|  |
| --- |
| **FAMILY NURSE PARTNERSHIP SCOTLAND** |
| **SUPERVISION guidelines** |
|  |
|  |
|  |
| **Scottish Government August 2021** |
|  |
|  |

Table of Contents

[Introduction 5](#_Toc81209814)

[Part one: Core Model Element #12 (CME#12) 5](#_Toc81209815)

[Part two: Reflective 1-1 Supervision and Accompanied Home Visits 6](#_Toc81209816)

[Supervision via digital platforms 7](#_Toc81209817)

[Part three:  Case Conferences, Team Meetings and Education/learning activities 7](#_Toc81209818)

[Part four:  Child protection supervision 8](#_Toc81209819)

[Part five: Psychology consultation 11](#_Toc81209820)

[Part six:  FNP Supervisor education and partnership arrangements 14](#_Toc81209821)

[Partnership arrangements via digital methods 15](#_Toc81209822)

[Part seven: Data form and record keeping 16](#_Toc81209823)

[Supervision data form 16](#_Toc81209824)

[Supervision agreement template 16](#_Toc81209825)

[Supervision recording keeping 16](#_Toc81209826)

[Reflective supervision record - client and child 17](#_Toc81209827)

[Reflective supervision record – family nurse 17](#_Toc81209828)

[Reflective supervision record – Accompanied home visits 17](#_Toc81209829)

[Supervisor partnership arrangements – Record keeping 17](#_Toc81209830)

[Appendices 18](#_Toc81209831)

[Appendix 1 18](#_Toc81209832)

[1.1 International Core Model Elements 18](#_Toc81209833)

[1.2 Core Model Elements Scotland 18](#_Toc81209834)

[Appendix 2 18](#_Toc81209835)

[2.1 Reflective Supervision Guidance 18](#_Toc81209836)

[2.2 Supervision agreement template 18](#_Toc81209837)

[2.3 Reflective Supervision via digital technology guidance 18](#_Toc81209838)

[2.4 Reflective supervision record keeping templates 18](#_Toc81209839)

[2.5 Reflective supervision record – Accompanied Home Visits 18](#_Toc81209840)

[Appendix 3 19](#_Toc81209841)

[3.1 Psychology Consultation review – Annual evaluation process 19](#_Toc81209842)

[3.2 Psychology Consultation – FNP Psychology Person Specification 19](#_Toc81209843)

[3.3 Psychology Consultation – Network meeting Terms of Reference 19](#_Toc81209844)

[Appendix 4 19](#_Toc81209845)

[4.1 Supervisor partnership arrangements – Virtual observation of supervision 19](#_Toc81209846)

[4.2 Partnership arrangements – Record keeping 19](#_Toc81209847)

[Appendix 5 19](#_Toc81209848)

[5.1 Supervision Record (S) – Data form (Paper format) 20](#_Toc81209849)

# Introduction

Family Nurse Partnership (FNP) has recently celebrated 10 years of service delivery in Scotland. Since inception there has been a national program of expansion to build towards FNP becoming a universally offered service for all eligible clients in Scotland. During this time there has been an emphasis on the importance of scaling up with quality to ensure fidelity to the model and the achievement of long term positive outcomes for clients and their children.

The Scottish Government considers supervision to be an essential part of support for nurses[[1]](#footnote-1) and the Nursing and Midwifery Council states that nurses are required to “contribute to supervision and team reflection activities to promote improvements in practice and services”[[2]](#footnote-2). Supervision has been an integral component of FNP from the beginning in Scotland, having been first introduced by Professor Olds following feedback from nurses in the first Randomised Control Trial (RCT) in Elmira, USA. More recently a series of meetings and annual reviews facilitated by International Consultants highlighted that there was a wide range of supervision approaches, models and practices being used. Therefore, a full review of the 1-1 and accompanied home visit aspects of reflective supervision was completed in 2019 and led to the development of international guidance for supervision within FNP.

