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 **MANAGEMENT OVERSIGHT AND SUPERVISION**

**POLICY AND PRACTICE GUIDANCE**

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# Introduction

In Kent we are committed to providing our Integrated Children’s Services’ workforce with effective and robust management oversight. High quality reflective supervision, aligned with the principles and approaches of our Practice Framework, is a critical foundation in delivering consistently good services for children and young people.

This document combines **policy** with **guidance** to provide a framework for staff and managers regarding the expectations of management oversight and best practice in providing excellent supervision.

This document applies to all staff and managers working in Integrated Children’s Service (ICS) including those on agency, temporary and fixed term contracts. Whilst it is principally aimed at supervisors and front-line staff, the broad principles hold true for the supervision of all staff. As such, supervisors or line managers of non-frontline social care should be guided by the spirit of the policy and should comply with and the aspects which are relevant to their role.

# Management Oversight

Management oversight is the footprint found at various stages, where a manager has oversight or makes decisions throughout the child’s journey. It should be seen as the overarching process that encompasses a variety of leadership and management activities.

Good management oversight will improve the quality of the decisions we make and help to drive the progress of the plan and prevent drift and delay. It should support practitioners to think critically, to analyse and assess risk, and take any action/urgent action required.

Management oversight on the child’s file should be written directly to the child. This will focus thinking on the impact for the child and will support an adult, who has requested their file as a child, to understand the rationale behind the decisions made on their behalf.

There are specific points within the family’s journey at which supervisors and managers must record management oversight on the respective systems either on the supervision form or on a management oversight case note. These include:

|  |  |
| --- | --- |
| Point of allocation | Newly allocated work to be discussed within 24 hours or sooner. Oversight to include detailed direction, including analysis and rationale. |
| Assessments and plans | The assessment should be quality assured and authorised before being shared with the family.  |
| Reviews including CIN plans | Reviews should be specific to each child and written to them. CIN plans should be signed off by managers. |
| Supervision including joint or group | All formal supervision discussions should be recorded on the supervision form.  |
| Joint supervision across services | Where joint supervision occurs, the decisions should be recorded on the child’s file on the supervision form. |
| Informal/unplanned supervision (sometimes known as ad hoc supervision) | Added at the point of discussion, usually on a Management Oversight case note but managers may wish to record on the Supervision form if very detailed. Oversight should include a summary of the discussion, analysis and a clear rationale about decisions made, and SMART actions. |
| Case progression | Meaningful case progression discussions should be recorded, where decisions impact on the trajectory of the child’s journey/outcomes. |
| Step downs/across/up | Decisions should be evidenced by a joint discussion with both team managers and a clear rationale entered on the respective systems.  |
| Strategy discussions | Strategy Discussion minutes should be approved by Team Managers and Outcome Strategy Discussions should approved by Service Managers. |
| Transfers and transitions | Oversight should be added on the respective systems and will discuss and understand the rationale about decisions made. |
| Appreciative Inquiry | The A.I. firmstep form should be uploaded to documents with a case note added to the respective systems and any actions followed-up. |
| Audits and moderations | PDFs to be uploaded to ‘Documents’, a case note added to the respective systems and any actions followed-up in supervision, or sooner if there is a significant risk to a child. |
| Closures | Closures should include a clear rationale about the decision to close. It should analyse the work undertaken prior to closure and record the thoughts and feelings of the family. **See p.12 for change in supervision practice for closures.**  |
| Practice observation | The observation should be uploaded to the practitioner’s professional support supervision folder. |

# Supervision Standards

Prioritising supervision - Supervision should be prioritised and take place in a confidential area, begin punctually and interruptions should only be for exceptional circumstances. Supervision is everybody’s responsibility and frequent lateness, cancellations or interruptions caused by either party should be discussed and recorded within supervision records. If it is cancelled, it is both the supervisor and the supervisee’s responsibility to ensure this is rebooked at the earliest time.

