Bexley Children's Social Care Supervision Policy

Effective supervision can help staff feel valued, prepared, supported and committed and also improves retention. (Gibbs.). Lack of supervision can result in work overload, stress, sickness, absence, as well as reduction in competence and confidence. The most effective supervision is focused on skills rather than therapeutic support or adherence to procedures. Supervision is a process for integrating thinking, feeling and action, it is an inextricable part of the assessment, planning, intervention and review process through which effective services are delivered.

This document sets out the policy and expected practice standards for individual formal supervision and group supervision in Bexley Children's Social Care service.

Individual Supervision Policy & Practice Standards

Individual supervision can be formal, taking place in a pre-arranged meeting, or informal by way of unplanned discussions between a social worker/personal advisor/family support worker and a senior practitioner/manager. Below are the standards for the provision of formal supervision. Guidance on recording informal supervision can be found in Standard Four.

STANDARD ONE: FREQUENCY & CONDITIONS
All Children's Social Care practitioners, permanent or locum, will have planned, regular, protected individual time for formal supervision with their manager. This includes: Managers, senior practitioners, social workers, newly qualified social workers (NQSW's), personal advisors, social work assistants, family support workers and students.

- The first supervisory session should involve a discussion about how both parties would like supervision to be conducted and agreeing the supervision contract. The contract should be signed by both parties. A template for the minimum terms for the supervision contract can be found in Appendix 1. These minimum terms should not be changed unless with the agreement of senior management, however they can be added to if there are specific issues the supervisor or supervisee wish to include. The contract should be reviewed annually during appraisal.

- All <u>case holding</u> practitioners should receive 1.5 to 2 hours, weekly for the first 4 weeks, fortnightly for the following 4 weeks then no less than every 4 weeks thereafter.

- All <u>non case holding</u> practitioners should receive 1.5 to 2 hours no less than every 4 weeks.

- Contingency arrangements should be made to cover absences wherever possible and if supervision is cancelled, it should be re-scheduled at the earliest opportunity to ensure the required frequency is maintained.

- Supervision should begin punctually, sessions will take place in a private room and interruptions should be minimised. Frequent lateness, cancellations or interruptions caused by either party should be a matter for discussion.

STANDARD TWO: PREPARATION
Both parties will attend supervision prepared.

- Supervision is a two-way process and both parties have responsibility for bringing items for the <u>agenda</u> which will be set at the start of each session.
- The supervisor should bring accurate information about the employees strengths and gaps in performance and capability.
- The supervisee should bring accurate information about developments in their case work and/or project work.
- Both parties should have read relevant material, reports and case records, for discussion in advance.

STANDARD THREE: CONTENT
All four functions of supervision will be addressed; management, development, support and mediation

Development: Supervisors should identify and promote the employees continuing professional development needs. Including discussion about how recent learning activity is being applied to practice

Support: Supervisors should provide a safe place for employees to reflect on the emotional impact of the work and any personal matters that may affect their practice, capability and/or health and wellbeing.

Mediation: Supervisors should engage employees in organisational developments and support employees to balance the needs of services users with the need to provide equitable 'best value' services.

Management: Supervisors should ensure employees understand their role and responsibilities. That they are accountable to meet legal and statutory requirements, departmental strategies, policies, procedures and practice standards.

- Cases will be routinely discussed and reflected on. All the social worker's cases will have supervision/management oversight every 4 weeks (excluding exceptions below). Managers will use their professional judgement to determine which cases need a light touch or a more in-depth discussion (please refer to page 4 for further information). The Signs of Safety principles can helpfully be applied to provide clarity to the assessment, planning, intervention & review process. Furthermore, all cases where a closure, transfer, child protection or legal planning decision is being considered or made must be discussed in supervision before or just after being made.

- Exceptions: where young adults within the Leaving Care Team (LCT) are visited every three months or more, supervision frequency may take place once every 8 weeks if agreed by the head of service as part of the revised visit approval. Children with disabilities who are offered support on a review only basis will have supervision take place once every 12 weeks.

- Workload/case management will be discussed at every supervision, if concerns a plan of action to address the situation (i.e. prioritising tasks, reducing caseload etc…) should be put in place.

- Practice issues arising from QA activity and performance against key indicators for the service will be regularly monitored and assessed, if there are gaps in capability, a supportive development plan will need to be put in place to address them. For social workers, professional capability should be measured against the Knowledge and Skills Statement for Children and Families Social Workers (see Appendix 6), the Bexley Children's Social Care Values. (See Appendix 7)

- Supervisors must report any capability problems to the next line manager, to discuss and plan how they will be addressed promptly. Supervisors should also report good practice, to make best use of supervisee's skills and abilities.

- Supervision should be linked to probation and appraisal. The setting and achievement of probation requirements, appraisal objectives and ways of working will be continually monitored and discussed as necessary.

- **A minimum of four direct observations of practice per year must be carried out for all case holding staff to support learning in supervision. A template for recording direct observations of practice can be found in Appendix 5.**

STANDARD FOUR: RECORDING
Supervision discussions will be recorded using the relevant format and signed by both parties.

- Formal supervision will be recorded in two places, firstly on the supervisee's individual professional development record, this can be typed or hand written, the handwriting must be legible. The template is based on the Signs of Safety model and can be found in Appendix 3 called the 'Individual supervision template Part 2: Professional development'.

- Both parties should have a copy of the above record, signed, scanned and stored on the 'N drive'.

- For supervisees who are the statutory lead professional and have an allocated caseload, the detail of case specific discussions about the child or carer should be recorded on a case management record on ICS (See Appendix 2. 'Individual supervision template Part 1: Case Management'.), this can be found electronically on ICS in the forms section called 'Supervision & Management oversight record'. The supervisor should also make a reference to these case specific discussions on the supervisee's individual professional development record, cross referencing to ICS.

- Supervisees need a safe space to reflect on their casework and professional capabilities, with support and challenge from their supervisor. Therefore supervisory discussions may explore personal values or issues that may influence or impact upon professional capabilities. Supervision records should reflect the content of the discussions and managers should use their judgement about the level of detail to record. In exercising this judgement, supervisors should be mindful that supervisory records may be requested as evidence where capability issues are raised. Supervision records are an organisational record and are not confidential, they may be viewed for quality assurance purposes. However personal supervision records should not be shared with peers or administrative staff.

- Issues about a supervisees professional capability should be recorded on the supervisee's individual professional development record and should not be on the case management record, which is the child's record on ICS.

- Supervision records needs to show defensible decision making, demonstrating a clear, transparent, considered, evidence based rationale that can be explained to others. The record should :

  1.   outline the presenting issues,
  2.   review the outcome of previous decisions and actions,
  3.   show the options available,
  4.   show the option/course of action chosen,
  5.   the rationale for why that decision was made and
  6.   any disagreements about the decision and chosen course of action.

- Expanding on point 6 above, disagreements about case decisions and direction should be referenced on the child/carer's ICS record and should remain child/family focused. Whereas detailed issues about a workers capability should only be recorded on personal supervision records. Equally, internal disputes that sometimes occur between people, teams or services should not be recorded on the child/carer's record.

- It is not necessary to record every informal supervisory discussion that takes place. However, all discussions where significant decisions are made, or management directions are given relating to a child, family and/or carers, which may impact on the direction of the case, should be recorded by

the most senior person in the discussion. <u>For recording informal supervisory discussions the ICS 'Supervision/Management Oversight' case note can be used.</u>

- If supervision is permanently transferred to another manager, all the supervision records must also be passed to the new supervisor.

Group Supervision: Policy & Practice Standards

Group supervision is designed to assist teams to become more agile and confident in action learning, building habits to move quickly from information to analysis and judgement and then judgement based on analysis and judgement.

The purpose of group supervision is to build strong team habits around analysis and judgement to increase confidence in decision-making and practice. Good group supervision creates a thinking process that will lead to more energetic and dynamic practice because it builds a shared sense of carrying risk within the whole team; this reduces the sense of isolation that leads may practitioners to feel "if it goes wrong, it's my fault".

The group process is designed to:
- ✓ Build a shared, structured, collective team and agency culture and process for thinking through cases from a strengths based approach, without losing sight of risk
- ✓ Enable practitioners to explore each other's cases, bringing their best thinking, including alternative perspectives without getting caught in one or two people dominating the group or telling the case presenting practitioner what they must do
- ✓ Develop a shared practice of bringing a questioning approach to casework rather than trying to arrive at answers
- ✓ Help practitioners work with a sense of humility about what they think they know. Adopting a sense of humility means professionals will continually review the assessment based on new information and the outcome and impact of action taken

STANDARD ONE: FREQUENCY
All teams will have planned, regular, protected time for group supervision.

- To build and sustain the questioning process as described above, all teams should hold a group supervision session every 2-4 weeks.

