Providing effective supervision

A workforce development tool, including a unit of competence and supporting guidance.

Includes examples for organisations and managers to adapt for the development of their supervision practice.
Contents

Foreword 03

Section 1. Introduction 04

Section 2. Guidance and reflections 06

Guidance 07
Key messages for organisations
Key messages for supervisors
Key messages for individuals receiving supervision
Supervision policies
Supervision agreements
Supervision agendas
Recording supervision
Performance criteria for the unit of competence
Links to performance management

Reflections 11
Key considerations
The changing nature of supervision

Section 3. The unit of competence 13

Section 4. Supporting resources 17
Link to good practice examples

Appendix A. Supervision policy examples 18
i. The Old Vicarage (private sector, older people)
ii. Newcastle City Council
iii. NSPCC (voluntary sector, children’s services)

Appendix B. Supervision frequency example – West Sussex County Council 31

Appendix C. Supervision agreement example – Walsall Metropolitan Borough Council 32

Appendix D. Supervision agenda example – Leicester City Council 33

Appendix E. Supervision record example – Walsall Metropolitan Borough Council 34

Appendix F. Bibliography 37

Appendix G. Glossary 42

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The unit of competence has been developed, field tested and written by Harry Zutshi and Fran McDonnell.

The supporting guidance and other resources have been researched and written by David Leay.

Providing effective supervision
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Foreword

If we are to deliver the very best services across adults’ and children’s services we need the very best workforce who are well trained, highly skilled and passionate about their role. We know from our research that the key to building this workforce is the support, guidance and opportunities we provide to our colleagues. High quality supervision is one of the most important drivers in ensuring positive outcomes for people who use social care and children’s services. It also has a crucial role to play in the development, retention and motivation of the workforce.

We also know that managers want us to do more to develop their contribution to delivering the very best services. As part of the Leadership and Management Strategy for social care a range of products has already been published, but this new publication fills an identified gap.

The supervision unit has been developed, field tested and subsequently refined for use across adults and children’s social care settings. It has been developed in association with a wide range of employers, practitioners and partners, including the Department of Health and the Department for Education and Skills (now Department for Children, Schools and Families). The guidance and other resources have been designed to enable organisations, supervisors and those receiving supervision to make the most of the opportunities that supervision offers.

Both our organisations are determined to put people who use services at the heart of what we do. We therefore hope and believe that this new product will play an important part in the development of consistently high quality supervision practice, with consequent improvements in outcomes for those who use services. Linked to this we hope that those who commission and regulate services will look for and require evidence of effective supervision, provided to the standards outlined in this publication.

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Chief Executive
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July 2007

July 2007
Section 1. Introduction

This workforce development tool has been developed by Skills for Care and the Children’s Workforce Development Council (CWDC) to promote the widespread provision of high quality supervision across adult and children’s social care, and it may be applicable to the wider workforce. The tool reflects the feedback from the earlier field testing, both in terms of the wording of the unit of competence and the supporting materials. This product links to the Skills for Care and Children’s Workforce Development Council social care leadership and management strategy suite of products. It also links to other frameworks, including, the Championing Children Framework (the shared set of skills, knowledge and behaviours for those managing integrated children’s services).

The unit of competence has informed current work to develop a National Occupational Standard (NOS) that will eventually be included in a range of different qualifications. The wording of the unit of competence may require some amendments to meet the UK NOS requirements but it is envisaged that the principles will be the same and the overall content similar, so that organisations can therefore use the tool with confidence immediately. It will also inform the development of a knowledge set.

Professional supervision can make a major contribution to the way organisations ensure the achievement of high quality provision and consistent outcomes for people who use services (adults, children, young people, families, carers). High quality supervision is also vital in the support and motivation of workers undertaking demanding jobs and should therefore be a key component of retention strategies. Supervision should contribute to meeting performance standards and the expectations of people who use services, and of carers and families, in a changing environment. The quality of the relationship between workers and people who use services is the essential ingredient of effective services. People who use social care and children’s services say that services are only as good as the person delivering them. They value workers who have a combination of the right human qualities as well as the necessary knowledge and skills.

Supervision must enable and support workers to build effective professional relationships, develop good practice, and exercise both professional judgement and discretion in decision-making. For supervision to be effective it needs to combine a performance management approach with a dynamic, empowering and enabling supervisory relationship. Supervision should improve the quality of practice, support the development of integrated working and ensure continuing professional development. Supervision should contribute to the development of a learning culture by promoting an approach that develops the confidence and competence of managers in their supervision skills. It is therefore at the core of individual and group continuing professional development.
Scope
The unit of competence is relevant for managers and supervisors in adult and children’s social care. It may also be useful for other sectors such as wider children’s services, supported housing and health.

The unit is applicable to all managers, but will be particularly relevant to first line managers. The unit has been written to take account of all the contexts in which supervision takes place. Individual supervisors will have to identify how they meet this competence within the boundaries of their role and setting, and within organisational requirements.

Definition
Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes. In social care and children’s services this should optimise the capacity of people who use services to lead independent and fulfilling lives.

Functions
There are three interrelated aspects to supervision:

• **Line management**, which is about accountability for practice and quality of service. This includes managing team resources, delegation and workload management, performance appraisal, duty of care, support and other people-management processes.

• **Professional supervision** (sometimes described as case supervision) with workers or groups of workers to enable and support quality practice. A key aspect of this function is reviewing and reflecting on practice issues. This may include reviewing roles and relationships, evaluating the outcomes of the work and maximising opportunities for wider learning.

• **Continuing professional development of workers** to ensure they have the relevant skills, knowledge, understanding and attributes to do the job and progress their careers. Constructive feedback and observation of practice should be part of the learning process for workers and supervisors.

The unit of competence has three interrelated elements:

1. **Implement supervision systems and processes**
2. **Develop, maintain and review effective supervision relationships**
3. **Develop, maintain and review practice and performance through supervision**

The unit sets the standard for good supervision practice across social care and children’s services. It is a core part of a range of competences for leaders and managers working with adults, children and families, which:

• defines good practice for all managers in social care, children’s services and related fields
• applies to managers in other sectors who supervise social care and children’s services staff
• is fit for purpose across all related sectors that use competence frameworks and national occupational standards as a basis for workforce planning and development
• addresses behaviours, knowledge and skills required for effective supervision
• is a vital part of performance management and workforce development
• can be incorporated into leadership and management induction, qualifications and knowledge sets
• can link to the common core of knowledge, skills and behaviours for leaders and managers of children’s services
• can be adapted by organisations and used as a guide to learning requirements and good practice.
Section 2. Guidance and reflections

This guidance and supporting materials have been developed to assist individuals and organisations to introduce and use the unit of competence in ‘providing effective supervision’.

The content has been developed to reflect the comments received during the field testing of the unit, where the research included asking those involved about the types of guidance and support materials they thought people would find useful. The detail draws on a vast range of experience, aiming to capture and encourage best practice.

The guidance and reflections are set out as follows:

- Key messages for organisations
- Key messages for supervisors
- Key messages for individuals
- Supervision policies
- Supervision agreements
- Supervision agendas
- Recording supervision
- Links to performance management
- Performance criteria for the unit of competence

Some reflections

- Key considerations
- The changing nature of supervision
Guidance

Key messages for organisations
Effective supervision is key to delivering positive outcomes for all people who use adult and children’s social care and maybe applicable to the wider children’s workforce. All organisations therefore need to make a positive, unambiguous commitment to a strong supervision culture. This is likely to be achieved through:

- a clear supervision policy, with practice that supports the policy
- effective training of supervisors
- strong lead and example by senior managers
- performance objectives for supervision practice in place for all supervisors
- monitoring of actual practice – frequency and quality.

Key messages for supervisors
Being a supervisor is a significant responsibility and one which needs to be taken seriously. Your organisation and the individuals you supervise expect you to provide supervision that is:

- based on a written agreement or contract
- planned well in advance and only changed in exceptional circumstances
- well-structured, allowing both you and the individual to contribute to the agenda
- provided in an appropriate setting and free of interruptions
- inclusive of all the functions outlined in the unit of competence
- properly and promptly recorded, with notes copied to the individual.

