

# Supervision Resources and Tools for Managers and Supervisors



## 6.0 Contents

<b>1.0</b>	<b>Introduction</b>	<b>3</b>
1.1	What do we mean by...	3
<b>2.0</b>	<b>Personal supervision</b>	<b>4</b>
2.1	Building resilient workers and managing challenging roles	4
2.2	People Services	4
2.3	Social Graces	4
2.4	Johari Window	5
2.5	Reflective questions to explore equality & diversity within our practice/within teams:	6
2.6	Becoming Anti-racist	7
2.7	Trauma Informed Supervision	8
2.8	Reflective Supervision	11
2.9	Appreciative Inquiry	12
2.10	Social Worker Wellbeing and Working Conditions: Good Practice Toolkit – November 2020 – BASW	13
<b>3.0</b>	<b>Case Supervision</b>	<b>14</b>
3.1	EARS Appreciative Inquiry	14
3.2	Learning from audits	15
3.3	Signs of Safety Methodology in Supervision	15
3.4	SMART Actions	20
3.5	Reflective Questions	21
3.6	The Practice and Supervision Cycle based on Kolb	22
3.7	Hypothesising	23
3.8	Reflective Supervision for Trauma-informed Practice	23
3.9	Research In Practice	25
3.10	Reflective Discussions & Recording Reflection in Supervision	30
3.11	Heart, Head and Hands reflective model	31
<b>4.0</b>	<b>Learning with Peers – Group Supervision</b>	<b>32</b>
<b>5.0</b>	<b>Support for Supervision Records</b>	<b>33</b>

# 1.0 Introduction

## 1.1 What do we mean by...

**Analysis:** to break something down into parts and explore the relationship between those parts – taking a ‘helicopter view’.

**Hypothesising:** trying out different interpretations of giving different meanings to information.

**Critical thinking:** weighing up different options, interpretations and sources of information and being explicitly about why one might be chosen over another.

**Intuition:** draws on life experience, practice knowledge and research to make judgements.

### Supervision should be where:

- Analysis and critical thinking is modelled
- Good questions are used to promote this skill in supervisees
- Supervisees can safely explore new knowledge and skills and increase their confidence in their own judgement
- Emotional intelligence is practiced – where emotions are used in balance - as information; not dismissed or buried but are not allowed to dominate decision making either (RIP).

The tools and questions described in this booklet can be used in supervision individually or together. Find the best ways for you. The purpose of this document is to support managers in the task and supervision and provide a number of resources and tools to support and strengthen practice. This document should be read in conjunction with the supervision policy and procedure.



## 2.0 Personal supervision

Personal Supervision is an essential part of our practice and it should take place every month

### 2.1 Building resilient workers and managing challenging roles

It is the organisation's responsibility to build emotional resilience in the workforce – whilst workers can do things to help themselves – it is not their sole responsibility to manage the emotional fall out from demanding and challenging work with families. The following tools are useful tools to share with practitioners.