- Contingency arrangements should be made to cover absences wherever possible and if supervision is cancelled, it should be re-scheduled at the earliest opportunity to ensure the required frequency is maintained.

- Group supervision will take place in a meeting room and interruptions should be minimised.

STANDARD TWO: PREPARATION
All team members will be prepared to participate fully in the process

- The case to be discussed will be identified before group supervision; this will enable the practitioner to consider the most important information (strengths, risks, and questions) that they will present to the group.

- The facilitator and advisor roles will also be identified prior to the meeting to enable them to review their roles in the process, for further details see the practice guidance on Signs of Safety Group Learning and Supervision Process.

- The roles of facilitator and advisor should be regularly rotated amongst team members; this is not a process that needs to be a lead by a manager, though they should also take turns in the various roles

STANDARD THREE: CONTENT
The focus is questioning, the process of critical thinking, analysis and safety planning, not detailed information gathering

- The whole group, and facilitator and advisor in particular, need to focus on the process of critical thinking, analysis and safety planning and not get caught up in over-organisation about content and detailed information gathering, nor in giving answers and advice.

- The process is about growing the capacity of the team to create together a fast process for working through and getting direction on a case.

- The facilitator and advisor will need to ensure the process stays on task by following the guidance on Signs of Safety Group Learning and Supervision Process; following the process will ensure practitioners move on to analysis, judgement, and next steps, rather than allowing the process to stall in continual information gathering.

STANDARD FOUR: RECORDING
Group supervision will be recorded using the relevant format

- A group supervision note will be recorded on ICS outlining relevant questions, issues, and insights that arose through the process and next steps to be taken in the case; this will be completed by the presenting practitioner. (See Appendix 4)

Adapted from: Group Learning and Supervision Process to Develop Analysis, Judgment, and Questioning Skills. 2015 Resolutions Consultancy

Quality assuring supervision

a) Supervisees who believe they are not receiving supervision (individual & group) in accordance with the standards above, must draw it to the attention of their supervisor and/or an appropriate person. An appropriate person could be a next level manager within the service.

b) The management accountability framework requires that team manager's provide a monthly report on the frequency of direct observations, individual and group supervision in their team. To enable the senior management team to monitor that standard one is being met.

c) Supervision records will be viewed at a minimum, bi-monthly and subject to quality assurance audits by senior managers, internal auditors, externally commissioned auditors and/or OFSTED inspectors. Auditing enables the senior management team to monitor that standards two, three and four are being met.

d) Group supervision will be periodically observed by senior managers, internal auditors, externally commissioned auditors and/or OFSTED inspectors. Auditing enables the senior management team to monitor that standards two, three and four are being met.

Practice Guidance on Individual Supervision

Introduction

Effective supervision can help staff feel valued, prepared, supported and committed and also improves retention. (Gibbs.). Lack of supervision can result in work overload, stress, sickness, absence, as well as reduction in competence and confidence. The most effective supervision is focused on skills rather than therapeutic support or adherence to procedures. Supervision is a process for integrating thinking, feeling and action, it is an inextricable part of the assessment, planning, intervention and review process through which effective services are delivered.

A good supervisor understands their own strengths and limitations, they care about service users and staff and want to continuously improve their supervisory practice. Supervisors have a much greater influence on staff than they may imagine. The supervisor is the principle bridge for the practitioner's relationship with their organisation.

What supervisees want from their supervisors

Early experiences of supervision have a powerful and sometimes profound impact on professional confidence, competence, identity and direction. What is valued and needed by supervisees varies according to their stage of professional development, confidence and the particular context. The available evidence from supervisees suggests they value supervisors who:

- ✓ Are available
- ✓ Have knowledge about professional tasks and skills
- ✓ Can guide them through organisational processes
- ✓ Can relate theory to practice
- ✓ Have expectations and values that are similar to those of the supervisee
- ✓ Provide a safe and supportive environment
- ✓ Encourage professional growth & validate the supervisee's professional role
- ✓ Serve as positive professional role models
- ✓ Observe practice and provide feedback and praise
- ✓ Teach skills & enable supervisees to observe the supervisor's practice skills
- ✓ Provide specific ideas about intervention
- ✓ Delegate responsibility
- ✓ Communicate in a mutual and interactive style

The four functions of supervision

1. Competent, accountable performance/practice **(management function)**
2. Continuing professional development **(learning function)**
3. Personal support **(support function)**
4. Engaging the individual with the organisation **(mediation function)**

Management function:
Supervisors should ensure workers understand their role and responsibilities. That they are accountable to meet legal and statutory requirements, departmental strategies, policies, procedures and practice standards.

Development function:
Supervisors should identify and promote the employees continuing professional development needs. Including discussion about how recent learning activity is being applied to practice. This should include ensuring social workers are developing and maintaining the capabilities outlined in the Knowledge and Skills Statement for Children and Families Social Workers (see Appendix 6).

Support function:
Supervisors should provide a safe place for employees to reflect on the emotional impact of the work and any personal matters that may affect their practice, capability and/or health and wellbeing.

Mediation function:
Supervisors should engage employees in organisational developments and support employees to balance the needs of services users with the need to provide equitable 'best value' services.

Recognising the different functions of supervision and the needs of different stakeholders is essential. Sometimes the needs of supervisee, service user, supervisor and agency may be in tandem; at other times they will conflict and the different functions will pull in opposite directions. For instance, if the accountability function dominates the supervision process, little time is left for the developmental function. This imbalance is problematic because the four functions are interdependent.

The link between supervision, practice and outcomes for children.

Wonnacott conducted a small-scale but significant study to explore the links between supervision, quality of practice and outcomes for service users. Three types of supervision process were identified:

Active intrusive
The most common type, where the supervisor operated in a largely directive role to ensure that the worker carried out key agency requirements. Its benefit was that the supervisor had a good knowledge of the worker's cases and could ensure that practice was carried out in accordance with agency procedures. However, little attention was paid to the worker's feelings, or to worker-user interactions.

Active reflective
These supervisors were active and knew about the work being undertaken, but sought to engage supervisees in a collaborative and reflective process. Attention was paid to the worker's feelings and to the worker-user dynamic as an additional source of information. When the worker was struggling or had lost focus, these supervisors helped the worker reflect on what was going on, using challenging and user-focused questions. This included the supervisor creating opportunities to observe the worker's relationship with the family to gain an accurate assessment of the worker's competence and limitations.

Passive avoidant
This was a collusive alliance in which the supervisor regarded the practitioner as being competent, and left it up to her/him to decide if and when contact with the supervisor was required. Although this left the worker in control at one level, the supervisor has effectively abandoned her/him, and therefore the agency was unable to take responsibility for their work. If things went wrong, worker, supervisor, users and agency were all vulnerable.

In summary, Wonnacott found that the strongest links between supervision and good outcomes were when the supervisor had an accurate assessment of the worker's competence, and possessed the emotional intelligence to engage and assist the practitioner to address areas of weakness. The supervisor should focus on the quality of the worker's assessment knowledge and skills and the worker's ability to establish and sustain purposeful relationships with service users.

In a collaborative supervision cycle an accurate assessment and enhanced development of the worker results in them being clearer in their role and tasks. This impacts on the service users confidence, trust and a stronger relationship with the worker. This enables the worker to undertake more informed assessment, collaborative plan and have a stronger likelihood of the help offered being effective. This builds the workers confidence and subsequent willingness to be open to development in supervision.

