

# Supervision Policy

This policy was agreed by the Trust Board on 19 December 2017 to be used as an interim policy by Sandwell Children's Trust.

The intention is to review this policy by 1 July 2018 to ensure that it is fit for purpose for the Trust.

# SUPERVISION POLICY

## Guidance for the Supervision of staff

*'It is important that social work is carried out in a supportive learning environment that actively encourages the continuous development of professional judgement and skills. Regular, high quality, organised supervision is critical.'*

*Lord Laming 2009*

*'Professional supervision is a core mechanism for helping social workers critically reflect on the understanding they are forming of the family, of considering their emotional response and whether this is adversely affecting their reasoning, and for making decisions about how best to help' (The Munro Review (2010) of child protection)*

*Munro E. 2010*



**Revised July 2017  
Updated – October 2017  
Next Review – October 2018**

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## **SANDWELL MBC CHILDREN AND FAMILIES SUPERVISION POLICY**

### **Introduction**

This guidance provides a framework for the supervision of all employees working within Sandwell Children and Families Services. The guidance is supported by supervision tools relevant to the process.

Sandwell's Children and Family Service is committed to providing excellent services for children and their families/carers and recognises that regular, reflective, high quality, organised supervision helps create a workforce that:

- Understands their role and responsibilities;
- Is accountable for work undertaken;
- Has the skills, knowledge, behaviour and values to carry these out;
- Is fully supported in their role by operational and senior management.

### **The Purpose of Supervision**

Supervision fulfils four, interdependent functions (Morrison 2005):

- Motivation and Support – those working with the most vulnerable children deal with complex and demanding human problems. It is essential that supervision provides a forum where practitioners can be supported and where their personal welfare, workload and working relationships can be discussed in a safe and secure environment. This may include support with personal issues that may impact on practice.
- Management – the Directorate's vision, aims and objectives form the basis for supervision discussion ensuring that work is planned, integrated and monitored in line with these key objectives. Supervision is a way of checking that identified duties and obligations are being met. Discussion may also generate ideas about how to improve service provision and practice, with both parties contributing to this. It provides an opportunity to brief staff on changes in service, and senior management on operational issues within teams.
- Performance and Development – supervision should look at performance, help to identify development opportunities, both formal and informal, and give the chance to reflect and discuss the impact these have on practice. This continuous professional development of staff is key to providing excellent services.

- Mediation – the supervisor acts as an intermediary between the supervisee, the organisation and other stakeholders.

To ensure that each supervision session achieves its potential, the supervisor should adopt a holistic approach – one which recognises the integral relationship between the function of supervision, the stakeholders (those with an interest in, or affected by, the process), and the cyclical nature of a good, reflective supervision style.

This is known as the 4x4x4 model (Morrison, T, 2005). Each aspect has four elements:

- Four functions – management, performance and development, support and mediation (as outlined above)
- Four stakeholders – service users, supervisee, organisation (supervisor) and partners
- Four stages of the supervision process – Experience ('the story'), Reflection (feelings about the story), Analysis (what does the story mean?) and Plans and action (What's next in the story?)

Supervision is complimentary to the Annual Appraisal which has its own recording and review process. It is anticipated that ongoing progress and development against the Appraisal will be part of supervision. The Learning and Development Plan from the Appraisal should be regularly discussed and updated in supervision in preparation for the mid year and full year Appraisal Review.

### **The Importance of Supervision**

All members of the Children and Families workforce have a right to receive supervision irrespective of their position or experience. This applies to those staff in permanent or locum posts, and full or part-time employment.

Supervision is an integral part of the management role and should be viewed by both supervisor and supervisee as a priority.

Supervision should be held in a quiet space away from distractions and interruptions. Mobile phones should be turned off unless a prior agreement is mutually reached for a specific reason.

On the rare occasions when it is necessary to cancel arranged sessions these should be rearranged, keeping within agreed timescales as far as possible. A record should be made of why sessions have been cancelled ([Appendix 3](#)). This process is critical to effective individual and team working and the benefits from effective supervision are wide-ranging, as are the consequences of poor or lack of supervision.

Supervision will be provided by a named person and within the bounds of an agreed contract with a framework detailing frequency, duration, venue and content. The Individual Supervision Contract ([Appendix 1](#)) details standard responsibilities for both parties, but includes space for additions as it should

be viewed as a unique document that is subject to change as required, thereby reflecting the specific requirements of that role, the organisational requirements and the individual needs of the supervisee. For Qualified Social Workers the supervision process can assist in identifying opportunities for post qualifying development which link in to post registration training and learning requirements of the Health and Care Professions Council (HCPC).

