**AIM3 Supervision Process**

It is **recommended that the AIM3 supervisor meets with the assessor on at least three occasions during the assessment period.**

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| * Support member of staff to consider their well-being. * Ensure the assessor has sufficient access to the information needed to score the AIM3. * Offer any support required to undertake the pattern-mapping. * Offer support to identify any unknowns and consider how the unknowns can be answered. |

**Supervision Session One**

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| * Support member of staff to consider their well-being. Be aware of the potential vicarious distress or trauma. * A second meeting to provide critical reflection on scoring, rationale and interpretation of the AIM3/u12 profile. * Support practitioner to consider what they don’t know and how they may gather this information. |

**Supervision Session Two**

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| * A final meeting to QA the written report. * Offer feedback on any further reflection amendments required. * Support to consider and agree next steps. * Check in regarding staff well-being and on-going support they may require. * Sign off report. |

**Supervision Session Three**

*\*The frequency of supervision outlined above can be altered dependant on the need of the practitioner undertaking the AIM3 assessment, for example the practitioner’s experience of undertaking AIM3 assessments, their confidence and competence in using structured judgement tools and/or current workload/caseload pressures.*

\**It is* ***recommended that the AIM3 supervisor meets with the assessor on at least once every four weeks during AIM3 intervention.***

**Staff Well-being**

**A well-being evaluation (adapted from Dwyer, 2003, in Gibbs, Dwyer & Vivekananda, 2014) provides a reflective framework for ‘checking in’ with staff who are working with children and young people displaying harmful sexual behaviour.**

***\*The following questions are intended to provide prompts for practitioners to explore areas relevant to managing the emotional demands.***

**The practice environment**

* How long have you been working with vulnerable children and young people?
* How long have you been working with children and young people who have engaged in harmful sexual behaviours?
* Are there opportunities to vary the type of work you do?
* What difficult distressing and traumatic stories have you witnessed/heard/read about?
* What feeling are evoked when you work with harmful sexual behaviours?
* What are you most important sources of support within the work environment? How are these support arrangements/relationships helpful to you?
* What could your supervisor/colleagues do more of to promote greater well-being?

**Your life experiences**

* How are your experiences similar and different from the young people and the families you work with?
* What effects, positive and negative, do you think your own experiences have upon your work?
* What insights do these effects offer your harmful sexual behaviour practice?
* What gives you the resilience to work as effectively as you can?
* What stressors might compromise your resilience?

**Your coping strategies**

* What coping strategies do you most admire in others?
* Which strategies best work for you?
* Which are specifically linked to harmful sexual behaviour practice?
* How do you best address these challenges in supervision?

**Risk Management Key Questions**

Supervisors need to consider the on-going capacity for risk analysis and the potential barriers that could impact on this for example; the practitioners close relationship with the young person overshadowing judgements about risk.

The questions below are illustrative of key considerations that supervisors should bear in mind when considering risk during each stage of intervention.

* Has the practitioner given due weight to the presence pf protective factors and how may these mitigate risk?
* Could there be a ‘rule of optimism’ which is creating a judgement bias?
* Has the practitioner considered all the possible factors which hinder future safety? For instance levels of parental support?
* Are the right safety plans in place and how is the effectiveness of these being monitored.
* Are the safety plans reflecting the dynamic nature of risk?
* Can the practitioner give a clear view of on-going factors impacting on the manageability of risk and the response to these?