Key messages for individuals receiving supervision
Supervision is an important right and benefit for all those working in social care and children’s services. It is the main way in which your organisation monitors and reviews your work but also ensures you are properly supported and continue to develop your skills. It is therefore important that you are fully involved and make the most of the opportunities that supervision offers. In particular you should:

- prepare for each supervision meeting by reviewing notes from the previous meeting and thinking about the things you want to raise and discuss
- be ready to share your thoughts and ideas in the meeting
- be open about what has gone well and what you have found difficult
- be ready to plan and undertake training and other development activities as agreed with your supervisor
- check and read the notes of your meetings and make sure you follow through and complete any actions as agreed.
Supervision policies

Every organisation should have a supervision policy that includes:
- A clear statement of the purpose of supervision and why it is important to the organisation, including how it contributes to positive outcomes for users of services.
- The expectations of supervisors and supervisees.
- Clear statements on:
  - frequency
  - recording
  - agendas.

The optimum frequency for supervision for an individual will depend on a number of factors:
- the experience of the worker
- the length of time in the job
- the complexity of their work
- the individual’s support needs.

An example of an extract from a supervision policy that includes detailed guidance on frequency is included in Appendix B.

Examples of organisational supervision policies are included in Appendix A.

Supervision agreements

It is recommended that every supervisor should have a written agreement with each person they supervise. In some organisations this may be called a supervision contract. The detail may be standard across an organisation or there may be scope for individual elements to be agreed. An example of a written agreement is included in Appendix C. The agreement should be reviewed periodically to ensure that all elements are being covered and that the agreement is still fit for purpose.

Supervision agendas

It is important that a supervision discussion provides the opportunity for both parties to raise matters of importance to them across the three aspects outlined in the unit itself:
- line management
- professional supervision
- continuing professional development.

A structured agenda with a degree of flexibility will assist in this regard. An example of an agenda proforma is included in Appendix D.

Given that time pressures will often be a factor in supervision discussions it is important to agree and prioritise the agenda at the beginning of the meeting. A supervisor must allow a supervisee to identify the things that they particularly want to cover during the meeting, rather than just focusing on the supervisor’s priorities. This will encourage commitment to the supervision process and increase its value.
Recording supervision

It is important that all supervision discussions are properly and promptly recorded so as to maximise impact, support completion of agreed actions within agreed timescales and to avoid any confusion or disputes. In this last regard it is useful for both people to sign the supervision record, albeit with the opportunity to record any points of disagreement.

The most appropriate method of recording will depend on the working environment, the resources available and the personal preference of the supervisor. For instance, many supervisors prefer to take brief notes during the meeting and then write or type these up later. Others, particularly people with several supervisees, may struggle to complete their records promptly and prefer to do handwritten notes during the meeting. Although this may disrupt the flow of the meeting somewhat, pauses to record decisions or actions agreed can be useful and this method provides the opportunity for the exact wording to be agreed, for both to sign the notes at the end of the meeting and for a copy of the record to be given to the supervisee immediately.

Whichever method is chosen, it is important that key decisions and actions agreed are recorded with clear timescales and responsibilities. This will reduce any confusion and the chances of actions not being followed through or delayed. This will be as important to the supervisee as to the supervisor and reinforces the two-way nature of the process.

An example of a recording proforma is included in Appendix F.

Performance criteria for the unit of competence

Each element includes a number of performance criteria. Managers responsible for the development of those with supervisory responsibilities will need to ensure that supervisors are competent to assess their supervisees against the performance criteria. The criteria can be used in a variety of ways:

• to identify training and development needs
• as part of wider performance management arrangements
• in future, to contribute to a number of relevant qualifications.

The knowledge requirements set out in the unit are indicative and will vary according to the setting in which an individual is working. They can therefore be adapted or added to as necessary.
Links to performance management

Supervision is one part of the performance management framework that organisations need to have in place. The elements form a continuum as follows:

<table>
<thead>
<tr>
<th></th>
<th>Managing the business</th>
<th>Supervision</th>
<th>Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typical frequency</strong></td>
<td>As required on any working day.</td>
<td>2–6 weeks depending on job and individual requirements.</td>
<td>12-monthly with 6-monthly review.</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Dealing with day-to-day issues as they arise.</td>
<td>Line management. Professional supervision. Continuing professional development.</td>
<td>Longer term performance review and development planning within objectives framework.</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
<td>Ad hoc, as required.</td>
<td>Planned and structured. Some preparation.</td>
<td>Planned and structured. Significant preparation.</td>
</tr>
</tbody>
</table>
Reflections

This guidance has been written as simply as possible, with extensive use of key points and bullets for maximum impact. This reflects and is in response to the comments received during the field testing phase.

However, in thinking about supervision it is also useful to reflect further on what makes for effective supervision and some of the pitfalls. This section of the guidance is therefore deliberately written in a very different style as a complement to the other materials.

Key considerations

Effective supervision is one of the most important measures that organisations can put in place to ensure positive outcomes and quality services for the people who use social care and children’s services. This is achieved in a number of direct and indirect ways, as follows:

• Effective workload management.
• Monitoring of individual performance and quality of service provided.
• Reflection and guidance on focus of work and methods used.
• Ensuring commitment to positive outcomes and effective working with others (within setting, within service and across services as appropriate).
• Maintaining motivation and job satisfaction through clarity on work objectives, positive feedback, critical reflection, personal support and continuing personal and professional development.
• Consequent positive impact on staff retention and continuity of service.
• Integral part of performance management arrangements.

As outlined above, a clear organisational commitment to quality supervision has to be the starting point. This needs to be reflected in a positive supervision culture throughout the organisation, where supervision is seen as a right and a benefit, a win-win situation for the individual, the organisation and, indirectly, for those who use services. There are plenty of examples of organisations and teams where a strong supervision culture exists, where effective and regular supervision is valued, seen as a priority and protected at all cost. The lead and example set by senior managers is central to such an approach.

There are other organisations where there is a clear supervision policy but the culture is not fully embedded within the organisation. Typically, there may be insufficient forward planning and preparation for supervision, failure to protect time allocated for supervision, supervision not embracing the full range of functions identified in the unit of competence, supervision being conducted mechanistically or not being provided in a way which is valued by individuals. In some situations senior managers are not rigorous in their own supervision practices and this conveys a powerful negative message to others in the organisation. Important factors are the extent and ways that new supervisors are prepared for the role.

People often become supervisors because they are excellent practitioners, but the knowledge and skills required for supervision are significantly different from practice and it is unlikely that new supervisors will fully adapt to the role without training, ongoing development, guidance and support. This links to the induction of new managers and supervisors, and to the managers’ induction standards that have been developed alongside the supervision unit as another product to support the leadership and management strategy.
Those appointing practitioners to their first supervisory post need to ensure that there is an appropriate development programme in place which will develop the individual’s knowledge, understanding and skills of supervision, reflecting the elements of the unit of competence. The bibliography at Appendix F contains a wide range of resources that will assist people to understand the key issues in providing effective supervision. The use of a mentor to guide and support a new supervisor may also be appropriate and organisations may find it useful to identify individuals who can undertake a mentoring role. A new supervisor’s own supervisor will also have a key role to play in helping the new supervisor adapt and grow into the role. A new supervisor may feel pressure to appear fully confident and competent in their role, and their supervisor should encourage an honest self appraisal and identification of learning needs, with constructive assessment and feedback.

The changing nature of supervision
In some areas of social care, particularly social work, there is a strong tradition of regular supervision being embedded in organisational cultures. However, the benefits of developing a positive supervision culture across wider social care and children’s services are now widely recognised.

While there is this long history of supervision, the relative emphasis of the various functions of supervision has evolved over the years. Over the past several years there has been increased emphasis on the performance management aspect, linked to wider use of appraisal schemes. More recently, in both adult social care and children’s services, there is greater recognition of the need to use supervision to focus on the outcomes for people who use services, and how these can be improved.

