mutually convenient place and time.
- If the arrangement needs to be changed the onus is on the person who needs to make the change to notify the other, giving as much notice as possible.

### **Interruptions**

To be kept to a minimum. These will occur in emergency situations only. As your supervisor I will arrange a private and confidential space for us to meet, ensuring that you have my undivided attention for your supervision.

### **Recording of Sessions**

We agree to abide by the guidelines as laid down in the Manchester's Supervision Policy Document with regard to confidentiality and standards for note and record keeping.

The supervisor will take main responsibility for recording supervision discussions. A copy will be given to the supervisee to sign. The supervisee will take responsibility for photocopying to ensure she/he has a copy of the signed supervision notes/minutes for their record.

All case discussions from supervision will be recorded directly onto Liquidlogic on the child/family file.

**Content of Supervision**

- **Case-work:** decision-making, **direct work** and reflection
- **Caseload:** workload management
- **Career:** learning and development
- **Care:** personal supervision

At the end of each session we will agree any action points necessary; we will review the effectiveness of our sessions every 12 months.

**Statement of Service**

**The Supervisor will endeavour to provide the following:**

- Consistency
- Regular support
- Availability
- Professional experience
- Sensitivity

**Statement of Responsibility**

- The supervisor will maintain line management responsibility.
- The supervisee will follow plans as agreed during supervision sessions and work to meet timescales set.
- Both supervisor and supervisee will maintain a commitment to equal opportunities in relation to both service-users and staff.
- It is the responsibility of both the supervisor and supervisee to recognise, respect and value people’s differences via promoting equality of opportunity.

**Confidentiality**

Minutes will be kept by both supervisor and supervisee. Paper supervision records will be kept by the supervisor in a supervision folder and stored in a locked cabinet.

**Plan for providing feedback to one another and handling stumbling blocks and/or disagreements:**

We will strive for openness between us, and any difficulties that may arise within the supervision relationship should be discussed between us in the first instance. If this is simply not possible – for whatever reason – the person who is dissatisfied with the relationship must follow the guidelines as laid down in the policy document.

**Our plans for handling disagreements/stumbling blocks are:**

- Discuss with each other during supervision
- Arrange a meeting outside of supervision to discuss with each other

**We have read, understood and agree with the Delivery Service Supervision Policy and this supervision agreement.**

**Supervisee Signature:** .....

**Date:** .....

**Supervisor Signature:** .....

**Date:** .....

## Appendix E: Supervision Template

Name.....

Post.....

Line Manager.....

Date.....

DISCUSSION	WHAT ARE WE WORRIED ABOUT	WHAT'S WORKING WELL
PERSONAL SUPERVISION- HEALTH AND WELL BEING( See Appendix F for guidance)		
TIMESHEET, TOIL, ANNUAL LEAVE		
REVIEW AGREED ACTIONS FROM LAST SUPERVISION		
LEARNING AND DEVELOPMENT (To include any capability issues/areas of support)		
CASELOAD MANAGEMENT (For case holders only)		
CASE DISCUSSION (Use Appendix G for guidance. BUT record on Liquidlogic in Case Notes using the three main headings. )  FOR FAMILY PLACEMENT USE APPENDIX I FOR GUIDANCE AND RECORD IN Liquidlogic USING THE THREE MAIN HEADINGS		
ANY OTHER BUSINESS (For non case holders, content to be agreed by supervisor/supervisee depending on areas of responsibility)		

--	--	--

**TIME AND DATE OF NEXT SUPERVISION**

.....

**SIGNATURE (SUPERVISEE) DATE**

.....

**SIGNATURE (SUPERVISOR) DATE**

.....

