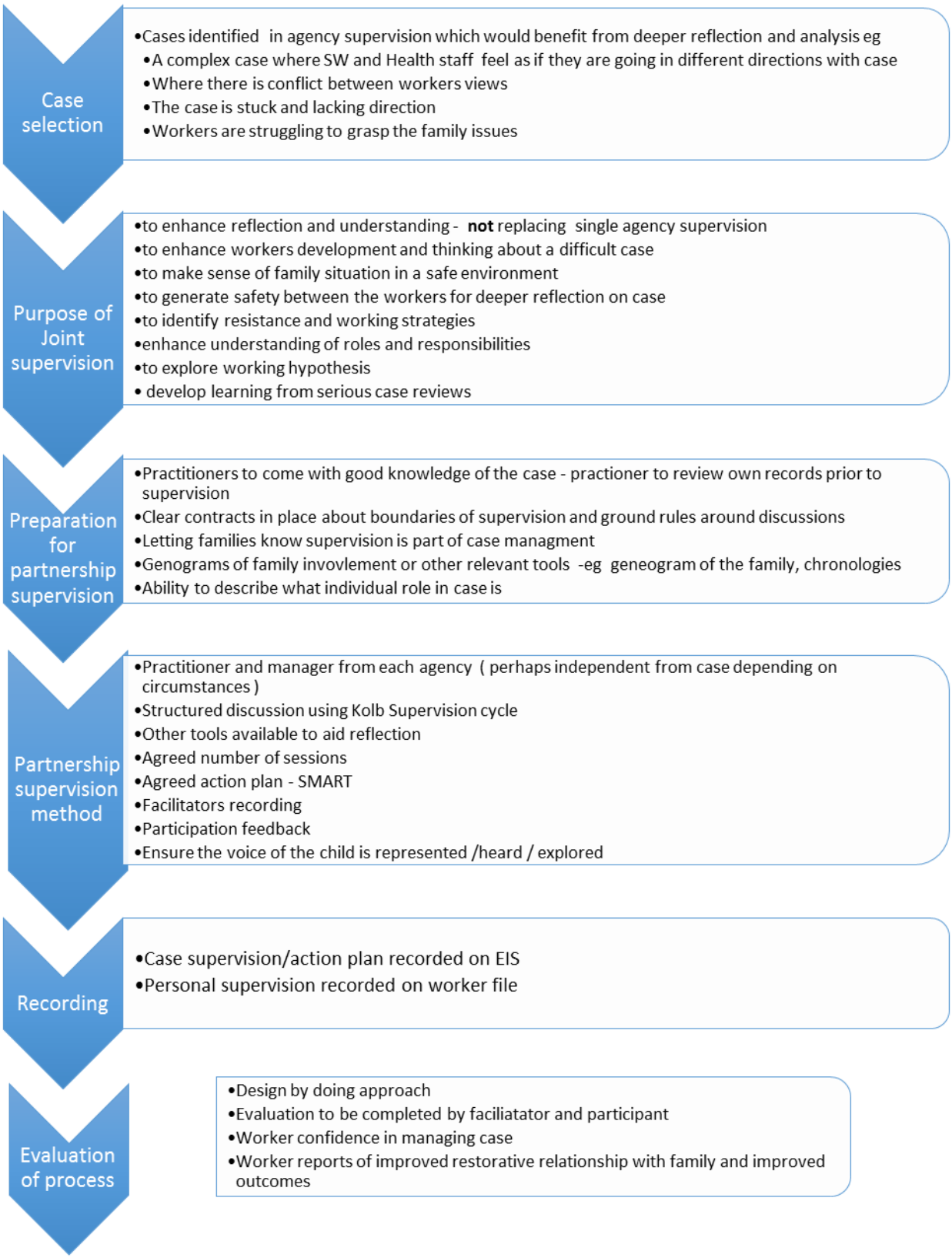
PARTNERSHIP SAFEGUARDING SUPERVISION PATHWAY

An agreement between Stockport Family staff in Social Care and Health in relation to joint Safeguarding Supervision