With the rapid development of integrated services and multi-disciplinary teams there is a particular issue emerging about the provision of professional supervision where the designated supervisor is from a different professional discipline. Organisations and individual supervisors need to consider whether there is a need to offer complementary professional supervision where the supervisor is from a different professional discipline. As well as having potential to focus on improved outcomes, this will emphasise the value that the organisation places on the professional discipline and skills of the individual.
Section 3.
The unit of competence

Elements

1. Implement supervision systems and processes
2. Develop, maintain and review effective supervision relationships
3. Develop, maintain and review practice and performance through supervision

Element 1.1 Implement supervision systems and processes

Performance criteria
a. Implement supervision in the context of organisational policies, performance management and workforce development.
b. Develop, implement and review written agreements for supervision.
c. Ensure supervision records and agreed decisions are accurate and completed promptly.
d. Enable workers to reflect on supervision issues and act on outcomes.
e. Monitor and review own supervision practice and learning, reflecting on the processes and implement improvements to supervision.
f. Identify wider issues and raise them appropriately in the organisation and with other stakeholders.
g. Enable access to specialist supervision, support, advice or consultation as required.

Specialist supervision – can include peer, therapeutic or clinical supervision.

Element 1.2 Develop, maintain and review effective supervision relationships

Performance criteria
a. Create a positive environment for workers to develop and review their practice.
b. Clarify boundaries and expectations of supervision, including confidentiality.
c. Ensure relationships are conducted in an open and accountable way.
d. Help workers to identify and overcome blocks to performance, such as work conflicts and other pressures.
e. Assist workers to understand the emotional impact of their work and seek appropriate specialist support if needed.
f. Ensure the duty of care is met for the well-being of workers.
g. Recognise diversity and demonstrate anti-discriminatory practice in the supervision relationship.
h. Give and receive constructive feedback on the supervisory relationship and supervision practice.
i. Audit and develop own skills and knowledge to supervise workers, including those from other disciplines when required.

Positive environment – the environment for supervision should be:
• private
• free of interruptions
• a space that facilitates communication and feedback
• an agreed time and place.

Duty of care – the employer’s duty of care means that managers and supervisors need to look after the physical as well as the psychological health of workers. This is bringing a move towards the concept of ‘wellness’, which promotes a preventative approach to dealing with illness.

Anti-discriminatory practice – is about respecting and valuing diversity and addressing the causes and consequences of discrimination and inequality.

Feedback – can be in a variety of communication formats.
Element 1.3 Develop, maintain and review practice and performance through supervision

**Performance criteria**

a. Ensure workloads are effectively allocated, managed and reviewed.
b. Monitor and enable workers’ competence to assess, plan, implement and review their work.
c. Ensure supervisor and workers are clear about accountability and the limits of their individual and organisational authority and duties.
d. Ensure workers understand and demonstrate **anti-discriminatory practice**.
e. Ensure work with **people who use services** is outcomes-focused and that their views are taken account of in service design and delivery.
f. Identify risks to users of services and workers and take appropriate action.
g. Obtain and give timely feedback on workers’ practice, including feedback from people who use services.
h. Identify learning needs and integrate them within development plans.
i. Create opportunities for learning and development.
k. Enable multi-disciplinary, integrated and collaborative working as appropriate.

**Anti-discriminatory practice** is about respecting and valuing diversity and addressing the causes and consequences of discrimination and inequality.

**People who use services** – could include adults, children, young people, families and carers.
Unit-wide knowledge

Supervisors should underpin their practice through critically evaluating, understanding and applying the following knowledge.

Legislation, policy and guidance
1. The scope and application of relevant legislation, policy and guidance.
2. Key initiatives as applicable:
   - the regulation of services
   - service standards
   - the regulation of the workforce
   - codes of practice
   - recruitment and retention
   - workforce strategies.
4. Guidance on supervision in multi-disciplinary and integrated services as applicable.
5. Approaches to promoting independence, choice and control by people who use services.
6. Approaches to risk management for workers and people who use services.
7. The employer's duty of care.
8. Lessons learned, as they apply to effective supervision, from inquiries, inspection reports, research and successful interventions.

Relevant legislation – could include health and safety, discrimination, service-specific, and/or national minimum standards.

Organisational management
1. Principles, methods and techniques relating to:
   - managing performance
   - managing workloads
   - developing a safe, positive, reflective and nurturing environment to encourage creative practice
   - managing resistance to change and development
   - managing change and conflict
   - risk assessment and management to enable best practice
   - worker and team development
   - managing diversity
   - group supervision.
2. How to develop and use supervision agreements.
3. Approaches to supporting workforce development, continuing professional development and lifelong learning.
4. The importance of good recording practice.
5. The uses of management information systems and information technology.
6. Organisational systems for workload management and allocation.
7. Impact of work pressures on organisational, individual and team performance.
8. Factors that may lead staff to take undue risks including organisational culture and the impact of stress on professional judgement.
9. The use of supervision to promote safe working practices and mutual support to meet organisational objectives.
Managing human resources
Theories, models and techniques for best practice:
1. The purpose and functions of supervision.
2. Techniques for mediation and negotiation.
3. Approaches to assessment of performance.
4. The importance of effective communication and feedback.
5. Approaches to enable workers to develop reflective and critical practice.
6. Understanding motivation.
7. Appraisal and performance development review.
8. Approaches to anti-discriminatory practice and managing diversity.
9. Effective supervision in multi-disciplinary and integrated teams.
11. Approaches to managing risk.
12. Time management.
13. The supervisor as role model, educator and enabler of others with responsibility to share knowledge, values and skills of effective practice.
14. Understanding of workforce development:
   - training and workforce development strategies
   - sector qualifications strategies and training targets
   - induction
   - continuing professional development and adult learning
   - career pathways
   - the use of national occupational standards and other competence frameworks for human resource development.

NB. The knowledge requirements set out above are indicative and will vary according to the setting in which an individual is working. They can therefore be adapted or added to as necessary.
Section 4. Supporting resources

This section provides examples and links to sources of further information that will support the implementation of effective supervision practices.

Information is set out as follows:

**Link to good practice examples**
*Appendix A.* Supervision policy examples  
*Appendix B.* Supervision frequency example  
*Appendix C.* Supervision agreement example  
*Appendix D.* Supervision agenda example  
*Appendix E.* Supervision record example  
*Appendix F.* Bibliography  
*Appendix G.* Glossary

**Good practice examples**
The Social Care Institute for Excellence (SCIE) has a wide range of resources available through its main and people-management websites.

These can be accessed through [www.scie.org.uk](http://www.scie.org.uk)
Appendix A.i.
Supervision policy example

The Old Vicarage (private sector, older people)

Implementation 5 June 2002
It is now a legal requirement that each member of staff employed by The Old Vicarage, and all volunteers, are to receive supervision sessions with a nominated Supervisor.

These sessions will discuss training, provide supervision and support appropriate to roles. The supervision is compulsory and must take place every 8 weeks (6 times a year).

The topics covered:
- all aspects of practice
- philosophy of care in the home
- career development needs
- PDU (Practice Development Unit) Projects
- IIP (Investors in People).

The supervision session must:
- be planned and the employee/volunteer must be aware of the objectives
- have time set aside and appointments must be made at a time and place agreeable to the Supervisor and Supervisee
- not be interrupted unless absolutely necessary.

During the sessions the Supervisor and Supervisee will work through a supervisory form.

The aim of these sessions is to support the ‘Supervisee’ and to encourage reflective practice and development. To discuss personal development plans and communicates to the ‘Supervisee’ about PDU. It also enables the Supervisee to raise any concerns. In the event of a person wanting to have a different Supervisor, they should make this known to a member of the Management Team.

Reviewed: 18/08/06

Next review: 18/08/07
Appendix A.ii. Supervision policy example

Newcastle City Council

Introduction
The aim of this policy is to provide a framework for the one to one supervision of all staff working for Newcastle Social Services Directorate.

The policy has been written, following consultation, to ensure it meets the needs of the service, the staff and their supervisors, regardless of the professional area in which they work.

Practice guidance for supervisees can be found in the “Supervision – Staff Handbook” and for supervisors in the “Supervision – Supervisor’s Handbook”.

Policy Statement
Newcastle City Council aims to provide high quality services in consultation with, and responsive to, the citizens, partners and other stakeholders of Newcastle.

Newcastle Social Services Directorate aims to provide appropriate, responsive and flexible services for the most vulnerable citizens of Newcastle and can only do this if the staff employed by the Directorate:
• understand what is expected of them
• have the skills, knowledge, behaviours, values and attitudes necessary to carry out their role
• are fully supported in their work and managed effectively.

Supervision is one of the ways that this can be achieved. This policy sets out how staff can expect to be supervised and provides managers with the key elements needed to supervise staff effectively.

