

The Social Supervision Toolkit

An organisational resource to support best practice, quality assurance and management of out of area arrangements regarding the management of conditionally discharged patients subject to s37/41 Mental Health Act, 1983

ADASS Forensic Social Care Network

Preface

The purpose of this document is to provide an accessible management guide to the specialist role of the Social Supervisor as detailed within the most recent [Ministry of Justice \(MoJ\) Guidance](#). As a discrete, but important area of service responsibility, Local Authorities will benefit from understanding the context of the Social Supervisor role in plain terms. Directors of Adult Social Care will be able to use this Social Supervision toolkit to measure their performance against six service standards in conjunction with a recommended set of activity and workforce related metrics. The application of a national protocol for the management arrangements of people subject to s37/41 Mental Health Act 1983 (MHA) who reside outside of their area of residence should provide opportunity for consistency across the country in the area of shared responsibility for people subject to aftercare arrangements.

This resource has been co-produced with the **National ADASS Forensic Social Work Network and Social Supervisor sub-group** in partnership with **Mental Health Social Work lead, Office of the Chief Social Worker, DHSC, and supported by NHSE and the Ministry of Justice (MoJ)**

Due to the variation of Social Supervision practice and service delivery across England, the national ADASS Forensic Social Work network has undertaken a survey to identify key themes and issues based on a set of questions focused on service models, workforce and continuous professional development offer, customer profile and nature of demand. The findings of this survey have provided some valuable insights into the role of the social supervisor across local authority organisations and NHS organisations which have informed the content of this document.

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1.0 Introduction

1.1 The [Mental Health Act \(MHA\) White Paper](#) (2021) consultation included reference to the role of social supervision and caring for patients in the criminal justice system. Within the White Paper, there was acknowledgement that in spite of the role of the social supervisor being an important function, there is often confusion about where the role should sit and a lack of national guidance about how it should operate. This document aims to provide an accessible organisational 'toolkit' in relation to the purpose and importance of the role of the Social Supervisor whilst not seeking to substitute the various related statutory publications which detail further duties and responsibilities.

1.2 The statements outlined within the White Paper follow on from the [Forensic Social Work Report \(2020\)](#) which was commissioned by the Office of the Chief Social Worker, DHSC. Recommendation 9 provides a useful summary of the need for greater definition specifically when supporting people who are conditionally discharged and residing in an area away from their responsible local authority as follows:

'Social supervision is a specific role and skill undertaken by FSWs [Forensic Social Workers] on behalf of local authorities and subject to Ministry of Justice guidelines; it is also open to other professionals. Social supervision arrangements can be increasingly complicated. People can be discharged to new areas away from the LA with initial responsibility. We recommend a review of this guidance and clear arrangements between the responsible authority and the host authority whereby the host authority provides social supervision on behalf of the responsible authority under a contractual arrangement under a memorandum of understanding or section 75 partnership arrangements (Mental Health Act 2006). We would also recommend that the MHA review consider the option of reviewing and developing the social supervision role'

1.3 In view of the need for great clarity about the definition of the social supervision role, the ADASS National Forensic Social Care Network and Office and the Chief Social Worker have co-designed this organisational toolkit to:-

- promote improved greater awareness about the role and responsibilities of the social supervisor
- provide a set of service standards for the purposes of delivering social supervision safely and effectively
- recommend a set of data measures to assist with the monitoring and assurance of the social supervision service
- publish a protocol for the management of conditionally discharged patients who are residing outside the area of their responsible local authority
- offer best practice guidance delivered by Local Authorities, NHS and key stakeholder partners.

1.4 This work has been carried out in conjunction with a national project commissioned by NHSE (formerly Health Education England (HEE)) aimed at developing a Quality Framework for Social Supervision underpinned by refreshed training materials, commissioned research and partnership work with Ministry of Justice, Mental Health Casework Section.

1.5 In view of the variety of different delivery arrangements across England between NHS and Local Authority organisations, this document seeks to address the need for local accountability for the social supervisor role within local system arrangements. It is recommended that this document is referenced for the purpose of promoting the role of the Social Supervisor within local partnerships and for improving the governance and quality of delivery to people subject to conditional discharge. In areas where s75 agreements ¹ are in place, this document may be used as a reference to support a robust approach for assurance in regard to this service area particularly where NHS organisations will be carrying out delegated tasks on behalf of the Local Authority.