## Appendix F – Personal Supervision Guidance

WHAT ARE THEY WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO BE MANAGED?
<p>Is there anything making your life at work more difficult right now?</p> <ul style="list-style-type: none"> <li>● Personal</li> <li>● External</li> <li>● Organisational</li> </ul> <p>Sickness levels?</p> <p>Do you have any worries about how equality &amp; diversity issues are being addressed?</p>	<p>What are the best ways that you are coping with this? Who or what helps you the most to deal with this?</p> <p>Best ways this is being managed?</p>	<p>Thinking back to what has been managed so far, what are the next steps to manage these things?</p> <p>What needs to be managed in this situation?</p>

## Appendix G: Case Supervision Template

What are we worried about?	What's Working Well?	What needs to be done?
<p>Referral concerns</p> <p><b>Past harm / danger</b> ( Is there a Chronology / are past files read)</p> <p><b>Complicating Factors</b></p> <p>Worries since last supervision</p> <p><b>Voice of the child</b> - what are their worries, what do they understand why a Social Worker is involved.</p> <p>What is the child saying through direct work with them (e.g, 3 Houses, ecomap, feelings cards)?</p> <p>What is the parent saying about the referral Concerns?</p> <p><b>Is the child (ren) being seen?</b></p> <p>Outstanding actions from last supervision / reason for delay.</p>	<p><b>Completed plan on Liquidlogic Yes or No</b></p> <p>Strengths</p> <p>Voice of the child - what is the child (ren) saying has changed in terms of positives. Is the direct work with them recorded?</p> <p><b>EH / CIN meeting / Core Group / Review (LAC or CP)</b></p> <p><b>Date child seen / seen alone yes or no</b></p> <p><b>Progress of the needs on the child's plan.</b></p>	<p><b>What needs to be done?</b></p> <p><b>Do we need a voice?</b></p> <p>Date of next CP)</p> <p>Newly identified plan (from review by when). Include children.</p> <p><b>Child's visiting arrangements</b></p> <p>Does this case require escalation to other services?</p> <p>Any concerns about escalation to other services?</p>

From evidence and assessments on a scale of 0-10 where would you place the safety of this child (ren) (0 being unsafe -10 being safe)

From evidence and assessments on scale 0-10 where would you place any change for the parents / carer to meet the child's needs (0 being no adequate change)

## EARS Guidance for Professional Supervision: TURNING QUESTIONS INTO CONVERSATIONS

<b>ELICIT</b> First Question	Tell me about a piece of practice you feel proud of? Tell me where you have used the Signs of Safety and it's been useful to you?
<b>AMPLIFY</b> Behavioural detail: What you would see	Who did what where and when? What happened that made this piece of work important? What else did you do? What else? And What else? Who else was involved? How did you know what you was doing was working? What difference did you see? What would .....(supervisor, mother, father, child, judge or anyone else who was involved) that told you what you was doing was working?
<b>REFLECT</b> Meaning	When you think about this piece of work what was the most important thing you learnt? What did you learn from this situation? On a scale of 0-10 where would you rate this practice? Where 0 is it was my worst and 10 is what I can do.
<b>START OVER</b>	Begin again looking for more behavioural and meaning detail.

### EARS Guidance for Case Supervision: TURNING QUESTIONS INTO CONVERSATIONS

<b>ELICIT</b> First Question	What are we worried about? What harm has happened to any child in the care of these adults? What makes this situation more complicated?	What's working well here? What are the best attributes of this mum/dad's parenting? What would the child say are the best times she has with their mum/dad? When has the mum fought off the depression and be able to focus on the child?	What needs to be done? What do we need to make this safe enough? What would the child be able to do? Where would we go? What do we need to do at 18? What do we need to do where we are?
<b>AMPLIFY</b> Behavioural detail: What you would see	When has that harm happened? How often? How bad? How did the incident affect the child? What language can we use to say so that mum and child can easily understand? How long has this abuse been happening? Give me the first, worst and most recent examples of abuse?	When has that good thing happened? How often? How did the mum fight off the depression? How else? How else? How does the neighbour help? How did you get her to open up? How is the parenting programme making things better for the child?	Describe the situation that would be best for that child? How many times has this safety been breached? What is the plan? Is the plan understood?