Definition of supervision within the performance management framework
Individual performance management within Newcastle Social Services involves three elements:

Supervision – a regular one to one meeting between the supervisor and supervisee in order to meet organisational, professional and personal objectives.

Appraisal – an annual meeting (reviewed six monthly), the aims of which are for the individual and their supervisor to:
• identify what has gone well, and what hasn’t gone so well over the last year
• set measurable objectives and/or targets in line with their team objectives and/or targets for the coming year
• have the opportunity to identify learning and development to help them carry out their jobs better, both now and in the future.

For further information on the appraisal process go to NCC intranet: Chief Executive’s Office; Training; Appraisal.

Learning and Development Planning – this forms part of the appraisal process and aims to encourage the supervisee to identify and evaluate learning that has taken place during the previous year and plan for learning and development opportunities for the coming year. A six monthly review will be conducted to ensure that the plans are still relevant and up to date in accordance with any changes, e.g. in working practices.

For further information on learning and development go to NCC intranet: Chief Executive’s Office; Training; Appraisal.

The supervision process is a key part of the performance management framework as outlined above. Discussions held and recorded during supervision will form part of the appraisal process.
**Scope of this policy**
This policy applies to:

- all staff employed by Newcastle Social Services Directorate whether on a temporary (including agency staff), permanent, full time or part time basis
- supervisors employed by other agencies with responsibility for the supervision of social services staff.

**Functions of supervision**
The four main functions of supervision are:

1. Management
2. Learning and Development
3. Support
4. Negotiation

These four functions are interdependent, that is one function cannot be effectively performed without the others. An over-emphasis on, for example, management, will leave the supervisee feeling that they are being overly controlled and that the only purpose of supervision is to “check up on them”. An over-emphasis on support will result in important discussions about workload, decision-making, and accountability being neglected leading to a danger of supervision becoming counselling.

Each function is described in detail below.

1. **Management**
   This function is to ensure that the work for which the supervisee may be held accountable is carried out to a satisfactory standard. Discussion during supervision should include:
   - the overall quality of the supervisee’s performance and work output/outcomes
   - the policies and procedures relating to their work and that these are understood and followed
   - the role and responsibilities of the supervisee and that these are clearly understood, including the boundaries and limits of their role
   - the development and monitoring of action plans/targets and objectives
   - monitoring of the supervisee’s workload.

2. **Learning and Development**
   This function is to encourage and assist staff in reflecting on their own performance, identify their own learning and development needs and develop plans or identify opportunities to address those needs.

   The learning and development function will be achieved through:
   - helping supervisees identify their preferred learning style and barriers to learning,
   - assessing development needs and identifying learning opportunities
   - giving and receiving constructive feedback on performance
   - encouraging the supervisee to reflect on learning opportunities undertaken and applying that learning to the workplace.

3. **Support**
   This function recognises that, from time to time, supervisees may require support to carry out their role; this may be because of particular situations, specific incidents or personal issues that may temporarily impact on their work performance. By offering support within the supervision context supervisees should be given the opportunity to reflect on the impact of the work upon them and prevent issues adversely affecting them and their work.
This will be achieved through:

- creating a safe environment within supervision where trust and confidentiality are maintained
- clarifying the boundaries between support and counselling
- enabling and empowering expression of feelings in relation to the work role
- monitoring the health of the supervisee and referring to occupational health or counselling when appropriate.

4. Negotiation

This function is to ensure that the relationship between the supervisee, their team, the organisation and other agencies with whom they work are effective. This will be achieved through:

- briefing senior managers about key issues
- dealing sensitively but clearly with concerns and complaints about colleagues and others with whom they work
- consulting and briefing staff on changes and developments that affect their area of work
- advocating between worker or team and other parts of the agency or with outside agencies.

Supervision methods

This policy is concerned primarily with one to one supervision that takes place in private at a pre-arranged time with an agreed agenda and preparation on behalf of both parties. All staff within the directorate will have access to this method of supervision (see “Scope of the policy”, page 4).

It is recognised, however, that supervision is much more than these one to one sessions; it is an on-going process that takes place in many different settings and in many different ways. The two main methods, other than formal one to one sessions, are outlined below, they have a place but cannot and should not replace planned, formal, recorded, one to one sessions.

Group supervision

This should not replace individual supervision but can be used to complement it. It will involve a group of staff, all involved in the same task, meeting with a supervisor to discuss issues about their work or the way they work together as a team. This may be done in the context of a regular team meeting or as a separate session to look at specific issues.

Unplanned or “ad-hoc” supervision

The pace of work and change and the frequency of supervision means that staff often have to “check something out” with a supervisor, obtain a decision or gain permission to do something in between formal supervision sessions. In addition, staff who work closely with their supervisor will be communicating daily about work issues, problems arising, changes in policies or procedures.

This form of supervision is, of course, a normal and acceptable part of the staff/supervisor relationship. There are two points to be borne in mind when considering unplanned or ad-hoc supervision:

- any decisions made with regard to a service user should be clearly recorded on the service user's file or on CareFirst as appropriate
- where supervisees and supervisors work closely together this does not negate the need for private one to one time together on a regular basis. The focus of these sessions is wholly on the individual, their development, performance and any issues arising from their work that do not arise on a day-to-day basis.

It should be noted that in some settings the day to day supervisor for a particular member of staff may change according to shift patterns and rota. The one to one sessions, however, should always be carried out by the same supervisor for a particular member of staff. If a supervisee is
subject to frequent changes of supervisor it is difficult for a relationship based on trust, openness and honesty to be established and confidentiality may be, or may be perceived to be, compromised.

If a supervisor is absent from work for a long period (over one month) the senior manager should ensure that effective arrangements are in place for the supervision of the staff in that section.

**Frequency of supervision**

The frequency of supervision should reflect:

- the minimum requirements placed on service areas by the Department of Health (monitored by the Commission for Social Care Inspection) (see Appendix 1) for those areas subject to CSCI inspection
- the supervisee’s level of experience and competence (not necessarily length of service, although staff new to a role may require more frequent supervision)
- if the supervisee is in the probationary period (i.e. first six months of service) supervision should take place fortnightly. These may be quite short supervision sessions but they will enable the supervisor to assess the supervisee’s suitability for permanent employment and ensure an effective relationship is formed in the early days of the supervisee’s employment
- any particular circumstances that apply to the supervisee that means they may require more frequent supervision (e.g. a difficult piece of work, the level of risk associated with work, personal difficulties or relationships, performance issues or levels of stress)
- staff not covered by CSCI inspections working in a social work or social care role (including SCAO) should, as a general principle, be supervised monthly and no less than six weekly
- staff not working in a social work or social care role should be supervised at no less than 12 weekly intervals
- the actual frequency for individuals should be agreed between the supervisor and supervisee when negotiating the terms of the Individual Supervision Agreement (see page 11)
- any deviation from the recommended frequency detailed above, as a permanent feature, should be by agreement between the two parties and should be clearly recorded in the Individual Supervision Agreement
- part time staff should receive supervision on a pro-rata basis, for example a social worker working half time would receive supervision every two months instead of monthly
- agency and temporary staff should receive supervision in the same way as permanent staff as detailed above.

**Supervision records**

The recording of supervision sessions is the responsibility of the supervisor. The supervisor must adhere to the following standards of recording; this will be checked during the quality assurance process (see page 13).

**Recording standards:**

- the detail included in the supervision record is a matter of judgement for the supervisor. In general the record should be detailed enough so that the issue can be revisited, if necessary, at a later date and still be understood. A short summary of the discussion and the decisions or action points arising from it should be sufficient in most cases.
where possible supervision records should be typed. If the supervisor is unable to type them personally they should be passed to a member of the support services section to be typed. Note: this should be with the agreement of the supervisee, should form part of the Individual Supervision Agreement and the actual content negotiated if issues of a very personal or confidential nature are discussed

- if the supervisor prefers to handwrite them this is permissible providing it forms part of the Individual Supervision Agreement and the supervisor’s writing is legible

- supervisors should aim to give a copy of the record to the supervisee for signature within two weeks. If this is not possible they should be with the supervisee before the next supervision session. This should form part of the Individual Supervision Agreement

- records should clearly detail any decisions that have been made, and the reasons for these, any agreed actions including who will take responsibility and the timescale for carrying out these actions

- the records should be signed and dated by both parties. If there is disagreement as to the content of the record this should be recorded by the supervisor. A copy should be retained by both parties

- whilst it is recognised that many staff prefer to keep records on computer systems, in the case of supervision records hard copies must be taken. This is to both safeguard the supervisor and supervisee in the case of investigations (e.g. disciplinary or complaints investigation) and to ensure that records are not altered in any way.