In Scotland the processes, procedures and model of supervision used in was adapted from that used by the FNP National Unit in England and although positively discussed in a number of published studies[[3]](#footnote-3) [[4]](#footnote-4); there has not been a collective evaluation of how this functions in Scotland. Therefore, an analysis of the supervision processes and procedures for Scotland was also undertaken. The supervision in FNP Scotland is multifaceted therefore the approach reflected this and has taken 2 years to complete; ensuring all aspects were explored.

Some of the work was paused due to the impact of the global COVID 19 pandemic however, these awful events have highlighted the importance of the relational based supervision model that supports all areas of service provision holistically and works to supports the Scottish Governments vision of being a trauma informed nation[[5]](#footnote-5).

Each part of the full review will be discussed separately. The review process documentation can be accessed on request from Scottish Government [Family\_Nurse\_Partnership@gov.scot](file:///C:\Users\jutsonb\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Family_Nurse_Partnership@gov.scot)

# Part one: Core Model Element #12 (CME#12)

The University of Colorado (UCD) undertook and published a review of the International Core Model Elements (CME) in 2017 and updated again in 2019 (Appendix 1.1). The document reinforced the need for reflective supervision as a central activity of FNP.

Core Model Element #12 states: “Each NFP (Nurse Family Partnership) team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular reflective supervision.”

Following the publication of the international Core Model Elements document each implementing country was invited to consider permissible benchmarking and variations that were required in order to fit with their local context.

In Scotland CME#12 was discussed in many forums including:

* Supervisor Quality Assurance Group
* Supervisors Learning Forum
* FNP Leads meeting
* FNP Leadership Group
* Meeting with international consultant, Clinical Lead and Principal Educators
* CME review group

From this the CME#12 for Scotland was agreed and forms part of the Scottish Core Models Elements (Appendix 1.2).

# Part two: Reflective 1-1 Supervision and Accompanied Home Visits

This was a significant collaborative piece of work lead by the international consultants, with input from colleagues from each country including Scotland, with a goal:

*“To develop a guidance document and Reflective Supervision Framework/model for Nurse Family Partnership (NFP) that: outlines the purpose, core standards, principles, and expectations; identifies recommended practice approaches; and provides resources to support successful implementation and evaluation”.*

This project included:

      The NFP international consultants conducted individual interviews with each county’s designated Clinical Lead(s) and any other requested key informants.

       Following a thematic analysis, each country provided a written summary response to two questionnaires developed for the project for NFP nurses and Supervisors.

       Clinical Leads provided professional and policy documents/web links which address the use of reflective and clinical supervision within their country

The review resulted in a number of recommendations one of which included the completion of the Reflective Supervision Guidance Document (Appendix 2.1).

FNP in Scotland has agreed to adopt the findings from this with a few adaptations in order to fit with a local context.

      The NFP Strength and Risk (STAR) Framework is a tool developed to support Family Nurses and Supervisors to consider a families strengths and risks with a view to informing clinical decision making. For professionals working within the early years agenda in Scotland national policy promotes the use of the National Practice Model[[6]](#footnote-6) and National Risk Assessment Framework[[7]](#footnote-7) to enable practitioners to support families using a consistent and balanced approach whilst taking into account the inevitability of changing circumstances.

      Consistency of approach was highlighted as a key component to excellence in supervision practice by all those involved in the review process. The Seven Eyed Model of Supervision[[8]](#footnote-8) and the KOLB[[9]](#footnote-9) cycle of reflection are to be used as the foundation for all supervision processes in Scotland.

      During the review process Family Nurses and Supervisors stated that supervision is highly valued. As FNP is a community based service and almost all Family Nurse contact is in the client’s home the job can at times feel isolating. In multi supervisor sites there should be a system to cover for absence (i.e. annual leave or sickness) of 3 weeks or more; another site Supervisor should offer supervision.