¹ NHS Act 2006

2.0 Context

- 2.1 People who are concerned with criminal proceedings and who are assessed to be experiencing mental health problems as defined within the Mental Health Act 1983 may be authorised by the court to be admitted to, and detained by a hospital in what is described as a 'hospital order'. Further information is available about the [Restricted Patient System](#).
- 2.2 The number of people who are being treated by means of this court sentence represent a very small proportion of the overall number of people who are in receipt of care and treatment in hospital.
- 2.3 A 'restriction order' is the name given to the authorisation provided by the Secretary of State for Justice which sets out the restrictions on the detaining hospital and the person. The restrictions remove the power of the Responsible Clinician (RC) to discharge/grant S17 leave without the agreement of the SoS.
- 2.4 A restricted person refers to somebody who has been detained under Part 3 of the Mental Health Act usually because they were detained as a means of protecting the public. People can be detained on several different sections of the Mental Health Act. The main one used within restrictions is Section 37/41. For the purpose of this report we will use the term 'restricted person' for consistency and observe the use of non-medicalised language.
- 2.5 When considering an application for a restricted person's discharge from hospital, the Mental Health Tribunal (MHT) or the Secretary of State will usually wish to discharge subject to certain conditions. ***The conditions usually imposed are those of residence and cooperation with social and clinical supervision.*** Other conditions may also be imposed depending on the risk. The MHT may defer the discharge to allow appropriate arrangements to be made. ***Supervisors must understand the conditions and the role they have in the protection of the public, and the patient's safe care and treatment in the community.*** Breach of conditions does not, in itself, justify recall to hospital, but it should act as a trigger for considering what action is necessary in response.

- 2.6 ***The purpose of the formal supervision resulting from conditional discharge is to protect the public from further serious harm.***

There are two aspects to this. The first is by assisting the patient's successful reintegration into the community after what may have been a long period of detention in hospital.

The second is that the Secretary of State's ability to exercise his statutory powers to protect the public is dependent on the discharge reports they receive from the social and clinical supervisors about the patient's condition and behaviour in the community.

- 2.7 Close monitoring of the patient's mental health and of any perceived increase in the risk of danger to the public or the patient enables timely steps to be taken to assist the patient and protect the public.

3.0 **Who can act as Social Supervisor?**

3.1 The role of the Social Supervisor is set in the context of the formal supervision requirements of a 'restricted patient' as defined within Part 3, Mental Health Act 1983 and supporting guidance.

3.2 The Ministry of Justice Mental Health Casework Section does not specify which professional discipline should exercise the role of social supervisor. The current [Conditionally Discharged Patients: Supervision and Reporting Guidance](#) (2023) produced by the Ministry of Justice Mental Health Casework Section (MHCS) contextualises the role of the social supervisor as follows when it states:-

The Mental Health Casework Section consider that the responsibility to provide social supervision is a pre-requisite under section 117 of the 1983 Act and the failure to provide either clinical or social supervision will be escalated, by MHCS, to the Chief Executives of the respective Responsible Authorities

3.3 The MHA Code of Practice also states:

22.80 - The Ministry of Justice does not stipulate the professionals who can undertake the role of social supervisor. Social supervisors should have received adequate professional development, be resourced to be able to produce prompt, accurate reports and raise any concerns with regard to the patient's behaviour in the community. Social supervisors will be allocated by local authorities, who will determine that their agreed social supervisors have the correct knowledge, expertise and skills to undertake this role, in line with the efficiency and equity principle.

- 3.4 Further to this, the Reference Guide to the MHA provides as follows under the heading, Conditional Discharge of Restricted Patients:

27.38 In practice, these conditions will generally include a requirement for patients to maintain contact with their mental health care team and to accept supervision from a social worker, AMHP or probation officer (a 'social supervisor'), a psychiatrist (a 'psychiatric supervisor'), or any other 'clinical supervisor'. They may also include conditions requiring patients to live at a certain place, e.g. accommodation that can provide a particular level of supervision or support, or to stay away from certain place, e.g. the place where the crime which led to their detention in hospital (their 'index offence') was committed.

- 3.5 The Code of Practice (22.80) contains no requirement that the social supervisor should be an employee of, or under contract to, the Local Authority. In practice Local Authorities need to provide assurance that the social supervision workforce that they employ has the adequate skills and resources to fulfil their role.
- 3.6 Local authorities, if delegating social supervision to partner agencies are advised to reference social supervision within s75 agreements and/ or associated schedules and memorandum of understanding (MOU). This would provide opportunity to detail accountability, governance and reporting arrangements.

Lancashire County Council

Forensic Social Care Story

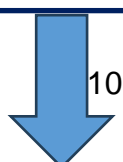
2021 - Case for change...