Confidentiality and Access
Supervision is a private but not a confidential process. This means that the records are the property of the organisation, not the individual. From time to time supervisors will need to discuss the content of supervision sessions with others, e.g. their own line manager, this should always be with the knowledge of the supervisee.

Access to supervision records should be controlled and all records should be locked away so that others who do not have a legitimate right to see the records cannot access them. Supervisees should be aware, however, that other than themselves and their supervisor others will, from time to time, access records, these might include:

Senior Managers
(for quality assurance purposes)
Investigating officers
(e.g. for disciplinary purposes)
Inspectors
(e.g. CSCI inspectors)
Performance staff
(e.g. for audit and quality assurance purposes)

Storage and Retention
The Individual Supervision Agreement and the supervision records will be kept on the supervisee’s file held by the supervisor or in an agreed place, in a locked cabinet. It is a matter for the supervisor what other documents are held with the supervision records, these may include appraisal documents, sickness documents and correspondence.

A proforma for the recording of supervision is attached at Appendix 2.
When a supervisee leaves the council the records should be retained for two years after the member of staff has left and then shredded. Where a member of staff transfers to another section or supervisor within the directorate their records should be passed onto the new supervisor.

**Individual Supervision Agreements**
The process of developing an Individual Supervision Agreement is as important as the written document itself. This process should be begun at the first supervision session though it may not be completed in one session.

The purpose of the “ISA” is to establish a basis for which the supervisor and supervisee will work together during one to one supervisions. This establishment of “ground rules” should be through negotiation and should clarify the rights and expectations on both sides to create a safe, secure and effective supervisory setting. It is worth noting that when the supervision relationship breaks down, or is less than satisfactory for either party, it is usually because of a lack of clarity or a mismatch of expectations from the outset.

When establishing the supervision agreement the following should be discussed:
- the purpose of supervision
- the frequency of supervision (see page 8)
- the venue for the supervision sessions (note: this should always be in a private room where others cannot easily overhear)
- any specific responsibilities of both supervisor and supervisee
- the recording of supervision, including where records will be kept to safeguard confidentiality, whether records will be typed or handwritten, how quickly records will be given to the supervisee for signature
- the arrangements for any ad-hoc or unplanned supervision
- the complaints and review process
- the practical arrangements (e.g. the process if supervision has to be cancelled/rearranged, an agreement that supervision will be uninterrupted, the anticipated length of time for each session)
- the arrangements for agenda setting (e.g. both parties to submit agendas before the session, at the start of the session etc).

Each Individual Supervision Agreement will be different and should be regarded as a “living” document that is changed according to the changing needs of the supervisee, an example of this may be where the frequency of supervision has been agreed and this subsequently changes as the member of staff gains confidence in their role. As a minimum it should be reviewed annually.

A proforma Individual Supervision Agreement is attached at Appendix 3. Supervisors and supervisees should agree if this will be utilised or if a more individual document should be developed to meet their particular needs.

**Quality Assurance**
In order to be effective the supervision process requires monitoring and quality assurance arrangements.

The quality assurance process ensures that:
- the standards of supervision as outlined in this policy are being followed
- staff are being supervised professionally and effectively
- supervision sessions are being recorded,
- individual Supervision Agreements are being developed, reviewed and used
- the supervision process promotes equal opportunities and anti-discriminatory practice.
The quality assurance arrangements involve:

- the auditing of a random selection of supervision files on a six monthly basis by senior managers
- discussion during supervision, for example, between service manager and team manager, about the team manager’s practice in supervising their staff. The senior manager may request copies of supervision records as evidence of practice and to use as a tool where there are developmental needs on behalf of the team manager.

A quality assurance proforma is attached at Appendix 4.

**Complaints**

Supervisees should be clear about whom they should contact if they feel the terms of their supervision agreement are not being met. How supervisees make a complaint and who to (named manager) should be included in the Individual Supervision Agreement.

Supervisees should always discuss any complaints or dissatisfaction in the first instance with their supervisor and endeavour to reach an agreement within the normal supervision process.

If the complaint cannot be resolved by discussion with the supervisor the supervisee should raise the issue with their supervisor’s manager.

<table>
<thead>
<tr>
<th>List of Newcastle’s appendices (not included here)</th>
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<tbody>
<tr>
<td>Appendix 1. CSCI requirements for supervision</td>
</tr>
<tr>
<td>Appendix 2. Pro forma for recording supervision</td>
</tr>
<tr>
<td>Appendix 3. Pro forma Individual supervision agreement</td>
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<tr>
<td>Appendix 4. Quality assurance documentation</td>
</tr>
</tbody>
</table>
Appendix A.iii.
Supervision policy example

NSPCC (voluntary sector, children’s services)

NSPCC Principles and Standards for Case Management and Supervision

Principle 1
Effective case management and supervision are essential tools in child protection work and related activity. Managers, supervisors and practitioners are responsible for ensuring that services meet the required standards of practice.

Standard 1
All Children’s Services staff receive a local and national induction programme which includes consideration of NSPCC:
- Principles, Standards and Procedures.
- Children’s Services Competences.

Standard 2
Divisional Directors/Managers and National Service Managers ensure that quality control systems:
- are in place
- operate effectively to monitor all practice.

Standard 3
Divisional Director/Managers, National Service Managers and Area Childrens Services Managers (ACSMs) regularly review Inspection reports, Serious Case Review reports, representations and complaints for their relevance to services and practice.

Standard 4
Managers, supervisors and practitioners operate workload management systems which optimise the ability of SCYP staff to practice to the required standard.

Principle 2
Practitioners and their supervisors are provided with formal and regular supervision which relates to their needs and those of the service users with whom they are working.

Standard 1
During their first 6 months of employment new staff are, as a minimum, formally supervised on a fortnightly basis.

Standard 2
Following confirmation in post staff are, as a minimum, formally supervised on a monthly basis.

Standard 3
Supervision is based on a written agreement, subject to annual review.

Standard 4
Supervision agreements define:
- the purpose of supervision
- respective roles and responsibilities
- the frequency of supervision and the reasons for this pattern
- how agendas are drawn up
- how issues in the working relationship between supervisor and supervisee will be managed
- how confidentiality limits within the supervision relationship will be maintained
- how the supervisor’s records (including decisions and action points) are to be shared with the supervisee
- the frequency at which the agreement is to be reviewed
- how diversity principles and anti-oppressive practice issues will be addressed.
Standard 5
Supervision of CSMs includes:
- feedback from monitoring tasks completed by the ACSM (see part 6 of chapter 5 - Service
- requests and Recording) discussion of any practice issues within the team identified by the CSM.

Standard 6
Supervision is not subject to cancellation and is only postponed in exceptional and unforeseen circumstances, with the agreement of both parties. Any postponed session must be reconvened at the earliest opportunity.

Standard 7
Supervision takes place in an environment:
- which affords privacy
- where arrangements have been made to avoid interruptions.

Standard 8
Joint supervision, which is also subject to the standards set out in this chapter, is provided in addition to individual supervision when more than one practitioner is involved in direct work with service users. Agreements for this supervision arrangement should be based on requirements arising from the work involved and need not be defined by standard 4.

Standard 9
Consultancy/clinical support is available if its provision is necessary for the service user’s needs to be met. There must be a written agreement defining accountability, respective roles and responsibilities.

Standard 10
Where issues within the supervision process cannot be resolved between the supervisor and supervisee, the next line manager will be involved in order to achieve resolution on the basis that reasonable efforts have been made to openly and honestly address issues by the supervisor and supervisee.

Standard 11
Managers/supervisors operate monitoring systems, which include feedback from supervisees.

Standard 12
Supervision addresses any issues of ability, age, culture, economic or social background, ethnic origin, gender, language, level of understanding, race, religious and political beliefs and sexual orientation, which arise in the context of the supervisory relationship. Supervision notes reflect that these issues are addressed.