Hybrid working allows for supervision to be delivered virtually or face-to-face. Either setting should be considered in the context of what is most beneficial to provide relational, reflective and curious supervision, which offers an opportunity to pick up on non-verbal cues and to assess how the supervisee is engaged in their supervision. If supervision is undertaken virtually, all cameras should be switched on.

Planning supervision - Supervision works better when planned and with an agreed agenda. Preparation should involve jointly identifying agenda items to be discussed, including children or families who practitioners are working with.

Supervision agreement - Every supervisory relationship should have a Supervision Agreement. This considers what is important for the supervisor and the supervisee to know about each other, in order to work together effectively and have a good supervisory relationship. The agreement should be jointly drawn up at the first supervision meeting and should be a ‘live’ document which is reviewed annually. The Supervision Agreement can be found in Appendix C.

Confidentiality - Supervision is a private but not a confidential process. This means that the records are the property of the organisation, not the individual, and from time-to-time supervisors will need to discuss the content of the sessions with others, e.g., their own line manager.

Recording supervision – Recording expectations are explained in the KCC Supervision Cycle section.

**Supervision during the probationary period**

All permanent staff joining Kent are subject to a six-month probationary period during which time they will be assessed on their performance and conduct by their manager. Supervisors assess probationary progress at the end of month one, four and five, when an assessment of overall performance is recorded using the [Probation Form](https://kentcountycouncil.sharepoint.com/%3Aw%3A/r/sites/KCCKNet/_layouts/15/Doc.aspx?sourcedoc=%7BE0AA15F5-0870-4B67-BF1A-D5C2230492B3%7D&file=Probation%20form.docx&action=default&mobileredirect=true&DefaultItemOpen=1) (located on Sharepoint).

# Kent’s Supervision Model

The 4x4x4 model developed by Tony Morrison is an integrated framework that brings together the functions, stakeholders and main processes involved in supervision. The model integrates the four functions of supervision (management, development, mediation and support), with the reflective supervision cycle (experience, reflection, analysis and plans & actions) and focuses on the needs of the four stakeholders (service users, staff, organisation and partners).



With this approach, we move away from a static, function-based conversation, instead we are guided through a dynamic style of supervision that uses the reflective element of the cycle at the heart of the process. It is a useful framework for approaching supervision for both the supervisor and the supervisee and, by using focussed and open-ended questions to draw supervisees through the cycle, supervisors can interrupt the inclination to jump straight to solutions and actions without reflection or analysis.

**Applying the model to practice**

In practice, the individual components of the supervision model should be applied as follows:

**The Reflective Cycle**

|  |  |
| --- | --- |
| Experience | Eliciting “the story” from the supervisee. |
| Reflection | Supporting the supervisee to think about the experience. What worked well? What didn’t work as well? What could have been done differently? Are there any feelings or difficulties this raised for the supervisee? |
| Analysis | Unpicking what the experience means for the child and family. Understanding the impact of the experience on the supervisee and how their personal experiences and characteristics may impact on the way the supervisee views a family or works with them. |
| Plans/Actions | Understanding and recording the next chapter in the story. What do we need to see change for us to consider progress has been made? |

**The four functions of supervision**

|  |  |
| --- | --- |
| Development | Identify and promote the supervisee’s continuing professional development needs, including discussion about how recent trainingactivity is being applied to practice. |
| Support | Provide a safe, trauma-informed, space where the supervisees feel safe to reflect on the emotional impact of the work and any personal matters that may affect their practice, capability and/or health and wellbeing. Health and emotional wellbeing should be prioritised, monitored and support offered. |
| Mediation | Building the relationship between the supervisee and the service as an organisation.  |
| Management | Supervisors should ensure employees understand their role and responsibilities; that they are accountable to meet legal and statutory requirements, departmental strategies, polices, procedures and practice standards. Feedback on performance is provided, caseloads are reviewed, priorities and actions are established. |

# The KCC supervision cycle

In Kent, we bring together the different components of the supervision model through a **supervision cycle** which ensures that opportunities to discuss families and protect time for 1:1 conversation are central to supporting our workforce and enriching the work undertaken. This is done through providing three different types of supervision:

* Professional support supervision (a.k.a. personal supervision)
* Case supervision
* Group supervision – team meetings, case progression, appreciative inquiry and case formulation

**Professional support supervision**

One-to-one professional support supervision is based on the development of a relationship between supervisors and supervisees which provides a safe environment to support the worker and facilitate reflection, challenge and critical thinking. The core components are:

* Health and well-being
* Health and safety in the workplace, including lone working if applicable
* Professional development, including personal development plan (PDP) conversations, twice per year (once to plan, the other to review)
* Good conversations
* Supervision agreements

At times, it will be necessary to consider the [Performance and Capability](https://kentcountycouncil.sharepoint.com/%3Aw%3A/r/sites/KCCKNet/_layouts/15/Doc.aspx?sourcedoc=%7BD206111B-73A8-432D-9891-3C8E29163DB3%7D&file=Performance%20and%20capability%20procedure.docx&action=default&mobileredirect=true&DefaultItemOpen=1) framework (located on Sharepoint). By separating the functions of professional support from supervision regarding work undertaken with children and families, it will support a more positive experience of the Performance and Capability process for supervisees, as it allows for greater focus on the supervisee’s behaviour, performance and support required.

The Professional Support Supervision template can be found in Appendix A.

For frontline practitioners, professional support supervision is also known as personal supervision and the focus can be slightly different, with greater emphasis on wellbeing and the impact of frontline practice as them as individuals. For this reason, there is a different template and the Personal Supervision Record can be found in Appendix B.

**Staff Wellbeing**

A discussion about a member of staff’s wellbeing should form part of any supervision with plans and actions to address any concerns which are raised by the member of staff should be recorded on the supervision record (Appendix A or B). KNet has a wide range of guidance and tools to help supervisors and managers in this area, as well as tools to support staff.

**Frontline Practitioners and Teams**

Work within Integrated Children’s Services can be immensely rewarding, but it can be extremely challenging and emotionally draining. The day-to-day work can be very difficult for even the most experienced practitioner; therefore, supervision plays a crucial role in supporting the physical and mental wellbeing of staff.

Supervisors should set the tone for supervision, so that the supervisee understands that talking about emotions is not only acceptable, but a welcome and necessary element of the supervision process, and intrinsic to what it means to provide good supervision. It is important to consider the relationship between emotions and decision-making. Simply naming how the supervisee is feeling is unlikely to be sufficient, because just as our emotions influence our behaviour, so they influence our thinking and decision-making, consciously or not.

Supervisors need to be able to respond with empathy and understanding to ensure that the supervisee feels supported in their role.

To support wellbeing of frontline practitioners and staff, a personal Wellbeing Plan must be completed with each member of staff and with the team. The individual’s plan can be recorded within the Personal Supervision Record (see Appendix B) or as a separate document.

A Team Wellbeing Plan should be created in collaboration as a team. Appendix E is a template which can be used as a starting point and adapted as necessary for different teams.

**Supervision of involvement with children open to services**

There are four different types of supervision:

Formal 1:1 supervision: Planned supervision which takes place with all ICS practitioners whether they are full or part-time.

Unplanned/ad hoc: Occasions when supervision needs to be delivered on a responsive, unplanned basis in response to emerging concerns or risks and can be called either by the practitioner or the manager.

Transitions: Wherever possible, children should experience the minimum number of transitions. However, there are occasions when there is a need to allocate a family to a different practitioner. When this happens, it is important to arrange supervision with the relevant professionals, ideally 2-4 weeks prior to the transfer of children to other services/teams.

Group supervision: Group supervision involves the use of a group setting to enable members to reflect on their work.

**Group Supervision**

Group supervision may have a point of focus such as discussions around a family, or reflective where aspects of practice may be discussed. It 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.

Kent facilitates four formats of group supervision:

* Team meetings
* Appreciative Inquiry (AI)
* Case progression
* Case formulation

**Team Meetings**

Regular team meetings deal with all aspects of work and staff development. These are not specific to work connected to face to face work with children and families. This is a time to consider professional approaches, values, skills and challenges, as well as acknowledge good work, strengths and compliments from others.