The Professional Capabilities Framework Domains (see hyperlink in [Appendix 10](#)) identifies that Social Workers should be committed to professional development by taking responsibility for their conduct, practice and learning, with support through supervision. All staff whether qualified or non-qualified should also adopt this approach. In addition for Qualified Social workers, they must have knowledge of the DfE 'Knowledge and Skills Statements' (KSS) for Child and Family Social Workers. (see hyperlink in appendix 10).

The supervision contract should be reviewed annually to ensure that it is fulfilling its purpose and updated according to individual needs. The quality of supervision should be reviewed and audited at least once a year. (Typically this will mean each senior supervisor will complete one supervision audit per worker per month). This would include an audit of the supervision file and at least one direct observation of the supervisor supervising. The audit document ([Appendix 7](#)) should be completed by the senior manager on carrying out the audit.

## **Group Supervision**

This should not replace individual supervision but can be used to compliment it. It will involve a group of staff; all involved in the same task, meeting with a supervisor to discuss issues about their work, themes from audits or practice, or the way they work together as a team and how they can learn from each other. This may be done in the context of a regular team meeting or as a separate session. The supervisor should encourage workers to use supervision as a means to engender critical analysis, thinking and reflection. ([Appendix 4](#), [5](#) and [6](#)).

There is also an expectation that each team will hold a Signs of Safety Group Supervision based around a live case, working through this using the signs of safety model of practice at least once a month.

## **Frequency**

A structured supervision session should be provided to a minimum of every once a month in line with Council procedures, with increased frequency for ASYE as set out in their contract. There should be an agreed schedule drawn up annually, with 12 x 1.5 hour supervisions booked into the supervisors and supervisees electronic diary.

There are some situations which may require the frequency to be increased. For instance, this may result from the supervisee being new to post (see

Newly Qualified/ASYE and new students page P6/7) performance issues or during stressful periods.

In addition to formal sessions, informal or responsive supervision are likely to be required. This may result from the need for staff to 'check something out' or gain direction and/or permission for a course of action (Management oversight). While the same level of preparation will obviously not be necessary, it is important to remember that any decision made should be recorded appropriately on the child's file. These sessions should not be regarded as a substitute for time-tabled supervision.

If a supervisor is absent from work for more than one month, they should ensure, in conjunction with their line Manager, that arrangements are made for the effective supervision of the staff for whom they are responsible.

Supervision is a two way process. While every session will be unique, it may be expected that formal supervision will follow the standard agenda (see [Appendix 2,4 and 5](#)). Both supervisor and supervisee should be contributing to the agenda.

### **Frequency of case work discussion.**

In order to ensure that each child is discussed formally in supervision the following should be followed as a guide for frequency

Targetted Services – 1 x 4 weekly

SAAT - Single Assessments – formal 4 weekly supervision is required once the Single Assessment is completed if the case remains with the SAAT worker/team before transferring

Child Protection – 1 x 4 weekly

Child in Need – 1 x 8 weekly

Looked After Children/Care Leavers – 1 x 8 weekly

Every open case will be discussed more frequently if required.

Supervision is additional to any management oversight and direction (responsive supervision) at points of crisis.

### **New Starters/ Newly Qualified ASYE Social Workers**

It is essential that all new workers, regardless whether they are newly qualified or not must have a comprehensive induction to the service and their team ([Appendix 10](#)).

Newly qualified Social Workers (NQSWs) in their Assessed and Supported Year in Employment, (ASYE) and social work staff must receive supervision every week for the first 6 weeks and then every 2 weeks for the first 6 months.

Assessed and Supported Year in Employment (ASYE) is a national initiative to support NQSWs within their first 12 months of Practice; it is endorsed by the DfE and Skills for Care. Evidence procedure is against the DfE 10 x

Knowledge and Skills Statements (KSS) with links to the nine domains of the Professional Capabilities Framework at ASYE level.

This is particularly important for newly qualified staff (NQSWs) who will need additional support and monitoring to pass their probation period satisfactorily and to embed the requirements of the ASYE Programme (Appendix 9). Ensuring that staff are competent in the use of LCS, e-CAF and E-documents and are maintaining good assessments, intervention and the case recording of this is an essential benchmark for all new staff to meet in order to be considered ready to be a permanent employee.