Principle 3
Where services are delivered on a joint agency basis, the quality of practice is supported by clear arrangements for case management and supervision agreed by the agencies involved.

Standard 1
Staff who are seconded into NSPCC teams/projects from other agencies are supervised by the team/project manager using an agreement based on Principle 2, Standard 4 above.

Standard 2
NSPCC staff who are seconded into teams/projects operated by other agencies are supervised on the basis of a written agreement between the agencies involved. The line manager for each practitioner involved in the agreement must be satisfied that:
- Supervision arrangements are sufficient to support safe practice
• all relevant NSPCC Principles, Standards and Procedures can be met within the team/project’s operational standards
• the individual practitioner’s training and development needs have been properly considered
• there are clear arrangements for dealing with complaints and other concerns relating to NSPCC staff
• other mechanisms for monitoring standards, e.g. management groups have been considered.

**Standard 3**
Where other forms of co-work are undertaken, e.g. on individual cases based on a specific single-case agreement between agencies, a written agreement is produced which ensures that practice arrangements are consistent with NSPCC Principles, Standards and Procedures.

**Principle 4**
A key function of supervision is to help practitioners to develop and maintain the knowledge and competence to carry out their work.

**Standard 1**
Supervisors monitor practice against NSPCC Principles, Standards and Procedures.

**Standard 2**
Supervisors encourage practitioners to:
• assess the nature and effect of their practice
• consider possible alternative approaches to the work being undertaken
• seek feedback from service users.

**Standard 3**
Supervisors consider whether the required competences are being achieved in practice and incorporate this into the practitioner’s annual Performance Development Plan.

**Standard 4**
The practitioner’s training and development plan is regularly reviewed in supervision.

**Standard 5**
Practitioners are offered as appropriate, external supervision to ensure that their knowledge base and skills are maintained. A clear written agreement defining accountability, roles and responsibility is in place in these circumstances.

**Principle 5**
An important function of supervision is to provide support to practitioners.

**Standard 1**
Supervisors address the impact on practitioners of working with other people’s pain and distress and the question of whether any action is required to deal with it.

**Standard 2**
Supervisors:
• address any personal issues which affect practitioners’ work
• where necessary, agree an action plan to deal with them.

**Standard 3**
Clearly defined boundaries exist between professional supervision and personal counselling and if necessary, practitioners are encouraged to seek such counselling through the Employee Assistance Programme or other suitable resources.

**Principle 6**
The primary function of case management is to ensure that:
• practice is of the standard required
• decisions are made in accordance with NSPCC Principles, Standards and Procedures.
Standard 1
All accepted service requests are monitored by Children’s Services Managers/Supervisors:
• 7 days after the service request is received in relation to child protection cases or,
• 14 days after the service request is received in relation to other cases.

NB. Child protection cases are defined as those cases involving evidence that the child is suffering or likely to suffer significant harm.

Standard 2
Practitioners prepare a written workplan based on an assessment which identifies the specific needs of the subject(s) and identifies planned and beneficial outcomes, related to these needs and are within the terms of service provision. The workplan should also set out tasks, responsibilities and timescales for the work.

Standard 3
A confirmed workplan is produced within 28 days of when the service request was accepted, this plan should be negotiated and agreed with service users.

Standard 4
Recording demonstrates that all cases are reviewed by practitioners at intervals of 90 days after the confirmed workplan was created. The review includes an update of the workplan, including the degree to which the specific needs of the subject(s) and planned outcomes have been met.

Standard 5
The review includes direct involvement of subjects/service users wherever possible. Where this involvement takes place, their views are fully recorded, including their level of satisfaction with the service provided.

Standard 6
Supervisors and practitioners seek to critically analyse their practice by:
• looking at the issue of collusion in the supervisory relationship
• identifying where collusive practice may have occurred.

Standard 7
In each supervision meeting:
• all open child protection cases are discussed individually (including those scheduled for closure), together with options for action
• a general review of current work is used to identify other cases which need to be discussed
• key issues are identified and explored in those cases
• decisions and actions are recorded.

Standard 8
Notes of each supervision session are produced by the supervisor within 28 days, addressing all points within standard 4 as a minimum requirement.

All decisions made in relation to individual cases are recorded in the supervision casefile by the supervisor (including any decisions which are significant to case management which are taken outside of formal supervision sessions and which are significant to the case plan). These decisions are also entered on CRIS using a supervision action/decision form.

Notes of formal supervision meetings are retained for two years.

Standard 9
Children’s Services Managers monitor open CRIS and paper casefiles in relation to child protection cases at 30 day intervals and all casefiles in relation to other types of work at 60 day intervals from when the service request was accepted.
The primary purpose of this review is to ensure that both the casefile and related practice is compliant with:

- NSPCC Principles, Standards and Procedures
- relevant legislation
- inter-agency guidelines and agreements
- other guidance relating to good practice
- The NSPCC Diversity Strategy.

The CSM/supervisor monitors casefiles by using the CRIS summary sheet to identify and read records which are relevant to this standard. The CSM/supervisor records any outstanding actions or other issues of concern on a CRIS supervision action/decision form and addresses these points directly with the practitioner(s) concerned.

**Standard 10**
Area Children’s Services Managers carry out a two monthly review of teams in their area based on a random sample of cases. The primary purpose of this review is to ensure that requirements of the CSM set out in standard 9 are being met.

**Standard 11**
If work fails to meet the required standard, the supervisor:

- Advises the practitioner concerned
- Provides him/her with written confirmation of the concern(s), setting out:
  - the areas where practice does not reach the required standard
  - the remedial action to be taken
  - considers the issues of redress to service users - see Procedures Ch 3, Representations (Including Complaints) About NSPCC Services to Children, Young People and Adults.

(See NSPCC Employment Manual - Section D2).

**Principle 7**
The primary function of student supervision is to ensure that practice meets the required NSPCC standards.

**Standard 1**
Supervisors monitor students’ work against NSPCC’s Principles, Standards and Procedures.

**Standard 2**
Student placements are subject to a written agreement which:

- Is prepared and agreed by all the relevant parties prior to the placement
- Sets out the frequency of supervision
- Complies with the principles and standards confirmed in this chapter.

**Standard 3**
Supervision records and assessments:

- Define the boundaries of the student’s professional competence
- Identify his/her development needs
- Are used as the basis of the placement report.

**Standard 4**
If a student contributes to the service provision to children whose names are on the child protection register, both case and supervision recording clearly define his/her role and responsibilities.

**Standard 5**
If a student participates in an investigation, both case and supervision recording clearly define his/her role and responsibilities.
# Appendix B. Supervision frequency example

## West Sussex County Council

<table>
<thead>
<tr>
<th>Role</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Newly qualified workers</td>
<td>Weekly</td>
</tr>
<tr>
<td>Level 2, 3, and Level 4 Social Workers</td>
<td>Monthly</td>
</tr>
<tr>
<td>Team Managers</td>
<td>Monthly</td>
</tr>
<tr>
<td>Home Care Manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Residential Home Managers</td>
<td>Monthly</td>
</tr>
<tr>
<td>Service Managers/Service Development Managers</td>
<td>Monthly</td>
</tr>
<tr>
<td>Care Commissioning Managers</td>
<td>Monthly</td>
</tr>
<tr>
<td>Area Manager/Group Manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistant Social Worker</td>
<td>3 weekly</td>
</tr>
<tr>
<td>Support service staff</td>
<td>6 weekly</td>
</tr>
<tr>
<td>Senior Home Care Assistant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Residential Child Care staff</td>
<td>2 weekly</td>
</tr>
<tr>
<td>SMT</td>
<td>Monthly</td>
</tr>
<tr>
<td>All other staff groups</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Part time staff should receive adequate and appropriate supervision. The frequency of supervision agreed with the staff member, taking into account the individual's working arrangements and the standard set out above.

These are the minimum standards.
Appendix C.
Supervision agreement example

Walsall Metropolitan Borough Council
Supervision agreement proforma

<table>
<thead>
<tr>
<th>Between:</th>
<th>and</th>
<th>Frequency:</th>
<th>Location:</th>
<th>Duration of session:</th>
</tr>
</thead>
</table>

All information between supervisor and supervisee will be treated with respect and in a professional manner. Supervision can be individual or as part of a group.

