

**Safeguarding Children**

**Supervision Policy**

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| --- | --- |
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| --- | --- |
| Services | Applicable to |
| Trustwide | √ |
| Mental Health and LD |  |
| Community Health Services |  |

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**Contents**

|  |  |  |
| --- | --- | --- |
| **Section** | | **Page** |
| 1 | Introduction | 4 |
| 2 | Purpose | 4 |
| 3 | Roles and Responsibilities | 5 |
| 4 | Definitions | 6 |
| 5 | Principles of effective supervision | 7 |
| 6 | Types of Safeguarding Children Supervision | 7 |
| 7 | Supervision Requirements for Services | 8 |
| 8 | Responsibilities of the Supervisee(s) | 9 |
| 9 | Responsibilities of the Supervisor | 10 |
| 10 | Accountability | 11 |
| 11 | Record Keeping | 12 |
| 12 | Confidentiality | 13 |
| 13 | Equality Statement | 13 |
| 14 | Training | 13 |
| 15 | Monitoring | 13 |
| 16 | Further Information | 14 |
| Appendix 1 | Adapted Strengthening Families Reflective Tool Template | 15 |
| Appendix 2 | Assessment Framework Triangle | 16 |
| Appendix 3 | My World Triangle | 17 |
| Appendix 4 | Safeguarding Supervision Contract Template | 18 |
| Appendix 5 | Record of Safeguarding Supervision and Action Plan | 19 |
| Appendix 6 | Safeguarding Children Supervision Process | 20 |

1. **Introduction**

This policy outlines the arrangements for safeguarding children supervision for all staff working within East London NHS Foundation Trust. The policy should be read in conjunction with the Trust Supervision Policy and the Trust Safeguarding Children Policy. It expands on the principles set out in the overarching Supervision Policy and spells out principles and arrangements for incorporating a Think Family and safeguarding children approach to clinical practice.

The Trust as a public sector organisation has an overall duty to put in place arrangements that safeguard and promote the welfare of children, and to work in partnership with other agencies to ensure the welfare of children remains a priority. Statutory and professional guidance is clear that this duty extends to staff who predominantly treat adults.

To support these duties the Trust must ensure that practitioners are provided with

safeguarding children supervision so that they can undertake these duties effectively and

that their practice is safe, sound and accountable.

Effective supervision has a significant function in maintaining the focus on the child and is

therefore integral to providing an effective child centred service where the child’s lived

experience is acknowledged and addressed. Supervision enables staff to and to recognise

the impact that parental and family behaviours and circumstances have on children and

young people.

*Safeguarding Children and Young People: Roles and Competences for Health Care Staff*

Intercollegiate Document. Forth Edition: January 2019 sets out expectations of training and

supervision for health care staff.

**2.0** **Purpose and Scope**

The purpose of this policy is to ensure that both supervisors and supervisees are clear about

their roles, responsibilities and accountabilities for safeguarding and promoting the welfare of

children and young people. Safeguarding supervision should be supportive and enable

reflection to develop knowledge, skills and competence in order to improve quality of care. It

is important that staff are given protected time to engage in safeguarding supervision.

It sets out a framework of core principles and minimum standards for the various types of

safeguarding supervision available to staff within the organisation and should be read

alongside the ELFT Safeguarding Children Policy and ELFT Supervision Policy.

Statuary guidance, national reviews and reports of the safeguarding system, and reviews of

case reviews into deaths and serious harm caused to children repeatedly refer to the

benefits of safeguarding children supervision. Effective supervision will support the

practitioner to critically reflect on the impact of their decisions ensuring a clear focus on the

child’s welfare. It should assist in capturing the voice of the child and the child’s lived

experience.

Critical reflection through safeguarding children supervision should strengthen the

practitioner’s analysis thus ensuring that practice is safe, as well as offering practitioners the

opportunity to identify concerns early and put appropriate intervention in place to safeguard

the child. It should be open and supportive, focusing on the quality of decisions, good risk

analysis, and improved outcomes for children.