- Outdated Service Level Agreement with the NHS Trust for Forensic Mental Health provision.
- LCC forensic social work team undertaking non-social work roles within the forensic inpatient setting.
- LCC forensic social workers undertaking social work tasks for non-Lancashire residents detained within the forensic inpatient setting.
- LCC forensic social workers undertaking social supervision for non-Lancashire residents with no formal agreement with the s.117 responsible local authority.
- Confusion and disputes with other local authorities around responsibilities, funding, social supervision etc.
- Forensic social workers isolated from the broader LCC Mental Health Social Care services and lacking a strong social care identity and purpose.
- Care Act compliance issues.
- Inconsistent practice and recording.
- Lack of role clarity, specialist training, and up to date policy/guidance for forensic social workers and other social supervisors across Adult Social Care.
- Lack of governance and oversight with inadequate data collection and reporting.



2022/23 - What we did...

- Established a 'Forensic Mental Health Social Care Team' which continued working closely and collaboratively with NHS Trust colleagues, but with a distinct statutory social care function and identity.
- Closer integration of the Forensic Mental Health Social Care team with our other Mental Health Social Care Teams and colleagues, enabling two-way sharing of knowledge and expertise.
- Forensic social workers more visible and are able to 'lean in' on cases with forensic elements open to other social care teams.
- Developed a strong specialist 'Forensic Social Work' identity through an enhanced forensic training programme.
- Produced Operational Guidance for the Forensic Mental Health Social Care Team, providing clarity of role and function for the team and partner organisations.
- Updated our Social Supervision Policy in line with updated MoJ guidance and the Social Supervision Toolkit.
- Social Supervisor training programme delivered to those undertaking the role across Adult Social Care.
- Established a 6-weekly Social Supervisor Best Practice Meeting for all social supervisors, along with a social supervisor MS Teams channel for sharing of best practice updates and information.
- MAPPA Briefings delivered to managers across Adult Social Care for cascade to teams, along with improved processes and reporting in relation to MAPPA cases.
- Reporting systems established to collate and report social supervision data.
- Governance structure established with monthly social supervision performance reporting and briefings to DASS.
- Review of all conditionally discharged patient's cases on our social care record system to ensure correct recording of legal status and guidance issued to support consistent recording practices to enable accurate Business Intelligence reporting.
- Work undertaken to identify 117 responsible authorities and arrangements made for safe transfer of care and social supervision which has been very successful. This involved working closely with legal services colleagues to establish a clear position to support transfers.



2024 - The difference it's made...

- Our Forensic mental Health Social Care Team is now well established. The team have a strong sense of purpose and identity. Even those who were initially anxious about change are thriving.
- The Forensic Mental Health Social Care offer is now consistent with that across Adult Social Care – Care Act compliant and strengths-based; but by no means 'generic' – the team take pride in their forensic specialism, training and expertise.
- Closer relationships and sharing of knowledge and expertise between the forensic team and other Mental Health Social Care Teams has improved outcomes for the people we support.
- The Forensic Mental Health Social Work Team and managers have taken a lead to ensure increased awareness of the importance of social supervision and MAPPA across all of Adult Social Care.
- High quality and consistent Social Supervision practice across Adult Social Care, provided by social supervisors who have appropriate training, supervision and support, and which is backed by up-to-date policy and guidance.
- Social Supervisors have greater confidence in the role and in their reporting to the MoJ which supports better outcomes for the people they supervise, making recommendation for absolute discharge where appropriate.
- Out of area residents are now appropriately supported and supervised by their responsible local authority.
- Good assurance of performance based on accurate monthly data reporting. Governance structure established with line of sight to DASS level in relation to Social Supervision monthly performance report.



Next steps....

- Explore future training options, both for social supervisors and forensic social workers. Refresher training will be due for some of our social supervisors.
- A commitment to continue to support the development of the national forensic social work qualification.
- Recognition that co-production is not yet well-established in relation to social supervision or forensic social work. We have established good links with individuals with lived experience of forensic mental health services but need to develop these relationships to bring about meaningful change and improvement to services.
- Opportunities to ensure our social care record system is configured in a way which makes it easy to record, view and report information in relation to conditional discharge and social supervision.
- To continue to produce materials to support social supervisors and managers. Plan to produce a podcast information session around social supervision.

4.0 Delivering Social Supervision with Confidence – Service Standards

4.1 Whilst the role of the social supervisor is described in the supporting guidance to Part 3 MHA, it often remains a discrete area of service within Local Authorities and associated organisational arrangements. In spite of the limited numbers of people who are subject to a 'restriction order' and subject to Conditional Discharge, the gravity of the responsibility of social supervisors cannot be underestimated working in the field of public protection. The quality and safety of the delivery of social supervision is therefore a high priority both in the interests of the security of local communities and the successful integration of people who are subject to conditional discharge and in recovery following hospital in-patient assessment and treatment. In the absence of a robust assurance framework for social supervision services there is an increased risk of inconsistency and lack of statutory compliance which in turn could increase the likelihood of critical incident, service failure and potential levels of harm to those concerned. Continuous service improvement relies on the opportunity to learn from concerns and make the necessary changes across service delivery.

