**Cumberland Children and Family Wellbeing Supervision Agreement**

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| --- | --- |
| Name of supervisee |  |
| Name of supervisor |  |
| Date of agreement  |  |

**Frequency**

We will normally meet at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ intervals. Dates of supervision meetings for the next 12 months are outlined in the table below.

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| --- | --- | --- |
| **Date** | **Time** | **Venue**  |
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Additional supervision sessions maybe requested by either of us to meet a specific need or respond to an event.

**Cancellation/rescheduling**

We agree that supervision should only be cancelled or rescheduled in an emergency.

In instances where supervision needs to be cancelled, then we will agree a further date at the point of cancellation. If the cause of the cancellation is the sickness/absence of either of us, then another supervision session will be booked within 5 working days of our return to work.

**Length and location**

Our supervision sessions will last for a minimum of 60 minutes. We will meet in a location which is private. Interruptions will be kept to a minimum.

**Agenda and structure**

We will both prepare for supervision by identifying what we would like to be covered during the supervision session. We will notify each other of any major issues to be addressed in advance. An agenda will be drawn up by us at the start of each supervision session.

**Making supervision work**

Good quality reflective supervision requires preparation by both of us. Following discussion, these are the ways we have agreed to work together in order to get the most out of supervision:

* What I want from you as my supervisor
* What I will contribute as a supervisee
* What I want from you as the supervisee
* What I will contribute as the supervisor
* As the supervisor I am responsible for
* As the supervisee I am responsible for

We will review the content, length, frequency, format and style of supervision every 12 months. Feedback on the quality of the supervision will be given by [insert name of the supervisee] to [insert name of the supervisor] by [insert agreed method].

**Equalities Issues**

Supervision will be based on anti-discriminatory principles and sensitive to differences between our backgrounds and experiences. We will deal with these differences by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert method)

**Disagreements**

Areas of disagreement between us will be recorded on the supervision record. In the first instance we will seek to resolve differences within supervision. However, if they cannot be resolved either of us may refer these to the supervisor’s line manager.

**Recording**

All child and family supervision discussions will be recorded on the ICS supervision recordby the supervisor on the same day as the supervision is held. Personal supervision notes will be recorded and shared by the supervisor within 10 working days. The form will be signed by both parties once agreed as a true record. Signatures can be electronic. The supervisor should upload the record to I-Trent. This record will include personal supervision.

**Confidentiality**

Personal information will be treated as confidential and not recorded, unless the personal information has or will have an impact on the work. There are however, constraints on confidentiality in that supervision records may be accessed by other managers or senior management for example for audit, inspection, grievances and disciplinary purposes.

**Involvement of others**

If anyone other than the line manager is going to take responsibility for some part of the supervision process for example additional supervision for newly qualified social workers, coaching or mentoring, this should be clearly recorded below and the process specified for regular review and communication.

**Review of the supervision agreement**

This supervision agreement should be regarded as a “living” document that may be changed according to our changing needs*. As a minimum we will review it annually, or when there is a change of supervisor.*

**Read, Agreed and Signed:**

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_