Supervision of NQSWs should include reference to the KSS as well as the Professional Capabilities Framework (PCF) as the ASYE programme is underpinned by the NQSW demonstrating their capability against the nine domains of the PCF

**Individual supervision sessions** will normally comprise of **2 key parts:-**

- The **“Standard” Agenda** (non-case-work issues) should include the standard supervision recording form for non casework issues. Forms should be completed by the supervisor either during or immediately after the meeting with a copy given to the supervisee within 3 working days and a copy kept on the supervisee’s file for both the supervisor and staff member to review at the next meeting. Both Supervisor and Supervisee must sign and date the record as soon as possible after the supervision. These records can then be used when undertaking staff Appraisals. It is strongly recommended that the supervision document is completed and stored electronically.
- **Case Work Supervision (Workers)**  
During or prior to each individual supervision, workers and supervisors should have viewed the file on the LCS/EHM system checking the quality of the assessment, care planning, case file recording and documentation. This should be used during the supervision to capture discussions/reflections/actions/decisions.  
Cases discussed in supervision should always have a record of the supervision discussion placed on the child’s file

The Quality Assurance Framework link and Audit Guidance can be found at ([Appendix 10](#)) to support this process. Audits are routinely completed by Senior Managers, Managers and IROs and these should be discussed in supervision and actions agreed and recorded to ensure that all the actions are fully completed and a difference is made to the child. This is known as ‘closing the loop’ for individual cases..



- **Supervision of supervisors (Team Managers/Managers)**

The quality of the supervision carried out by Managers with their workers will be reviewed and audited by the senior line manager/supervisor at least once a year and feedback given to the supervisor.

This will include at least one direct observation of the supervisor supervising per year. (To be introduced in January 2018)

### **Dealing with areas of disagreement**

It is recognised within a supervision arrangement there can be power differentials between a supervisor and supervisee which could be ascribed to issues of diversity as well as position. If issues arise from these power dynamics, where it is reasonable and appropriate they should be raised and efforts made to reach a resolution within the supervision setting. However, in the event that a resolution cannot be reached, an agreed 3<sup>rd</sup> party with managerial responsibilities will act as an intermediary. In most cases this will be the line manager of the manager undertaking the supervision. The name of the intermediary and the process by which disagreements will be resolved should be recorded in the Individual Supervision Contract.

### **Recording**

It is important that all supervision sessions should be recorded accurately, including sufficient detail around the discussion and actions to be taken.

1. Where the discussion relates to a child and their plan this must be recorded on the child's file.
2. Where the discussion is in relation to the worker and their performance this should be recorded within the worker's individual supervision notes.
3. Reflective case discussions should be recorded on both the system and within the individual supervision notes as appropriate.

Both parties should sign and date the electronic record of every supervision session. An electronic copy should be held on file and another provided to the supervisee (within 3 working days). Supervision records should be action-based, with a clear note of responsibility and timescale for completion of any actions agreed.

With regard to informal or responsive supervision and the subsequent decisions which relate to the Council's involvement/action with a child and their family; these decisions should be recorded in the child's electronic case record by the relevant manager.

### **Supervision File**

The order of supervision files, which should be electronic, should be as laid out at [Appendix 8](#).

### **Quality Assurance of Supervision**

To ensure that the frequency and quality of supervision within the organisation is improved and sustained, Sandwell has the following in place:-

Frequency – Supervision Monthly Return – produces monthly reports which are reported to all levels within the organisation and performance discussed at the Service performance meetings.

Quality of Supervision –Senior managers will audit at least one supervision file per month and also undertake one observation of supervision annually.

The PSW will facilitate an annual survey (annual health check) of all staff of their experience of being supervised. These will allow:

1. Discussion within the supervisor's own supervision to discuss quality of supervision performance
2. Collation across the service with trends and themes identified and disseminated.
3. The identification of trends and themes which can be used to inform future service learning, development commissioning and delivery

This policy will be reviewed on an annual basis.

## Appendix 1

# SANDWELL CHILDREN AND FAMILIES SUPERVISION CONTRACT



<b>Supervisee:</b>	<b>Supervisor:</b>
<b>Job Title</b>	<b>Job Title</b>
<b>Team/Location</b>	<b>Team/Location</b>
<b>Supervisor's Manager</b>	<b>Contact Number</b>

### Frequency

Formal Supervision will take place once every month and cases will be discussed at the frequency set in the Supervision Policy. NQSWs in their ASYE will have supervision sessions weekly for the first six weeks and then every 2 weeks for the first 6 months in line with Standard 5 of the SWRB Standards for Employers of Social Workers in England and Supervision Framework.