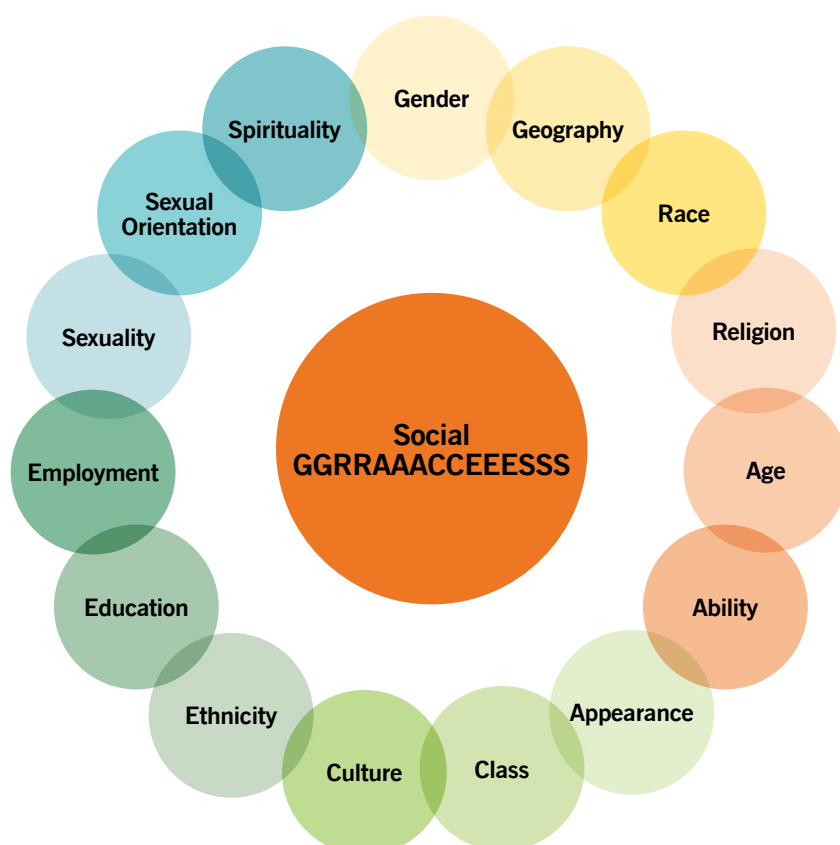
### 2.2 People Services

People's Services pages contain lots of advice and support to managers to support staff's wellbeing within their roles. Please visit the relevant Intranet pages for more information. This includes supporting staff around mental health needs, stress, and all other personal circumstances.

For Children's Social Care and Children and Family Wellbeing Service, we also have the Critical Response Service which is to offer therapeutic input for staff who have experienced and significant and traumatic event at work. Please visit local procedures for more information and the referral form.

### 2.3 Social Graces

This is a tool developed by John Burhnham, Alison Roper-Hall and colleagues (1992). This can be used to reflect on work with children and families, but also to consider our own identity and how that may impact on our work. It can be helpful to reflect on protected characteristics, identity and social inequalities.



#### Questions for worker consideration/discussion

Which of the social graces grabs you the most? Why?

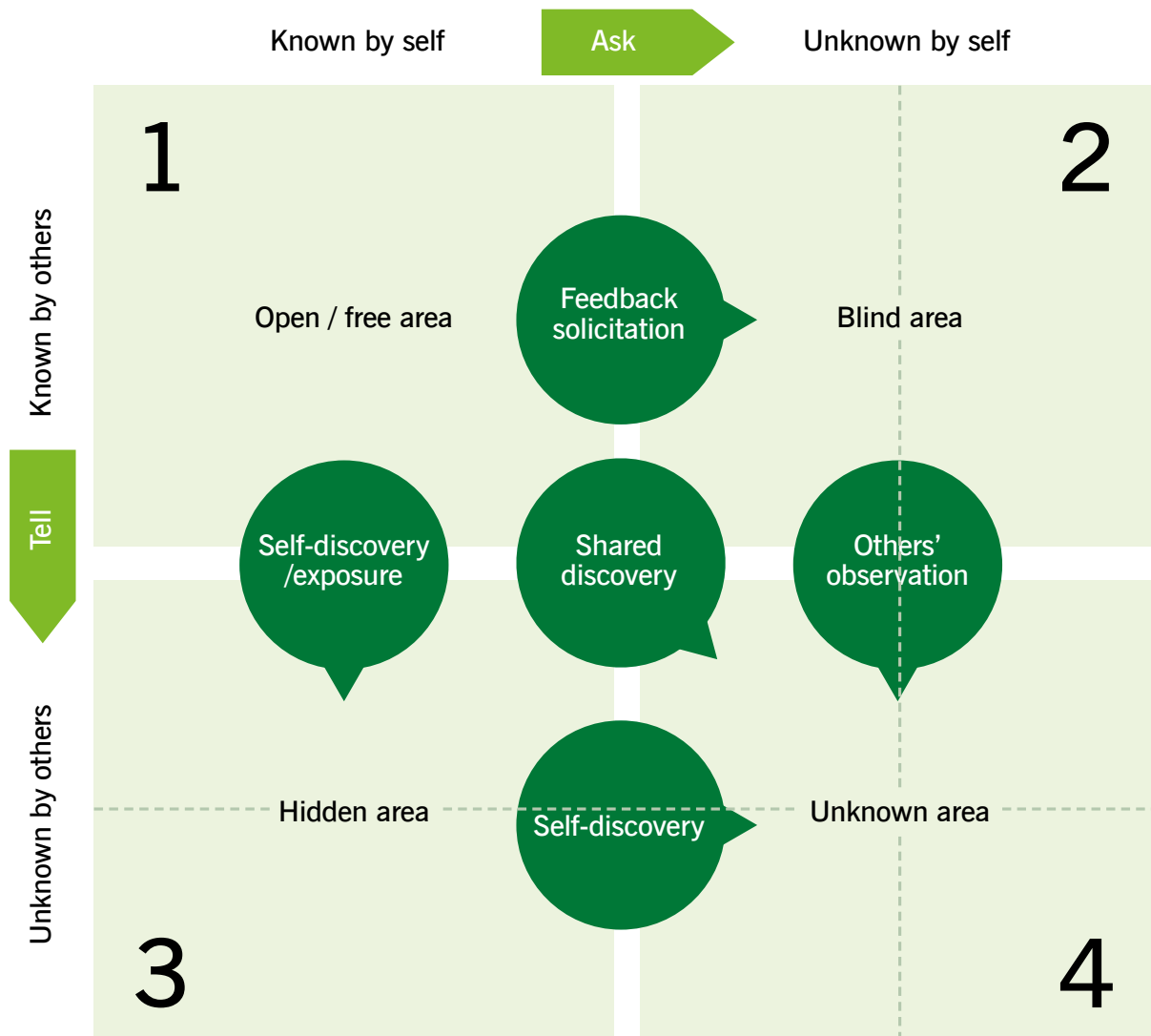
Which do you least comprehend?

