|  |  |
| --- | --- |
|  |  |

IRO / CP Chair supervision agenda

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Supervisee** |  | | |
| **Name of Supervisor** |  | | |
| **Date of Supervision** |  | | |
| **Agreed agenda**  **Should be created by both supervisor and supervisee.** |  | | |
| **Brief record of issues discussed** | | | **Actions agreed and by whom and timeframe** |
| **Check in** –  How are you? Wellbeing/Impact of Work on Staff Member (including Health) | | | |
|  | | |  |
| **Review of actions from last supervision** | | | |
|  | | |  |
| **Workload and performance management e.g.**   * Overall workload (consider scaling question to understand impact of workload on worker - see note 2 for example) * Case work (check last Management Oversight decisions and last case supervision record on each case discussed.) * Project work (if appropriate) * Data performance issues * Practice/Performance issues | | | |
|  | | |  |
| **Reflection on practice e.g. reflection on issues that impact on individual – could be challenges experienced, personal impact (Motivational Interviewing) NOTE:** *Anything that is case specific should be recorded on the child’s case record on LCS as an IRO / Safeguarding case note Specifics about children are not to be included in this form* | | | |
|  | |  | |
| **Thematic review of issues e.g.:** | | | |
| * 3 most recent plans started * 3 most recent step-downs * Evidence of plans (inc CP plans, Care plans etc) * Repeat plans * Child’s voice | | * Escalations * Care Planning Alerts * Midway discussions * Families subject to plans longer than 9 months (CP chairs) * Secure reviews * Feedback from children and families | |
|  | |  | |
| **Worker support/care/self-e.g.** *What’s worked well in helping you do your work effectively/what has made it more difficult to be effective in your work*   * Health and Safety * Personal, external or organisational issues impacting on work * Equality and Diversity needs * Annual Leave, TOIL, sickness | | | |
|  | | |  |
| **Learning and Development e.g.**   * Identifying learning and impact from: Audits, Observations, Training courses, Complaints/compliments * Identifying individual learning needs, updating PDR * Team development issues * Linking to professional qualifications of worker, e.g. Social Work Knowledge and Skills Statements if appropriate   Review impact on practice from group supervision/case mapping sessions attended since last supervision | | | |
|  | | |  |
| **Any other business** | | | |
|  | | |  |

*The above notes represent the discussion as recorded by the Supervisor. If there are any errors and omissions, please raise at the next session.*

|  |  |
| --- | --- |
| **Signature of Supervisor** |  |
| **Signature of Supervisee** |  |
| **Date of next session** |  |

Document last reviewed: November 2023

Reviewed by: Kasey Senior – Service Manager, Practice Standards

Next review date: December 2025