### Duration of Sessions:

Formal supervisions should ordinarily last for 1.5hours. They will normally take place at ..... (insert venue). Date and times of each session will be noted on the Supervision Monitoring Sheet, which is kept on the individual's file.

### Cancellation

If a session is missed, the supervisor and supervisee will first attempt to schedule an alternative date for the meeting. The Supervisor must note this on the Supervision Monitoring Sheet. If no date is forthcoming, or the rescheduled meeting fails to take place both the supervisor and supervisee are required to report this to the supervisor's line manager within 2 weeks of the initial missed session. In the event that there is no allocated supervisor, the line manager will ensure that supervisees are in receipt of appropriate supervision.

## **Employee Responsibility**

Each employee has a personal responsibility to ensure that they have read and understood the supervision policy issued to them. Supervisees have a responsibility to

- Prepare for each supervision session and bring agenda items
- Bring with them evidence of progress
- Identify any personal/professional development needs
- Seek approval to access Continuous Professional Development (CPD)/learning activities to develop and enhance their practice in line with their Appraisal and ongoing supervision discussions.

## **Agenda and Content**

It is the Supervisor's responsibility to ensure that the discussion stays within the boundaries set and fulfils the main aims and objectives of supervision as set out in the Supervision Policy document. Formal individual supervision sessions should be structured with preparation work having been carried out by both the supervisor and the supervisee to contribute to the Agenda.

## **Performance Issues**

Any issues about performance will be identified at an early stage so that clear targets for improvement and support actions can be established, to minimise any potential impact on children and their families/carers (see HR procedures).

## **Disagreements**

Areas of disagreement between supervisor and supervisee around decisions and the supervisory relationship should be openly explored and recorded on the supervision records. Areas of disagreement that cannot be resolved within the supervisory relationship should be referred to the supervisor's manager (see HR procedures).

## **Confidentiality and storage**

Storage of records should meet Caldicott requirements, as for any other type of personal information held by the authority. However, this does not mean that it is a strictly confidential process – records remain the property of the organisation. It may be necessary for supervisors to discuss the content of a session with their own line manager for instance. If this is the case, the supervisee should always be informed. Other professionals requiring access might include senior managers, investigating officers (in the case of disciplinary procedures for instance), and inspecting bodies.

Records should be held securely in an office in a locked cabinet, while remaining accessible. If records are to be held electronically, a printed copy should be made available to the supervisee as soon after supervision as possible. It is preferable that records are held electronically.

## **Behaviour, Conduct and Courtesies during a Supervision Session**

All supervision sessions should begin and end on time, and be conducted in a respectful manner by both parties, ensuring that both parties actively listen to each other. Supervision should be based on anti-oppressive principles. The session should be conducted in a place which limits the possibility of interruptions as much as reasonably practicable.

## **Managing Diversity and Equality**

The Council and Directorate's policies and values are underpinned by a commitment to equal opportunities and anti-discriminatory practice.

Supervision should be provided in a way that promotes equality of opportunity and is free of harassment, discrimination and bullying. People are not the same in terms of personality, working styles, culture, religion, race, ethnicity, gender, sexual orientation, ability, age, faith and belief and employees and service users are different and have different aspirations, desires and needs. A supervisor should strive to recognise any differences in an individual and identify their support needs accordingly.

## **Record Keeping**

All supervision meetings should be recorded using the Standard Supervision Record including areas covered discussion points, agreed action and timescales. The supervision record should be signed by supervisor and supervisee and copies made available within three working days, to both parties for retention. All decisions/actions concerning service users must be recorded onto LCS/EHM within 24 hours of the supervision meeting.

## **Support for Personal Issues**

Appropriate support for personal issues will be given to the supervisee by the supervisor, signposting or referring on to other "support" as appropriate, e.g. staff counselling.

## **Agreement**

We agree that supervision will be given and received in accordance with the Sandwell's Children and Families Supervision Policy 'Guidance for the Supervision of Staff'. The individual supervision contract should be reviewed annually or if there is a significant change (ie change of manager).