## Supervision via digital platforms

Digital technology is being increasingly utilised as a method to provide health care and has also been used to support the supervision process in NFP internationally where Family Nurses are working in remote and rural areas. During the COVID pandemic digital technologies were adopted very quickly to ensure continued supervisory relationships and ongoing connections. It is recognised that for every aspect of supervision face to face contact is the preferred mechanism. However, when a decision is made to use digital methods in line with the criteria in CME#12 the guidance in Appendix 2.3 should be considered.

# Part three:  Case Conferences, Team Meetings and Education/learning activities

These specific areas of supervision were not separated out as part of the review process; feedback from FNP sites was gathered as part of the discussions in relation to the other aspects of the supervision review processes. The approach within FNP Scotland clearly aligns with the model discussed in the Core Model Elements document (Appendix 1.1) with some adaptations in order to fit with a local context.

      Case conferences will be referred to as Case Presentation Team Meetings to avoid confusion with child or adult protection case conferences. These Case Presentation Team Meetings will be 2.5 hours long. As the same in 1-1 supervision sessions the model of choice for Scotland is the Seven Eyed model in conjunction with the other tools used i.e. KOLB reflective cycle, The National Practice Model and The National Risk Assessment Framework. This should take the form of a facilitated group discussion lead by the Supervisor. To aid learning there should be a rotation of which family nurses present a case to ensure each person is offered the opportunity on a regular basis.

      Team Meeting will be referred to as Operational Team Meetings. In order to support the organisational implementation of FNP the team Data Manager should also be supported to attend this meeting on a monthly basis and will be 2.5 hours long.

* In the event of the Supervisor being absent, such as annual leave or sickness, these meetings should continue to take place and be facilitated by either a nominated Family Nurse who deputises or another Supervisor from the NHS Board area.

       Multi team sites have stated that Education/Learning activities are a valuable way to update learning and emotionally refuel. Therefore, in Scotland sites will conduct quarterly full day site wide shared learning events.

# Part four:  Child protection supervision

Child protection supervision in FNP is not a separate activity but is integral to the comprehensive model of supervision. It is recommended that Family Nurses have supervision specifically related to child protection from a child protection advisor (CPA)/ senior nurse in child protection alongside their FNP Supervisor. The advantage of this approach emerged from international learning from adverse and significant events that highlighted the benefit of exploring a different perspective for more challenging cases to support safe decision making and effective practice. The tri-partite approach allows for in depth discussion where the CPA can offer an objective point of view and the sharing of current policy and research knowledge.

As FNP expanded across Scotland it became increasing apparent that the tripartite supervision model had been adapted in a number of sites to take account of local structures and staffing pressures; these adaptations over time were adopted as the norm. This led to a number of differing practices and variation across the country.

Although there has been a significant reduction in the number births to teenage mothers[[10]](#footnote-10) the evidence is growing that the level of vulnerabilities and complexities in families has increased. The range of professional backgrounds and experience of FNP practitioners is extensive and while this brings opportunity for multi-disciplinary shared learning it also results in different learning and development needs among practitioners. These factors may have an impact on clinical practice and therefore influenced the decision to review the child protection supervision in FNP to ensure robust arrangements are in place.

The review of the tripartite model of supervision was completed by an FNP Principal Educator from NHS Education for Scotland (NES) and the FNP National Clinical Advisor from the Scottish Government. The goal was to establish a nationally agreed tripartite model with the understanding that individual NHS Board areas hold the governance regarding child protection. Therefore, integration into local areas and any adaptations would require agreement through their FNP Advisory Board and the Scottish Government.

The review was multi-faceted and extensive including:

       A literature review relating to tripartite models of child protection supervision. Although there are tripartite or triadic models of supervision none were of a similar format to that in FNP. All other instances found were of one Supervisor and two clinicians/students forming the triad. Studies did find that having child protection supervision is considered to be best practice[[11]](#footnote-11) however it is essential that individuals facilitating the supervision are appropriately trained[[12]](#footnote-12).