Contrast this with the compromised supervision cycle, in which poor supervision or lack of supervision reinforces poor practice. The worker is less clear and more rigid in their approach, the service user doesn't have confidence and becomes resistant, limiting the workers ability to undertake an informed assessment, plan and the help offered is less effective. This undermines the workers confidence who subsequently becomes less open in and more dependent on supervision.
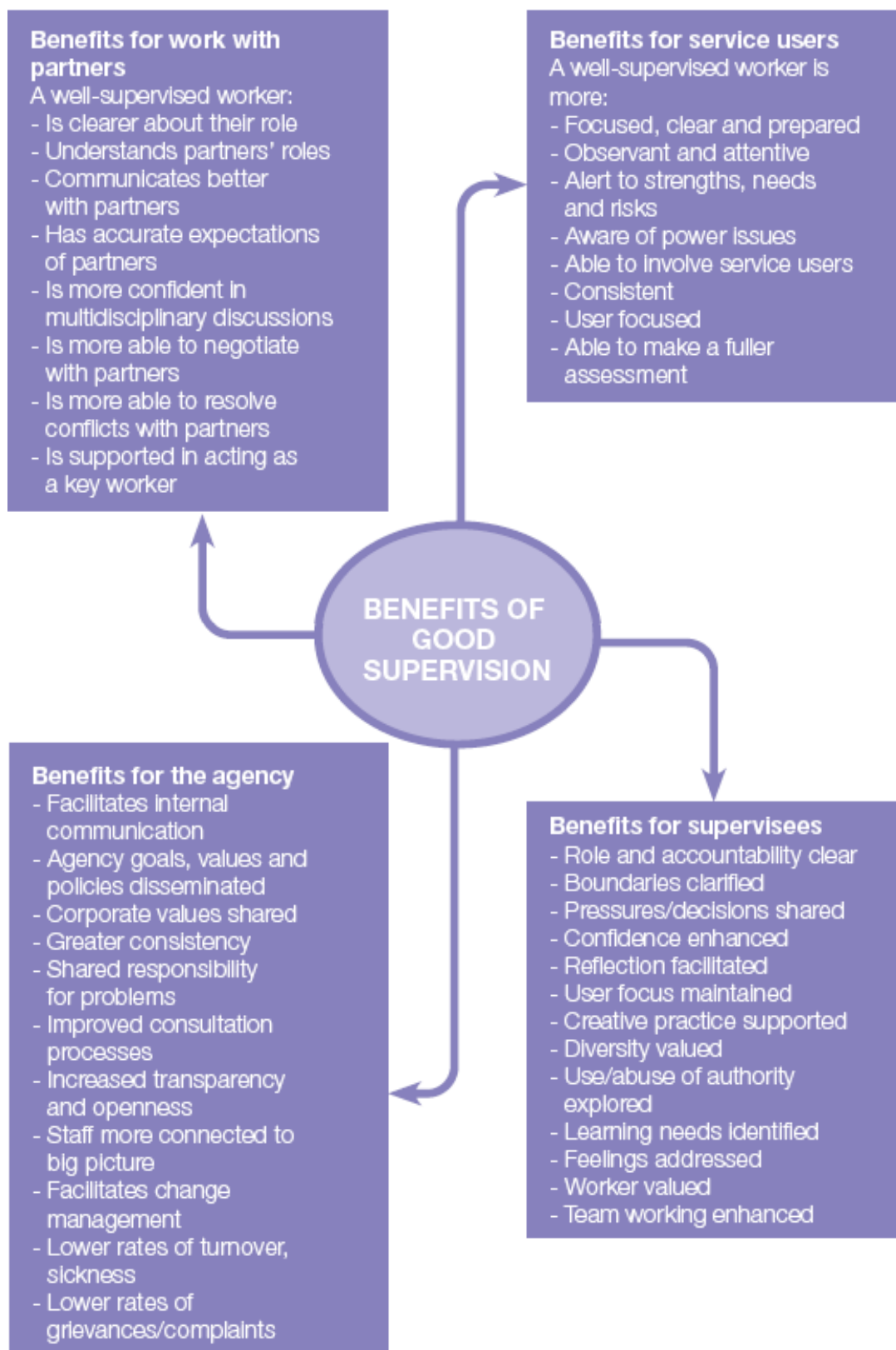
Benefits for work with partners
A well-supervised worker:
- Is clearer about their role
- Understands partners' roles
- Communicates better with partners
- Has accurate expectations of partners
- Is more confident in multidisciplinary discussions
- Is more able to negotiate with partners
- Is more able to resolve conflicts with partners
- Is supported in acting as a key worker

Benefits for service users
A well-supervised worker is more:
- Focused, clear and prepared
- Observant and attentive
- Alert to strengths, needs and risks
- Aware of power issues
- Able to involve service users
- Consistent
- User focused
- Able to make a fuller assessment

BENEFITS OF GOOD SUPERVISION

Benefits for the agency
- Facilitates internal communication
- Agency goals, values and policies disseminated
- Corporate values shared
- Greater consistency
- Shared responsibility for problems
- Improved consultation processes
- Increased transparency and openness
- Staff more connected to big picture
- Facilitates change management
- Lower rates of turnover, sickness
- Lower rates of grievances/complaints

Benefits for supervisees
- Role and accountability clear
- Boundaries clarified
- Pressures/decisions shared
- Confidence enhanced
- Reflection facilitated
- User focus maintained
- Creative practice supported
- Diversity valued
- Use/abuse of authority explored
- Learning needs identified
- Feelings addressed
- Worker valued
- Team working enhanced

Fig 12: Benefits of good supervision for four stakeholders

Impact on partnership practice
- Role confusion/overlap
- Agency priorities and capacities misrepresented
- Information not sought/given
- Communication distorted or lost
- Partners stereotyped
- Interdisciplinary conflicts
- Multidisciplinary procedures not followed
- Lack of joint planning with service users
- Partnership arrangements at risk

Impact on service users
- Worker less clear or prepared
- Poorer observation/listening
- Reduced empathy
- Unclear role and boundaries
- Assumptions unchallenged
- Inadequate assessments
- Relationships fractured
- Needs and risks not identified
- Inappropriate use of authority
- Loss of user-focus especially on child

CONSEQUENCES OF POOR OR NO SUPERVISION

Impact on agency
- Staff not aligned with agency goals
- Poor dissemination of policy
- Decreased policy compliance
- Weaker inter-grade relations
- Increased conflict: grievances etc
- Lack of consultation with staff
- Agency less user-centred
- Retention and recruitment problems
- Strategic planning weakened by lack of field-level information
- Distrust and blaming
- Reduced confidence/ trust in agency

Impact on supervisees
- Unclear expectations
- Lack of accountability
- Reduced confidence
- Defensive practice
- Loss of knowledge and skills
- Judgements unchallenged
- Feelings unprocessed
- Isolation and lack of support
- Increased risk of sickness and absence
- Negative role models
- Dysfunctional team dynamics
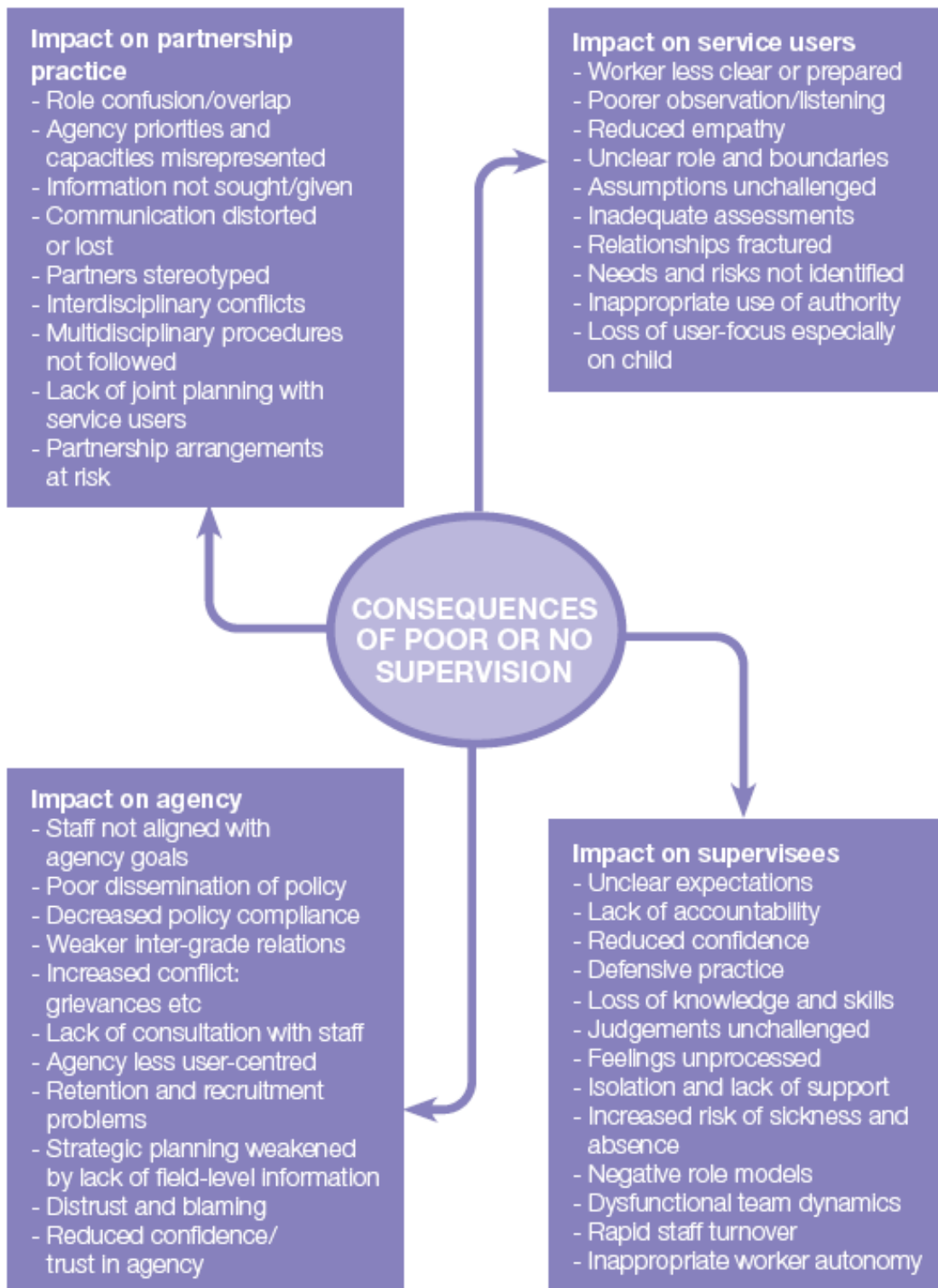- Rapid staff turnover
- Inappropriate worker autonomy