Safeguarding Children supervision will be underpinned by the principle that each practitioner

remains accountable for their own practice. Risk is reduced through the use of a reflective

model and tools used to assess risk. Supervision highlights risks and enables the

practitioner to develop a well-defined understanding of family dynamics and therefore

develop a clear pathway to keep the child safe

The policy aims to promote, support and sustain a culture within the organisation that values

the safeguarding of children as a priority.

1. **Roles and Responsibilities**

**The Trust Board**

The Trust Board has a responsibility for ensuring that adequate resources are provided to enable members of staff to receive the safeguarding children supervision and training that they need in order to fulfil the requirements of their role.

**Chief Executive**

The Chief Executive is responsible for ensuring that the Trust meets its safeguarding obligations. This includes systems, policies and procedures are in place for training and supervision.

**Chief Nurse**

The Chief Nurse is the Lead Executive Director for safeguarding and has overall responsibility for the safeguarding arrangements in the Trust, and for the performance of the Trust in supporting the work of the local Safeguarding Children Partnerships. Representation at the Safeguarding Children Partnerships may be delegated to other senior managers as required.

**Director of Nursing**

The Director of Nursing is the Lead Operational Director for safeguarding and the chair of the safeguarding committee. Working with the Associate Directors for Safeguarding, the Director of Nursing is responsible for:

* Having a safeguarding supervision policy in place
* For the identification of systems and process to ensure its implementation and maintenance. This includes staff training and support for supervisors and supervisees.
* Ensuring that appropriate safeguarding process are in place, including compliance with all statutory requirements.

**Clinical and service directors**

Clinical and service directors have a responsibility for ensuring that operational leads / staff in a supervisory role are given protected time to engage in safeguarding children supervision. Clinical and service directors are required to monitor the attendance of these staff and services to ensure minimum requirements are met, and to ensure that data regarding this is available to the Trust and commissioners as needed.

**Managers / staff in a supervisory role**

Staff in a supervisory role have a responsibility for ensuring that individual staff members are given protected time to engage in safeguarding children supervision as required. They are required to monitor the attendance of their staff to ensure minimum requirements are met, and to ensure that data regarding this is available to the Trust and commissioners as needed.

Staff in a supervisory role are required to routinely discuss practice issues related to safeguarding children within management supervision with their staff as set out in the ELFT supervision policy. They are also responsible for maintaining their own knowledge and skills in order to provide effective supervision. In some instances, and in agreement with the safeguarding team, managers who have undertaken a recognised safeguarding supervision course of training may facilitate safeguarding supervision to their staff.

**Staff**

All staff members mapped to receive safeguarding supervision as set out in this policy ae responsible for ensuring their attendance, and for reporting to their line manager any issues or barriers to attendance.

Staff are responsible for ensuring that their competence in safeguarding children is up to date in line with requirements set out in the Intercollegiate Document and professional revalidation requirements.

Safeguarding children supervision does not replace nor should it delay the individual’s responsibility to make a referral to children’s social care services where there are concerns that a child or may be suffering or likely to suffer from significant harm. In such cases staff should refer to appropriate safeguarding children and adults at risk policies.

**Safeguarding Children Team**

Each member of the Safeguarding Children Team should have completed an accredited safeguarding children supervision course, or have to be booked onto one as soon as joining the team as possible.

The Named Professionals for Safeguarding Children are responsible for facilitating safeguarding supervision at dates and times agreed in advance with the clinical and service directors and operational leads.

The Team, including the Associate Director for Safeguarding Children will work with HR and clinical and service directors to embed safeguarding children supervision in the Trust. Progress will be measured through the audit cycle and reported via safeguarding committee and CCG datasets as required.

**4.0 Definitions**

Child – A child refers to anybody who has not reached their 18th birthday. For the purpose of this document child relates to children and young people throughout.