      All Supervisors in Scotland completed a semi structured interview with either the FNP Principal Educator from NHS Education for Scotland (NES) or the FNP National Clinical Advisor from the Scottish Government via telephone.

       A random sample of family Nurses were invited to complete an anonymous Questback questionnaire.

       A group discussion with FNP Child Protection Advisors from across Scotland was facilitated by a Principal Educator from NES using semi structured questions during an annual forum and networking event.

An analysis of the information gathered from these activities was completed and key themes emerged:

      Tripartite supervision was generally valued due to offering a fresh objective perspective and the giving of additional information relating to local and national policy.

      Most Family Nurses felt that tripartite supervision was relevant to practice. However, a few nurses felt that tripartite supervision did not bring anything further than FNP reflective supervision. It was noted that relevance to practice and learning appeared to be dependent on the CPA having a robust understanding of FNP.

      Having a 3 monthly in-depth reflective discussion of 1 or 2 clients maximum, that are involved in child protection proceedings or are a cause for concern, helped FN’s understand the complexity of a family and achieve a plan for going forward.

       The importance of an agreed policy and supervision agreement which gives clarity of roles, responsibilities, accountabilities and expectations.

       Consistency in all aspects of the process was highlighted as an essential ingredient to success i.e. approaches, model, confidential safe space and planning. Notably consistency of relationships was significant in enabling a trusting and safe space to support reflection, challenge practice and guide learning.

      There was consensus that attending case presentation team meetings supported a shared understanding and learning.

      CPA or child protection lead attendance at FNP Advisory Boards is valuable in supporting quality assurance and quality improvement and understanding of local and national policy context.

       It was agreed that there are differing learning needs of individuals that may require additional learning or support; having a CPA available for ad hoc discussions when required was highlighted as very helpful.

Benchmarking for Tripartite supervision in Scotland based on the findings from this review are:

      Governance is to be set out locally with the development of a Standard Operating Procedure agreed at the FNP Advisory Board.

      There should be a supervision agreement which is negotiated and reviewed, at a minimum, annually with all parties involved.

      The FNP Supervisor retains supervisory responsibility, facilitating the sessions and following the model as per the Supervision Guidance Document and the benchmarking for 1-1 supervision. The CPA encourages reflection by the family Nurse and aids learning by adding knowledge of local and national policy.

      For consistency there should be a named CPA for each team who:

1. Attends Case Presentation Team meetings every 3 months
2. Offers tripartite supervision every 3 months to each FN
3. Is available for ad hoc support for the Family Nurses and/or Supervisor if required
4. May be invited to facilitate learning at team learning days
5. Offers each Supervisor a minimum of 3 monthly child protection case supervision for her own clients in line with that of the nurses
6. Attends the annual networking/learning event at NES to update knowledge regarding FNP theories, practice and ethos.

* It is recommended that a representative from the child protection team attends the FNP Advisory Board.
* In addition, each group of Supervisors at a site should have support from the Adult and Child Protection senior nurse or lead for the NHS Board on a monthly basis.

# Part five: Psychology consultation

Psychological support was felt to be important at the outset of FNP in Scotland. Psychology input involves consideration of individual, team and case dynamics, and draws upon a broad range of relevant psychological theories and the specialist skills needed to put these into supervisory and consultative practice.

The young families that are eligible for FNP are a unique group to work with in terms of brain development in both infants and adolescents and the complex nature of vulnerabilities and resilience. Psychology based education during FNP training helps build practitioners knowledge relating to the underpinning theories of FNP, self-efficacy, human ecology and attachment and supports learning around some of the practical aspects of working with this client group.

Building upon the FNP core training, Psychology Consultation has been an integral part of the knowledge development aspect of the supervision process. FNP nurses and Supervisors work intensely with clients with high levels of complex needs, often with significant levels of trauma and adversity. Mental health challenges feature highly in this client group. Understanding how this can impact on the wellbeing of parents and children and how to respond to these challenges is of significant importance in achieving the desired outcomes in FNP.