Fig 13: Consequences of poor or no supervision

12

Skills the supervisor needs

Supervision is a complex and multi-faceted set of activities requiring a range of organisational, professional and inter-personal knowledge and skills. Richards and Payne, summarised that supervisors need:

- ✓ Knowledge of the agency's functions, policies, resources and constraints
- ✓ Professional judgement regarding risks, needs and resources of service users
- ✓ Knowledge about human behaviour and ambivalence
- ✓ Recognition of the processes of change, both for individuals and organisations
- ✓ Capacity to work with those processes
- ✓ Capacity to use authority, recognising the different sources of authority & power

The four stages of the supervision cycle
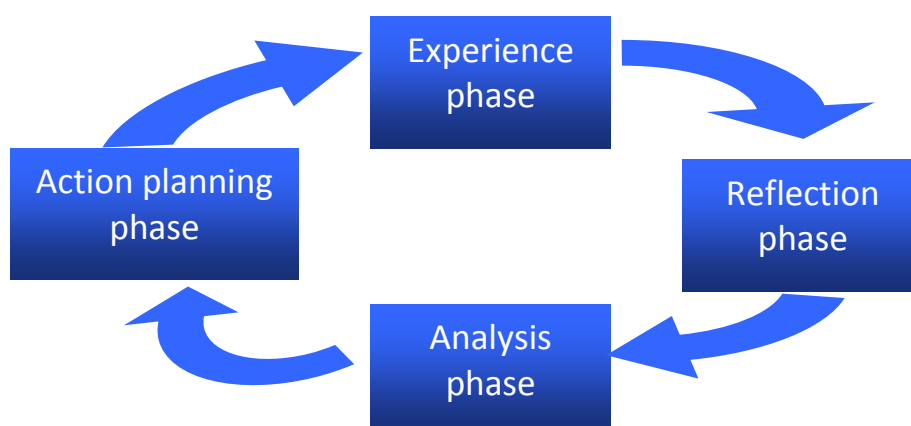
The origins of the supervision cycle lie in work on how adults learn. According to Kolb and Jarvis, learning is triggered by experience, either in terms of a problem to be solved, a situation that is unfamiliar, or a need that must be satisfied. Learning involves transforming experience into feelings (reflection), knowledge, attitudes, values (analysis), behaviours and skills (plans and action). In professional terms, the cycle is triggered when the worker experiences a problem when undertaking a

practice task, or when they identify a need such as practice development. Alternately, the supervisor may trigger the cycle by asking the worker to review a case, or by seeking improved performance.

The supervision process can be seen as a continuous cycle. In order for problem solving or development to be fully effective, all four parts of the learning cycle need to be addressed. The challenge for supervisors is to resist the temptation and/or pressure to move rapidly from experience to plan, with little or no focus on reflection and analysis. This is the **'short circuit'.**

Problem

Problem recurs

No reflection

Quick fix

No analysis
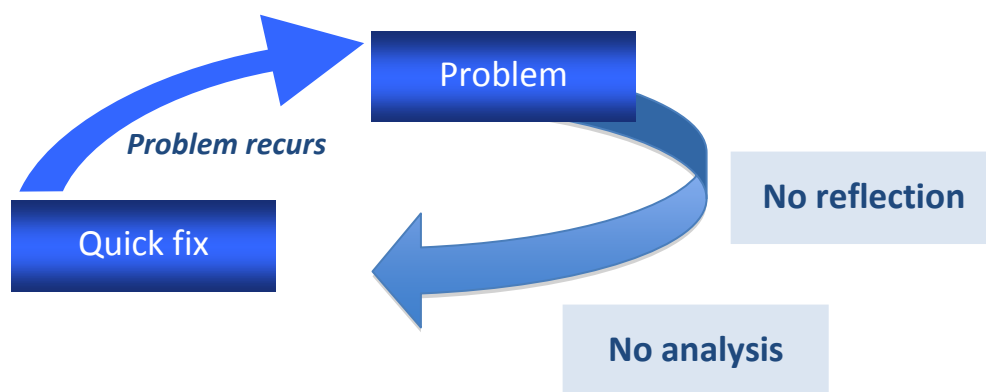
Creating a secure environment for practice.

Emotional intelligence is a way of using thinking about feelings to guide decision-making. According to Goleman it has four inter-related elements:

- Emotional awareness about one's own feelings and the sources of these feelings
- Empathy - the ability to understand what another person is or might be feeling
- Self-management - the ability to manage one's emotions to achieve one's goals
- Inter-personal skills - ability to relate to others in a purposeful and thoughtful manner

Emotions propel action, they pull us towards people, ideas or actions, and enable us to overcome obstacles or achieve goals. Emotional competence is important because the quality of relationships is crucial to the effectiveness of services. One way in which emotions connect us to others is Goleman's concept of resonance and dissonance. This helps us understand the contagious nature of emotions. Contagion occurs through a process of mirroring in which emotions spread among people who are in proximity to each other. Positive resonance occurs when two people's moods align around positive feelings, which promotes optimism, mental efficiency, fairness and generosity. In contrast, dissonance occurs when one person is out of touch with the feelings of another, putting that person off balance and on guard.

Kemper, argues that emotions are most likely to occur in situations where there are power and status differences. Supervision is an authority relationship, and negotiating issues around control, conflict, difference and power are an integral part of the supervision process. The same issues play a central role in relationships between practitioners and service users. Supervisors can therefore model an approach to these power and status issues that is transparent, ethical and reflective. This does not mean that the supervisor will get it right every time, but rather that an effective supervisor is mindful about the use and possible abuse of authority and willing to learn. An important distinction exists between power and

authority. Authority is the sanctioned use of power. In contrast, power is the ability to implement the rights of authority.

Hughes and Pengelly identify three sources of supervisory authority:

1. Organisational role authority over people, finance and resources
2. Professional authority based on competence, knowledge, skills and credibility
3. Personal authority based on how the individual manages her/his attitude to authority

In contrast, French and Raven identify different types of power base:

*   Reward power –ability to give & withdraw praise, resources, funding, promotion
*   Coercive power – ability to punish and reprimand
*   Legitimate power – the right of one's position or office
*   Expert power – the use of superior knowledge and skills
*   Referent power – where other's seek the leader's approval
*   Information power – ability to give, withhold or filter information
*   Connection power – the access to influential people
*   Ascribed power – attributions of power ascribed to the supervisor

The best role models combine organisational, professional and personal authority in a manner that facilitates staff and helps them achieve their task. This provides legitimacy for the role of the supervisor, and is expressed by the fairness of their actions. By contrast, supervisors who over-rely on their organisational authority and who lack professional and personal authority will have problems establishing a supervisory alliance with the worker. In circumstances where rules and authority are unclear or inconsistent, distrust and conflict will undermine the supervisory process.

However clear the supervisor may be, staff, and especially less experienced workers, may still project negative or idealised perceptions of authority onto the supervisor. Authority may be seen as either all bad, resulting in mistrust, inability to engage and conflict, or idealised, leading to dependency and unwillingness to take appropriate responsibility.

The complexities around power and authority are increased where there are issues of difference in relation to gender, ethnicity, culture, language, class, sexuality or disability. Under these circumstances, the misuse of authority by either the supervisor or the practitioner can reinforce wider processes of marginalisation and discrimination. Fears about this affect both parties and may result in:

*   Supervisors who abdicate their appropriate authority because they fear that it will be perceived as discriminatory
*   Supervisees who are unwilling to respect their supervisor's legitimate authority
*   Supervisors who abuse their authority through intolerance of difference, may result in over-representation of minority staff in grievance and discipline procedures
*   Supervisors who ignore differences and pretend they treat everyone the same.
*   Supervisors who avoid supervision on the grounds that the supervisee needs someone special, increasing their marginalisation

It is in this context that supervision has such a vital role to play in promoting anti-discriminatory values and practices through:

- ✓ Establishing a supervisory contract that identifies the role of supervision in promoting anti-discriminatory practice and ensuring the agency's policies with regard to this are made explicit and owned in supervision.
- ✓ Creating a climate in which it is possible to explore values, assumptions and differences in attitudes in relation to issues difference.
- ✓ Reviewing the exercise of power and authority by the worker and by the supervisor
- ✓ Ensuring there is a framework within which disagreement can be addressed.
- ✓ Identifying the support needs of staff who are more likely to suffer discrimination
- ✓ Challenging discriminatory attitudes and behaviours

Practice Guidance on Group Supervision

Signs of Safety Group Learning and Supervision Process

SoS Group Learning
and Supervision Proce

APPENDIX 1. Supervision Contract

This agreement should be read alongside the **Bexley Children's Social Care Supervision Policy**. The policy sets out the practice standards outlined below. This agreement should be signed by both parties, when each has read, discussed an understood the supervision policy. The supervisor and supervisee should have a copy of the policy and this agreement. This agreement should be reviewed and signed annually, linked to the appraisal process.