		What else did the dad do to make those contacts visits really enjoyable for his kids?	How will I make this
<b>REFLECT</b>  Meaning	Which of the danger statements do you think is the most important (or easiest) to deal with first? Which danger would worry you the parents most? Of all the complicating factors which do you think is most important to deal with?	Which of the strengths are most useful in terms of getting this problem dealt with? Which aspects of their parenting /family life would mum and dad be most proud of?	Where do I score on 0 to 10 Is this a problem of confidence in it keep
<b>START OVER</b>	Are there any worries that we have missed?	Are there any good things happening in this family that we have missed?	Are there any missed in

## Appendix H – Family Placement SOS Supervision Guidance/Prompt

<b>What are we worried about?</b>	<b>What's Working Well?</b>	<b>What Needs?</b>
<p>Foster Cares Practise Child's Behaviour</p> <p><b>Past harm / danger</b> ( Is there a Chronology / are past files read/ Is this an isolated concern or is it a recurrent theme?/ What do we know about the child(ren)'s history</p> <p><b>Complicating Factors</b>(if a family and friend carer how will the dynamic change once they resume the role of the primary care giver/ what are their understanding and ability to protect child from risk of birth family?</p> <p>Worries since last supervision</p> <p><b>Voice of the child</b> – what are their understanding of why they are in care? Do they have any worries?</p> <p>What is the child saying within the 3 Houses?</p> <p><b>Is the Foster Carers Supervisions within timescales?</b></p> <p>Outstanding actions from last supervision / reason for delay.</p>	<p><b>How are/will the carer(s) promote a Secure Base for Child(ren).</b></p> <p><b>DBS, Carers Agreement, Medical, Health and Safety, Relevant risk Assessments completed within timescales</b></p> <p><b>Strengths &amp; Safety/ protection</b> (demonstrated over time)</p> <p><b>Voice of the child</b> - what is the child (ren) saying in relation to living within the home. How are/will the Foster carer(s) promote the children's well-being?</p> <p><b>Last Annual Fostering Review/ Panel/ Type of Approval</b></p> <p><b>Date last assessment session/ supervision / date of unannounced/</b> children's views obtained or observations of lived experience &amp; foster carer given opportunity to reflect on practise?</p> <p><b>Progress of the carer's development?</b></p> <p><b>Life Story Work? Supported by carer?</b></p>	<p><b>What needs?</b> What would carers? What assessment?</p> <p><b>Newly identified Foster carers</b></p> <p>Do we need to voice? How v</p> <p>Due dates for checks and a</p> <p>Does this cas</p> <p>Any concerns formulated for meeting/ Chi</p>

From evidence and assessments on a scale of 0-10 where would you place the child in relation to being settled and feeling being settled). From evidence and assessments on scale 0-10 where would you place the care giving responses of the carer not at all able to meet needs – 10 responds appropriately to all of child's needs)

## Appendix I – Practice Observation Template

Name & role of Observee	
Name & role of observer	
Date & setting of observation	

Section 1 – Worker to complete  
Complete boxes 1 and 2 before the observation

1. Brief background to observed contact between yourself and the service user

2. Planning for observed activity Questions you might want to think about: How did you prepare for this intervention? What is your purpose, role and responsibility. What outcomes or objectives do you want to achieve? (These can be linked to areas for development identified previous observations).
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<b>TO BE COMPLETED AFTER THE OBSERVATION</b>
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AREAS FOR CONSIDERATION	WHAT ARE WE WORRIED ABOUT?	WHAT'S WORKING WELL?
<b>TO BE COMPLETED BY WORKER:</b>  WHAT WENT WELL? Give examples.  WERE YOUR OUTCOMES ACHIEVED?  WERE THEIR ANY CHALLENGES?  WHAT DID YOU LEARN?		

<p>ARE THERE ANY ACTIONS FROM THIS INTERVENTION?</p>		
<p><b>TO BE COMPLETED BY OBSERVER:</b></p> <p>HAD THE WORKER DISCUSSED THIS WORK IN SUPERVISION PRIOR TO OBSERVATION?</p> <p>WAS THE WORKER CLEAR ABOUT THE PURPOSE OF THE VISIT.</p> <p>WERE THE FAMILY CLEAR ABOUT THE PURPOSE OF THE VISIT?</p>		
<p>DID THE WORKER USE A SIGNS OF SAFETY STRENGTH BASED MODEL. Please give examples.</p> <p>DID THE WORKER USE ANY THEORETICAL MODEL/RESEARCH EVIDENCE BASE TO SUPPORT THE FAMILY'S UNDERSTANDING?</p>		
<p>DID THE WORKER TAKE INTO ACCOUNT ANY DIVERSITY ISSUES WHEN ENGAGING WITH THE FAMILY. E.G Race, Disability, economic status, age sexuality, gender, faith and belief.</p>		
<p>ANY COMMENTS ON THE WORKERS REFLECTION OF THE OBSERVATION?</p>		

OBSERVEE  
SIGNATURE.....DATE.....  
.....