FNP nurses recognise that while their role is fulfilling it also has a significant emotional toil. FNP is a physically and emotionally demanding job. Developing a strong therapeutic relationship with clients facilitates change and can bring high levels of job satisfaction however it can also be very intensive and stressful for nurses. Vicarious trauma, compassion fatigue and burnout are common issues when working in highly emotionally intensive roles[[13]](#footnote-13). It is imperative that NHS staff are supported to maintain good mental health, wellbeing and resilience (individual, team and organisational) FNP supervision plays a significant part in this. Psychology Consultation was implemented to strengthen this support mechanism.

Similar to the other aspects of FNP supervision there has been no formal review of the Psychology Consultation input or outcomes for a Scottish context however, there was anecdotal evidence of differing processes throughout the country.

The review process was completed by the National Clinical Advisor from Scottish Government supported by the Programme Director and Principal Educator in psychology from NES and took the format of:

      Completion of a mapping exercise to understand the level of Psychology Consultation in FNP sites across the country.

      A link to a Psychology Consultancy evaluation questionnaire on quest back was sent to all FNP Supervisors for completion. The Supervisors were also asked to forward on to all FNP nurses. The responses were anonymised.

       A link to a Psychology Consultancy evaluation questionnaire on quest back was sent to all Psychology Consultants working in FNP sites across Scotland. The responses were anonymised.

Analysis of the evaluations was completed by the National Clinical Advisor from Scottish Government supported by the Principal Research Officer for FNP in Scottish Government:

      Mapping the activity across the country demonstrated that there were many shared aspects of practice such as attendance at monthly case presentation team meetings, 1-1 between the Psychologist and Supervisor and the use of time to consider self-care or mindfulness. However, there were a number of differing practices such as the length of time in attendance, some sites had two teams together and some had group supervisor meetings. Most teams had a structure to their meetings but the models used varied across the country. The extent and nature of the psychologists expertise varied as did the recruitment process for the post with some having to formally apply for a post and others being approached and offered the opportunity.

      There were 82 questionnaires completed 60 nurses, 20 Supervisors and 2 that did not answer FN or SV. The findings were predominantly positive stating that there was a safe and respectful space to learn and reflect, the Psychology Consultation contributed to the quality assurance of the programme and aided programme delivery, small well-structured and consistent meetings aided learning. To improve the consultation it was suggested that there is increased time for teaching sessions, emotional refuelling/mindfulness, to have a standardised approach across teams and for psychologists to have training sessions in FNP including an induction period and national links.

      There were 13 respondents to the psychologists questionnaire. The findings were positive also stating that a safe space where open honest conversations can take place is crucial to learning. It was important to offer a different perspective and respectfully challenge which contributes to quality assurance and improvement in programme delivery. Many of the psychologists stated that FNP was a good fit for them as the ethos and values matched theirs. However, it was clear that the psychologists wished to contribute more to facilitation of learning and would also like more formal learning regarding FNP to increase their own understanding but there was no protected time for this.

Benchmarking for Psychology Consultation in Scotland based on the findings from this review is:

      Governance is to be set out locally with the development of a Standard Operating Procedure agreed at the FNP Advisory Board.

* Fundamental to quality assurance and improvement an annual evaluation of the Psychology Consultation should take place as set out in the document in Appendix 3.1.

      The FNP Supervisor retains supervisory responsibility, facilitating the sessions and following the model as per the Supervision Guidance Document and the benchmarking as per 1-1 supervision. The Psychologist encourages reflection by the family nurse and aids learning by adding knowledge of psychological theories and practice.