4.2 The following six service standards are set out for purpose of relevant agencies and stakeholders to provide assurance of Social Supervision service delivery whilst identifying areas of strength and gaps which require improvement.

- Standard One *Learning from the experience of people subject to Social Supervision***
- Standard Two *Social Supervision Leadership and Accountability***
- Standard Three *Social Supervision Service Governance***
- Standard Four *Working in Partnership***
- Standard Five *Professional and personal support arrangements for Social Supervisors***
- Standard Six *Professional Development of the Workforce***

Standard One ***Learning from the experience of people subject to Social Supervision, families, carers and victims***

- a) People who are subject to conditional discharge will often present with multiple needs of a complex nature and social supervisors should work to promote their dignity and human rights whilst undertaking their public protection responsibilities. Attention should be paid to tackling racial and cultural disparity through the development of competence, awareness, staff capability and behavioural change.
- b) Social Supervisor services should provide access to clear information about the Social Supervision role, and the role of other professionals and advocates in the mental health service. Such information should be coproduced, culturally appropriate and accessible to people with additional needs, such as physical, sensory, learning difficulties and disabilities, and those for whom English is not their first language. Helpful material has been developed in conjunction with MHCS by [Advocacy Focus](#)
- c) Social Supervision services should be sensitive to the victims and families of mentally disordered offenders. Arrangements should be in place with the Victim Contact Scheme where cases have involvement with Victim Liaison Officers (VLO).
- d) Supervisors should be familiar with the [Domestic Abuse Statutory Guidance](#) published in July 2022 when supervising patients a history of domestic abuse or who may be vulnerable to becoming the victims of domestic abuse
- e) The lived experience of people who are subject to social supervision services should be placed at the centre of the development and delivery of services. Co-production should feature as a core component of service arrangements to promote prevention and inclusion in a strengths-based culture.

Standard Two ***Social Supervision Leadership and Accountability***

- a) Social Supervision is an important area of service delivery which should be identified within local care governance reporting arrangements of Local Authorities (or as delegated within NHS Providers).

- b) Directors of Adult Social Services (DASS) and Principal Social Workers (PSWs) should ensure that necessary social supervision policies and procedures are congruent with the latest MHCS Guidance documents and made subject to audit and review as required.
- c) The DASS will ensure that the Local Authority is compliant with its statutory duties under the Mental Health Act 1983, Part III. Social Supervision data will be made available for the purposes of monitoring activity and workforce within Care Governance, including information relating to restricted patients who are from racialised communities.
- d) The DASS and PSWs should monitor the local implementation, quality and safety of social supervision duties within broader assurance frameworks to identify areas for learning and improvement.
- e) The DASS will ensure that there is a sufficient social supervisor workforce to meet the requirements laid out within the [Guidance - Conditionally Discharged Patients - Supervision and Reporting](#) with specified recommendations on frequency of contact arrangements² and submission of reports timetable³.
- f) The DASS should ensure that the social supervisor workforce have undertaken specialist training before undertaking their role, with local systems in place to ensure that they have access to continuous professional development.
- g) Local Authorities will maintain dynamic social supervisor workforce plans to address demand in relation to workforce succession. Social Supervisor workforce planning should include arrangements to prepare potential social supervisors from a range of service areas which will include mental health, learning disability and autism specialisms.
- h) The DASS should work with Integrated Care Partnerships and neighbouring Local Authorities on matters pertaining to the social supervision role. These matters may include reference to the complexities of 'out of area' responsibilities for

² Ch46 S4 [HMPPS Report Template](#)

³ Ch24,25 S3 [HMPPS Report Template](#)

conditionally discharged people, issues relating to public protection or other strategic partnership objectives, which have implications for workforce.