**Case Progression**

Case progression is underpinned by a process that enables visual tracking of the progress of work with a child or family across six stages:

1. Assessment
2. Agreeing a plan and outcomes with a family
3. Building the desire to change
4. Making change
5. Sustaining the change
6. Closing/transferring.

A moveable tile represents each child or family on visual boards. The tiles are moved accordingly to represent the progress of a family. This may not always be in a linear way and factors may lead to skipping stages towards closure or moving backwards if circumstances change.

With team support and discussion, a practitioner can map the circumstances to help reflect on the work and what might need to happen. Aspects leading to drift or delay can be discussed, with actions and timescales set.

**Appreciative Inquiry**

The aim of the Appreciative Inquiry (AI) is to help supervisees to develop their reflective and analytic thinking. Teams benefit through the sharing of practice, reflecting on the work of peers, giving feedback and sharing creative ideas, to gain a greater understanding of theirs and others’ practice.

**Case Formulation**

Case Formulation is the group supervision model adopted by Kent Youth Justice Service. It is a theoretically based explanation or conceptualization of information that is gathered from a variety of sources; it supports the group to hypothesize about the cause and nature of the presenting problem(s) and provides a framework for developing the most appropriate approach for the young person.

Case formulation utilises the Four P’s framework (Weerasekera,1996):

* Predisposing Factors
* Precipitating Factors
* Perpetuating Factors
* Protective factors

# Interservice joint supervision

There may be occasions where a range of staff across different services are working collectively with the same family. It is best practice and essential for every service involved to be part of the reflective supervision discussion on a regular basis, with one record encompassing all aspects being recorded on the individual’s electronic file. Examples of when this would be appropriate is when one sibling is open to the Adolescent Support Team or the Strengthening Independence Service and other siblings open to the Children’s Social Work Service, or when a child is open to both Social Work services and the Youth Justice Service.

This joint supervision could take place as part of an existing planned one to one case supervision or as a part of a response to a particular incident or situation. It is both the responsibility of both Team Managers to ensure that joint supervision takes place and is recorded.

The purpose of joint supervision across different services is twofold, to share observations and information that different practitioners have about individuals in a systemic way and to provide a space to reflect on children where factors affecting that child are complex, and this is impacting on moving forward or drift and delay. Joint supervision creates a reflective space to analyse information, consider risk, explore shared knowledge of the lived experience of the child, to respectfully challenge, and to explore decision making. Joint supervision also serves to build and strengthen the relationships between professionals.

# Supervision Timescales

Professional support supervision/personal supervision and case supervision can be held within the same supervision or separately depending on what has been agreed between Supervisor and Supervisee in the Supervision Agreement. The level of professional support supervision should be agreed between the Supervisor and Supervisee but should be a minimum of 1 hour per month.

The following identifies the practitioners who will need professional support supervision more regularly:

|  |  |
| --- | --- |
| **Who** | **Minimum frequency and duration** |
| Social work students | Weekly then fortnightly at a point agreed by the Practice Educator and the student. |
| Newly qualified social workers/Assessed and Supported Year in Employment (ASYE) | Regular supervision: up to 1.5 hours duration of uninterrupted time, weekly for the first six weeks; fortnightly up to the six-month review and at least monthly thereafter by the Team Manager.During the ASYE, 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 (10% less than social workers in the team). |
| **Recording** | Stored on secure, confidential electronic folders. Access should be controlled to comply with information and governance. |