Safeguarding children supervision is defined as “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 in order to achieve agreed outcomes” (Working Together to Safeguard Children, HM Government 2018).

**5.0 Principles of Effective Supervision**

Effective supervision should:

* Provide a dedicated mental and physical space for practitioners to reflect on safeguarding issues within their work.
* Be open and supportive, focusing on the quality of decisions, good risk analysis, and improved outcomes for children
* Support the practitioner to critically reflect on the impact of their decisions ensuring a clear focus on the child’s welfare
* Strengthen the practitioner’s analysis thus ensuring that practice is safe, as well as offering practitioners the opportunity to identify concerns early and put appropriate intervention in place to safeguard the child.
* Provide an outlet for the emotional and psychological stresses that staff involved in safeguarding children work can often face
* Be underpinned by the Think Family model as outlined in the Trust safeguarding strategy. This is defined by practitioners considering throughout safeguarding children supervision ‘what does the child mean to the family and what does the family mean to the child`?
* Create an environment that is conducive to challenging views and enable escalation where appropriate

Reflective tools such as the strengthening families (appendix 1) model can be used to assist supervisor and supervisee identify protective factors, vulnerabilities, gaps in knowledge base and help inform action plans

The Assessment Framework triangle (appendix 2) can be used to help staff think about the wider family and environment can impact on the wellbeing of a child, and the my world triangle (appendix 3) can assist staff in viewing the world through the eyes of the child.

**6.0 Types of Safeguarding Children Supervision**

The type of safeguarding children supervision required by staff will depend upon their roles and responsibilities, their contact with children or their contact with service users who are parents, those who have caring responsibilities for children and those who may share their household with children. The Trust offers a range of safeguarding supervision formats to meet practitioners’ needs. Safeguarding children issues should be routinely discussed as part of line management and/or clinical supervision. Most planned safeguarding children supervision will be done in groups.

Group supervision – Group supervision is a process whereby members negotiate and come together in an agreed way to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities. It is not expected that every person in attendance brings a case to discuss, but that common themes and shared learning can be identified across the group.

One to one – Between the safeguarding supervisor and a member of staff, usually a specialist practitioner or manager. May be used in cases of high complexity or following a serious incident.

Ad hoc - Staff can phone or email the safeguarding children team or talk to them face to face for advice, support and supervision on individual cases.

**7.0 Supervision Requirements for Services**

This section sets out the minimum safeguarding supervision requirements for staff across

different services.

Safeguarding children supervision dates and times should be set in a timely manner in

agreement with the safeguarding children team and service / clinical leads or managers.

Operational leads may arrange further support in agreement with the safeguarding children

team through attendance at other forums such as MDT meetings, senior nurse meetings,

team meetings and away days. These should be in addition to the minimum requirements

set and should not replace them.

If any staff member holds a child safeguarding concern, it should be discussed in the first

instance with their line manager or safeguarding lead in their area. If this is likely to cause

delay, or the case presents significant complexities beyond the scope of the line manager,

then it is expected that staff will contact the safeguarding team for ad hoc advice and

support.

Staff are to access group safeguarding children supervision, facilitated by a member of the

trust safeguarding children team, as outlined below:

|  |  |
| --- | --- |
| **Staff / Service Group** |  |
| **All clinical and management staff** |  |
| Adult IAPT services | 3 monthly group supervision for 1 hour |
| Adult drug and alcohol services |
| Child Health Services |
| CAMHS Community |
| CAMHS Inpatient (Coborn) |
| GP services (If surgery registers children) |
| Perinatal community services |
| Perinatal inpatient services (mother and baby unit) |
| **Management staff only** |  |
| Adult mental health inpatient | 4 monthly group supervision for 1 hour |
| Adult mental health community |

The above list is not exhaustive or exclusive – in some cases it may be agreed between the Safeguarding Children Team and the Service Directors that regular safeguarding children supervision may not be necessary, for example in GP surgeries that only register homeless adults. Similarly there may be some services not represented above, where a need for safeguarding children supervision has been identified. These will be arranged and monitored locally by the Service Directors and the Named Professional for Safeguarding Children in each area.