1. FORMAL INDIVIDUAL SUPERVISION STANDARDS:

Standard One: Frequency & conditions. All Children's Social Care practitioners, permanent or locum, will have planned, regular, protected individual time for formal supervision with their manager.

Standard Two: Preparation. Both parties will attend supervision prepared and agree an agenda.

Standard Three: Content. All four functions of supervision will be addressed; management, development, support and mediation

Standard Four. Recording. Supervision discussions will be recorded using the relevant formats and signed by both parties.

2. INFORMAL SUPERVISION & CONSULTATIONS

The supervisee will bring to the supervisors attention any matters s/he needs to discuss as a priority in between formal supervision. In the supervisors absence, other senior practitioners or managers can be consulted for advice and/or guidance. Non-urgent matters should be part of the joint supervision agenda.

Supervisees can seek "no-cost" consultations from other professionals, e.g. seeking psychiatric advice on working with parents or having a reflective discussion with an IRO, Child Protection Chair or Practice Development Officer. Consultations do not constitute 'supervision' they are to provide advice. Accountability for work discussed outside the supervisory sessions should always remain with the line manager. Legal consultation/meeting must be discussed and agreed with the manager in advance.

3. GROUP SUPERVISION STANDARDS:

Standard One: Frequency & conditions. All teams will have planned, regular, protected time for group supervision.

Standard Two: Preparation. All team members will be prepared to participate fully in the process.

Standard Three: Content. The focus is questioning, the process of critical thinking, analysis and safety planning, not detailed information gathering

Standard Four. Recording. Group supervision will be recorded using the relevant format.

Anti-Discriminatory Practice and Equal Opportunities

The London Borough of Bexley are employers who are firmly committed to tackling practice that discriminates or disadvantages any group on the ground of their race, sex, disability, age, sexual orientation, religion or belief and positively encourages the implementation of equality and diversity standards throughout its workforce. The supervisee is therefore advised to be familiar with EOP policies made available during induction and to demonstrate compliance throughout employment. The supervisor will comply with these policies.

Specific Provisions

In our preliminary discussions, we have identified the following additional issues requiring acknowledgement *(eg; differences in gender, race, background; acknowledgement of power imbalance and agreements regarding resolving conflict)* :

How differences are acknowledged and dealt with. We agree to:

- Acknowledge and value each other's perspective.
- Remain focussed on prioritising the child/ren in question.
- For any differences to be recorded.
- Listen to each other's point of view and aim to reach a consensus.
- Where consensus on casework decisions is not possible, the team manager will make final decision.
- Try to resolve the differences ourselves, if this is not possible we discuss this with the service manager or other agreed third party.

I have read and understood the Bexley Children's Social Care Supervision Policy and will participate in supervision in accordance with the practice standards stated in the policy.

Supervisor		Supervisee	
Name		Name	
Role		Role	
Date		Date	
Signature		Signature	

LONDON BOROUGH OF
BEXLEY

Bexley Children's Social Care
Supervision Record - Case Management (Part 1)

Name of Supervisor	Name of Supervisee	Date of supervision

Child/ family details

Child/ren's name		DOB	LCS Reference No.

Case status	CP LAC CHIN CWD
Date of last visit	
Date of last review meeting	
Due date of forthcoming meetings	

Child & family details up to date on case file	Y / N
Case summary up to date	Y / N
Chronology up to date	Y / N
Case notes up to date	Y / N

Case management decisions & actions from last supervision

<u>Previous</u> safety scale rating   0   1   2   3   4   5   6   7   8   9   10

Progress since last supervision

What's working well?

What are we worried about and what needs to change?

<u>Current</u> safety scale rating   0   1   2   3   4   5   6   7   8   9   10

On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation?

What are the next steps?

Case management decisions & actions	Timescale	Lead

This Supervision Record Template can be found on ICS, in the forms tab.

Bexley Children's Social Care.
Supervision Record – Professional Development (Part 2)

Name of Supervisor	Name of Supervisee	Date of supervision

Management: Case discussions should be recorded in Case Management Supervision Record (Part 1) & cross referenced

Child/ren's name	LCS Reference Number

Summary of discussion.	Next steps – What needs to happen?	Timescale	Lead
Reflections & learning. What's working well? What are you worried about?			
Support: Workload & capacity.			
Mediation: Organisational messages, issues and priorities			
Development: CPD/PDP/Appraisal & Training/HR Issues			

Supervisor signature	Supervisee Signature	Date of next supervision session

LONDON BOROUGH OF BEXLEY

Bexley Children's Social Care
Group Supervision Record

Date of group supervision

Child/ family details

Child/ren's name	DOB	LCS Reference No.

Case status	CP	LAC	CHIN	CWD

Previous safety scale rating   0   1   2   3   4   5   6   7   8   9   10

What's working well?

What are we worried about and what needs to change?

Reflection/analysis following group supervision

Current safety scale rating   0   1   2   3   4   5   6   7   8   9   10

On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation?

What are the next steps?

SMART steps	Timescale	Lead

Direct Observation Recording Template

Name of Supervisor	Name of Supervisee	Date of observation

Case details

Child/ren's name	DOB	LCS Reference No.

Case status	CP LAC CHIN CWD
Date of observation	

Who was present ?	

How did the practitioner **explain their role** (if required)/ clarify the **purpose of the visit/ meeting?**

How did the practitioner **communicate with the children/parents/family members/professionals?**

To what degree were **any issues of risk/significant harm made explicit**? How did the practitioner **demonstrate 'respectful uncertainty'** (cautious scepticism) and ask difficult questions?

How was the **child/ren's plan referred to, discussed and worked towards**?

How were **Bexley Children's Social Care values** demonstrated by the practitioner?

What worked well/was good practice?	What areas require improvement?	Next Steps

APPENDIX 6. Knowledge and skills for child & family social work.

The child and family social worker will know and be able to do the following:

1. The role of child and family social work

Apply a wide range of knowledge and skills to help build family relationships, resource and resilience so that the welfare of the child remains paramount; identify the full range of risks to children and help manage those risks; ensure proportionate intervention, including securing and supporting alternative homes for children, including those in and beyond public care placed with family and friends and for adoption; and to provide care and support to young people as they move towards independence and adulthood.

Explain and critically evaluate the role of social work as part of a system of welfare support to children and their families, including parents as vulnerable adults, and how this relates to the social contract between citizenship and the state and the role of family, kinship and community; explain the impact of poverty, inequality and diversity on social and economic opportunities and how that relates to child welfare, family functioning and the highest context of child protection.

2. Child development

Critically evaluate theory and research findings and demonstrate informed use in practice of: typical age related physical, cognitive, social, emotional and behavioural development, and the influence of cultural and social factors on child development; the impact of different parenting styles on development; and the impact of loss, change and uncertainty in the development of normative resilience.

Understand that normative developmental tasks are different for each child depending on the interaction between environmental and genetic factors e.g. chromosomal disorders, temperament, IQ, attention difficulties, the impact of ill-health and disability, and apply a range of helpful strategies and resources to support children and families where there are difficulties.

3. Adult mental ill-health, substance misuse, domestic violence, physical ill-health and disability

Explain the impact that: mental ill-health, substance misuse, domestic violence, physical ill-health and disability can have on family functioning and social circumstances; apply a working knowledge of the presentation of concerning adult behaviours which may indicate increasing risk to children and the likely impact on, and inter-relationship between, parenting and child development; be able to deploy a range of strategies to help families facing these difficulties; be able to recognise and act upon escalating social needs and risks ensuring that vulnerable adults are safeguarded, and a child's best interests are always prioritised.

Apply a comprehensive working knowledge of the role of other professions in the identification and prevention of adult social need and risk, including mental health and learning disability assessment; be able to coordinate emergency and routine services and effectively synthesise multi-disciplinary judgements as part of social work assessment.

4. Abuse and neglect of children

Be able to recognise: the risk indicators of different forms of harm to children including sexual, physical and emotional abuse and neglect; the impact of cumulative harm, particularly in relation to early indicators of neglect; take account of harmful practices in specific communities such as female genital mutilation and enforced marriage; and the full range of adult behaviours which pose a risk to children, recognising too the potential for children to be perpetrators of abuse.