**Supervision timescales for involvement of children open to our services.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Early Help including Adolescent Early Help Team** | **All Children’s Social Work Teams including Strengthening Independence and Adolescent Support Team** | **Youth Justice** |
| Minimum frequency and duration | Monthly up to 1.5 hours depending on complexity | Monthly up to 1.5 hours depending on complexity | Monthly up to 1.5 hours depending on complexity |
| Prioritise | New allocationsStep down/up/acrossEmerging and ongoing safeguarding risks (familial and contextual)Drift and long duration | High profile families where there might be high risk, increased activity, multi-agency concernsThose that are at a significant point such as approaching CIC Review or CP conferenceStep up/Step down decisions being made where there is risk of care, escalation of concern, or a CP plan endingThose that appear to be dormant/have not been discussed for a period of timeSign-off for strategy meetings, case progression, group supervision, legal planning, PLO and conference heading to CP plan | New allocationsEmerging and ongoing safeguarding risks (familial and contextual)Changes in safety and wellbeingChanges in ROSHPending due dates (assessment, reports, closures) |
| Cycle  | Families are discussed every 90 days with frequency increased as appropriate | Families are discussed every 90 days with frequency increased as appropriate | Risk level (ROSH/S&W):Very High/high: 30 daysMedium: 60 daysLow: 90 days |
| Recording | EHM case supervision record | Liberi case supervision record | Core+ review form |

# **Change to supervision practice before closure**

Learning from safeguarding reviews highlighted that there were times when children had multiple transitions between services where the time period did not meet the 90 day threshold in an individual service before transitioning to the next service or when there are multiple periods of involvement in the same service which end before the 90 day period. Therefore, a formal supervision should be held by the service who is closing their involvement with the child **before** closure.Examples of where this would be appropriate:

Example 1: A child who has transferred from the Front Door Service to Early Help for a proportionate assessment, stepped up to Children’s Social Work Service and stepped back down to Early Help before closing some time later. The period within each service is under 90 days so no formal supervision had been held before closing.

Example 2: A child has had several referrals and periods of involvement within the Children’s Social Work Service and closed within 90 days each time so no formal supervision has been held before each occasion of involvements ending.

**Group Supervision Timescales**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Team Meetings | Appreciative Inquiry | Case Progression | Case Formulation |
| Frequency and duration | Monthly up to 2 hours | Monthly up to 1.5 hours. When required or as part of bi-monthly audit process | Bi-weekly up to 1 hour | Bi-weekly up to 3 hours |
| Prioritise | Leadership messagesPolicy and guidancePractice FrameworkLearning from audits – triannual reportSharing best practice | Develop reflective and analytical practiceShare good practicePractice FrameworkQA cycle | Drift and delayRisk/safeguardingImpact on the childMapping  | Origins and development of problem behaviourFactors that maintain the problem behaviourIntervention planning |
| Recording | Minutes taken and stored in district folders | On relevant systemsFirmstep form uploaded to documents | Case note entered on relevant systemIf mapping takes place, decisions should be entered on to a case supervision record and uploaded to the relevant system | Case formulation template uploaded to Core+ with case note added |

**Impact of Personal Characteristics and Experiences**

Professional support supervision, case supervision and group supervision explore how a practitioner’s unique experiences may influence their work. It must be a safe place for the practitioner/supervisee to be able to discuss any aspects of their identity and what makes them an individual, including childhood trauma experienced; sexual orientation; religious beliefs; cultural experiences; own experiences of being parented; or any other aspect of what has made them the individual they are today. Open discussions in a safe space to explore how this may influence a practitioner’s ability to reflect, challenge, question, be curious, or hinder decision-making, are vital to the supervision process.

Supervisees should be supported to unpick how identity impacts their work. A person’s subjective sense of self is an essential factor that guides the way they carry themselves, who they identify with, and how they make certain decisions. Therefore, understanding and unpicking this important element of the work will allow supervisees to see the world through the eyes of the families they support. In addition, it will give a safe space for supervisees to discuss and explore any behaviours or discrimination they have faced from the people they are working with in the community, professionals within other services, or within their own service.

It is important that teams understand and empathise with the demographic mix of the communities they work within, including the impact that their team and individual culture and identity, impact on the group dynamics, professionalism, and ability to challenge or advocate for other people. Once again, safe spaces to consider this are vital.

A positive, open and transparent team culture helps to create trust and respectful challenge and will help to consider assumptions, beliefs and biases on a personal and team level.

There are tools in the Identity, Equality and Inclusion section of the Resources on [The Kent Academy](https://www.delta-learning.com/course/index.php?categoryid=159) including exercises to help teams and individuals consider Identity and culture, and consider this in relation to the children, families and services they are working with.