## **Signatures**

**Supervisee:**

**Date:**

**Supervisor:**

**Date:**

## Appendix 2

### SUGGESTED AGENDA

#### Worker Supervision Agenda

1. Welcome, well- being check and agreed Agenda
2. Review of last supervision and update on action list
3. Workload/Case Load/Allocations
4. Case work discussion
5. Reflective Practice Discussion (case, person, incident, theme) for NQSWs relate to the Professional Capabilities Framework.
6. Performance Development and Training
  - Be open about what has gone well and what you have found difficult
  - Achievements and successes (including compliments and complaints
  - Poor practice based on measurable activity and evidence e.g. notices of concern, inadequate audits and feedback from children, parents, colleagues and partners.
  - Measurable evidence against requirements of the role. (i.e. the journey of the child against the LCS/EHM record, progression of cases in supervision, feedback from children, parents, colleagues partners)
  - Development of Practice – moving towards excellence (i.e. identifying formal training, informal individual session, group session etc.)
  - Review Appraisal objectives and any evidence brought to supervision by line manager or supervisee
  - Case file Audits
7. Welfare
  - Work/Life balance (annual leave, TOIL, managing attendance, health and health appointments).
  - Any other issues significantly impacting on performance e.g. Risk Assessment, Accident/Incident Forms

- Work related issues impacting upon the supervisee
- Personal issues directly impacting on performance

8. Any Other Business

Manager Supervision Agenda

- 1 Welcome
- 2 Review of last supervision and update on action list
- 3 Staffing
- 4 Workload/ Allocations/Team
- 5 Cases
- 6 Budgets
- 7 Complaints/Compliments
- 8 Performance, Development and Training
  - Audits (supervision and casefile)
  - Supervision
  - Performance Reports
  - Development of Management Practice
  - Team Meetings
  - Appraisals
- 9 Welfare
  - Work/Life balance (annual leave, TOIL, managing attendance, health appointments.
  - Any other issues significantly impacting on performance e.g. Risk Assessment, Blue Incident Forms
  - Work related issues impacting upon the supervisee
  - Personal issues directly impacting on performance
- 10 Any Other Business

### Appendix 3

## CHILDREN AND FAMILIES SUPERVISION MONITORING SHEET



*Form to be held on individuals file*

Supervisee:		Supervisor:	
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Date	Time	Completed/Postponed	Date Rescheduled for	Any comments Reasons for postponement



## Appendix 4

# CHILDREN AND FAMILIES SERVICE INDIVIDUAL STANDARD SUPERVISION RECORDING TEMPLATE



Supervisee:		Supervisor:	
Date:			

### Agenda

1. Welcome, well being check and agreed Agenda.
2. Review of last supervision and update on action list.
3. Workload/Case Load/Allocations.
4. Case work discussion (most of these will be completed directly onto the child's file case records on LCS/EHM).
5. Reflective Practice Discussion (case, person, incident, theme).  
*(For NQSWs relate to Professional Capabilities Framework (PCF) and KSS Knowledge Skills Statements).*
6. Performance, Development and Training (including discussion of Supervision audit and case file audits).  
*(For NQSW's, also use ASYE Tracker form)*
7. Welfare.
8. Any Other Business.

**9. Action required from this supervision**

Action	Timescale	By whom

**10. Date, Time and Venue of next supervision meeting**

Signed ..... date .....  
(Manager/Supervisor)

Signed ..... date .....  
(Employee/Supervisee)

*Copy to be given to employee, within 3 working days, copy retained on supervision file for manager's record*

## Appendix 5

# CHILDREN AND FAMILIES SERVICE MANAGERS SUPERVISION RECORDING TEMPLATE



Supervisee:		Supervisor:	
Date:			

### Agenda

1. Welcome, well being check and agreed agenda
2. Review of last supervision and update on action list
3. Staffing
4. Workload/Allocations/Team
5. Specific Cases
6. Budgets
7. Complaints/Compliments
8. Performance, Development and Training *(including discussion of case file audit and closing the loop activity)*
9. Welfare
- 10 Any Other Business

**11. Action required from this supervision**

Action	Timescale	By whom

**12. Date, Time and Venue of next supervision meeting**

Signed ..... date .....  
(Manager/Supervisor)

Signed ..... date .....  
(Employee/Supervisee)

*Copy to be given to employee within 3 working days, copy retained on supervision file for manager's records*

## Appendix 6

# SANDWELL CHILDREN AND FAMILIES GROUP SUPERVISION RECORDING TEMPLATE



*The purpose of this template is to ensure there is an agreed record of discussions during Group Supervision sessions. Copy to be provided for each supervisee and their line manager and placed on each individual's supervision file.*

Supervisor:		Date:	
Attendees			

Agreed Agenda;

Summary of Discussions (use signs of safety approach)  
Reflections/Comments

Capture 3 Learning Points:

Capture Action Points:

## Appendix 7

# SANDWELL CHILDREN AND FAMILIES SUPERVISION FILE AUDIT

Supervisor:

Team

Supervisee:

Manager completing audit:

Date Audit Completed:

Consider the last 12 months supervision.