What is the impact of your social graces on the family you are working with?

What aspects of difference can you see?

What aspects of sameness can you see?

## 2.4 Johari Window



The Johari Window is a tool to enable self-reflection which was created by Luft and Ingham (1955). It helps people to better understand themselves and other people as well as explore how we communicate with ourselves and others. It looks at what we ourselves know/don't know about ourselves and what people know/don't know about us.

Open area – What is known to us and others e.g. when we consider ethnicity/skin colour, this is something that's visibly known.

Blind area – information that is unconscious/not known to us and can be brought to the forefront through e.g. reflective questions and discussions in supervision.

Hidden area – information that we chose not to disclose about ourselves e.g. not sharing information with our team members like our sexuality or that we have a child who has a disability.

Unknown area – information that is not known to us or others around us.



## 2.5 Reflective questions to explore equality & diversity within our practice/within teams:

- To what extent does socioeconomic and structural inequality related to race, ethnicity, culture, religion, sexuality, poverty etc. feature in your assessments and planning of work?
- If the child has a learning disability, developmental delay or sensory needs, what do you need to consider when gaining their wishes and feelings?
- What meaning does the child attach to the different aspects of their identity? What is the relationship between their identity and their self-esteem? What aspect of their identity had the most impact on their life and life experiences?
- Who holds power within the team and why? Who dominates and who speaks less frequently in meetings and does this relate to aspects of diversity? What are the implications?
- How does your identity and your own views impact how you engage with and complete assessments?
- What is the structure of your team? Does it reflect the diversity within the community? How could this impact team members from diverse backgrounds e.g. ethnicity, religion, sexuality, disability etc?
- What stressors related to discrimination and oppression may the child have experienced/ influences their life opportunities? Consider ethnicity, religion, sexual identity, culture, ability, socio-economic background etc.
- When considering placements, have you given thought to the child's identity needs? Consider ethnicity, religion, sexual identity, culture, language etc.
- When working with people of various cultural and religious backgrounds, how do your beliefs/stereotypes/unconscious bias impact professional curiosity?
- What consideration to cultural and religious practice would you need to give when completing/arranging home visits and meetings?



## 2.6 Becoming Anti-racist

This is a tool to use to think about the process of development, growth and learning to become anti-racist.

<https://www.gscb.org.uk/media/2099139/becomingantiracist-3.pdf>



## 2.7 Trauma Informed Supervision

Reflective supervision is an ongoing conversation between a staff member and a supervisor. These conversations are dedicated to promoting reflection on thoughts and feelings that arise in our work with families. Reflective supervision is key to supporting staff when working with families who have experienced trauma. It can be used to address staff's vicarious trauma and to support staff who have experienced trauma. Supervisors use specific skills that create a culture of safety. They learn, for example, how to

- turn mistakes into learning opportunities,
- protect confidentiality,
- and help staff turn their vulnerabilities into sources of strengths.