      The use of a nationally agreed person specification may be useful to assist with the appointment of the Psychology Consultant for FNP (Appendix 3.2) to help support the achievement of consistency of expertise across the country. To support those new into the role a period of induction (additional 2.5hr per month for the first 3 months) would be appropriate and should include:

* 1. Informal introduction to team
  2. Introduction to local FNP lead
  3. Linking up with other local psychologists working within FNP
  4. Linking with wider psychology network
  5. Contact with lead psychologist for FNP (NES) for overview of national picture and their role

      For consistency there should be a named psychologist for each team who

1. attends a case presentation team meeting monthly. These meetings provide opportunities for reflecting on case work, making sense of both the client's circumstances and the Family Nurses' understanding of these. This involves consideration of individual, team and case dynamics, and draws upon a broad range of psychological theories and models, which can be discussed in group meetings.  The emotional impact of the work on Family Nurses is kept very much in mind, with consideration given and space to reflect on what supports are needed in order to do the work, both as a team and individually. To achieve a safe and nurturing environment where nurses feel free to share the meetings should be single team meetings.
2. will provide each supervisor individual 1-1 monthly supervision which may include (but not exclusive of) consideration of team dynamics, Family Nurse cases or Supervisor’s own cases and workload, the supervisors reflection on demands of the supervisor role.

To enable time for preparation and write up of record this equates to 5 hours per month per team.

Protected time will be required to allow for Psychology Consultant:

      representation on the interview panel for new Supervisors as evidence from the review suggested that this was a valuable contribution.

   to support the facilitation of education sessions at team learning days. This ensures that multi team sites have consistency of learning regarding psychological theories and practice.

* contribute to and attendance at FNP annual reviews.
* attendance at biannual networking/learning events at NES to update knowledge regarding FNP theories, practice and ethos (Appendix 3.3).

# Part six:  FNP Supervisor education and partnership arrangements

The role of FNP Supervisor is complex and challenging, and incorporates a diverse range of responsibilities. Health Boards and Supervisors themselves make considerable investment in the development of Supervisor understanding and skills. Effective and proficient Supervision is an essential mechanism through which the quality of FNP programme delivery is assured.

The education of Supervisors is highlighted in CME#9 in addition to this is the ongoing support offered to SV’s in Scotland via the Supervisors Learning Forums and the Supervisors Quality Assurance Groups. These are run every 3 months; SV’s are expected to attend at least one of each of these sessions per year. Supervisors are also required to attend at least one NES run FNP Continuing Professional Develop (CPD) day per 3 years and one NES run CPD day for Supervisors.

To support ongoing good practice by Supervisors in relation to their clinical work with clients and their supervisory work with family nurses, they are partnered with a Supervisor colleague. Supervisor partner arrangements provide an opportunity for a peer Supervisor to observe supervisory and clinical practice and provide reflective appreciative feedback, evaluation and affirmation of strengths. They also facilitate the identification of areas of clinical and supervisory practice for enhancement and growth.

This aspect of the supervisory process in Scotland was challenging to maintain during the scale up of the service and anecdotal accounts reported that this has not been utilised in several sites. However, several Supervisors expressed a wish to re-establish the Supervisor Partnership arrangements. Therefore, a consultation process was completed by an FNP Principal Educator from NHS Education for Scotland (NES) and the FNP National Clinical Advisor from the Scottish Government via a Questback questionnaire and discussion at the Supervisor Quality Assurance meetings.

From analysis Supervisors shared that the partnership arrangements:

* provided an opportunity for rich learning, sharing innovation
* provided support for both new and experienced Supervisors particularly when partnered with teams out with their own site
* provided a space for reflection and appreciative feedback enhanced skills and knowledge base
* gave an opportunity to consider quality assurance and offered the scope to contemplate quality improvement projects
* should be as close as possible geographically to avoid excessive travel
* should include a minimum number of days with the ability to be flexible

Coordination arrangements will be the remit of the Scottish Government. Following the completion of the FNP Supervisor learning and mentorship programme a partner Supervisor will be allocated.