# Front Door Supervision

Front Door supervisors should select families at random from Power BI, or the supervisor or supervisee may identify a highlighted family for discussion, using the following criteria for each case supervision session:

1. A child who was subject of a strategy discussion.
2. A child progressed to a Children Social Work Services’ assessment.
3. A family progressed for an Early Help assessment/intervention.
4. A child/family/professional provided with information, advice and guidance.

A minimum of two families should be discussed per session across the range of criteria and the supervisor will record the child’s unique data number without using names in order to avoid data breaches. The supervision will be reflective of processes and practice given the child’s files will be either closed or managed by an allocated worker.

# Practice Observation

Observation of practice is a fundamental aspect of professional training and supervision, and an integral part of continuous learning and development. It adds a further dimension, giving richness to the reflection of the child’s lived experience.

There is an expectation that there will be two formal observations of direct work each year for frontline practitioners directly involved with families. These will be carried out by the practitioner’s line manager and arranged in advance. This is in addition to the Children’s Outcome Analysis (COAs), which are undertaken by the Safeguarding, Professional Standards and Quality Assurance Service.

The practice observation template can be found at Appendix D.

# Appendix A

 Professional Supervision

|  |  |
| --- | --- |
| **Supervisee:** |  |
| **Supervisor:** |  |
| **Date:** |  |

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| --- |
| **Agenda** |

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| --- |
| 1. Actions from previous session
 |
| 1. Health and wellbeing (including work/life balance, A/L, wellbeing tools etc.)
 |
| 1. Health and safety in the workplace, including lone working where applicable
 |
| 1. Professional development
 |
| 1. AOB including review of Supervision Agreements and [Good Conversation](https://kentcountycouncil.sharepoint.com/sites/KNet/Pages/Managing-Performance.aspx)
 |

|  |  |  |
| --- | --- | --- |
| **Item no.** | **Decision/ discussion**  | **Actions** |
| 1.  |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Supervisor): |  | Date: |  |
| Signed (Supervisee): |  | Date: |  |
| Date of next meeting: |  |  |  |

# Appendix B

 Personal Supervision Record

|  |
| --- |
| **Name of Supervisor:**  |
| **Name of Supervisee:**  |
| **Role:** Choose an item. |
| **Date of Supervision:** Click or tap to enter a date. |

*The Personal Supervision template should be used to record discussion and progress in respect of the staff member’s professional development and performance; any worries that may be raised about this (including impact issues); what is working well for them; and actions to help facilitate continued progress as well as to outline managerial support. Information relating to children should not be included in this record unless specifically relevant either because of specific impact of the involvement on the worker or because some aspect of the worker’s history or experience is impacting/may impact on their practice. Information recorded must be anonymous and relevant.*

*As this record may be seen by line managers beyond the supervisory arrangement, it is essential that clear agreement is reached as to the content of the personal information included in the record and that it only contains information relevant to the professional role. Where there is disagreement but a supervisor feels it is necessary to record something they have been told, because of its possible impact, this should be discussed and rationale also recorded.*

*Both parties should receive a signed copy of the record following completion of the meeting. An electronic copy of the record will be maintained within team supervision records file.*

|  |
| --- |
| **Wellbeing, work – life balance (*Including wellbeing plan review, considering any personal worries which may impact on working day*)**  |

|  |  |
| --- | --- |
| **Discussion:**Wellbeing plan (*Stress level scaling, review of working hours, discussion in relation to any absences and support needed, personal worries/challenges- any outside responsibilities, support for hybrid working, any emotional support required, review of any support needed in relation to Occupational health, Support line and if referrals agreed/refused)*  |  |
| Review of workstation assessment to include overall Health and Safety and Hybrid Working. |  |
| AL – (including TOIL/Flexi) |  |
| **Actions:**  |  |

|  |
| --- |
| **Personal Development – including PDP review, preparation for TCP** |

|  |  |
| --- | --- |
| **Discussion:**Mandatory training review *(as well exploration of other training opportunities)* |  |
| TCP – any evidence to be considered and documented |  |
| Feedback received from families, QA and audits  |  |
| **Actions:**  |  |

