

# 25 Things to Consider ( Supervisor/Manager)

| <b>Supervisor and Manager</b>  |  |  |
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| <b>Assess your own knowledge and skill base before discussing with practitioners</b> |  |  |
| <b>Recognising Abuse and Harm</b>  |  |  |
| 1  | Knowledge and skills to recognise bruising that may be indicative of a non-accidental injury? Particularly pre-mobile baby!  |  |
| 2  | The heightened risk/impact where Domestic Abuse, Mental Health and substance Misuse are present ? (Trilogy of Risk)  |  |
| 3  | Risk/Harm is dynamic-? am I alert to changes that may indicate a greater risk? Is familiarity with this case a risk to recognition of significant changes?   |  |
| 4  | Do you/they have the knowledge and skills to recognise a child/young person's underlying vulnerability to child sexual abuse and exploitation and recognition of early indications of CSE ?                                |  |
| 5  | Are you/they up to date with the latest developments in 'on line safety'?  |  |
| <b>Procedures</b>  |  |  |
| 6  | Referral procedure in the case of a pre-mobile baby with injuries/bruising ?   |  |
| 7  | Is there a clear plan (including contingencies) where a suspected non accidental injury has taken place?   |  |
| 8  | Recording reflects the work undertaken including the voice of the service user and evidence based decision making? Are your discussions and decisions recorded?  |  |
| <b>Direct Practice</b>   |  |  |
| 9  | Are you/they aware of any history that may impact on parenting e.g. a Looked after Child, Head injury, Mental Ill Health   |  |
| 10   | Confidence in asking challenging questions about very sensitive matters? E.g. Domestic Abuse, Sexual Exploitation  |  |
| 11   | Recognise evasion and lack of engagement ? What tools do they have to deal with this?  |  |
| 12   | Do I know how to deal with adults who use the fear of violence or intimidation of professionals to try to distract them from focussing on the  |  |
| 13   | Encourage staff to 'walk in the shoes' of the children or vulnerable adult in this family? What would their lived experience look like?  |  |
| 14   | Is there a Young Carer in the family?  |  |
| 15   | Are the needs, views and wishes of the children/vulnerable adult at the forefront, or is the parents/carers agenda dominating? Who is doing all the talking?   |  |
| 16   | Where the child/parents/vulnerable adult/carers have a learning disability or English as a second language have they understood the risks and safety planning? What have I done to address this? Is information accessible |  |
| 17   | What might assist in seeing the whole picture in a complex situation ( Genograms and Ecomaps)  |  |

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| 18                            | Is there evidence of 'weighting' information/observations correctly – Are the signs of safety really mitigating against risk and can this be maintained? |  |
| 19                            | Are the men associated with the family 'visible'? Involve them at all stages..   |  |
| <b>Multi-Agency Working</b>   |  |  |
| 20                            | Has information been share with all the relevant workers involved in this case?  |  |
| 21                            | Are the right people participating in strategy and multi-agency meetings?<br>Has the worker missed meetings they should have attended?                   |  |
| 22                            | Is there a shared understanding of the risk? Do they understand the responsibilities of other members of the core/ multi-agency group?                   |  |
| <b>Reflecting on Practice</b> |  |  |
| 23                            | Have they had time to reflect on practice experience and learning from it, in supervision or in discussions with colleagues?                             |  |
| 24                            | Do I feel confident to challenge other professionals?  |  |
| 25                            | Are they feeling confident and comfortable working with this family? If not why not? Is this a gut instinct telling you                                  |  |

**Notes**