Partners will be:-

* pairs, although there may be the occasional need for a group of three
* as close as possible geographically
* someone outside the Supervisor’s employing site
* changed periodically to accommodate new Supervisors

Sessions should be a minimum of two full days per year with the flexibility to increase this frequency depending on identified need. This could be used flexibly and may include:

* informal peer support
* accompanied FNP home visits, with constructive reflection and feedback on the Supervisor’s clinical practice and completion of the required data
* observation of supervision provided to FNs, and appreciative feedback and reflection on Supervisory practice
* mutual support with learning and development within the role
* shared team learning days

In order for the arrangements to be effective it is essential that Supervisors are supported in their efforts to undertake the role as a partner by FNP Lead/consultant/manager and the FNP Advisory Board. Evaluation of the arrangements will be through the FNP Supervisor Quality Assurance meetings, FNP Scotland Leadership Group, Data Collection and the Annual Review process. Record keeping is discussed in part seven of this document.

It is essential to acknowledge any areas of practice that may present a concern; the SV should act accordingly and in line with the NMC code. Serious consideration should also be given to seeking support or advice from the FNP Lead/consultant/manager for the site and/or the Scottish Government National Clinical Advisor.

## Partnership arrangements via digital methods

These arrangements offer an aspect of quality assurance and reflective learning via appreciative feedback mechanisms. Face to face meetings are the preferred method however, in rare circumstances such as the global COVID 19 pandemic some of the partnership sessions could be completed via video conferencing i.e. observation of supervision (Appendix 4.1 for guidance).

# Part seven: Data form and record keeping

## Supervision data form

Collection of data is an integral part of the FNP programme and allows for the monitoring, evaluation, and further refinement of the implementation of programme delivery. It is fundamental to successful outcomes for FNP clients and their children. Historically in FNP Scotland data capture has predominately been in relation to work with clients, however, the development of the TURAS FNP system has provided a platform for the development of a new suite of data forms including one for Supervision alongside this is a guidance document relating to completion of it (Appendix 5.1). This form is to be completed if any form of FNP supervision has taken place

## Supervision agreement template

The Reflective Supervision Guidance document (Appendix 2.1) recommends the development of a supervision agreement template (Appendix 2.2). It is expected that this will be adapted for use in local areas and to meet the needs of individuals. This should be completed at the start of any new supervisory relationship (FNP Supervisor, CPA, Psychologist or FNP Lead) and reviewed as a minimum annually. Storage of documents will be dependent on local NHS board area governance standards.

## Supervision recording keeping

The Nursing and Midwifery Council (NMC)[[14]](#footnote-14) highlights the importance of keeping clear and accurate records relevant to your practice. “This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice”.

Supervision records should be completed and maintained to:

* provide a structure that supports reflection and learning
* keep a record of client case supervision, decisions taken, plans made and timescales for review
* support the analysis of client situations, search for alternative explanations and the drawing up of hypotheses
* evidence the process of decision making and support accountability for it
* support the systematic review of all FNP clients within supervision
* integrate protection of children and vulnerable adults into all aspects of supervision
* support FNs to re-examine and reflect on challenging situations
* support recognition of the FN’s strengths and achievements
* enable sharing and exploration of challenging clinical situations, both with the Supervisor and within the team
* support the consideration of local programme progress against fidelity goals and outcomes

Following the international review of reflective supervision a working group was set up to consider the documentation used as part of the supervision process. A principles guide to the development of reflective supervision documentation was agreed. A Principal Educator from NES completed a small scale test of the recommended paper work which was then adapted to fit a Scottish context from the feedback received.

### Reflective supervision record - client and child

This document (Appendix 2.4) should be completed at least once in every phase of the programme for each client and child. It is essential that the family nurse has completed an assessment and analysis of the client and child using a recognised tool such as The National Practice Model and the National Risk Assessment Framework to support completion of sections 1-3 prior to bringing to the supervision session. The final stages in the document are completed as part of the supervision process. Any agreed adjustments in visiting schedule and rationale should be documented in this record. In line with General Data Protection Recommendations[[15]](#footnote-15) a separate document should be used for client and child. Once complete it should be stored in line with locally agreed record keeping policies.