|  |
| --- |
| **Team welfare and staffing (review of individual workload and staff wellbeing)**  |

|  |  |
| --- | --- |
| **Discussion:**Team – workload and support required |  |
| Any capability issues/worries in the team |  |
| **Actions:** |  |

|  |
| --- |
| **Individual children and families – high risk/ reflections/worries****(*Please note the detail of these discussions will be added to Liberi separately on child’s file unless personal to the worker, in terms of relating to personal experience. Children’s initials to only be used*)** |

|  |  |
| --- | --- |
| **Discussion:** |  |
| **Actions:** |  |

|  |
| --- |
| **Any other topics needed for discussion:**  |

|  |  |
| --- | --- |
| **Discussion**:  |  |
| **Actions:** |  |

|  |
| --- |
| Date of Next Supervision Session:Click or tap to enter a date. |
| Time:  |

|  |
| --- |
| **Signatures:**  |

|  |  |
| --- | --- |
| Supervisor: | Date: Click or tap to enter a date. |
| Supervisee: | Date: Click or tap to enter a date. |

# Appendix C

 Supervision Agreement

This agreement should be signed by both parties, each should have a copy and it should be reviewed/signed yearly, linked to the appraisal process.

|  |  |
| --- | --- |
| **Supervisee:**  | **Date:** |
| **Supervisor:**  | **Date:** |
| **Next Review**  | **Date:** |

**Purpose of Supervision**

Supervision is necessary to ensure that the users of our service get the best service possible and that staff get the help and support they need to do their job effectively.

**Aims of Supervision**

* To discuss responses/methods of work, professional competence and knowledge with the aim of improving and developing practice.
* To be accountable for work undertaken.
* To examine and reflect on work/ practice and to explore any issues/concerns. This includes time to express and understand feelings, which arise in our work.
* To plan personal skill development on an individual basis.

**Practical Arrangements**

**Agenda**

Supervision is a two-way process and both parties have responsibility for bringing items for the agenda which will be set at the start of each session. Agenda items should include:

1. Actions from previous session

2. Health and Wellbeing including Work/Life Balance (A/L/TOIL etc)

3. Health and Safety in the Workplace including lone working where applicable

4. Workload

5. Professional Development

6. AOB including review of Supervision Agreements and good conversation tool

**Duration/Frequency**

Supervision will occur **6 weekly** for up to 1 ½ hours

**Interruptions During Supervision**

Sessions should begin punctually, and interruptions should be permitted only in exceptional circumstances. Frequent lateness, cancellations or interruptions caused by either party should be a matter for discussion.

**Contact between Formal Supervision Sessions**

We agree that [supervisee name] will bring to the Supervisor’s attention any matters they need to discuss as a priority in between monthly supervision. If [supervisor name] is not working the [service manager name] should be consulted if an immediate decision is required. Non-urgent matters should be discussed on her return and/or form part of the supervision agenda.

**Methods:**

**Use of Records**

The supervision will be recorded on a Professional Support Supervision document.

The supervisor and the worker will read and sign to agree as an accurate record of supervision and each will keep a copy. These records should also include any unresolved disagreements. Managers will be expected to keep a record of supervision sessions which should be stored securely electronically.

**Confidentiality**

Supervision cannot always be wholly confidential, any personal information shared will be confidential to the supervisor/supervisee unless there is an impact on practice or additional support/guidance is required. If information is to be shared either party should inform the other. The supervisor is acting on behalf of the organisation as well as the supervisee and in certain situations the content may need to be shared with management and/or HR Personnel.

**Expectations of supervisee**

* To be prepared for supervision and contribute to the joint agenda
* To attend supervision as scheduled or provide notice and explanation if supervision is to be re-scheduled.
* To inform their supervisor of issues and concerns that may affect their ability to fulfil their responsibilities or that may adversely affect their team or the service

**Expectation of Supervisor**

* To be available for supervision sessions and allocate enough time for supervision session.
* To give clear support, accountability and guidance
* To inform supervisee should there be any concerns in relation to his/her practice and how it can be rectified or improved.
* If there are any issues regarding supervisee’s sickness level, or punctuality these will be raised in the supervisors’ supervision with their line manager
* To provide constructive feedback, advice and guidance when needed, to improve practice and professional development.