<b>Subject</b>	<b>Outcome: yes/no</b>	<b>Comment</b>	<b>Action</b>
<b>Contract:</b>  Is the supervision contract on the file?			
<b>Welfare:</b>  Is there evidence that welfare issues have been considered?			
<b>Timescales:</b> Is supervision in timescale?  Is there evidence of increased frequency if required?			
<b>Recording:</b>  Is supervision recorded?  Record signed by the supervisor/supervisee?  Are actions agreed at previous supervision checked and completed?			

<b>Journey of the child:</b>  Is there evidence of a supervision discussion regarding quality and progress of the child's plan?  Is there evidence that lack of progress is challenged?			
<b>Reflective practice:</b>  Are cases discussed so that there is opportunity for the worker to critically reflect and for the supervisor to constructively challenge?			
<b>Audits:</b>  Are case file audits on the file?  Is there evidence of audits being discussed within the monthly supervision as well as closing the loop activity?			
<b>Appraisal:</b>  Is the Appraisal as well as development and training clearly recorded and discussed monthly?			
<b>Disagreement:</b>  Is there evidence that			

any disagreements addressed?			
<b>Additional considerations</b>			
<p>For ASYE only</p> <p>Has the ASYE tracker been completed?</p> <p>Is the NQSW effectively maintained on their ASYE?</p> <p>Is the QSW on target to complete the programme?</p>			
<p><b>Capability</b></p> <p>Are capability/performance issues clearly recorded with good work recognised and poor performance addressed?</p> <p>Managing attendance – is this monitored and progressed according to procedures?</p>			
<p><b>Probation:</b></p> <p>Has the probationary period been appropriately monitored?</p>			

### **Overall judgement of quality of supervision**

Outstanding  
Good  
Requires improvement  
Inadequate



Actions required as a result of this audit

1.

2.

3.

4.

5.

6.

Note:-

One supervision file audit per Manager/Supervisor per month to be completed by the Group Head and discussed in Manager/Supervisor's monthly supervision.

## CHILDREN AND FAMILIES STAFF SUPERVISION FOLDER – CONTENTS CHECKLIST

Section 1	-	Supervision Monitoring Sheet
Section 2	-	Monthly Supervision Record Group Supervision Record (if applicable)
Section 3	-	Workload/Allocation/Caseload
Section 4	-	Appraisal evidence and review forms
Section 5	-	Learning and Development <ul style="list-style-type: none"> <li>• Training Undertaken</li> <li>• Training nomination</li> <li>• HCPC training record</li> </ul>
Section 6	-	Case-file Audits
Section 7	-	Managing Attendance <ul style="list-style-type: none"> <li>• Return to Work Interviews/Self-Certifications</li> <li>• Medical Conditions</li> <li>• Occupational Health referrals</li> <li>• Managing Attendance Records</li> <li>• Copies of sick/ fit notes from medical practitioner (i.e GP)</li> </ul>
Section 8	-	Additional Performance Management/Disciplinary <ul style="list-style-type: none"> <li>• Record of performance issues</li> <li>• Performance meetings and reviews</li> <li>• Disciplinary issues/outcomes</li> <li>• Recognition of good practice</li> </ul>
Section 9	-	Corporate Induction Checklist and Induction Checklist
Section 10	-	Probationary Assessment of employee (HR13.1)
Section 11	-	Miscellaneous

## Appendix 9

### ASYE tracker for NQSW and supervisors

Name of NQSW:

Date of Initial ASYE  
Meeting

Tracker Questions	Yes	No	Comment
Learning Agreement/Critical Reflection Log (CRL) in place			
Professional Development Plan (PDP) via CRL up to date			
Mandatory E-Learning (RIP, Artemis and Corporate) Complete			
3 month review – Record of Support and Progressive Assessment (ROSPA)			Date: .....
6 month review - ROSPA			Date: .....
9 month review - ROSPA			Date: .....
Final ASYE Evidence Meeting			Date: .....
1 <sup>st</sup> Direct Observation Completed			
2 <sup>nd</sup> Direct Observation Completed			
<ul style="list-style-type: none"> <li>3 x Critical Reflective Logs with reference to KSS, PCF and HCPC SoP with written feedback from ASYE Assessors</li> <li></li> </ul>			Date of CRL 1:  Date of CRL 2:  Date of CRL 3:

ROSPA and CRL Report Completed			Date: .....