In the services that require clinical and management staff attendance, it may be agreed with the safeguarding team that the management staff and wider clinical staff receive separate supervision. This may be the case if it was thought mixing the two groups would inhibit open discussion. Safeguarding supervision may also be facilitated jointly with the safeguarding adults team

In some areas practitioners and services have access to safeguarding supervision provided through their local child social care department. When this is the case this is to be arranged with each service directly with social care, and the service directors / managers remain responsible for collecting data regarding attendance and making available to the Trust and commissioners.

The Named Professionals for Safeguarding Children should arrange with the Designated Nurses / Drs within the CCG for one to one safeguarding supervision every 3 months. They are responsible for recording attendance data and making it available for the Trust and commissioners. The Named Professionals also have access to group peer safeguarding supervision, in-house group restorative supervision provided by a psychotherapist and local and national networks of Named Professionals for Safeguarding Children.

**8.0 Responsibilities of the Supervisee(s)**

* Ensuring they familiarise themselves with this Safeguarding Children Supervision Policy and to ensure that the principles are applied to practice.
* Ensuring that they receive and prioritise safeguarding children supervision and to commit to the supervision contract (appendix 4)
* Understanding their responsibilities in relation to safeguarding children by attending appropriate safeguarding training and updates.
* Making initial contact with their supervisor, in order to arrange initial safeguarding supervision session
* Avoiding cancellation of the session once booked except by mutual agreement with the supervisor - if a session is cancelled for a second time, the individual’s line manager should take action.
* Ensuring a suitable venue is available for the sessions which is quiet, of sufficient size and has access to a computer with access to the child’s/ adult or family records if possible. Safeguarding Children Supervision can also be conducted virtually, but again expectation is that supervision will take place in a confidential, and uninterrupted environment.
* The responsibility of booking rooms or a meeting via a virtual platform, and distributing invites to attendees, rests with each service lead.
* Ensuring that the records of all children / adults to be discussed are up to date on electronic patient record systems
* Agreeing a SMART action plan in partnership with the safeguarding supervisor
* Recording accurately the action plan. If staff are not able to carry out an agreed action, or have made a decision not to complete an action this too must be recorded clearly providing the rationale.
* To be aware of safeguarding escalation process and ensure it is used when appropriate.
* To engage in for constructive and professional challenge to improve outcomes for children if required

**9.0 Responsibilities of the Supervisor**

The Safeguarding Children Supervisor shall be a member of the Trust Safeguarding Children Team or a senior practitioner who has undertaken an accredited safeguarding children supervision course.

The Supervisor is responsible for:

* Ensuring they have received training in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and young people.
* Setting and agreeing a contract with the practitioner/s and ensure that supervision is conducted within a safe, uninterrupted environment. This contract should be reviewed and updated annually.
* Maintaining confidentiality
* Facilitating the supervision session and keeping a register of attendees.
* Exploring and clarifying the thinking relating to the management of cases with a safeguarding children component with the supervisee/s to ensure risk is considered.
* Providing clear feedback to the supervisee/s and identify who is responsible for implementing any required actions resulting from the supervision. Action plan will be shared with the supervisee and service lead following supervision (appendix 5)
* Identifying training needs of supervisees
* Ensuring that the supervisee is fulfilling their responsibilities and agreed actions with regard to any Child Protection Plan, Child in Need Plan or other multi-agency plan.
* The Supervisor will be responsible for initially supporting a practitioner in identifying a case which will require escalation outside of the Trust. The process will follow respective Local Safeguarding Children Partnerships escalation procedure.
* Addressing any practice, training or caseload issues which require intervention following discussion with the supervisee/s
* To engage in for constructive and professional challenge to improve outcomes for children if required

**10.0 Accountability**

Safeguarding supervision is underpinned by the principle that each practitioner remains

accountable for their own practice and professional judgement; this includes their actions

within or following supervision. Safeguarding supervision does not replace nor should it

delay the individual’s responsibility to refer to statutory agencies where there are concerns

that a child may be at risk of significant harm. In such cases staff are expected to follow the

Safeguarding Children Policy. The safeguarding supervisor does not take on this

responsibility but supports colleagues through supervision, observation, support and advice.