Explain the concept of good enough parenting within the historical, cultural, political and social dimensions of parental abuse and neglect, the relationship between poverty and social deprivation, and the impact of stress on family functioning; be able to hold a compassionate position about difficult social circumstances providing help and support; acknowledge any conflict between parental and children's interests, prioritising the protection of children whenever necessary.

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5. Effective direct work with children and families

Build purposeful, effective relationships with children and families, which are both authoritative and compassionate; demonstrate a high level of skill in evidence based, effective social work approaches to helping children and families which support change.

Be able to support children and families flexibly in transition, including moving children from home to foster care and return back home, moving into adoptive placements, into independence, and understanding the impact of loss and change.

Be able to communicate clearly, sensitively and effectively using best evidence methods with children of different ages and abilities, their families and the professional system in ways which are engaging, motivating, respectfully challenging and effective even when people are perceived to be angry, hostile and resistant to change.

6. Child and family assessment

Carry out in-depth and ongoing family assessment of social need and risk to children with particular emphasis on parental capacity and capability to change; effectively using child observation skills, genograms, ecomaps, chronologies and evidence based tools; and ensuring active child and family participation in the process and knowing the contributions that other professional disciplines make to social work assessments.

Recognise behaviours which may indicate disguised compliance, resistance to change, ambivalent or selective cooperation with services, and be able to recognise the need for immediate action, and what steps can be taken to protect children.

7. Analysis, decision-making, planning and review

Explain the essential use of multiple hypotheses, the role of intuition and logic in decision-making, the difference between opinion and fact, the role of evidence, how to address common bias in situations of uncertainty and the reasoning of any conclusions reached and recommendations made.

Critically evaluate: levels of seriousness that different risks present, actual and likelihood of significant harm, balanced with family strengths and potential solutions; set out the most relevant options for resolving the difficulties facing the family and each child, considering seriousness and consequences; be able to set out realistic plans within a review timeline which will reduce identified risks and meet the needs of the child, ensuring sufficient multi-disciplinary input into the process and at all stages.

Demonstrate effective care planning for children, including those in public care, by applying knowledge of a child's wide ranging needs, including health and education, to the planning cycle ensuring active participation and positive engagement of the child and family.

8. The law and the family justice system

Explain how the family justice system works in England and the role of the child & family social worker within that; understand the key legal powers and duties to support families, to protect children and to look after children in the public care system, including the full range of permanence options including adoption; understand other key legislation including mental health assessment and competency, disability, youth crime, education including special needs, data protection and information exchange.

Understand how relevant regulation and statutory guidance relates to the law, and understand the complex relationship between ethical professional practice and the application of the law and the impact of social policy on both.

9. Professional ethics

Demonstrate the principles of social work through professional judgement, decision-making and actions within a framework of professional accountability; how to manage competing interests of parents and children effectively, ensuring that children's interests are always paramount, whilst working collaboratively with

parents and extended family whenever possible; how to acknowledge the tensions inherent in having a dual role of care and control on behalf of the state; and the ability to promote autonomy and self-determination within a framework of the child's best interests as paramount.

Know how to demonstrate professionalism through personal attitude and behaviours; be able to evaluate critically the impact of one's own belief system on current practice, taking responsibility for one's own practice and development; safeguarding the reputation of the profession and be accountable to the professional regulator.

10. The role of supervision and research

Recognise own professional limitations and how and when to seek advice from a range of sources, including named supervisors, senior social workers and other clinical practitioners from a range of disciplines such as psychiatry, paediatrics and psychology; demonstrate effective use of opportunities to discuss, debate, reflect upon and test hypotheses about what is happening within families, for children; and how to resolve tensions emerging from, for example, ethical dilemmas or conflicting information or differing professional positions.

Demonstrate a critical understanding of the difference between theory, research, evidence and expertise and the role of professional judgment within that; how to utilise research skills in assessment and analysis; how to identify which methods will be of help for a specific child or family and the limitations of different approaches; and how to make effective use of the best evidence from research to inform the complex judgements and decisions needed to support families and protect children.

11. Organisational context

Operate successfully in a wide range of organisational contexts, including settings undertaking statutory activity, understanding that the success or failure of the social worker depends on the operation of organisations and also in spite of it; that checks and balances within local and national systems are a necessity which must be complied with as a condition of employment, and that learning is used to assist in practice development; that quality of relationships and reputation management with peers, managers and leaders both within the profession, throughout multi-agency partnerships and public bodies, including the family courts, is an essential component of successful support to families and protection of children.

Be able to manage the specific set of tasks relating to statutory case responsibility for children in need and children in public care, with the support of an appropriately qualified supervisor; and ensuring that the leadership of the multi-agency support network is properly utilised and effective, taking necessary steps to safeguard children's welfare, where this is not the case.

APPENDIX 7. BEXLEY CHILDREN'S SOCIAL CARE VALUES

Our vision for children, schools and families in Bexley 2016

1. Most important to us, is the **effectiveness of the work that we do and the difference that we make** in doing it.

2. In Bexley, we work with the phrase **'what life and education is like for me'**. This helps us to focus on the experiences of children, families, carers and other professionals when we are involved in their lives, education and work.

3. We believe that **all children, young people and families should reach their potential**. We will try to support them as they grow up, to be safe, healthy, and able to make the best use of their skills to secure good employment and therefore make the most of their lives.

4. Our ambition is that all **children and young people live or are educated in good or outstanding environments**.

5. **We will try to meet the needs of children and young people who have a special educational need or disability as locally as possible.** Their education, health and care needs will be regularly reviewed with their best interests at the centre of our thinking.

6. We believe that **strong families are at the heart of our community**. All of our work to support families is driven by **their strengths that we can build upon** to help them to be more **resilient and more able to support and protect their children**.

7. We will try to **help families at the earliest opportunity**, especially if there are **children living with violence, the mental ill health of a parent or carer, the risk of or actual school exclusion or drug and alcohol abuse by an adult or carer in the household**.

8. In our work with families and alongside our partners, we will work to **reduce harm to children and young people and we will protect them from abuse and neglect. If the risk remains or intensifies, we will act quickly to protect them from further harm.**

9. **Where it is not possible for children and young people to remain living with their families, we will provide good permanent alternatives that improve their life chances. They will not be disadvantaged by becoming looked after children**

10. The **feedback that we receive from children, young people, families, carers and colleagues who we are working with**, helps us to improve and to learn. We will **ask people about their experiences of our work with them and will listen and learn from the mistakes we make**.

11. We believe it is important to provide good information and to use **clear and simple processes** that everyone can understand and to **use those consistently**. We want

those processes to support the help we provide to children, young people, families, carers and learners.

12. We want to **offer services that are high quality and efficient for everyone**. We aspire to **manage our performance carefully**, making sure that we understand our business **and hold ourselves properly to account** for the quality and delivery of care, education, help and support.

13. Our **leaders and managers** are expected to **provide good support to staff** and to each other and to **respond quickly and effectively to improve things when they are going wrong.**

Our professional values when we are working with children, young people, families and carers

1. We believe that good practice only happens through the **relationships** we have with the children, young people and adults we are trying to help. We will always be careful to **balance the authority** we have with **empathy** and **respect** for everyone with whom we work.

2. We will always **speak plainly** and make sure the children, young people and families we are working with, understand what we are saying, what we are doing and why we are doing it, **explaining the judgements we make** and the actions we take.

3. We will always ask and then **listen carefully** to children and young people when they share **what is happening in their lives,** what they are worried about and what they want to happen. Their **experiences, past, present and future** will always be **at the centre of our thinking**. We will take every opportunity to help them become confident, independent and resilient individuals.

4. We will **be thoughtful and analytical** with all the information we have when we are assessing what children and young people need to keep them safe. Our **assessments will show clear reasoning** and will reach a **clear conclusion that everyone can understand.**

5. We believe **every family has strengths,** which we will notice when we are working together. We will help people to identify solutions to their difficulties, making the best use of the **good and safe things** that already exist in their own **network of family, friends and community.**

6. We believe that we have a shared responsibility to help families to change so that children and young people live safely with them. We will **work with families to make a clear plan about what needs to change and we will**

describe clearly the help we can offer. Our plans will also clearly explain **what will happen if things do not change.**

7. When we make professional judgements about 'best next steps' to help a family, we will **think together as colleagues and managers,** making sure we take time and care to agree **decisions that are in the best interests of the children and young people.**

8. We believe that the help we offer to families is more effective when we **work closely with other professionals**, provided we have **consent** to do so and/or it is in the best interests of the children involved.

9. We will keep **clear records** about our work with children, young people, families and carers which we will share with them when it is in their best interests. We will keep a detailed history for those children and young people who we look after, so that they can **understand their lives, their own stories** and the decisions that have been made to keep them safe and happy.

10. We will be **reliable and interested in the quality and effectiveness of our work.** We will make sure everyone understands what we are doing, why we are doing it and the plans we are making. We will always ask for **feedback, and we will learn** how to improve what we do and how we do it.