May 2017

The Pathway


Case selection
•Cases identified in agency supervision which would benefit from deeper reflection and analysis eg
•A complex case where SW and Health staff feel as if they are going in different directions with case
•Where there is conflict between workers views
•The case is stuck and lacking direction
•Workers are struggling to grasp the family issues
Purpose of Joint supervision
•to enhance reflection and understanding - **not** replacing single agency supervision
•to enhance workers development and thinking about a difficult case
•to make sense of family situation in a safe environment
•to generate safety between the workers for deeper reflection on case
•to identify resistance and working strategies
•enhance understanding of roles and responsibilities
•to explore working hypothesis
• develop learning from serious case reviews
Preparation for partnership supervision
•Practitioners to come with good knowledge of the case - practioner to review own records prior to supervision
•Clear contracts in place about boundaries of supervision and ground rules around discussions
•Letting families know supervision is part of case managment
•Genograms of family invovlement or other relevant tools -eg geneogram of the family, chronologies
•Ability to describe what individual role in case is
Partnership supervision method
•Practitioner and manager from each agency (perhaps independent from case depending on circumstances)
•Structured discussion using Kolb Supervision cycle
•Other tools available to aid reflection
•Agreed number of sessions
•Agreed action plan - SMART
•Facilitators recording
•Participation feedback
•Ensure the voice of the child is represented /heard / explored
Recording
•Case supervision/action plan recorded on EIS
•Personal supervision recorded on worker file
Evaluation of process
•Design by doing approach
•Evaluation to be completed by faciliatator and participant
•Worker confidence in managing case
•Worker reports of improved restorative relationship with family and improved outcomes

Introduction

Partnership safeguarding supervision between Stockport Family staff in Social Care and Health has been piloted with success in the Heaton Tame Valley locality. Ultimately, we would like to achieve a pathway for inter-agency supervision between all partners, both within and outside of Stockport Family. However, we propose an incremental approach to this, and suggest that initially, the HTV model be established and operational in the SHV and CBMW localities. We would hope to evaluate this first roll out phase and develop future pathways supported by evidence and experience.

Purpose of partnership supervision

Partnership safeguarding supervision is not intended to replace single agency safeguarding supervision, but to offer an additional function.

- To enhance reflection and understanding in a safe environment. It is intended to be a reflective space, and in this way differs from the more task-focussed emphasis of a professionals' meeting.
- To enhance workers' development and thinking about a difficult case.
- To identify resistance and generate working strategies
- To enhance understanding of multi-agency knowledge, perspective, roles and responsibilities.
- To explore working hypotheses and triangulate information.
- To develop learning from Serious Case Reviews.
- To address and challenge the potential for de-sensitisation.
- To facilitate SMART planning and better support families to effect change.

Case selection

Cases can be identified as suitable by one, or both of the agencies involved. Case selection is not intended to be limited to a certain type and we would expect to see referrals across the tier range, and at various points in their step-up/down journey. Cases do not have to be open to Social Care for partnership supervision to be considered appropriate and this will be particularly relevant in the TAC tier 2/3 interface

Cases referred for partnership supervision will be those which might benefit from deeper reflection and analysis. This might include, for example:

- Complex cases
- Cases where workers have different views about case direction.
- Cases which are stuck, lacking in direction or where there is drift.
- Cases where intuitive concern exists but is unsupported evidentially.
- Cases where there have been repeat child protection episodes.

Where will referrals go?

In the pilot stage within HTV, referrals have been administrated by a team leader from Social Care, and one from Health - these two leaders have also facilitated partnership supervision sessions. We hope that two champions (one from each agency) might be similarly identified within SHV and

CBMW, and that they would jointly receive and screen any referrals. Based on the HTV experience, we would not anticipate large numbers at this stage. Referrals would be passed to the relevant team leaders from social care and to the VCT. It is anticipated that eventually, other team leaders from within Health will act as supervisors but this pathway is subject to additional development and training.

In some circumstances, it may be appropriate for the supervisor to be independent of the case, and it is anticipated that this would be flexibly negotiated on a case by case basis. Where it is agreed that an alternative supervisor might be helpful, the referral would be passed to a pool of trained supervisors, who will be self-selected and might come from some/ all of the following roles:

- The Vulnerable Children Team
- Team leaders from Social Care and Health
- Independent Reviewing Officers
- Workforce Development Officers
- The Family Nurse Partnership

All supervisors would need to be appropriately trained. It is proposed that group supervision will be offered to all active supervisors and this will be facilitated by service leads from Social Care/Stockport NHS Foundation Trust. The purpose of this would primarily be to allow for reflection on the process, and not to re-visit any decision making.