**Agenda and structure**

Formal supervision sessions should be structured with preparation work having been carried out by both the supervisor and the supervisee and, where possible, an agenda set before the supervision session. Any major issues requiring detailed discussion should be put in writing and distributed a few days before the supervision session. Both parties should prioritise the agenda items at the beginning of the session in order to make the most effective use of time. Formal supervision sessions should ordinarily last for about & probably no more than, one to one and a half hours.

**Content**

Supervision will cover:
- performance management and administrative functions
- learning and development and teaching functions
- supportive functions.

**Anti-oppressive**

Supervision should be based on anti-oppressive principles and should be sensitive to race, gender, disability, impairment, age, religion and sexuality.

**Record keeping**

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

**Cancellations**

In the event that a scheduled supervision session has to be cancelled by either party, it will be re-scheduled at the point of cancellation proving to be unavoidable. The session should be re-scheduled to take place within 5 working days of the date of the original booked session. If the cause of the cancellation is the sickness absence of either party then another supervision session will be booked within 5 working days of the person’s return to work. In the event that the supervisor is absent from work for more than two weeks unplanned leave, it is the responsibility of the supervisee to report to the supervisor’s line manager for alternative supervision arrangements to be made.

**Disagreements**

Areas of disagreement between supervisor and supervises will be recorded on the supervision records. Areas of disagreement that cannot be resolved may be referred to the line manager.

**Review of supervision**

Supervision session – process, content, length, frequency, format and style should be reviewed by the supervisor and the supervisee at least annually.

**Agreement**

We agree that supervision will be given and received in accordance with the Walsall Metropolitan Borough Council Social Care & Supported Housing Supervision Policy wherein more details regarding supervision can be located.
Appendix D.
Supervision agenda example

Leicester City Council

Draft supervision agenda
The following agenda provides a framework to help managers and employees to structure their discussions. Please adjust to meet the requirements of your service or the role of the employee.

- Agree agenda items at the beginning of the meeting or prior to the meeting.
- Check how the member of staff is feeling.
- Review the previous supervision notes, tasks and actions and update previous supervision record, as required.
- Managing performance and work update – review tasks, goals and targets. Revise, agree new targets, as required.
- Development and training.
- Annual leave/TOIL/Flexi.
- Personnel or employment issues including: sickness, disciplinary, grievance, capability.
- Equality issues.
- Health and safety.
- Budgets and finances issues relevant to the service/team or unit/tasks e.g. more cost effective ways of delivering a service.
- Any other business.
- Date of next meeting.

For some supervisees, particularly managers, the following may also be relevant areas for discussion.

- Corporate and departmental strategic plans.
- Business plans.
- Budget/finance (if relevant)
- Delivery & Improvement Statement – performance indicators.
- Cases – recordings to be on a separate form and placed on service users case file.
- Staffing or rota issues.
- Complaints and investigations.
- Recruitment.
- Staff performance and appraisals.
- Agree/setting targets and timescales for completion of work.
- Monitoring work performance.
- Individual and team morale and motivation.
- Discussion re-project or task groups.
- Stakeholders and partnership issues.
Appendix E.
Supervision record example

Walsall Metropolitan Borough Council

<table>
<thead>
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<tbody>
<tr>
<td>Manager/post</td>
<td></td>
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<tr>
<td>Date &amp; time</td>
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Review of last supervision and actions

A. Performance management
1. Work plan & priorities (current workload/new work)
2. Review of targets and individual/team objectives
3. Key achievements
4. 
5. 
To be completed by relevant staff (use record of individual case form)
6. Review of case load to include equality and diversity needs.

B. Learning & development
1. Discussion of role and activities
2. Review of training activities
3. Discussion of training needs
4. 
5. 

C. Support
1. Personal reflections, demands/frustrations/support.
2. Welfare/training & personal development. Individual needs are supported with regards to equality and access to opportunities.
3. Annual leave, flexi, sickness
4. Health & Safety
5. 
6. 

Manager signature | Date
Staff signature   | Date
Venue of next supervision | Date

(Form continues next page)
Walsall Metropolitan Borough Council (form continued)

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Walsall Metropolitan Borough Council record of individual case form

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Appendix F.

Bibliography

Supervisory Management in the Human Services

‘Learning to practice with the tensions between professional discretion and agency procedure’.
In NAPIER, L. & FOOK, J. (eds).

Social Services and NHS can learn from charities.
www.society.guardian.co.uk/climbie/story (15.03.06)

‘An Evolving Paradigm of Supervision Within a Changing Health Care Environment’.

BISHOP, J. (1988)
‘Sharing the caring’.
Nursing Times 84 (30): 60-61.

BREWER, N. (1991)
Identifying effective supervisory behaviours.
National Police Research Unit, South Australia.

‘Social Work Supervision: Assessing the past and mapping the future’.
The Clinical Supervisor 19 (2).

BUTTERWORTH, T., CARSON, J., WHITE, E.,
It is good to talk: an evaluation study in England and Scotland.
School of Nursing, Midwifery and Health Visiting,
University of Manchester.

Clinical supervision and mentorship in nursing.
Chapman Hall.

Clinical supervision: a possible paper.
School of Nursing, Midwifery and Health Visiting,
University of Manchester.

Supervision and Performance: managing professionals in human service organizations.

CALIFORNIA DEPARTMENT of SOCIAL SERVICES (2004)
Survey of Supervisory Practices and Roles.
California Department of Social Services.

CHILD WELFARE LEAGUE OF AMERICA
Welfare Workforce: Research Roundup.

‘Supervision, Role Strain and the Social Services Department’.

COMMISSION for SOCIAL CARE INSPECTION (2005)
Making Every Child Matter: Messages from inspections of children’s social services.
Commission for Social Care Inspection.

The Development of Models of Nursing Supervision in the UK.
www.clinicalsupervision.com/Development%20of%20clinical%20supervision.html#_Models_of_clinical on 16.03.06.

‘Personal, professional and practice development: clinical supervision’.
British Journal of Nursing 7(21), 1318-1322

DEPARTMENT of HEALTH (1999)
Modern Social Services: A Commitment to Improve
(8th Annual Report of the Chief Inspector of Social Services)
Department of Health.

‘Factors influencing the retention of specially trained public child welfare workers’.

‘Demystifying supervision’ pp. 21-34 in FOWLER, J. (ed.)

Association for Counsellor Education and Support attitudes:
Supervisor competencies and a national certification program.
ERIC/CAPS Resources in Education, Document No.
ED 283 098 (ACES)
‘Supervision in ecological context: the relationship between
the quality of supervision and the work and treatment
environment’.

ERERA, I. & LAZAR, A. (1994a)
‘The administrative and educational functions in supervision:
indications of incompatibility’.

ERERA, P. & LAZAR, A. (1994b)
‘Operating Kadushin’s model of social work supervision’.

FAUGIER, J. (1992)
‘The supervisory relationship’. In BUTTERWORTH,
T. & FAUGIER, J. (eds.)
Clinical supervision and mentorship in nursing. London.
Chapman & Hall

‘Clinical teaching is more than evaluation alone’.
Journal of Nursing Education 27 (8): 342-8.

‘A supervisory model of professional competence: a joint
service/education initiative’.
Nurse Education Today 15: 239-244.

GALVIN, K., ANDREWS, C., JACKSON, D., CHEESMAN,
‘Investigating and implementing change within the primary
health care nursing team’.

GIBBS, J. (2001)
‘Maintaining front-line workers in child protection: a case for
refocusing supervision’.

‘Occupational stress in social work’.

‘Working across boundaries: systemic and psychodynamic
perspectives on multi-disciplinary and inter-agency practice’.

GRANVOLD (1977)
‘Supervisory style and educational preparation of public
welfare supervisors’.
Administration in social work (1): 79-88.

HAKKARAINEN, K., PALONEN, T., MURTONEN,
www.helsinki.fi/science/networkedlearning/
publishations/publ2006main.html

‘The art of helping in supervised practice: skills, relationships
and outcomes’.
The Clinical Supervisor 13 (1): 63-76.

‘Changing the focus of social work supervision: effects on
client satisfaction and generalized contentment’.

Supervision in the helping professions: an individual, group
and organisation approach.
Open University Press, Milton Keynes.

‘The Integration of Health and Social Care: The lessons from
Northern Ireland’.

‘Supporting health visitors in child protection cases’.
Community Practitioner 73(9): 751-3.