If the supervisee does not feel the supervision is meeting their needs, or the

requirements of the Trust, a discussion with the supervisor should occur in the first

instance. If the issues are not resolved further advice should be sought from their manager in conjunction with the Safeguarding Children Team or the Associate Director for Safeguarding Children.

**10.0 Criteria for cases discussed within safeguarding supervision**

There is no set criteria in regard to which type of cases can be brought to safeguarding children supervision. However, practitioners are expected to use their professional judgement to determine if the circumstances in the child’s home, community or behaviour are causing concern for the safety, welfare, emotional and physical well-being of the child or young person.

Concerns may include:

* Any children within a family where they are considered to be at risk from abuse or neglect, whether it is felt that the threshold for referral into social care (or to the police) has been met, and whether this has already been instigated.
* Parents / carers not engaging with services which are being provided to meet the needs of children
* Parents / carers frequently requesting a change of worker
* The impact of domestic abuse, mental illness, substance misuse or learning disability on parenting capacity
* Children who may be affected by or subject of a parent/carer’s delusional thinking or suicide plan
* Girls who may be at risk of FGM
* Concerns whereby professionals feel case is drifting and is not keeping the child safe , even if child is subject to a Child Protection Plan (CPP) or a Child in Need (CiN) Plan, or a Looked After Child (LAC)
* Children involved in gang activity
* Concerns around extremism

Please note this is not an exhaustive list – any safeguarding concerns can be discussed at supervision.

Potential interventions should be considered such as referral to Children’s Social Care for family support or children protection assessment, or referrals to other panels such as Multi Agency Risk Assessment Committee (MARAC) or Prevent. .

Learning from Serious Incidents, Multi-Agency Reviews, and Child Safeguarding Practice

Reviews (CSPRs) should be considered when reflecting on current practice, as well as

consideration of when to invoke escalation / professional disagreement procedures as set

out in the Safeguarding Children Policy to challenge decisions made that are not felt to be

keeping a child safe.

**11.0 Record Keeping**

All supervisees who discuss specific service users in safeguarding children supervision are

responsible for the timely and contemporaneous recording of the discussion and agreed

action plan in the service user’s clinical record. Escalation arrangements should be recorded

if necessary.

All completed actions should be recorded as appropriate by the supervisee. If staff are not

able to carry out an agreed action, or have made a decision not to complete an action this

too must be recorded clearly providing the rationale.

This applies to all types of supervision whether scheduled or ad hoc. It may be one to one or

group supervision and by phone, virtual platform, email or face to face.

Recording should include salient points from the discussion about the concerns and planned

actions.

The needs of the child should be viewed as separate to the needs of the adult and

documented accordingly.

The safeguarding children team will keep a secure record of supervision sessions detailing the date of supervision, the services in attendance, themes discussed and the name of the supervisee allocated to carry out the action plan.

**12.0 Confidentiality**

Safeguarding children supervision sessions are confidential unless professional competence

is brought into question. If so this will be addressed separately through HR procedures. HR

and clinical managers may consult the Safeguarding Children Team about expected

practice if necessary.

**13.0 Equality Statement**

Addressing diversity must be an integral part of the safeguarding children supervisory relationship in terms of:

* The differences between the supervisor and the supervisee and the impact of this on the supervisory relationship
* The supervisee’s practice and service delivery to children and families and or engagement with service users, partners and stakeholders.
* Acknowledging differences, values and feelings between supervisor and supervisee.
* Acknowledging differences, values and feelings between supervisee and service user

**14.0 Training**

All staff must undertake safeguarding children training as appropriate to their role and must

be refreshed at least once every three years. See Training Needs Analysis for Safeguarding

Children.