Signs of Safety Group Learning and Supervision Process

**To develop Analysis, Judgement, Questioning Skills**
By Andrew Turnell

Thinking about Assessment

Assessment comprises three steps;

1. Gather Information
2. Analyse the information
3. Judgement

Risk Assessment is the heart of all child protection practice from case commencement to closure. Despite the tendency to believe assessment is a one off undertaking it is actually an ongoing process since professionals have to constantly re-evaluate the safety of the child throughout the life of a case. Unfortunately, because it so central and important, the assessment process often becomes overwhelming for professionals and they lose focus of assessment as dynamic process and getting caught in the feeling they must get the assessment right. At that point in time the assessment process becomes bogged down in a constant cycle of information gathering (step one repeated endlessly) with professionals focused on getting more and more confident feeling they don't know enough to analyse the information and make a judgement.

Signs of Safety assessment is designed to foster a dynamic, participative and action-based learning process throughout the life of the case. Signs of safety assessment therefore should never be seen as a stand-alone one off operation but as the cornerstone of an ongoing action learning process for both professionals and family members. Represented graphically the Signs of Safety assessment action cycle looks like:
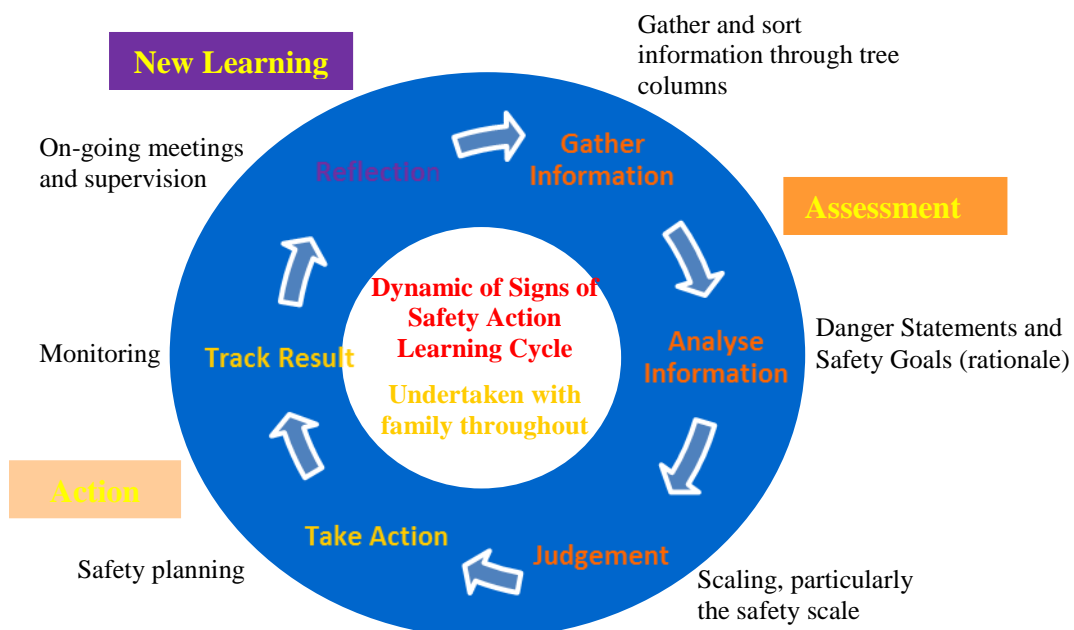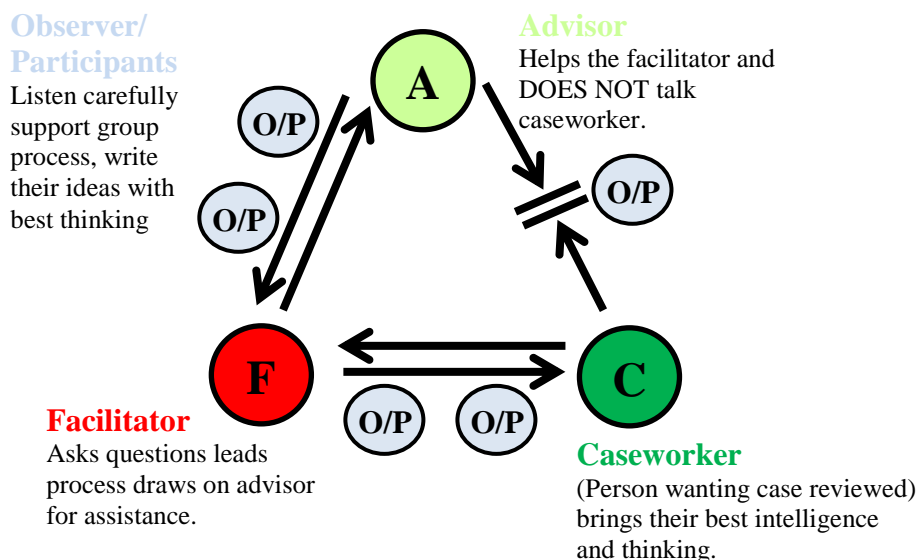
The group supervision process described below is designed to assist professional teams to become more agile and confident to operationalize this action learning cycle, to build habits and to move quickly from the information they currently have to analysis and then judgement and then to take action in the case based on what analysis and judgement. Assessment should always be undertaken by professionals with a sense of humility about what they think they know.

Adopting a stance of humility means professionals will continually review the assessment based on new information and the outcome and impact of the action taken.

To restate then, rather than trying to nail down a definitive assessment the purpose of the group mapping work described here is to build strong team habits of analysis and judgement to foster more agile confident decision making and practice. The role of the facilitator and the advisor is to sustain an agile parallel process and keep the group work moving throughout. Good group process for thinking through cases will lead to more energy and dynamism in practice because it builds a shared sense of carrying risk within the whole team that dissolves the isolation and sense that so many practitioners have, "if this goes wrong it's my fault". Teams that use this process consistently report greater confidence in their use of the framework and their Signs of Safety practice.

Group Supervision Process

This signs of Safety group supervision process is designed for groups of 4 to 10 people. The process revolves around the caseworker who brings forward the case (sometimes of course there are a number of people bringing forward the case (sometimes of course there are a number of people bringing forward the case). The facilitator leads the group process assisted by an Advisor. Other group members are involved as Observer/Participants. The roles of each are described in the following diagram:

Observer/Participants
Listen carefully support group process, write their ideas with best thinking

Advisor
Helps the facilitator and DOES NOT talk caseworker.

Facilitator
Asks questions leads process draws on advisor for assistance.

Caseworker
(Person wanting case reviewed) brings their best intelligence and thinking.

The whole group and the facilitator and advisor in particular need to focus on the process and not get caught up or over-organised about the content and the detail of the case. This process is all about growing capacity for the team to create together a fast process for working through and getting direction in a case. As with every meeting in child protection, effective meetings are always skilfully led.

Group Process
Introductions (2 to 3 minutes):
If the group is new to the group supervision method the facilitator should introduce the process including a quick description of what each person's role is:
- The facilitator is THE ONLY person that talks directly to the caseworker
- The Advisor acts to assist the facilitator to lead the process.
- The observer/participants have the opportunity to learn by staying out of the content of the case and focusing on analysis and judgement process thereby assisting the worker to gain a better overview of the case and the direction she wants to take.

The facilitator has the professional's casework and anyone directly involved in the case say who they are, what their role in the case is and how long they have been involved in the case. The facilitator will probably need to keep the professionals involved in the case from starting to go into case content at this point.

Genograms (3 minutes):
The facilitator draws the family genogram with the basic information of age and names of the immediate family, parents, partners, children, extended family members and relevant friends. This should include clarifying where children are living if not with one or both of the parents. Again to keep the process focused this is not the time to describe case information.

Three Minute Free Description of Case (3minutes):
The facilitator gives the worker 3 minutes to give an overview of the case usually by asking "what makes this an open child protection case now?" Allow the worker to talk without interrupting. The facilitator and observers should make notes of workers exact words and begin to analyse the information. While listening the facilitator can make notes at the side of the whiteboard and should not be trying to 'map' the case by locating information in particular columns.

Workers Goal (3 minutes)
This is the most important part of the four preparatory steps as this gives clear focus for the facilitator and group.

Ask 'what do you want out of this consultation/conversation about your case?' The facilitator should dig in a little to get a clear specific goal. If the worker says I want to know what to do next this is to general, and the facilitator should ask what specifically they feel they need to help with to figure out what to focus on next?

If the worker says I want to make the child safe, or want to return the child home, the facilitator can point out this is a goal for the case and the family, and ask something like,

'okay so you want to return the child home that's the goal for the case, what do you need from this consultation to help you move towards getting the child back home?'