Standard Three

Social Supervision Service Governance

- a) The service delivery of the social supervision is implemented in a variety of models across the country where 'no one size fits all'. All operating models should ensure that social supervisors are able to adhere to the requirements of the latest [Social Supervision Guidance](#) with sufficient capacity to carry out the specified visiting contact requirements pre-discharge, post discharge supervision visits (as per the frequency recommended by the MoJ) and reporting arrangements (as per the frequency recommended by the MoJ).
- b) Clear policies and procedures should be in place to detail referral and allocation arrangements, pre-discharge arrangements, MoJ reporting arrangements, management of recall, tribunal reporting and escalation of safeguarding concerns and/ or other risk related matters.
- c) Each Local Authority should capture and maintain up to date information and data on the number of conditionally discharged people for whom they are responsible. This should include information on MoJ reporting activity, tribunals, recalls, demographic data and people who are out of area.
- d) A register of workers who are actively working as social supervisors, including numbers of trainees, initial training and refresher training undertaken and professional/ employer background of the social supervisor should be maintained.
- e) The social supervisor workforce should have access to appropriate professional development opportunities to enable them to develop and improve their competence to carry out this important role. Following completion of specialist training, social supervisors should be expected to maintain their CPD attending refresher training. They should have access to regular supervision and peer forums from supervisors who have an understanding of the Conditional Discharge system (including the role of MAPPA and of the Victim Contact Scheme) to review their practice in light of the latest guidance and caselaw.

Standard Four

Working in Partnership

- a) Social Supervision is a critical function and integral to the delivery of mental health services. Multi-agency operational policies and procedures should be designed and implemented collaboratively between relevant Local Authority, NHS Forensic Providers, Criminal Justice and Voluntary Sector organisations to facilitate effective joint working between Social Supervisor and Clinical Supervisor arrangements with specific reference to; pre-discharge planning with support from the in-patient MDT⁴, risk management, MoJ reporting arrangements, recall arrangements, Tribunal reporting, Victim and Family Support.
- b) Services should focus on the needs of the local population and connect with related Community Safety frameworks including links with [Prevent](#), [Multi-agency public protection arrangements \(MAPPA\)](#) and [Multi-agency Risk Assessment Conference \(MARAC\)](#) arrangements.
- c) For persons who live outside of the local area (Area 'A') and who are the s117 responsibility of the Local Authority for the purposes of social supervision, planning and negotiation must take place with the host area (Area 'B') to determine a robust set of arrangement, ideally in advance of the placement being agreed. This will provide assurance to the responsible Area 'A' that the conditionally discharged person being appropriately supervised and that s117 Aftercare arrangements are in place with necessary funding as may be required (see also Out of area Protocol - Chapter 7 of this document)
- d) Local Authorities which delegate their social supervision responsibilities with NHS partner organisations will have written agreements within s75 agreements and/ or memorandum of understanding (MOUs) where applicable to support the safe delivery of social supervision being provided on their behalf. MoU will specify the skills, experience required by LA to ensure that social supervisors allocated meet agreed standards and have the adequate skills and resources. MoU will ensure the line managers of social supervisors understand their responsibilities to comment on reports in accordance with the [MHCS report template](#)

⁴ Ch14 Section 2 [HMPPS Report Template](#)

Standard Five ***Professional and personal support arrangements for Social Supervisors***

- a) Social Supervision service arrangements should ensure that staff health, safety, wellbeing and support of social supervisors are fundamental priorities. Local Authorities (and NHS Providers) should ensure that arrangements are in place to ensure the safety and well-being of Social Supervisors across the various working environments within which they work. There should be up to date lone working arrangements which are regularly monitored and reviewed.
- b) Social supervisors should have access to planned and unplanned management support and supervision when dealing with an area of practice which involves high risk and complex decision making i.e. in the event of co-ordinating Recall to hospital, when this is ordered by the MHCS.
- c) Staff should be assured of their organisational support to access professional development opportunities which enable them to de-brief from their involvement and exposure to challenges in practice.

Standard Six ***Professional Development of the Workforce***

- a) Social Supervisors are experienced professionals who carry out an important role which is accountable in the interests of public safety. It is essential that they experience an open learning environment which enables a culture of professional curiosity, growth and development.
- b) Social Supervisors should only be allowed to practice once they have received the requisite training with post training support arrangements in place. Refresher training should be readily available on an annual basis with opportunity for support and reflective supervision through practice.
- c) In view of the multi-agency operating environment within which Social Supervisors practice, opportunities for multi-disciplinary training and development should be encouraged to promote improved understanding of professional roles and positive partnerships.

- d) Professional training pathways for social workers and other eligible professionals to undertake the social supervision role should be accessible and available to support succession and competency of the workforce.

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5.0 Measuring Effective Social Supervision

- 5.1 According to the Ministry of Justice, there were 7,796 restricted patients in England and Wales in December 2022. Of these, 4,580 were detained in hospital and 3,216 were conditionally discharged in the community.
- 5.2 For those people subject to conditional discharge, there is a statutory duty to allocate a social supervisor as identified earlier in this document. Responsibilities of the Social Supervisor role are laid out within the latest [Social Supervision Guidance](#) (2023).
- 5.3 Through the course of supervising people who are conditionally discharged under this mental health restriction order, the MHCS provides recommendations in regard to; pre-discharge visiting arrangements; post discharge supervision contact arrangements including frequency; frequency for submission of social supervision reports to the MoJ and proposed action in the event of missed reports.
- 5.4 This document has referenced the collection and monitoring of social supervision activity and workforce related information in the context of robust governance. The following tables itemise propose different activities and workforce matters for collection as a consistent national set of metrics. This will enable accurate monitoring of social supervision by Local Authorities and NHS providers and allow for benchmarking of key data as required drawn down by the various electronic record systems in operation by different organisations.