### Reflective supervision record – family nurse

This document (Appendix 2.4) should be agreed and completed at every 1-1 supervision session. Any agreed changes to schedule or method of supervision rationale should be documented in this record. Once complete it should be stored in line with locally agreed record keeping policies.

### Reflective supervision record – Accompanied home visits

The guidance for conducting an accompanied visit and completing records can be found in Appendix 2.5. This will help support consistency of approach across teams and sites therefore enhancing the ability of SV’s and FN’s to learn and develop through a structured approach. Once complete it should be stored in line with locally agreed record keeping policies.

## Supervisor partnership arrangements – Record keeping

During the review process Supervisors and FNP Leads requested a template to record the reflections of strengths, areas for improvement and plans noted during any observation session. The documents in Appendix 4.2 are to be completed jointly with the Supervisors involved. Once complete it should be stored in line with locally agreed record keeping policies.

# Appendices

## Appendix 1

### 1.1 International Core Model Elements



### 1.2 Core Model Elements Scotland



## Appendix 2

### 2.1 Reflective Supervision Guidance



### 2.2 Supervision agreement template



### 2.3 Reflective Supervision via digital technology guidance

 

### 2.4 Reflective supervision record keeping templates

 

### 2.5 Reflective supervision record – Accompanied Home Visits

   

## Appendix 3

### 3.1 Psychology Consultation review – Annual evaluation process

   

### 3.2 Psychology Consultation – FNP Psychology Person Specification



### 3.3 Psychology Consultation – Network meeting Terms of Reference



## Appendix 4

### 4.1 Supervisor partnership arrangements – Virtual observation of supervision



### 4.2 Partnership arrangements – Record keeping

 

## Appendix 5

### 5.1 Supervision Record (S) – Data form (Paper format)

 

Electronic Format



1. <https://www.gov.scot/publications/nursing-2030-vision-9781788511001/> [↑](#footnote-ref-1)
2. <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/> [↑](#footnote-ref-2)
3. <https://www.gov.scot/publications/evaluation-family-nurse-partnership-programme-nhs-lothian-scotland/> [↑](#footnote-ref-3)
4. <https://www.gov.scot/publications/revaluation-family-nurse-partnership-scotland/> [↑](#footnote-ref-4)
5. [Adverse Childhood Experiences (ACEs) and Trauma - gov.scot (www.gov.scot)](https://www.gov.scot/publications/adverse-childhood-experiences-aces/pages/trauma-informed-workforce/) [↑](#footnote-ref-5)
6. <https://www.gov.scot/publications/girfec-national-practice-model/> [↑](#footnote-ref-6)
7. <https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/pages/2/> [↑](#footnote-ref-7)
8. Hawkins P, Shohet R. (2012). Supervision in the Helping Professions (4th edition). Berkshire, England: Open University Press.  [↑](#footnote-ref-8)
9. Akella D. Learning together: Kolb's experiential theory and its application. J Manag Organ. 2010;16(1):100-11 [↑](#footnote-ref-9)
10. https://www.isdscotland.org/health-topics/maternity-and-births/teenage-pregnancy/ [↑](#footnote-ref-10)
11. Botham, J. 2013, "What constitutes safeguarding children supervision for health visitors and school nurses?", Community Practitioner, vol. 86, no. 3, pp. 28-34 [↑](#footnote-ref-11)
12. Wallbank, S. & Wonnacott, J. 2015, "The integrated model of restorative supervision for use within safeguarding", Community Practitioner, vol. 88, no. 5, pp. 41-45 [↑](#footnote-ref-12)
13. <https://tavistockandportman.nhs.uk/documents/936/NWSDU-enhancing-management-psychological-distress-staff-promoting-systemic-res_gNe32Yl.pdf> [↑](#footnote-ref-13)
14. <https://www.nmc.org.uk/standards/code/> [↑](#footnote-ref-14)
15. <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/> [↑](#footnote-ref-15)