**Supervision Preparation Form**

**GUIDANCE MAY 2022**

This form is intended to cover the case supervision preparation for children on Child Protection Plans and those on Child in Care Plans.

You are not expected to provide a case management analysis, rather an analysis of your role specific to the circumstances of the child/ren.

You may wish to consider the principles that Lincolnshire works towards such as Signs of Safety, restorative Practice, Family Finding and Valuing Care and how you have worked within these frameworks and promoted these.

Below are some examples of areas you may wish to report on / discuss in your supervision. These are not exhaustive as all children’s circumstances are individual to them. You are not expected to report on everything. The intention is not to ‘fill in boxes’ but to provoke thought and discussion as your child’s CP Chair / IRO.

**You are expected to complete a preparation form and send to your manager prior to your supervision taking place to allow some prior consideration of the discussions to take place. This is our bottom line.**

**What we are looking for when asking for the voice of the child**

What has the child told / showed you about their daily lives experience? Do they understand the worries? Are they part of the safety plan? Do they know what should happen to keep them safe? Who are their safety people they can turn to? Have their views / experiences shaped their plan? What would they like to happen to make them feel safer / happier?

If the child is too young to express their views or you have not had direct contact with them such many as CP children, how have you creatively explored what their world looks and feels like? - consider observations by family / professionals, child’s reaction to situations, any changes in behaviours? What does research and evidence say about children living in similar situations? How is it likely to impact on them and their development? If the child could express their views, what do you think they would want? What do the family / professionals say about their views? How has any direct work completed by their social worker helped to ensure their voices are heard?

As chair / IRO are you assured that professionals working with the child have engaged with them to capture their views?

If you have had contact with the child, what are they telling you? What are their views? As chair how have you advocated for these and incorporated them into their plans (wherever possible)

**Bottom line**- are you confident that you fully understand their world / impact on them, and this is central to your decision making?

**Danger Statement and Safety Goal**

We are looking for your analysis of the quality and effectiveness

Were the DS’s presented to meeting fit for purpose? Were they themed around the worries? Putting yourself in the child / parents’ shoes; were they easy understand? Was the language assessable? Did they demonstrate what the current worries were? What the impact on the child was, and what would likely happen if nothing changed over time? (Who is worried, what are we worried about and what happens if nothing changes).

As chair did you have to challenge the DS’s? What was the outcome of this?

Were the SG’s linked to the direct worries in the DS’s? Putting yourself in the child/parents’ shoes were they easy to understand? Did they demonstrate what needs to change to increase safety? Were they specific or general (e.g. ‘We need to see that mum has a safe person to look after the baby if she needs to drink’ or ‘mum must not place the baby at harm’ Do they include behaviours we want to see more of and behaviours we want to see less of? (Focussing on behavioural change rather task compliance)

For a child in care has the Social Worker updated the statements to reflect that the child is now living away from home in a place of safety.

As chair did you have to challenge the SG’s? What was the outcome of this?

**Safety Plan**

**We are looking for your analysis of the quality of safety plans**

Is there a current safety plan?

Did the social worker come to the meeting with a safety plan?

Was this owned and led by the family / carers?

Does it identity who will do what and when to keep the chid safe at the point of potential risks / worries?

Is the child aware of their safety plan!

Does the child have access to their ‘safe people’ and know how to contact them?

What’s is the family’s contingency if the plan fails (plan B)

Has it been updated to reflect any changes in the child’s circumstances?

For younger children is there any words and pictures safety plans?

**What has happened since we last saw the child or young person?**

**What we are looking for here is, what happened during the last meeting you chaired and what has happened since?**

Are there any significant events that have occurred that change the direction of the plan?

Is an 18-month meeting due or has taken place (CP Only)

Is the plan due to be ratified? (CiC only). If it has, did you have all of the available evidence to make an informed decision?

**Reflection - Consider the current safety plan, progress for the family, what questions do we need to ask in order to progress? What is it that we need to see to close?**

What we are looking for here is what about you as a CP Chair / IRO has influenced change for the child.

Overall, how do you think the child’s plan has been managed? Has this gone smoothly?

Have you had to make any positive challenges or escalations? Has the outcome of these improved things for the child?

Is there anything you do not know but need too in order to further assist your decisions? Where do you think this could come from and by when?

If you have ratified a plan (or are due to), are you satisfied that you had / will get all the information to make the best decision for the child? Are you satisfied that ‘no other plan will do’?

**Specific SOS Scaling question**

On a scale of 0-10, O being you have influenced little change and impact on the child’s plan and your footprint is not evidenced on the child’s file and 10 being you have significantly influenced the child’s plan and your footprint is clearly recorded in the child file.