### 2.7.1 Caring for Ourselves as We Care for Others

We need to take care of ourselves when we work with people who have experienced trauma. The effects of those experiences on them can affect us, too. They can cause us to experience vicarious trauma. They can also bring back—or trigger—the effects of trauma that we may have experienced in our own lives.

### 2.7.2 Understanding Vicarious Trauma

When we work with families who have experienced trauma, practitioners may be deeply affected by their pain, anxiety, and other strong feelings. The result may be vicarious trauma.

Vicarious trauma is a natural reaction. It is our own emotional reaction to the helplessness, fear, and hopelessness that other people who have experienced trauma often feel. Vicarious trauma can leave practitioners with similar feelings that can weigh us down and make it difficult to relax or experience joy.

- We can prepare for these natural reactions and learn to handle them by:
- Honouring our gift of compassion
- Accepting the limits of what we can offer
- Recognizing that our supportive relationship may be more healing than we think
- Finding gratitude for the deeply meaningful work we do
- Seeking connection and comfort in our own relationships
- Honouring Our Gift of Compassion

Our ability to feel the pain of others allows us to understand the feelings of others. These feelings are often a guide in the work practitioners do with families. They may also stir up practitioners' own feelings. This ability can take a toll; yet, it is also a gift. It is an important part of who we are and why we do this work. We may find it helpful to reflect on and value our ability to be compassionate. At the same time, it is important to attend to our own feelings with equal compassion.



### 2.7.3 Accepting the Limits of What We Can Offer

Because we feel deeply with others, it is natural for us to want to fix things and to make everything better, even when we can't. We may hold ourselves responsible for changing things that are not in our control. We may feel guilty about not being able to do so.

We can learn to:

- Notice these thoughts and how they sap the energy we need for this work
- Protect ourselves from guilty feelings that we do not deserve
- Save our energy to focus on doing everything we can do

We can honour this urge to fix things as an expression of our gift of compassion. As we remind ourselves to focus on what we can do, we can let go of what we cannot do. We can use words like, "I will do everything in my power to do what I can to be with you through this." We are likely to keep wishing that we could do more. We may need to work on giving ourselves permission to let go of what is not in our power.

### 2.7.4 Understanding Trauma Triggers

Reflective practice can help us identify when we are experiencing vicarious trauma or trauma triggers. We may become aware of interactions with children, families, or staff that have traumatized us or may have triggered us. We may want to discuss these reflections with our supervisor or we may choose to seek out a mental health professional with whom to share these reactions. Remember that trauma informed practice includes "resisting re-traumatization," and that also means protecting ourselves from trauma triggers that can retraumatize us.

If we have experienced trauma in our own lives, we may still be trying to understand how it has affected us. We may find that we feel the effects of that experience when we work with families who have experienced trauma. We may notice specific things that children, parents, or other staff do or say that make us think about what happened to us.

We may have thoughts and feelings that are similar to the ones we had when we experienced trauma. For example, we may see more danger than there really is when a child loses control, or when a parent is angry. Others' behaviours may make us think about the person who hurt us, or the moment when we were hurt. These are all referred to as "trauma triggers."

We may not always be aware that some of the feelings we have are connected to our own past experiences. If we are not aware of the connection between what just happened now and what happened to us previously, we may feel frightened and confused without understanding why.

Those members of staff who belong to racial or ethnic groups that have experienced historical trauma, such as slavery or genocide, often continue to experience trauma caused by racism, prejudice, and discrimination. These may include, for example, overt or subtle policies or practices that exclude or harm those staff who are identified with these groups. Other examples include prejudicial statements by people who may be either intentionally hateful or well-meaning and unaware of the hurt they cause.

Each new traumatic experience can be a trigger for prior ones in our own lives. Each one may also remind us of the historical trauma that people have experienced and that our families have taught us about. Retraumatizing experiences can bring back a sense of danger, powerlessness, and loss of our own control over defining who we really are.

