# Appendix 9 Supervision Audit Tool

SHROPSHIRE CHILDREN’S SERVICES – SOCIAL WORK SUPERVISION AUDIT TOOL v2 December 2015

|  |  |
| --- | --- |
| Name of Auditor: |  |
| Name of Supervisor: |  |
| Date of Audit: |  |

|  |
| --- |
| **In completing this audit tool please note:**  The italic bulleted points are hints or descriptors to guide you  Section 1 & 2 applies to all Staff  Section 3 applies to Case-Holding Staff |

|  |  |  |
| --- | --- | --- |
| **1** | **Section 1**  **Key Documents from Staff Supervision File** |  |
| 1.1 | Is there a supervision contract in place?   * *Is this signed by both parties and does it clearly state frequency and type of supervision agreed (ie group / individual / mix).* | Yes No |
| 1.2 | Are supervision records signed by both parties?   * *This question relates to Appendix 2 of the policy.* | Yes No |
| 1.3 | Is there evidence of HCPC registration  Number …………………………………….. | Yes No |
| 1.4 | Business Use Car Insurance – evidence   * *Actual certificate or verification it has been seen* | Yes No |
| 1.5 | Buddy / Personal Information Sheet   * *This contains details of contact details of employee, next of kin and car.* * *It also has other personal information for checks undertaken.* | Yes No |
| 1.6 | Is there a CPD learning development log? | Yes No |
| 1.7 | Has the supervisee got an up to date appraisal? | Yes No |
| 1.8 | Have supervisions been conducted regularly – as indicated in supervision contract and policy.  If not, Why not?   * *Are explanations clearly recorded* | Yes No |
| **2** | **Section 2**  **Quality of Supervision Sessions – Evidenced in Staff Supervision Folders (not case records)** |  |
| 2.1 | Reflective practice   * *This is often demonstrated in relation to specific cases, but all staff should be encouraged to reflect on their own practice, in relation to performance, learning and development, and emotional impact of relationship based practice.* | Yes No |
| 2.2 | Workload Management   * *Auditor to look for demonstration of performance / capacity / throughput of work. The supervisor should identify any issues, how these are being supported and/or note competence in this area.* | Yes No |
| 2.3 □ | Is there evidence of the supervisee’s development and training needs being explored?   * *A training log should be on file, but also, evidence of discussion about development and learning within the supervision session* | Yes No |
| 2.4 | Is there evidence of the supervisee’s wellbeing and support needs being explored?   * *Supervisors need to take account of the impact of work pressures and the well-being of staff. Auditor should look for evidence of these discussions and any remedial action taken.* | Yes No |
| 2.5 \* | Four Functions – Balanced   * *The functions of supervision are: Managerial, Staff Development and Performance, Support and Motivation and Mediation. Auditor is looking for evidence of all elements* | Yes No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overall judgement of supervision folder:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Outstanding |  | Good |  | Requires Improvement |  | Inadequate |  | |

|  |
| --- |
| **Comment on the quality and evidence on file (Section 2)** |

Actions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Comment | Action required | By Whom | By When |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |  |
| --- | --- |
| **Auditor’s signature** |  |
| **Date of Audit** |  |

Case - Supervision Audit

|  |  |  |
| --- | --- | --- |
| 3 | **Section 3**  **ICS Audit Check – for practitioners** | 2 cases should be audited for each member of staff – for reflective supervision |
|  | **Case 1** | Comments |
| 1 | Child’s P Number |  |
| 2 | Dates For Supervision Discussion in the proceeding 6 month period   * *Please list* |  |
| 3 | Manager Decisions Noted – in the proceeding 6 month period   * *Please list* |  |
| 4 | Evidence of Reflection – within the supervision discussions |  |
| 5 | Any other issues |  |
|  | **Case 2** | Comments |
| 1 | Child’s P Number |  |
| 2 | Dates For Supervision Discussion in the proceeding 6 month period   * *Please list* |  |
| 3 | Manager Decisions Noted – in the proceeding 6 month period   * *Please list* |  |
| 4 | Evidence of Reflection – within the supervision discussions |  |
| 5 | Any other issues |  |

**Actions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Comment | Action required | By Whom | By When |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |  |
| --- | --- |
| **Auditor’s signature** |  |
| **Date of Audit** |  |