Anyone providing clinical supervision must attend an accredited training course on

safeguarding children supervision to give them additional tools for incorporating

safeguarding children into their supervision arrangements. This will count as Level 3

safeguarding children training.

**15.0 Monitoring**

Evaluation of the effectiveness of safeguarding supervision will be undertaken as part of the

annual audit schedule by the Safeguarding Children Team.

The scope of the audits will monitor

* Did the safeguarding supervision capture the voice of the child / the lived experience of the child?
* Did the safeguarding supervision consider the impact on other family / household members
* Did the safeguarding supervision consider vulnerability of some children caused through issues such as their gender, ethnicity, sexual orientation, religious beliefs and their special education needs and disabilities
* What impact does safeguarding supervision have on practice?
* Staff / service adherence to policy

The audits will be carried out from the perspective of the supervisee and may therefore contribute to changes and development in practice and policy to ensure safe outcomes for practitioners, supervisors and the children and young people they aim to safeguard.

**16.0 Further Information**

Further information is available in the following documents:

* Safeguarding children and young people: roles and competences for health care staff.Intercollegiate Document. Fourth Edition: January 2019
* Staff Supervision in Social Care. Morrison T (2005) Brighton, Pavilion Publishing
* Effective Supervision in a Variety of Settings Social Care Institute for Excellence (2013)
* Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children. HM Government (2019)
* The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates London, Nursing and Midwifery Council (2018)