**Anti-discriminatory Practice and Equal Opportunities**

Kent County Council are employers who are firmly committed to tackling practice that discriminates or disadvantages any group on the ground of their race, sex, disability, age, sexual orientation, religion or belief and positively encourages the implementation of equality and diversity standards throughout its workforce. The supervisee is therefore advised to be familiar with policies made available during induction and to demonstrate compliance throughout employment. The supervisor will comply with these policies and must discuss KCC’s [Equality and Diversity](https://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity) Strategy, [Dignity and Respect](https://kentcountycouncil.sharepoint.com/%3Aw%3A/r/sites/KNet/_layouts/15/Doc.aspx?sourcedoc=%7B23673122-E5A7-468B-8EE0-D766704846D8%7D&file=Dignity%20and%20Respect%20at%20Work%20Policy.doc&action=default&mobileredirect=true&DefaultItemOpen=1) and support supervisees in considering how they may participate in [staff engagement groups](https://kentcountycouncil.sharepoint.com/sites/KNet/Pages/get-involved.aspx). This will support tailoring the supervisory relationship to the individual needs of the participants.

**Workload**

We agree that either party will articulate any concerns with the workload during supervision and agree a plan of action to address the workload situation (i.e., prioritising tasks, refocusing plans, time efficiencies including using agencies and relevant technology etc).

**Professional Development**

We agree that [supervisee name] will be supported to avail herself of all relevant and appropriate training opportunities.

**Specific Provisions**

In preliminary discussions, additional issues require acknowledgement and exploration e.g.,differences in gender, race, background; acknowledgement of power imbalance and agreements regarding resolving conflict.

**To acknowledge differences, we agree to:**

* Acknowledge and value each other’s perspective.
* Remain focused on prioritising the child in question.
* Record any differences
* Listen to each other’s point of view and aim to reach a consensus.
* The Supervisor making the final decision where consensus is not possible
* Try to resolve differences where possible and discuss with the Service Manager or other agreed third party where not possible.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Supervisor) |  | Date |  |
| Signed (Supervisee) |  | Date |  |

# Appendix D

 Observation of Practice

|  |  |
| --- | --- |
| **Name and role of observed practitioner:** |  |
| **Name and role of observer:** |  |
| **Name of line manager, other –** *(please specify)* |  |
| **Venue:** |  |
| **Date of observation:** | **Time of observation:** |

|  |
| --- |
| **Specify permission gained (service users and colleagues as appropriate)** |
| **Background to observation session:** e.g., session context, outline of any discussions held before the observed session, particular aspect of practice to be observed, has a theoretical framework, research or other tools been used to prepare or will be used in the session? |
| **Feedback from observer:** e.g., were the objectives of the session achieved? Strengths, areas for development, feedback from service users, colleagues etc. |
| **Comments from practitioner:** e.g., on the session observed, on the comments, on the process etc. |
| **Agreed areas for development** including how they will be fed into the supervision and performance and development process. |

|  |  |
| --- | --- |
| **Practitioner signature:** | **Date:**  |
| **Observer signature:** | **Date:** |

# Appendix E – this can be adapted to the team’s needs

Team Wellbeing Plan

**This is a team plan for wellbeing, to be discussed as a team and plan support.**

|  |
| --- |
| **What are your current and intended working arrangements?** |
| WorkplaceRemote Workspace |

|  |
| --- |
| **Working Styles and Containment** |
|  |

|  |
| --- |
| **Staying Physically and Mentally Healthy**  |
| WorkRemote  |

|  |
| --- |
| **Triggers and Behaviours**  |
|  |

|  |
| --- |
| **Plan for Team Wellbeing:** |
|  |

|  |  |
| --- | --- |
| **Date:**  | **To be reviewed:** |