Draft a 'rough' working danger statement(s)
Get everyone in the group to draft a 'rough working' safety goal for the case based on what they have heard to help guide their participation in the group mapping process.

Draft a 'rough' working safety goal(s)
Get everyone in the group to draft a 'rough working' safety goal at this early stage jumps everyone **out of** information gathering mode and **into** the analysis phase of the assessment (mapping). This should then enable all participants, the worker and the facilitator to be much sharper and purposeful in creating the question that will guide the mapping and that will be offered to the worker. The facilitator get some (or all if only a small number in the group) to read their rough danger statements and safety goals and then reads their own at the end. Through this process the facilitator should have a much sharper idea about what this case is actually about and be more equipped to continue to lead the process.

What's working well?
7.1 Once steps 1 to 4 are complete, facilitator gets everyone to individually write down on a piece of paper (that can be handed to the worker) the best questions they can think of for this case to capture information about what's working well. These questions should be targeted at existing strengths and existing safety [to achieve this participants will have to have framed their own draft danger statements(s)]. Questions should be written out fully in the form they would actually be parents, children, extended family members and professionals who are involved in the case. At least half of the questions should be written as relationship questions. (5 minutes)

7.2 Everyone reads one or two of their questions, choosing their strongest questions. The facilitator reads all his/her questions.

7.3 Facilitator then asks the worker, 'which of these questions seem the most important to them? Which questions do they want to use with the family and other professional's?' As worker identifies particular questions the facilitator writes them in the next steps section of the 'what needs to happen' column.

7.4 Facilitator asks worker, 'are there particular questions or areas you would like to map now which of these questions seem most important to them?' the facilitator spends 10-15 minutes mapping the details of these issues.

7.5 All group members give their questions to the caseworker.

7.6 Facilitator can review process so far by asking worker – 'what has been the most useful for them about the process so far?' Also can use the question, 'on a scale of 0-10 where 10 I've got what I need from the consult already and 0 is I'm not better off or any clearer then when we started, where are you?'

1. **Safety and Other Scales**
8.1 Facilitator gets everyone to individually write down on a piece of paper (that again can be handed to the worker) the best sharpest safety scaling question they can think of for this

case [again to achieve this participants will have to have framed their own draft danger statement(s)]. Participants then write a second scaling question they think would be important to use. (5 minutes)

8.2 Everyone reads one or two of their questions, choosing their strongest questions. The facilitator reads all his/her questions.

8.3 Facilitator then asks the worker, 'which of these scaling questions seem most important to them? Which questions so they want to use with the family and other professionals?' As worker identifies particular question the facilitator writes them in the next steps section of the what needs to happen column.

8.4 Facilitator asks worker, 'are their particular scaling questions you would like to map now which of these questions seem most important to them?' The facilitator spends a few minutes mapping the detail to any chosen scaling question. Facilitator can work with the worker to shape and refine the workers ideal safety scale from the offerings. Facilitator should also get ratings from key players to the safety scale.

8.5 All group members give their scaling questions to the caseworker.

8.6 Facilitator can review process so far by asking worker – 'what has been most useful for them about the process so far?' Also can use the question, 'on a scale of 0-10 where 10 I've got what I need from the consult already and 0 is I'm no better off or any clearer then when we started where are you?'

2. What are we worried about?
 2.1 Harm
1. Review the analysis elements of harm. Harm needs to clearly describe the behaviour that was harmful/damaging and address:
   - How bad the harm is – Severity
   - How often it has happened – incidence/Chronicity
   - How the harmful behaviour has affected the child – Impact

   (In risk assessment literature impact is often explored as part of severity)
2. Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best sharpest question they can think of for each B, S, I and I (or perhaps one element each, whatever suits). (2-5 minutes)
3. Everyone reads one or two of their questions, choosing their strongest questions. The facilitator reads all his/her questions.
4. Facilitator can ask the worker, 'on a scale of 0-10 where 10 is you feel that in this case you have mapped the past harm and this doesn't need to be done and 0 is I'm really unclear on the past harm and this needs attention, where do you rate what you have done in this case? If the worker rates high any content mapping of the harm is for the benefit of participants not the worker, if low be guided in mapping the harm by the worker and team leader.
   Facilitator also asks 'which of these harm questions seem most important to them? Which questions do they want to use with the family and other professionals?' As worker identifies particular questions do they want to use with the family and other professionals?' As worker identifies particular questions the facilitator writes them in the next steps section of the what needs to happen column.

5. Facilitator asks worker, 'are their particular areas of harm you would like to map now, which of these questions seem most important to them?' The facilitator spends a few minutes mapping the detail to any chosen harm area.
6. All group members give their harm questions to the caseworker.

9.2 Danger
1. Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best sharpest danger statement(s) for this case in language the parents (and children) can understand. Consider whether you want to do this in words and picture format (5 minutes – probably 10 is words and pictures format).
2. Everyone including the facilitator reads their danger statements.
3. All group members give their danger statements to the caseworker. It is possible for the group to work to create agreed danger statements from all those created by participants but this will take significant time so it is usually better for the worker to take away the danger statements and make ones she/he wants from the ones created in the group.

9.3
Facilitator can review process so far by asking worker – 'what has been most useful for them about the process so far?' Also can use the question, 'on a scale of 0-10 where 10 I've got what I need from the consult already and 0 is I'm not better off or any clearer then when we started where are you?'

10 Safety Goals
10.1 Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best, sharpest safety goal(s) they can come up with for this case in language the parents (and children) can understand. Consider whether you want to do this is in a words and pictures format in which case it will probably be a combined danger and safety goal words and pictures (5 minutes).

Safety goals should be written in the following format: Mary and John Karawara CPFS want Tilly and new baby to be with Jacksie because they can see….. (Put a clear short statement about the positives). For this to happen CPFS need to see…..

10.2 Everyone including facilitator reads their safety goals.

10.3 All group members give their safety goal to the caseworker. NB. It is possible for the group to work to create agreed safety goals from all those created by participants but this well take significant time so it is usually better for the worker to take away the safety goals and make ones she/he wants from the ones created in the group.

11. Review and Next Steps
Facilitator now reviews process so far by asking worker – 'what has been the most useful for then about the process so far?' Then asks question, 'on a scale of 0-10 where 10 I've got what I need from the consult already and 0 is I'm no better off now or any clearer then

when we started where are you?' If worker rates high (which they should by now or the group has gone significantly off track from what the worker wanted) ask, is this enough for now?

If yes end mapping here.

If no ask, 'what else they need to focus on?' and spend some time on that usually by listening to the issue and getting questions created for that issue.

If the worker rates low, probably indicated the group process has got significantly off track from what the worker wanted or that the worker actually now wants something else or perhaps is feeling seriously swamped and anxious about the case, Whatever the problem, the facilitator will need to back up and help the worker identify where the sticking point is and agree to a process to deal with that.

12. Review Process for Group
The advisor leads a review with the whole group about what was useful, what they learnt and any issues they have (the review **should not be** about the content of the case).

How often do we use this group process in the agency or team?
When presenting and teaching this group mapping process the question is often asked, how often we should do this in our agency? Do we do this in every case?

This group process is designed to:
- Build a shared, structured, collective team and agency culture and process for thinking through cases using the Signs of Safety approach.
- Enable child protection professionals to explore each other's cases, bringing their best thinking, including alternative perspectives and to do this without getting caught in one or two people dominating or the group telling the practitioner who's case it is what they must do.
- Develop a shared practice of bringing a questioning approach to casework rather then trying to arrive at answers.

This group process cannot be undertaken in every case discussion; however the process can be replicated in individual supervision and also when practitioners are thinking through cases for themselves.

To build and sustain this sort of questioning culture for thinking through cases in a team ususally requires that it is undertaken at least once every two to four weeks.

The process presented here offers quite a tight stucure because helping professionals tends to defult to indiviual supervision, so group supervision is not a normal part of most agencies practice and where it is the group conversation can be very free form and unstructured

with little strength of shared purpose. If the majority of quality supervision is induvidual this creates a very privatised practice culture within the agency, places excessive pressure on the team leaders or supervisors to be the front of all wisdom for all practicioners and limits the capacity to draw on the knowledge and experience of peers. Many supervisors and practicioners shy away from group supervisionn or if they have to participate they do so in a constrained way because of previous bad experiences. I would suggest that spervisors and teams follow the process offered here closely particularly as they build the habbit of group supervision in there teams as this process is safe, well tested and refined and avoids group dynamics where one or two people dominate.

The advisor role is central to the success of group process the advisor should be very active checking in regularly with the facilitator about there sense of direction and effectiveness of what they are doing. Likewise the facilitator should quickly draw on the advisor if they are feeling stuck or unsure.

APPENDIX 9. REFERENCES & FURTHER READING

This material has been adapted from the **Supervision guide for social workers.** Newly Qualified Social Worker Handbook. Published by the CWDC in Feb 2009:

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