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| **Supervisor** |  | **Worker** |  |
| **Others present**  **(if applicable)** | Q: why not bring someone in on occasions? AP, GM, FSP co-worker, CFW from Choice etc | **Date** |  |

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| **Is there an up to date chronology?** | SW brings date to supervision |
| **Date of last visit** | SW brings date to supervision |
| **Update on Any Actions from last Supervision/Managerial Oversight**  •   *Consider any completed and outstanding actions – what is the impact; what steps need to be taken ensure actions are completed?* | |
| I often see this section not really filled in-but it is integral to how we do supervision  In this section, it is about tracking. I would expect a PM (and SW in their preparation for supervision!) to be looking back at last supervision, even the one or two before that as well. And to look at any management oversights since the last supervision (hence to have them easily handy in case notes).  That way, we can see the progress (or lack of), the things we were thinking about over last few months, incidents that happened and what we have been doing differently since then, what we have learnt about the family etc Also, what difference we know this has made and how it is evidenced in terms of impact.  Equally actions that have not been completed and why, and is there any impact?  Example:  *Since the last supervision, there has been further work undertaken to understand the reasons for Paul’s weight loss, which had been a worry for the network, especially school who noted a real change in his presentation after the summer. There was an action for SW to get an update from the dietician and to make sure that the family were seeking advice over the summer as it had been a worry in the early part of the summer about weight loss. It is evident that the family had worked well with the dietician and that Paul had started to slowly put weight back on and the thinking at this stage is that the family were doing their best, were following advice, but they were not administering feeds correctly, which has since been rectified with further advice and training. It is positive that Paul is putting on weight again and that his family report that he appears more settled at night now, he is waking up less and therefore less irritable during the day. This means he has been able to enjoy going out more and he has had a positive start to the new term.*  Or we may list actions set at a previous supervision and comment against them with a narrative to capture change and impact. | |
| **Child’s Experience**   * *Brief summary if first supervision or recap of child and family’s experience since last supervision* * *What are the child’s views? How do we know this?* | |
| This is where we need to see the child’s lived experience. The kind of ‘fly on the wall’ stuff where we feel we know what day to day life is like for this child.  What are their views and of course for the non-verbal children, how do we know their views, what they like and do not like, changes in them since the last supervision etc.  Qs to consider; where else is this in the files so as not to do this work again during supervision? Also, role of SW in preparing for supervision here so that we get SWs reflecting before they arrive. | |
| **What’s Working Well?**   * *How do we know? What is the impact on the child and or family?* | |
| We can use the SoS model but with evidence please. I see lots of statements about child doing well, parents coping well, no concerns around safeguarding etc but without an evidence base. Again get the SWs to do the thinking before and with good examples.  And the part about IMPACT here is critical. Statements like:  *We have seen that through our involvement and the setting up of a personal budget, the parents are reporting that they are feeling more positive, they have been able to enjoy some quiet time with their other children and go to the cinema, which they had not been able to do for a long time. Paul’s sister, Mary, now looks forward to spending some ‘girlie’ time with her mum and she was really excited to talk about last weekend when they both went to get their nails done. Paul looks forward to his PA arriving and really enjoys going out with her on Saturdays and we know this because he gets his bag ready and goes to get his shoes when he hears the door bell and he is visibly excited. The parents’ increasing confidence in the use of social stories has meant that they have reduced some of his frustrations and difficult behaviours etc etc* | |
| **What are We Worried About?**   * *Is the plan being implemented?  Is it making a difference?* * *What are the barriers?* * *Scaling* | |
| Q: again how much of this can SWs prepare if we ask them to prepare particular cases for supervision?  The role of Supervision is then for the PM and SW to look at the info collated in preparation and do the thinking together. Is supervision for pulling out all of this information in this template?  For me this section is where we set out the worries, the barriers to the plan we have in place, our thinking around this and what we plan to do to address these difficulties.  Again, evidence -based examples please rather than general statements.  The analysis can go here most logically I would agree.  Here the PM can set out the thinking and any differences in opinion perhaps (remember there was a lack of challenge set out by Hampshire from some of their CDT audits).  So for example a PM could write:  *Today we talked about the difference in professional opinion and how to approach future worries that the school may have around marks or bruises that they deem to be attributable to parents’ care. The view of the allocated sw is very clearly that there is no evidence of harm and that the marks are all related to the child’s disability, a view supported by the paediatrician that has known the family for a number of years. There is a plan to hold a professionals meeting and the parents are happy for this to now take place without them present and this should give an opportunity to consider together why there are such differences in opinion and how we can together come to understand better Paul’s lived experience. PM cautioned against holding too firm a position because it may also be a possibility that marks are caused because of parents being careless or not using equipment properly, something that had been a worry expressed by OT historically etc etc* | |
| **What needs to Happen Next?**   * *Include any statutory requirements eg reviews, assessments, visits etc* | |
| |  |  |  | | --- | --- | --- | | **Actions agreed** | **By Whom** | **Timeframe** |    Here we need timescales clearly set that are realistic and achievable with a date set agreed at supervision. | |