5.5 Specific areas of interest include: -

Social Supervisor Activity (by month)	
• No of scheduled MoJ reports	
• No of Missed Reports to MoJ per case including reasons for delay	
• No of Recalls	
• No of Tribunals held on Conditionally Discharged patients	
• No of OOA cases (by area)	
• Caseload breakdown by Ethnicity	
• No of absolute discharges granted by the Mental Health Tribunal and by MHCS	
• Exceptions/ Critical Incidents (i.e. other legal interventions such as MHA detention)	

Workforce	
• Numbers of Staff on Social Supervisor Training Pathway	
• Numbers of Staff requiring Social Supervision Refresher Training	
• Numbers of practising Social Supervisors	
• Number of average cases allocated per Social Supervisor	
• Social Supervisor Service Area (i.e. MH/ LDA/ OP etc)	
• Social Supervisor Qualification (i.e. Social Worker/ Nurse/ OT/ Psychologist/ Probation)	
• Social Supervisor Employer (Local Authority/ NHS)	
• Diversity of Social Supervision Workforce	

6.0 Local Guidance for Social Supervisors

6.1 Key national documents which relate to the role of social supervisor and their responsibilities in respect of a person who is subject to conditional discharge are listed in chapter 9.0 of this document.

6.2 It is important that a local Social Supervision operational policy is up to date and available making reference to the following key aspects of social supervision practice:-

- Referral and Allocation
- Pre-discharge Planning
- Record Keeping
- Managing Recall
- Requesting referral for MHA assessment
- Reporting to Ministry of Justice
- Persons subject to MAPPA
- Victims
- Managing Risk and Personal Safety
- Managing Social Supervision Performance (data collection)
- Accessing Social Supervision training and continuous professional development

7.0 National Protocol for the management arrangements of people subject to s37/41 who reside outside of their area of residence who are also subject to s117

- 7.1 When determining the responsibility for allocation of a social supervisor to someone who is subject to conditional discharge, it is important to note that he/ she will be eligible for aftercare services under s117 MHA.
- 7.2 Where people who are subject to conditional discharge reside outside of the Local Authority area which holds s117 After-care responsibility for a person, there is often a lack of clarity and agreement between organisations to ensure that social supervision and care/ support arrangements are understood and implemented effectively. This can cause uncertainty and heightened risk for local communities sometimes causing organisations to be in dispute when they are working to prioritise allocation. Where large distances are involved then the responsiveness of the Social Supervisor may be impacted, increasing risk to the person and others.
- 7.2 In the absence of a clear legal duty for statutory agencies to determine responsibility for social supervision arrangements for a restricted person who requires a social supervisor and who does not reside within the area of the Local Authority or Integrated Care Board who have section 117 aftercare responsibility, this document outlines the following protocol for implementation across England.
- 7.3 In view of the purpose of social supervision (as described above in 2.6) to protect the public from further harm, the Local Authority within which the person subject to conditional discharges resides (also known as 'the Host area'), will be responsible for the allocation and undertaking of the social supervision duties and responsibilities.
- 7.4 Whilst the host area should take responsibility for allocation of the social supervisor role, it is essential for the Local Authority responsible for s117 after-care (the 'Home' area) to allocate a social worker to carry out statutory duties which meet identified needs within the s117 discharge plan and any related care and support needs assessed under the Care Act 2014.
- 7.5 Both the allocated Social Supervisor (from the Host area) and the allocated Social Worker (from the Home area) should work closely together to share relevant information which will support their respective roles in the interest of public protection and to meet the care and support needs of the person concerned.