**Common examples of trauma triggers can include:**

- People or places
- Times of the year or holidays
- Certain kinds of weather
- Songs
- Separations, losses, or new traumatic experiences that bring back the memories of old trauma
- Parenting a child who is the age we were at the time of our traumatic experience
- Racist statements or acts

**Common examples of experiences resulting from trauma triggers can include:**

- Flashbacks — powerful memories or visions of the traumatic experience, along with the feelings of fear at that moment
- Panic attacks — heart pounding, skin flushing, breaking out into a sweat, breathing hard and fast, and the feeling that something terrible is about to happen
- Dissociation — zoning out, losing track of time, and not being able to stay in and process the present moment
- Other common reactions to trauma triggers could include:
- Perceiving more danger than there really is—for example, when a child loses control or when a parent is angry
- Retreating into our thoughts about the trauma, becoming preoccupied with these thoughts, and having trouble staying present or thinking about anything else
- Feeling the urge to blurt out what happened to us
- Feeling like disappearing or rushing away from the immediate situation
- Pulling away from others when there is conflict—real or perceived
- Rejecting the help, we need because it is difficult for us to trust it

### 2.7.5 About Trigger Responses

Trigger responses can seem to sneak up and take control of our thoughts and behaviour. Yet, there are often patterns to these reactions. We can learn to recognize how trauma triggers affect us. Here are a few things we can do to settle down reactions like these:

Become familiar with trauma triggers and trigger responses. This can make them less frightening, whether we're the person experiencing them or observing them.

Learn to recognize the triggers and predict the thoughts and feelings they set off. This can help create a greater sense of control over them.

Focus on sources of safety and protection in the present. This can be helpful when re-experiencing traumatic events brings back past feelings of being in danger.

For those of individuals who experience trauma related to their race or ethnicity, it helps to talk about what they are feeling with people who will truly understand right away and without explanation. It can also help to consider whether they want to use these feelings in constructive ways to right the wrongs we have experienced.

### 2.7.6 Plan for Self-Care for When Triggers Occur

One way to be prepared is to be ready to take a break and ask for help when we experience a trauma trigger. We can plan in advance what we will say if we find we need to pause a conversation with another staff member or a family. For example, we might say, “This conversation is really important to me, but I need to attend to another very important matter right now. I’ll be back as soon as I can.”

We may find that simply finding a quiet, private spot where we can take some deep breaths and shift our thoughts back to the present is enough to settle ourselves. We may also want to plan in advance with a supervisor to have someone available who can back us up at times like these. If we need more than a quiet moment, we can try other coping strategies that we already know work for us. Examples may include getting in touch with a friend or loved one, taking a short walk outside, and looking for the positive elements in the situation.

Staff and supervisors can support each other to take the time each may need to settle themselves after being triggered by trauma.

### 2.7.7 Coping with Trauma Triggers

#### **Recognize the Feelings That Accompany Trauma Triggers**

There are many ways to handle our reactions to trauma triggers. We can start by learning to recognize the feelings we have that can occur with trauma triggers. For example, these feelings might include suddenly experiencing intense fear or anxiety; shutting down and going silent; or wanting to get away from the situation. We may discover that we have had feelings like these when we were triggered. In those moments, we may not have been aware of the connection between those feelings and what happened to us in the past.

#### **Prepare for Triggers by Identifying When They Are Most Likely to Happen**

We can identify and anticipate events and interactions that may be triggers. We can prepare ourselves for them and feel more in control. This can help us feel more confident that we will not be caught off guard. We can learn about the things that trigger us and our reactions to them.

As we do, we may find that these memories, thoughts, and feelings no longer seem to sneak up on us and take control of our behaviour. When we can see those thoughts and feelings coming, we can decide about what we want to do with them. An important part of healing is this sense of mastery—of reclaiming control over what we think, feel, and do.

## 2.8 Reflective Supervision

All managers have access to Research In Practice Resources using your work email address.

Visit the Research in Practice website for many tools to aid reflective supervision. RIP section on reflective supervision <https://practice-supervisors.rip.org.uk/supervision/having-reflective-discussions-in-supervision/> and the practice supervisors homepage here <https://practice-supervisors.rip.org.uk/supervisors-home/>.

