

Case Management Supervision Format

Effective Date:	TBC
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Case Management Supervision

- It is expected that a minimum of four cases per supervision will be looked at. Supervision will take place once every four weeks. Every high-risk case (in any domain) will be looked at every eight weeks with all other cases discussed in supervision at a minimum of every twelve weeks.
- Case management supervision enables us to get the basics and compliance with standards right but most importantly, we want to set ambitious expectations for the best possible interventions and outcomes for young people. It provides a place for professional dialogue and debate to drive case progression and a great opportunity to highlight areas of good practice and areas for improvement.
- It is important the actions are SMART and are followed up by manager.
- There are some guidance notes that highlight some of the minimum standard of case management at the end of this document. However, this is only the minimum and it would be expected that other areas would be discussed and evidenced in this document. Please use the Signs of Success Model guidance and fully use the last three columns of this document as fully as possible.
- All supervision notes should be uploaded to CVYJ with clear management oversight to demonstrate that action dates were followed-up. Management oversight needs to be uploaded within 48 hours of supervision taking place. This should be recorded under 'management oversight' and then 'supervision' in actions. Only one child should be discussed on each template.
- I have included a short list of the basic areas that need to be looked at in case management supervision.

Name of child:

ID No:

Case worker:

Supervisor:

Case management supervision date:

1. Progress on actions from last case supervision

2. What are we worried about?

3. What is working well?

4. What needs to happen?

5. Case management supervision action plan		
Action	By when	Who

Some basic prompts and areas to look at:

- Current Asset/ TAC/ TAF in timescales?
- What has changed for the child since last discussion?
- Is there a Plan underpinned by a TAC / TAF Look at the plan together
- Is the plan being followed? Is the child engaging with the plan?
- Appropriate sequencing?
- Specialist referral and interventions
- Are the case recordings of a good quality? Is the child been seen in line with NS?
- Is there a clear thread from assessment, plan to intervention?
- Can the child's voice be heard through the recording of sessions?