- 7.6 In the absence of a statutory duty to support the identification of a Social Supervisor for someone residing outside of the Home area, it will be for the discretion of the Host area to determine and communicate their intentions to apply a financial charge for the service of allocating a local social supervisor and to engage in negotiations with the Home area accordingly.
- 7.7 Guidance on resolving disputes is provided in Section 7 of the [Conditionally Discharged Patients - Supervisions and Reporting Guidance \(July 2023\)](#)

8.0 Delivering robust management arrangement of Social Supervisors

For Local Guidance and Consideration:-

Expectations of SOCIAL SUPERVISORS

- The Line Manager should facilitate a discussion about skills development prior to allocation
- Allocated time to allow for a graded introduction to the case
- Consideration of overall caseload, to allow time for taking Social Supervision cases
- High quality supervision planned on a regularly scheduled basis – going through cases in detail, discussing the nuances, e.g. the impact of the patient developing new relationships, family contact issues when the patient opposes this
- Peer supervision with other Social Supervisors, or a forum to communicate with other Social Supervisors
- Healthy reflection on the content of quarterly Social Supervision reports, and sign off by Line Manager
- A Line Manager who understands the Social Supervision role and its complexity and its responsibility
- The Line Manager should have attended some relevant training
- The Line Manager should encourage team supervision concerning the patient, especially if there is a team approach
- Supervision of the Social Supervisor should be monthly and recorded (with some focus on CD patients)
- Systems in place to support the Social Supervision role, e.g. support from colleague Team Members in the absence of the allocated Social Supervisor
- Facilitated group supervision/meetings to discuss Social Supervision practice
- Support for routine discussion about Lone Working and personal safety issues
- The Line Manager might need to meet the patient (including on home visits) and attend specific MDT meetings about the patient
- To use supervision to obtain a perspective on casework, and a fresh pair of eyes
- The Line Manager to give a professional “objective” view to prevent collusion, and avoid desensitisation to risks
- The Line Manager should help the Social Supervisor to reflect on their professional boundaries e.g. when they may be over or under involved with the patient
- The Line Manager to allow space to reflect on thoughts/feelings/concerns that cannot always be quantified
- The Line Manager should provide a clear separation between management supervision and reflection
- The Line Manager to have received training about Conditional Discharge , and to have access to specialist support/supervision themselves
- To have support with workload management, including the practicalities of cover over holidays
- Social Supervisor should acknowledge any lack of knowledge in this area
- Acknowledgement of the possible emotional impact of the role
- The Line Manager should be embedded in local safeguarding/MAPPA arrangements, so that they can advise the Social Supervisor about MAPPA and Victim Liaison issues
- Shadowing opportunities should be available
- Update/Refresher training should be available

- Assistance from senior management for assistance to resolve situations which involve the Social Supervisor trying to supervise a patient now living in another (perhaps distant) LA, possibly via a mutual support agreement between LAs or funding for a local Social Supervisor to take over the supervision and quarterly reports
- The Social Supervisor should expect senior/very senior management engagement over access to Health information about CD patients when LA/Trust S75 partnership agreements have dissolved, perhaps through the development of a Memorandum of Understanding
- Social Supervisors should expect the management of CD patients to feature on agendas of routine meetings of Senior Trust and LA Managers
- Social Supervisors should expect that Senior Managers to have considered/interpreted para 22.80 of the MHA Code of Practice, concerning Social Supervisors
- The Line Manager should have an understanding of the Social Supervision role, e.g. through personal experience of being a Social Supervisor or training
- The Line Manager should allow the Social Supervisor autonomy in how they engage with the patient and the time commitment involved
- The Line Manager should allow the Social Supervisor time to do the task
- The Line Manager should support the Social Supervisor by providing additional/specialist training:-
 - HCR v3
 - Working with Offenders with a Personality Disorder
 - Working with Sex Offenders
 - Working with Arsonists
 - Legal updates relating to work with Restricted patients
 - Working with people in the Criminal Justice System showing Personality Difficulties
- Help escalate concerns where needed to NHS or Social Services Senior Management, e.g. when a recall bed is required
- The Line Manager needs to facilitate mutual understanding of roles within the MDT and information sharing and mutual support – i.e. Culture setting
- The Line Manager needs to understand the Commissioning processes and how to sort required Care Packages
- The Line Manager should provide a balanced caseload, not giving all the tricky, distantly placed cases to one worker
- The Line manager should provide Caseload protection

Expectations of LINE MANAGERS OF SOCIAL SUPERVISORS

- Social Supervisors to be aware of the detail of the case, including Risk issues, Victims, MAPPA level, role of MHCS
- Social Supervisors to attend to deadlines for quarterly reports and tell MHCS of any delays
- Social Supervisors to be clear about who they have seen/not seen as part of the Social Supervision process
- The Social Supervisor should provide clear recording of decisions made in supervision with the Line Manager
- Social Supervisors to raise confidentiality/privacy issues in line management supervision if the patient declines permission for the Social Supervisor to speak with family members

