



Integrated Supervision Policy

1. Introduction

- 1.1. Good quality supervision of staff is a fundamental building block of safe and effective practice in work with children, young people and families.
- 1.2. SGSCB members endorse the right of all staff to receive such supervision and agree that it is the responsibility of all staff to participate fully in the process.
- 1.3. Supervision supports staff to contribute to the overall aims and priorities of the South Gloucestershire Children Trust Board
- 1.4. This policy has been produced by the South Gloucestershire Safeguarding Children Board because supervision is a key factor in better safeguarding. It is intended to provide an overarching supervision policy framework for all staff working in multi agency organisations across South Gloucestershire children's services, acknowledging that many of them have already existing and effective supervision processes in place. ***It is not intended to replace those but to reinforce them and to extend sound principles and good practice in all children's services.***
- 1.5. Supervision provides a supportive learning environment, an opportunity to reflect on practice, assess risks and make decisions. It will support members of staff to be confident in providing services for children and young people, develop integrated working, improve their own performance and learn from practice.
- 1.6. All supervision must link to annual and performance review systems of the employing organisation. The information discussed at supervision will inform and may be referred to at the end of and mid-year appraisal or review

2. Definition, principles and function of Supervision

2.1. Definition

The purpose of supervision is to develop and enhance practice, enabling the practitioner to deliver a high quality, safe service to clients. It aids risk assessment and problem solving and provides a supportive environment for practitioners.

Supervision may take the form of 1:1 meetings, peer oversight/supervision, group supervision (for example following the consultation model of supervision whereby cases are brought and discussed).

There is a distinction between management supervision and clinical supervision. The following definition of clinical supervision is taken from the PCT Clinical Supervision Policy:

Clinical supervision is a practice-orientated relationship, involving focused guided reflection on, clinical, educational and professional activities, and practice development. Through this the quality and effectiveness of personal and professional practice are examined and high standards of patient care, personal support and professional development are provided

2.2. Principles

- Each agency has a written policy for the supervision of staff working in child protection that is known to, and used by, all staff.
- All staff should have access to appropriate advice and support to deal with any immediate child protection issues.
- All relevant staff receive regular supervision from their managers/supervisors to develop their skills and ensure high standards of service delivery.
- A formal record of supervision sessions should be made for each party.
- Supervision includes a focus on the inter-agency aspects of child protection work.
- Supervision is used to identify development and training needs.

2.3. Function

- **Professional development:** through reflecting on practice, identifying training needs and enabling the practitioner to develop the skills and capabilities to do their job.
- **Support:** by acknowledging that safeguarding work can be stressful and challenging, by providing the opportunity to offload and obtain support when coping with difficult situations and volumes of work and through recognising issues which might affect the ability to cope with the work.
- **Management and Administration:** by providing a forum to recognise the required quality standards and by ensuring that collectively and individually workers are clear about their roles and responsibilities and the objectives they have to meet.
- **Encouragement of Best Practice:** discovering and agreeing what works, acknowledging good practice and achievement and promoting evidence based practice.
- **Assistance with change:** helping practitioners to operate effectively in environments of change and uncertainty.

3. Frequency and Duration of Supervision Sessions

3.1. All relevant staff within SGSCB partner organisations are required to participate in regular management supervision. As a minimum, management supervision should take place six times in any 12 month period.

- 3.2. The frequency and duration of clinical or professional supervision should comply with national or occupational standards where they exist, such as for clinical or child protection purposes. Otherwise a minimum standard of six times per year, which may include performance management meetings.
- 3.3. In cases where supervision is cancelled, it must be rebooked immediately. If a manager finds that there is insufficient time for supervision sessions to take place, then advice should be sought from their line manager.
- 3.4. In instances where someone requires urgent supervision, arrangements should be made to action this within 24 hours.
- 3.5. It is important that meetings take place somewhere private and quiet and that there are no interruptions. The length will vary depending on the agenda, but a previously agreed adequate amount of time must be set aside. This must be of sufficient duration to enable quality discussion and may vary according to the needs of the supervisee..

4. Recording

All supervision sessions should be recorded including areas covered, discussion points, agreed action plans, timescales and who the action is undertaken by. These should be signed. Copies of the record should be available to both the supervisor and the supervisee and can be accessed by the supervisors manager or any other person with a reason to access the supervision record as deemed necessary within the relevant agencies code of conduct.

5. Confidentiality

- Records should be used purely for supervision purposes and are confidential.
- Where the supervision is group/peer supervision, the notes are confidential to the members of that group
- Information may be shared with specific managers as detailed in the supervision agreement.
- If information is shared with anyone else the member of staff must be informed that this is happening so that the member of staff understands what will be disclosed, the reasons for disclosure and the likely consequences, if appropriate.

Appendix 1: Checklist for SUPERVISION AGREEMENT

1. Parties to the agreement
2. Arrangements:
 - Frequency:
 - Duration:
 - Venue
 - Type
3. Function
4. Key areas for discussion e.g. individual cases, case loads, engagement with stakeholders, team issues, operational issues, annual leave, sick leave, learning needs, training and personal development.
5. Confidentiality (*NB Supervision records, which are agreed, signed and dated, will remain confidential to the agreed managers and member of staff in line with the Data Protection Act. Sight of the records may be required by an authorised third party e.g. in the event of a future dispute, complaint, audit, investigation or court proceedings.*)
6. Accessing unscheduled supervision in urgent cases
7. Line management arrangements and where information may be shared
8. Disagreements and mediation arrangements (e.g. where there is a disagreement consider third party mediation)
9. Recording and signing
10. Links to performance management

Appendix 2: Sample Recording Sheet for 1:1 supervision sessions

NAME:

DATE:

JOB TITLE/ ROLE:

ACTIONS COMPLETED / OUTSTANDING ISSUES CARRIED FORWARD	
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Caseload management/Information Sharing/Recording on clients case file

Support issues

Professional development

Updates/Revised Targets

Professional Judgment(s)

Actions agreed

Date and time of next meeting

Signature of supervisor

Signature of supervisee

Date