HILL, J. (1989)
‘Supervision in the caring professions: a literature review’.
Community Psychiatric Nursing J. 9, 9 15

‘The buffering effects of four types of supervisory support on
work stress’.

HOLLOWAY & BRAGER (1989)
Supervising in the Human Services.
New York: Free Press.

‘Team supervision in multi-professional teams:
team-members’ descriptions of the effects as highlighted by
group interviews’.
Journal of Clinical Nursing 2003 (12): 188-197
‘The effects of clinical supervision on the quality of care: examining the results of team supervision’.  

Mapping training and qualifications for the children and young people’s workforce: Training and qualifications issues, needs and gaps (Short report 5). Children’s Workforce Development Council.  
www.cwdcouncil.co.uk/resources/Report%205.pdf (04/05/06)

JONES, A. (1997)
Macmillan clinical nurse specialists (community) lived experience of palliative care as reported through clinical supervision: executive summary. School of Nursing, Midwifery and Health Visiting, University of Manchester. Manchester.

‘No time to think: protecting the reflective space in children’s services’.  


Supervision in social work.  
New York: Columbia University Press.

Supervision in social work (4th edn.).  
New York: Columbia University Press.


‘Supervision practices in allied mental health: relationships of supervision characteristics to perceived impact and job satisfaction’.

Assessing responses to youth offending in Northamptonshire.  
NACRO Research Briefing 2.

Building Capacity in the PCT: A role specification for Professional Lead for Therapy.  
Report Commissioned by Kensington & Chelsea Primary Care Trust.

Experiential learning: experience as the source of learning and development.  

KOMAKI, J. (1986)
‘Toward effective supervision: an operant analysis and comparison of managers at work’.  

KRAMER, R. (1999)
‘Social uncertainty and collective paranoia in knowledge communities: thinking and acting in the shadow of doubt’.  

The Victoria Climbie Inquiry.  
www.victoria-climbie-inquiry.org.uk on 16.03.06.

‘Clinical supervision in child protection for community nurses’.  
Child Abuse Review 14(1): 57-72

Hanging on in there: a study of interagency work to prevent school exclusion in three local authorities.  

Better than you think: Staff morale, qualifications and retention in residential child care.  

MALIN, N. (1999)
‘Evaluating clinical supervision in community homes and teams serving adults with learning disabilities’.  
Ready to practice? Social workers and probation officers: their training and first year of work.  
Avebury.

‘Acquiring knowledge and skills for twenty-first century supervision’.  

MIDDLEMAN & RHODES (1985)  
Competent Supervision: making imaginative judgements.  
Englewood Cliffs: Prentice Hall.

MILNE, D. & JAMES, I. (2002)  
‘The observed impact of training on competence in clinical supervision’.  
British Journal of Clinical Psychology 41: 55-72.

MILNE, D. & WESTERMAN, C. (2001)  
‘Evidence-based clinical supervision: rationale and illustration’.  
Clinical Psychology and Psychiatry 8: 444-457.

MORRISON (1993)  
Staff Supervision in Social Care.  
Harlow: Longman.

‘Interprofessional teamwork for child and family referral in a Sure Start local programme’.  

Style and structure in supervision.  

MUNSON (1993)  
Clinical Social Work Supervision (2nd ed.).  

Job satisfaction and the worker-supervisor relationship.  
The Clinical Supervisor 9 (2): 119-129.

‘How social workers reason about the work with clients and its conditions: an explorative case study’.  
Paper presented at the 4th International Conference on Evaluation for Practice.

O’DONOGHUE, K. (unpublished)  
Uniprofessional, multiprofessional, field of practice, discipline: social workers and cross-disciplinary supervision.  
PDF 28.03.06.

Supervising the counsellor: a cyclical model.  
London: Routledge.

‘Burnout, empathy and sense of coherence among Swedish district nurses before and after systematic clinical supervision’.  

‘Training residential supervisors to provide feedback for maintaining staff teaching skills with people who have severe disabilities’.  

‘Organisational requisites for child welfare services’. In PECORA, P., WHITTAKER, J., MALUCCIO, A., BARTH, R. & PLOTNICK, R.  

POLICINSKI & DAVIDHIZAR (1985)  
‘Mentoring the Novice’.  

Good practice in supervision: statutory and voluntary organisations.  
London: Jessica Kingsley.

PROCTOR, B. (1986)  
‘Supervision: a co-operative exercise in accountability’.  
In MARKEN, M. & PAYNE, M. (eds.)  
Enabling and Ensuring: Supervision in Practice.  
National Youth Bureau, Leicester pp. 21-34.

‘Maintaining social worker morale: when supportive supervision is not enough’.  
Administion in social work 18 (1): 39-60.


Appendix G. Glossary

The following terms are referred to in this guidance and an explanation of each is included below.

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>Appraisal</td>
<td>In this context appraisal is part of an individual’s performance management process. An annual cycle (usually with a six month review) that looks at progress against previously agreed objectives, sets future objectives and also reviews the individual’s development activities and agrees an updated personal development plan.</td>
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<tr>
<td>Continuing professional development (CPD)</td>
<td>An ongoing and planned learning process that contributes to personal and professional development and can be applied or assessed against competences and organisational performance. This can include the development of new knowledge, skills and competences. Skills for Care and CWDC have developed a CPD strategy for the social care sector.</td>
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<tr>
<td>Knowledge sets</td>
<td>Sets of key learning outcomes for specific areas of work within social care. They are designed to improve consistency in the underpinning knowledge learnt by the adult social care workforce in England. Although designed initially with adult social care in mind, some of them are applicable to different work settings, for example, medication.</td>
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<tr>
<td>Line manager</td>
<td>The person who is directly responsible for supervising a worker, or who has responsibility for a workplace where one or more workers may visit or work.</td>
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<tr>
<td>Performance objectives</td>
<td>A clear statement of the things that an individual is expected to achieve in a certain period of time. Objectives should be SMART – specific, measurable, achievable, realistic and with clear timescales.</td>
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<tr>
<td>Professional supervision</td>
<td>The aspect of supervision that relates to the professional practice of the worker. This will normally be undertaken by someone from the same or closely related professional discipline. Where the line manager is from a different profession they will need to consider whether to arrange supplementary professional/specialist supervision.</td>
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<tr>
<td>Specialist supervision</td>
<td>See above - this can include peer, therapeutic or clinical supervision.</td>
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<td>Term</td>
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<td><strong>Supervision agenda</strong></td>
<td>An agreed list of topics to be covered in a particular supervision meeting. There may be some topics that are covered in each meeting but there should always be scope for either the supervisor or supervisee to add specific matters for discussion in a particular meeting.</td>
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<tr>
<td><strong>Supervision agreement contract</strong></td>
<td>A written agreement that sets out the detail of how the supervision arrangement will work, including frequency, recording, agenda, responsibilities etc.</td>
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<td><strong>Supervision policy</strong></td>
<td>A clear statement by an organisation as to its expectations and requirements for supervision.</td>
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<tr>
<td><strong>Unit of competence</strong></td>
<td>The various elements that, in total, cover all the things that a supervisor needs to be know, understand and be able to do.</td>
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‘Providing Effective Supervision’ is the latest product in the highly regarded Skills for Care Leadership and Management suite. It has been produced jointly with the Children’s Workforce Development Council (CWDC) so as to be fit for purpose across the full range of social care services that the two organisations have responsibility for. It has been developed in association with a wide range of employers, practitioners and partners, including the Department of Health and the Department for Education and Skills (now Department for Children, Schools and Families).

As well as the unit itself the guidance contains advice for organisations, supervisors and individual workers. There are also examples of supervision policies, a supervision agreement, a supervision agenda and a supervision record proforma. A comprehensive bibliography is included that contains references to supervision in a wide range of settings.

This product will therefore be useful to organisations, managers, supervisors and practitioners as they develop consistently high quality supervision that will contribute both to positive outcomes for users of social care and children’s services and to the development, retention and motivation of staff. In this way enhanced supervision should make a significant contribution to the required outcomes identified in the Options for Excellence Review of Social Care and the Every Child Matters agenda.

The unit of competence has been developed, field tested and written by Harry Zutshi and Fran McDonnell.

The supporting guidance and other resources have been researched and written by David Leay.

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