OBSERVER  
SIGNATURE.....DATE.....  
.....

## Appendix J - Supervision File Peer Audit Tool

Name of Supervisee		
Name of Supervisor		
Name of Person Undertaking Audit		
Audit Question	Yes/No	Note of Findings & Action – state by whom and time
Is the supervision file structured in accordance with Supervision Policy?		
Does the frequency and duration of supervision meet minimum standards as outlined in the supervision policy, procedure and practice?		
Has a Supervision Agreement been completed between the supervisee & supervisor?		
Is the record of the supervision session appropriate, detailed enough to provide guidance / direction and legible, dated and signed by both supervisor/supervisee?		
Is there evidence that the supervisor has acted on the concerns and issues raised by the supervisee?		
Does the content of supervision sessions cover workload management, welfare/support issues and any other issues specified within HCPC standards: e.g. Current HCPC Registration / DBS update (if applicable)		
Have decisions made about service users also been recorded on the case file/electronic record and signed and dated by the Manager (if applicable)		
Is there evidence that the supervisor has considered and acted on the supervisee's performance / training / development needs?		

Is there evidence that the supervisee's attendance has been managed in line with the guidance in the Managers Toolkit?		
Is there evidence that Permanence Planning is in place for the child – taking into consideration for the full spectrum of permanence (ie – safe case closure, staying at home, connected people, shared care, fostering, adoption)?		
Does the supervision record evidence 2 examples of either the planning of, or the occurrence of direct work with children?		
From the file audit is there a necessity to arrange an observation of the supervisors' supervision skills?		

<b>SUMMARY OF ACTIONS</b>	<b>TIMESCALE FOR COMPLETION</b>
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**Date actions must be completed by:**

**Auditors Signature:**

**Date Audit Completed (please enter into supervisor's supervision file):**

**Date of next Audit:**

## **Appendix K - Self-Assessment Procedure**

The principles of self-assessment are to maintain high standards or secure improvements, it needs a strategy for appraising our own performance which complements the thorough but occasional health check provided by inspection. Monitoring and evaluation are essential to promote our own and agency growth.

The two main reasons for self-evaluation are:

To know how well we are doing

To know how to improve standards and provision

Self-evaluation supports not only those who manage and work in CSC but everyone concerned with what happens there so they can feel confident that the service is on track to improve outcomes. It will ensure that everyone knows what we are trying to achieve, can build upon strengths, and constantly seeking ways to improve it further. It will increase staff knowledge about their practice. It will make them consistent in their approaches, and help them to share their strengths with each other. The main focus will be what they do well, but through this they will create a climate where critical review in the context of strength is found to be constructive.

### **Process**

In order to improve our assessment work:

All social workers to audit / RAG rate 2 assessment pieces of work using the 6 golden threads, that is;

- 1 Management oversight
- 2 Voice of Child
- 3 Engaging parents/carers
- 4 Impact Chronology
- 5 Quality of Assessment/Plan
- 6 Doing with, not to

Both audits need to be available 2 days before their allotted supervision so that the supervisor can have sight of the audit and check the system. The 2 pieces of work will be a focus of their supervision as well as other case work /other issues.

As part of the Service Manager's dip sampling at least 2 of the 4 supervisions that they audit will include looking at the Rag rated self assessments to critically support the development of worker self assessment.

	<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>
1. Management Oversight			
2. Voice of Child			
3. Engaging Parents			
4. Impact Chronology			
5. Quality of Assessment/Plan			
6. Doing with, not to			