Preparation for partnership supervision

- Practitioners to review their records in advance and come with a good knowledge of the case as well as any supporting tools which they think may be of assistance (e.g. genogram, chronology).
- Clear supervision contracts to be in place, as well as agreed ground rules. There is an agreed contract in use in HTV, and this could be replicated across the localities.
- Consideration to be given to the choice of room, as well as its lay out in order to facilitate as much as possible a safe space for honest reflection and challenge.
- Families to be informed that supervision is part of case management.

Partnership supervision method

Broadly speaking, the following principles should apply:

- Agreed number of sessions.
- Structured discussion using Kolb's supervision cycle, and any other agreed tools to aid reflection.
- The voice of the child should be represented/heard/explored.
- The session(s) will result in an agreed SMART action plan.
- Facilitators will record the sessions and all participants will provide feedback.

Recording

- Supervisors from Social Care to record brief detail of supervision and agreed action via a Manager's Decision on EIS.

- Supervisors from Health to record the session on agreed Partnership Safeguarding Supervision template to be kept on the child's file. An additional copy to be kept by VCT.

- If there are any issues arising which are personal to the worker, these are to be recorded on the worker's individual file.

Outcomes/evaluation

Intended outcomes reflect the identified purpose of partnership supervision (see above). In particular, we would hope to see good outcomes for children and their families; well managed risk and enhanced partnership working. These outcomes have been reported by those involved in the HTV pilot, and it is planned that their experiences will be more formally captured by the Stockport Family evaluation team before the end of March. It may be that this could involve some video footage to share with colleagues as a launch to the proposed roll out. As the model progresses borough-wide, on-going evaluation opportunities will be built into its design, and will inform the future development of a broader multi-agency supervision offer. At this stage, we propose to evaluate 6 months from the point of roll out. Evaluation will consider participant experiences, as well as some dip-sampling of cases considered via a partnership supervision process.

May 2017 EH LB CS UH

Practitioner Partnership Safeguarding Children Supervision

As a practitioner I agree to:

- Maintain a focus on the child within the family considering the child's perspective and experience
- To actively take part in session discussing safeguarding cases I have worked with
- A commitment to learning and identification of any training needs
- To be open to receiving high support, high challenge

As a supervisor I agree to:

- Offer you advice, support and supportive challenge to enable you to reflect in depth on issues affecting your practice and skills development
- Notify your manager should an issue be identified with regard to professional practice

Supervisee……..

Supervisors……..

Date of agreement ……..

PARTNERSHIP SAFEGUARDING SUPERVISION

DATE OF SUPERVISION SESSION:		Date of previous supervision session	

Name(s) of children / UBB for discussion in supervision	**DoB(s)**	**School** (If applicable)

THIS SECTION MUST BE COMPLETED (using the Level of Needs document):

CAF Completed: **Yes / No**	**Currently in TAC:** **Yes / No**	**Child Protection Plan/LAC:** **Current / Previous**
Level of Need:	**Category:** **Physical Sexual Emotional Neglect**	
Lead Service (TAC)e.g. SW / HV / SN / School / MW / Spec Nurse	**Date Plan Commenced:**	
GP:	**Date Plan Ceased:**	

SAFEGUARDING CONCERNS:

ASSESSMENT OF CHILD(REN): Relating to their emotional, physical and environmental needs and exploring their feelings and thoughts; health needs assessment for school-aged children. Voice of the Child.
ASSESSMENT OF PARENTING CAPACITY: Including any factors which may impact on parenting and parental capacity to change / engage with services.
ANALYSIS OF RISKS:
ANALYSIS OF PROTECTIVE FACTORS:
ACTION & IMPLEMENTATION PLAN TO IMPROVE CHILD'S OUTCOMES:

	Timescale

Practitioners:	(Sign) (Print)	(Sign) (Print	(Sign) (Print)
Supervisors:	(Sign) (Print)	(Sign) (Print	(sign) (Print)
Date:		Review Date:	