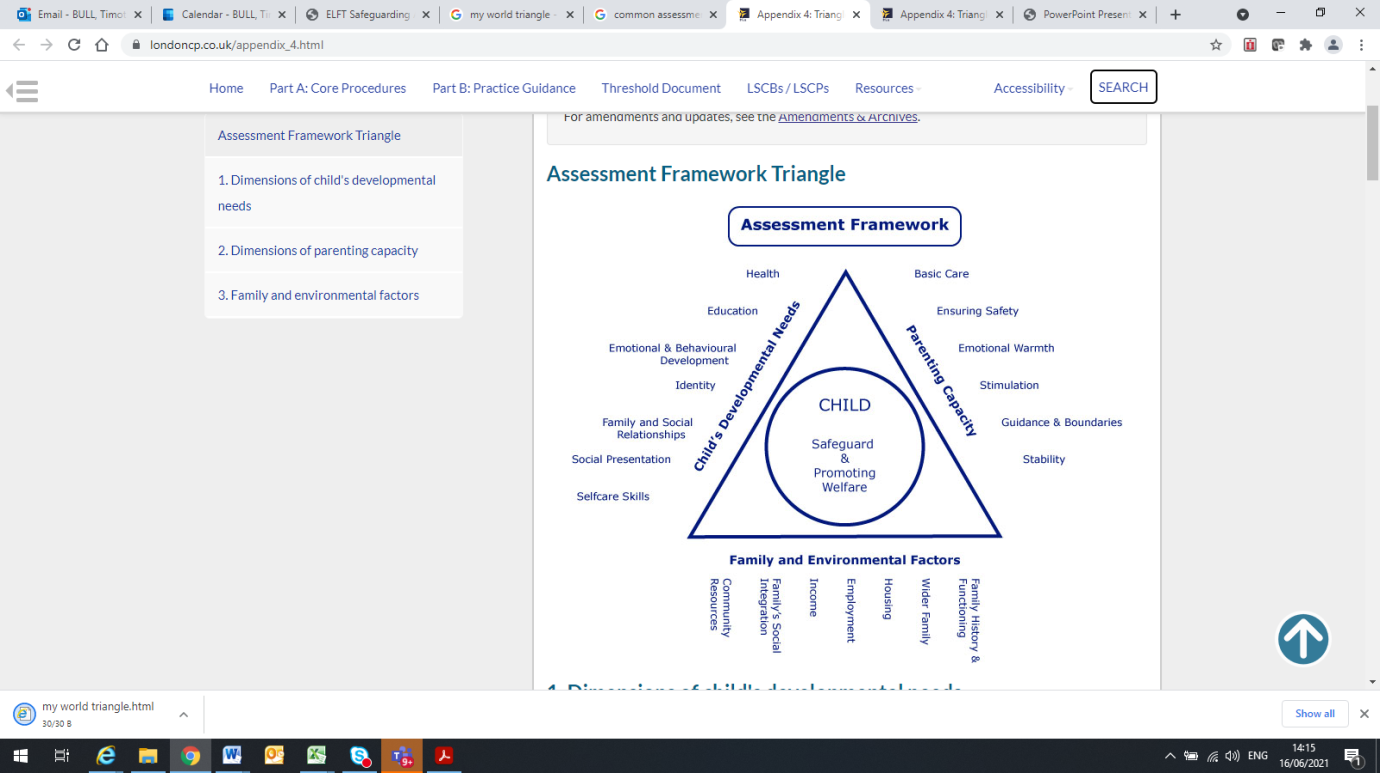
**Appendix 1**

**Adapted Strengthening Families Reflective Tool Template**

|  |  |
| --- | --- |
| Headline (identify main concerns) |  |
| Strengths - what is going well? |  |
| What needs to change? |  |
| Grey areas / unknown |  |
| What is the impact on child if nothing changes |  |
| What is life like for the child? What are their wishes and feelings? |  |
| What / who is their safety net? How will they keep child safe? |  |
| What are you still worried about? |  |
| Action to be taken and deadline for completion? |  |
| Who will complete this action? |  |