- The Line Manager should expect to hear a rationale from the Social Supervisor when they are not doing certain things, such as contacting relatives
- Routine discussion of Lone Working and personal safety issues
- Supervision records should include all relevant information
- Social Supervisors should raise concerns swiftly
- Line Manager should acknowledge any lack of knowledge in this area
- Line Manager should expect to see evidence of liaison between the Social Supervisor and the Clinical Supervisor
- Line Manager should expect case records to be up to date, with relevant documents scanned in
- Social Supervisor should visit at least monthly
- Social Supervisor should access informal supervision
- Social Supervisor should access information from family and from placements
- Social Supervisor should do joint work with other disciplines
- Social Supervisor should keep themselves up to date, e.g. over Legal developments
- Social Supervisor should speak up if they are “struggling”
- “Honesty”

Expectations of SOCIAL SUPERVISORS AND THEIR LINE MANAGERS

- Senior Managers should provide resources needed to do this work, including adequate staffing generally and practitioners’ time.
- Senior Managers should acknowledge the importance of the role to the Local Authority
- Senior Managers should have an understanding of the role and the responsibilities of the Social Supervisor
- Senior Managers to consider setting up an agency “Social Supervisor Panel” to monitor governance of the Social Supervision role and CPD requirements of the workforce
- There should be clear lines of accountability if things go wrong (there was an example of other disciplines and their managers “disappearing” and blame falling on the individual Social Supervisor, when other disciplines were also in the MDT)
- Senior Managers need to provide access to specialist legal advice and support if there are complex legal issues in a case
- Senior Managers need to engage with Finance Department requirements, e.g. over Direct Payments
- Social Supervisors needs access to health AND social care IT systems and Senior Managers need to assist and trouble shoot communication problems
- Senior Managers should promote joint interagency training

Key Documents

- **Forensic MHSW Capabilities Framework**

[Forensic Mental Health Social Work: Capabilities Framework \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- **Code of practice: Mental Health Act 1983:**

[Mental Health Act 1983 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- **Information about the Victim Contact Scheme:**

[Information about the Victim Contact Scheme - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **Multi-Agency Public Protection Authority (MAPPA) Guidance:**

[Multi-agency public protection arrangements \(MAPPA\): Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **Terrorist Risk Offenders: Independent Review of Statutory Multi-Agency Public Protection Arrangements** (Annex C refers to the management of restricted patients):

- **Domestic Abuse: Statutory Guidance:**

[Domestic Abuse: statutory guidance \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **MHCS Guidance on MAPPA and Restricted Patients:**

<https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa-and-the-restricted-patient-system>

- **MHCS Guidance: Setting and Changing Conditions of Discharge**

[Submit conditional discharge report or request change of discharge conditions - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **MHCS Recall to hospital guidance:**

[Recall of conditionally discharged restricted patients - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **MHCS Discharge Guidance:**

[Submit a discharge request for restricted patients - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **MHCS guidance on discharge conditions that amount to a deprivation of liberty:**

[Discharge conditions that amount to a deprivation of liberty - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- **MHCS Out of hours guidance:**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1035562/Mental_health_casework_out-of-hours_service_.pdf

<https://www.gov.uk/guidance/noms-mental-health-casework-section-contact-list>

<https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report>

[Mentally disordered offenders: The Restricted Patient System 2017](#)

[Discharge conditions that amount to a deprivation of liberty](#)

<https://www.gov.uk/government/publications/domestic-violence-crime-and-victims-act-2004-rights-of-victims>

<https://www.gov.uk/government/publications/recall-of-conditionally-discharged-restricted-patients>

<https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/966737/MHCS- Multi-Agency Public Protection Arrangements MAPPA and the Restricted Patient System.pdf

<https://www.england.nhs.uk/publication/carers-support-and-involvement-in-secure-mental-health-services/>

<https://www.gov.uk/government/publications/working-with-offenders-with-personality-disorder-a-practitioners-guide>

<https://www.gov.uk/government/publications/guidance-on-part-2-of-the-sexual-offences-act-2003>

<https://commonslibrary.parliament.uk/research-briefings/sn05267/>

<http://www.hundredfamilies.org/>

<https://www.bih.org.uk/hospital-discharge-toolkit>

<https://www.bih.org.uk/human-rights-on-the-frontline-resources>

<https://www.judiciary.uk/guidance-and-resources/crown-court-compendium/>

Mental Health Act Restricted Patients and Conditional Discharge: Practice Considerations
Version 2: August 2022 <https://mhforum.org.uk/publications>

<https://www.youtube.com/channel/UCAVFSEMrIvIQjmGfdz14cXw> - Overlapping problems in the Court of Protection and the First-Tier Tribunal (Mental Health) - 6 July 2021

<https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime> -
Right 11: To be given information about the offender following a conviction

[Forensic Social Work \(hee.nhs.uk\)](https://www.hee.nhs.uk/forensic-social-work)

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