Tracker Questions			
Outcome of ASYE	PASS	FAIL	DEFER
Certificate of ASYE achievement seen	Yes	No	N/A
HR8.1 form Request for Payment of Merit Increment(s):	Yes	No	N/A

### Signatures

**Supervisee**

**Date**

**Supervisor**

**Date**

## Appendix 10

### USEFUL LINKS

Quality Assurance Framework:

[Sandwell Quality Assurance Framework](#)

Sickness Policy:

[Sickness Absence Management](#)

Appraisal:

[Appraisal](#)

Corporate Induction Overview and Induction Checklist:

[Induction Process](#)

Assessment of Probationary Employee

[Probation](#)

BASW professional's capability framework

[BASW Professional's Capability Framework](#)

Audit guidance

[Audit Guidance](#)

DfE Knowledge and Skills Statements (KSS)

See below.

## Appendix 10 – Knowledge and Skills Statements

### KNOWLEDGE AND SKILLS STATEMENTS

#### 1) Relationships and effective direct work

Build effective relationships with children, young people and families, which form the bedrock of all support and child protection responses. Be both authoritative and empathic and work in partnership with children, families and professionals, enabling full participation in assessment, planning, review and decision making. Ensure child protection is always privileged. Provide support based on best evidence, which is tailored to meet individual child and family needs, and which addresses relevant and significant risks. Secure access to services, negotiating and challenging other professionals and organisations to

[IL2: PROTECT]

provide the help required. Ensure children and families, including children in public care, receive the support to which they are entitled. Support children and families in transition, including children and young people moving to and between placements, those returning home, those being adopted or moving through to independence. Help children to separate from, and sustain, multiple relationships recognising the impact of loss and change.

## **2) Communication**

Communicate clearly and sensitively with children of different ages and abilities, their families and in a range of settings and circumstances. Use methods based on best evidence. Create immediate rapport with people not previously known which facilitates engagement and motivation to participate in child protection enquiries, assessments and services. Act respectfully even when people are angry, hostile and resistant to change. Manage tensions between parents, carers and family members, in ways that show persistence, determination and professional confidence.

Listen to the views, wishes and feelings of children and families and help parents and carers understand the ways in which their children communicate through their behaviour. Help them to understand how they might communicate more effectively with their children. Promote speech, language and communication support, identifying those children and adults who are experiencing difficulties expressing themselves. Produce written case notes and reports, which are well argued, focused, and jargon free. Present a clear analysis and a sound rationale for actions as well as any conclusions reached, so that all parties are well informed.

## **3) Child development**

Observe and talk to children in their environment including at home, at school, with parents, carers, friends and peers to help understand the physical and emotional world in which the child lives, including the quality of child and parent/carer interaction and other key relationships. Establish the pattern of development for the child, promote optimal child development and be alert to signs that may indicate that the child is not meeting key developmental milestones, has been harmed or is at risk of harm. Take account of typical age-related physical, cognitive, social, emotional and behavioural development over time, accepting that normative developmental tasks are different for each child depending on the interaction for that child between health, environmental and genetic factors. Assess the influence of cultural and social factors on child development, the effect of different parenting styles, and the effect of loss, change and uncertainty in the development of resilience. Explore the extent to which behavioural and emotional development may also be a result of communication difficulties, ill health or disability, adjusting practice to take account of these differences. Seek further advice from relevant professionals to fully understand a child's development and behaviour.

## **4) Adult mental ill health, substance misuse, domestic abuse, physical ill health and disability**

Identify the impact of adult mental ill health, substance misuse, domestic abuse, physical ill health and disability on family functioning and social

circumstances and in particular the effect on children, including those who are young carers. Access the help and assistance of other professionals in the identification and prevention of adult social need and risk, including mental health and learning disability assessment. Coordinate emergency and routine services and synthesise multi-disciplinary judgements as part of ongoing social work assessment. Use a range of strategies to help families facing these difficulties. Identify concerning adult behaviours that may indicate risk or increasing risk to children. Assess the likely impact on, and inter-relationship between, parenting and child development. Recognise and act upon escalating social needs and risks, helping to ensure that vulnerable adults are safeguarded and that a child is protected and their best interests always prioritised.