All managers and leaders have completed the Leadership Course with RIP which included many tools and resources. Please follow this link for further tools and resources [Leicestershire Leadership Development Programme 2021-22 Learner Space \(researchinpractice.org.uk\)](https://researchinpractice.org.uk/Leicestershire-Leadership-Development-Programme-2021-22-Learner-Space). Below are some specific tools that could be used

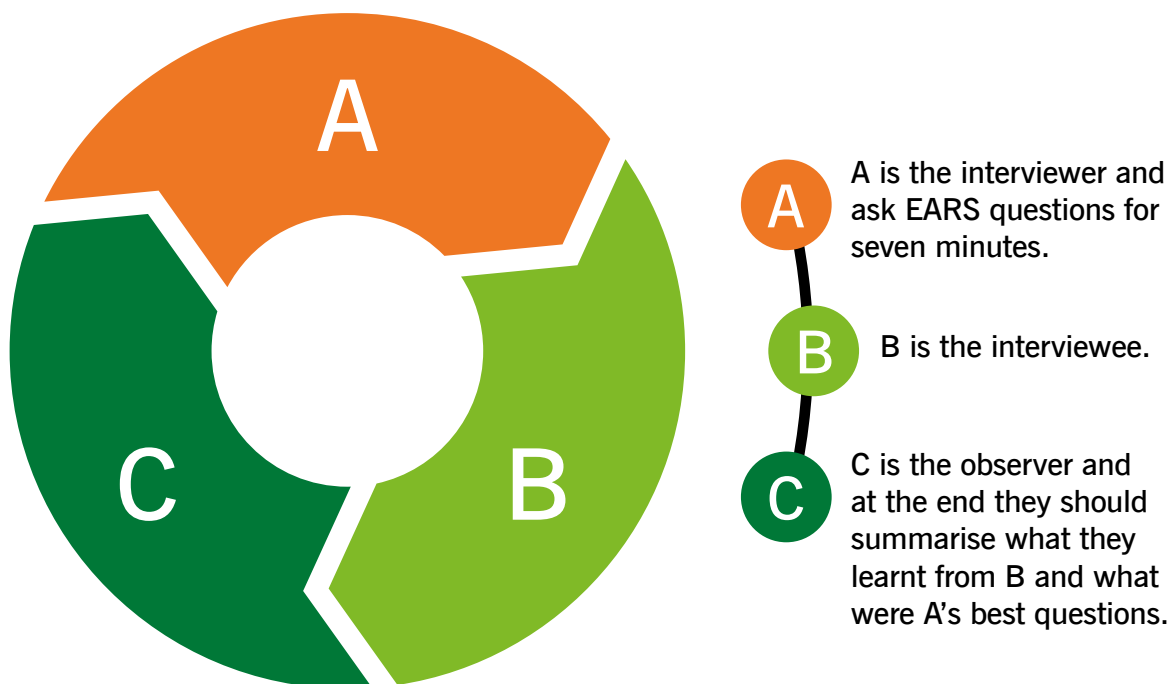
## 2.9 Appreciative Inquiry

The appreciative inquiry model uses EARS to really draw out learning. Understanding of what worked is discovered and 'owned' by the supervisee.

We have adopted this approach within the department as a way of exploring in more depth the learning from particular cases, situations or experiences. This approach sits well with a more reflective approach to supervision. We practice EARS at every Practice Lead session. Who has these skills in your team?

**The model has four steps with questions used to:**

- Elicit – elicit key information
- Amplify – understanding by gaining behavioural detail (who did what where, when and how often)
- Reflect – unpick the meaning for the worker
- Start over again – keep looking for more and more detail



- In a learning setting, the roles can be rotated with B interviewing C and A observing and so on.

ELICIT	AMPLIFY	REFLECT	START OVER
<p>Thinking about your work, what's the piece of work you feel proudest of in the last month?</p> <p>Or</p> <p>Tell me about a challenging situation and how you overcame it</p> <p>Or</p> <p>What would you say is the most positive thing you have done?</p>	<p>Use - who, what, when, where, why, how</p> <p>Bring out 'I' not 'We' - what did you do?</p> <p>Who else was involved?</p> <p>What would they say was most important about what you did?</p> <p>If I had been there, what would I have seen?</p> <p>What are the most important things you did to make this happen?</p> <p>What was the hardest thing you had to do to achieve this?</p> <p>Who helped you do this? How did they help?</p> <p>What was the most important difference that happened because of this piece of work?</p>	<p>When you think about this piece of work that you are proud of what is the biggest learning for you?</p> <p>What do you think about what you have achieved what have you learned about yourself as a professional doing this work?</p> <p>what has surprised you about what you have been able to achieve?</p> <p>what difference did it make for X?</p> <p>what learning did you have that you could use in other situations?</p>	<p>Allow the conversation to flow but try and think about when you have used amplifying and reflecting questions</p> <p>You can restart with a further eliciting question</p> <p>Look for other examples with behaviour and meaning detail</p> <p>And what else has gone well?</p> <p>And what else?</p>