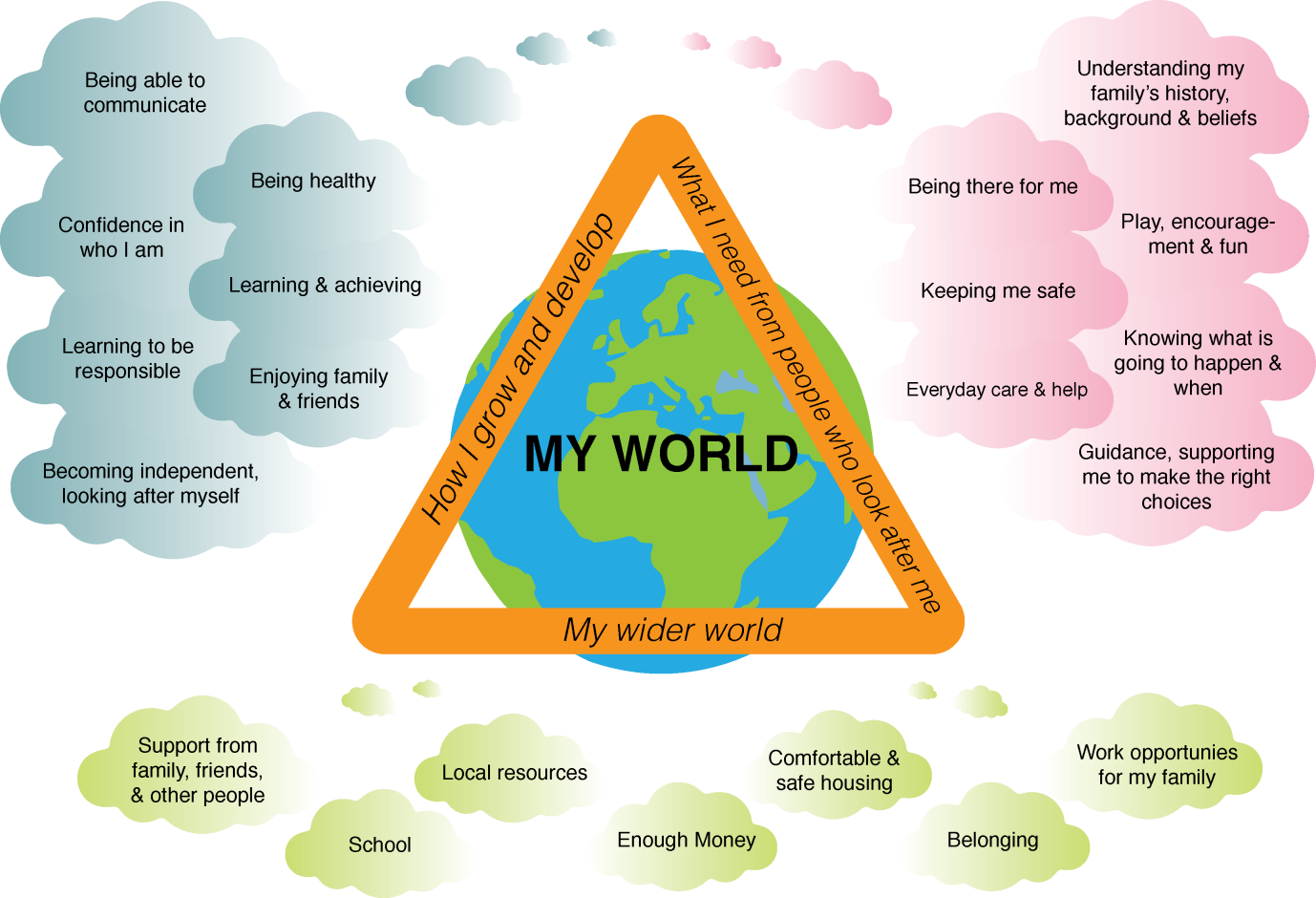
**Appendix 2**

**Assessment Framework Triangle**



**Appendix 3**

**My World Triangle**



**Appendix 4**

**Safeguarding Supervision Contract Template**

|  |  |
| --- | --- |
| **Date of Supervision Contract** |  |
| **Name of Supervisor** |  |
| **Name of Service** |  |
| **Name of Supervisee(s) (add extra rows as necessary)** |  |

**Purpose of safeguarding supervision**

* Provide a safe confidential space to reflect on cases of concern and to formulate action plans
* Ensure that there is a focus on the child’s lived experience and the
* Ensure that practice is soundly based and consistent with local and national guidance in safeguarding children
* Ensure statutory safeguarding children actions have been taken and escalation procedures followed if necessary
* Provide formal support and guidance to enable supervisees to carry out their statutory child protection and safeguarding responsibilities confidently and effectively
* Ensure that supervisees understand their roles, responsibilities and scope of professional discretion and authority regarding safeguarding children in the multi-agency arena

|  |  |
| --- | --- |
| Frequency of meetings |  |
| Length of sessions |  |
| Location |  |
| Cancellation arrangements |  |
| Responsibility for recording |  |
| The usual content of meetings |  |
| How the agenda will be set |  |
| Boundaries for sessions |  |
| Storage and access to supervision records |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s signature |  | Date |  |

**Appendix 5**

**Record of Safeguarding Supervision and Action Plan**

|  |  |
| --- | --- |
| **Supervisee / Team / Service** |  |
| **Date** |  |
| **Name of Supervisor** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NHS No.** | **Headline concerns** | **Actions** | **To be completed by** | **Due Date** |
|  |  |  |  |  |
|  |  |  |  |  |

**Appendix 6**

**Safeguarding Children Supervision Process**

**Governance**

Adherence to policy and effectiveness of supervision as per annual audit programme

Service attendance monitored and reported via Safeguarding Committee

Safeguarding supervisor to:

Update supervision tracker

Supervision cancelled

Supervisor and service lead to liaise and arrange date and time for supervision

Supervision takes place

Safeguarding supervisor to:

Send copy of register to service lead

Send action plan to service lead and supervisees

Supervisee to update clinical records following supervision of content of discussion and action plan