### **5) Abuse and neglect of children**

Exchange information with partner agencies about children and adults where there is concern about the safety and welfare of children. Triangulate evidence to ensure robust conclusions are drawn. Recognise harm and the risk indicators of different forms of harm to children relating to sexual, physical, emotional abuse and neglect. Take into account the long-term effects of cumulative harm, particularly in relation to early indicators of neglect. Consider the possibility of child sexual exploitation, grooming (on and offline), female genital mutilation and enforced marriage and the range of adult behaviours which pose a risk to children, recognising too the potential for children to be perpetrators of abuse. Lead the investigation of allegations of significant harm to children in consultation with other professionals and practice supervisors. Draw one's own conclusions about the likelihood of, for example, sexual abuse or non-accidental injury having occurred and the extent to which any injury is consistent with the explanation offered. Commission a second professional opinion and take legal advice where necessary.

### **6) Child and family assessment**

Carry out in-depth and ongoing family assessment of social need and risk to children, with particular emphasis on parental capacity and capability to change. Use professional curiosity and authority while maintaining a position of partnership, involving all key family members, including fathers. Acknowledge any conflict between parental and children's interests, prioritising the protection of children as set out in legislation. Use child observation skills, genograms, ecomaps, chronologies and other evidence based tools ensuring active child and family participation in the process. Incorporate the contributions that other professional disciplines make to social work assessments. Hold an empathic position about difficult social circumstances experienced by children and families, taking account of the relationship between poverty and social deprivation, and the effect of stress on family functioning, providing help and support. Take into account individual child and family history and how this might affect the ability of adults and children to engage with services. Recognise and address behaviour that may indicate resistance to change, ambivalent or selective cooperation with services, and recognise when there is a need for immediate action, and what other steps can be taken to protect children.

## **7) Analysis, decision-making, planning and review**

Establish the seriousness that different risks present and any harm already suffered by a child, balanced with family strengths and potential solutions. Set out the best options for resolving difficulties facing the family and each child, considering the risk of future harm and its consequences and the likelihood of successful change.

Prioritise children's need for emotional warmth, stability and sense of belonging, particularly those in public care, as well as identity development, health and education, ensuring active participation and positive engagement of the child and family. Test multiple hypotheses about what is happening in families and to children, using evidence and professional judgement to reach timely conclusions. Challenge any prevailing professional conclusions in the light of new evidence or practice reflection. Make realistic, child centred, plans within a review timeline, which will manage and reduce identified risks and meet the needs of the child. Ensure sufficient multi-disciplinary input into the process at all stages. Apply twin and triple track planning to minimise chances of drift or delay, being alert to the effectiveness or otherwise of current support plans.

## **8) The law and the family and youth justice systems**

Navigate the family and youth justice systems in England using legal powers and duties to support families, to protect children and to look after children in the public care system, including the regulatory frameworks that support the full range of permanence options. Participate in decisions about whether to make an application to the family court, the order to be applied for, and the preparation and presentation of evidence. Seek advice and second opinion as required in relation to the wide range of legal issues which frequently face children and families involved with statutory services including immigration, housing, welfare benefits, mental health and learning disability assessment, education and support for children with learning difficulties. Use the law, regulatory and statutory guidance to inform practice decisions. Take into account the complex relationship between professional ethics, the application of the law and the impact of social policy on both.

## **9) The role of supervision**

Recognise one's own professional limitations and how and when to seek advice from a range of sources, including practice supervisors, senior practice leaders and other clinical practitioners from a range of disciplines such as psychiatry, paediatrics and psychology. Discuss, debate, reflect upon and test hypotheses about what is happening within families, and with children.



Explore the potential for bias in decision-making and resolve tensions emerging from, for example, ethical dilemmas, conflicting information or differing professional positions. Identify which methods will be of help for a specific child or family and the limitations of different approaches. Make use of the best evidence from research to inform the complex judgements and decisions needed to support families and protect children. Reflect on the emotional experience of working relationships with parents, carers and children, and consciously identify where personal triggers are affecting the quality of analysis or help. Identify strategies to build professional resilience and management of self.

#### **10) Organisational context**

Operate successfully in a wide range of organisational contexts complying with the checks and balances within local and national systems which are a condition of employment. Maintain personal and professional credibility through effective working relationships with peers, managers and leaders both within the profession, throughout multi-agency partnerships and public bodies, including the family courts.

Act in ways that protect the reputation of the employer organisation and the social work profession, whilst always privileging the best interests of children. Manage the specific set of organisational tasks relating to lead responsibility for children with the support of an appropriately qualified supervisor and use of the multi-agency support network. Contribute to the organisation's role as corporate parent to children in public care, encouraging and advocating for organisational focus, resource and support so that children and young people can thrive and enjoy their childhood and move into independence with confidence in and ambition for their futures.