## 2.10 Social Worker Wellbeing and Working Conditions: Good Practice Toolkit – November 2020 – BASW

What is it? This toolkit is aimed at accelerating action across all parts of the workplace. It is built on the principle that improvement in organisations – for staff and for the people we serve – often needs everyone involved to work together, and that social workers in practice can be empowered to shape change and use their professional agency and power, individually and collectively.

[View the Social Worker Wellbeing and Working Conditions: Good Practice Toolkit](#)



## 3.0 Case Supervision

Case Supervision is the method in which we can discuss, consider and reflect on the work we are completing with children and families.

### 3.1 EARS Appreciative Inquiry

Turning questions into conversations

	WORRIES	STRENGTHS	GOALS
<b>ELICIT</b>  <b>First questions</b>	What we worried about?  What harm has happened to any child in the care of these adults?  What is the danger to this child if left in care of this mother?  What makes this situation more complicated?	What's working well here?  What are the best attributes of this mum / dad's parenting?  What would the child say are the best times she has with their mum / dad?  When has the mum fought off the depression and be able to focus on the child?	What needs to happen?  What do you need to see to be satisfied the child is safe enough we can close the case?  What would the mum say would show everyone the child can come home?  Where would the teenager say he wants his life to be at 18?  What do you need to do to create a relationship where we can talk about difficult issues?
<b>AMPLIFY</b>  <b>Behavioural detail: what would you see?</b>	When has that harm happened?  How often? How bad?  How did that incident affect the child?  What language can we use to say that so the mum and child can easily understand?  How long has this abuse been happening?  Give me the first, worst and most recent examples of the abuse?	When has that good thing happened? How often?  How did the mum fight off the depression? How else?  How does the neighbour help?  How did you get her to open up?  How is the parenting programme making things better for the child?  What else did the dad do to make those contacts visits really enjoyable for his kids?	Describe the details of the behaviour you would want to see that would tell you this child is safe?  How many people do you think should be involved in this safety plan?  What is the father's willingness / capacity to do this?  Is the plan written up in a way the child would understand?  How will the mental health services involvement help make this plan work?
<b>REFLECT</b>  <b>Meaning</b>	Which of the danger statements do you think is the most important (or easiest) to deal with first?  Which danger would worry the parents most?  Of all the complicating factors which do you think is most important to deal with?	Which of the strengths are most useful in terms of getting this problem dealt with?  Which aspects of their parenting / family life would mum and dad be most proud of?	Where do you rate the child's safety with this mother on 0 to 10 scale?  Is this a plan that the parents believe in? What confidence on a 0 to 10 scale would they say they have in it keeping the child safe?
<b>START Over</b>	Are there any other worries that we have missed?	Are there any other good things happening in this family that we have missed?	Are there any other important things that we have missed in the plan?



Being critically reflective is more a culture of thinking, it is about a mind-set or attitude, rather than simply mastering a set of techniques. *Fook & Gardner*

### 3.2 Learning from audits

Improvement activity, including audits, are often completed by teams to review practice. It is important that reflection upon this audit activity and learning from the audit is considered within supervision and record on the child's file.

### 3.3 Signs of Safety Methodology in Supervision

Your supervisory practice should be congruent with the practice methodology. Here are some examples of questions you may use with a worker to reflect on a case. By doing this you are modelling with workers the sorts of questions they could be using with families.

#### Existing Strengths

- If baby Jordan could tell us, what would she say is the best thing about Sharon as a mum and Tim as a dad?
- What are the most impressive things you have seen Mum/Dad doing with Jordan? Mum doing with Alyson, Abby, Lucy and Jesse?
- What aspects of her/his parenting would Mum/Dad say she/he is most proud of?
- What would Alyson, Abby, Lucy and Jesse say are the best times they have with Mum?
- What would Mum and Dad Keller say are the best times they have in their family and with their kids?
- When have Mum, any of the kids, Grandmas seen Dad Keller control himself when he's started to get
- What has Mum/dad done to make the contact time she has with the kids happy, fun times?
- Apart from the supervising social worker, who are the people within the foster carer's family and friendship circle that they would turn to for advice and guidance (e.g. if Sarah was pushing boundaries/not listening to carer)?
- Tell me about a time that Sarah (care leaver) ran out of money and needed to buy food, but she was able to get money/food without calling us and asking us for money. What did she do? Who did she call for support?
- What are the most impressive things you have seen foster carer do?
- What would Sarah say are the things that make Dee a good foster carer?

#### Existing Safety

- What have Mum and Dad Keller done to show they are taking the allegations of sexual abuse by Keller's dad seriously?
- Do Mum and Dad Keller have times when she believes Keller's dad might be a risk to Jordan more than others?
- (If don't know) Is this a question you would like to ask Mum and Dad Keller?

- When have Mum and Dad Keller been able to resolve arguments and fights in a fair way without yelling, hitting and threats?
- How often have they been able to do this?
- How did they do this?
- How else? How else?
- (If don't know) Is this a question you would like to ask them?
- What does Mum say are all the reasons she shouldn't be using drugs and looking after baby Jordan?
- Has there been a time when Mum made sure a sober/safe adult was looking after the children when she wanted to use drugs?
- Are there any other examples of Mum/Dad keeping the kids safe/taking care of them?
- Tell me about a time that Meera wanted to run away from home, and the foster carer did something to stop this from happening and keep Meera safe at home. What did the foster carer do?
- Tell me about a time that James and granddad (kinship carer) were having an argument, and the argument was resolved without grandad hitting James. What happened? What did grandad/James do? What was different about this situation? Who did grandad speak to for support?
- Tell me about a time when foster carer spent time with Meera and foster carer found it difficult to manage/parent Meera, but foster carer coped. What did foster carer do? What did the behaviour look like?

### Using scaling questions to support reflection

Using scaling questions will support reflection around any aspect of the situation, e.g. contact with service user, supervision, the worker's own thinking. The scale runs from 0-10, with zero standing for nothing (in relation to the question) is happening and 10 where everything is in place.

- You are at x now, what did you do to get this far? Who or what was helpful? What would need to happen to take it just one point higher?
- How accurate and full is your understanding of what is happening with the family, what do you need to do to move on?
- If 10 stands for you are fully confident in your analysis of this situation and 0 stands for no confidence in your analysis – where are you today?
- Comparing your score on progress made so far with that of x or y, why do you think these scores are so different?

## Using Mapping in Supervision

You can use the assessment framework mapping to support your discussions in supervision and enable a thorough and robust discussion on key areas of the case.

What are we worried about?	What's working well?	What needs to happen?
<b>1</b> <b>Harm</b> Actual hurt, injury or abuse (likely) caused by adults in the past or present Risk taking behaviour by child or young person	<b>1</b> <b>Existing Strengths</b> People, situations or actions that contribute to a child's wellbeing and plans about how they could be made safe when danger present	<b>4</b> <b>Safety Goals</b> Behaviours and actions the child protection agency needs to see to be satisfied that the child is safe enough to close the case
<b>1</b> <b>Complicating factors</b> Risks present that could present a danger to the child? Factors that may make it more difficult to change the danger or risk of harm.	<b>1</b> <b>Existing safety</b> Actions taken to make sure child is safe when danger present Ask "how does this child keep safe?"	<b>5</b> <b>Next steps</b> Immediate next actions to take to build future safety
<b>2</b> <b>Danger statements</b> Harm or hurt likely to happen if nothing changes Who is worried? Why is there a worry? What is likely to be the impact on the child if nothing changes?		
<b>3</b> <b>Safety scale</b> <div style="text-align: center;"> <b>0</b> _____ <b>10</b> </div> On a scale where 10 means everyone is confident that the children are safe enough for child protection services to close the case, and 0 means there is not enough safety for the children to live at home, where do we rate the situation		

## The Harm Analysis Tool

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers. Supervisors may like to use this tool with workers to help unpick the level and impact of previous harm. The second grid gives examples of questions to illicit information in areas where there may be gaps.

Chronicity Action impact	Duration/ Timespan	First Incident	Worst incident	Last incident
<b>Behaviour.</b>				
The behaviour that is dangerous or causing the harm. This is usually adult behaviour but can be a young person's behaviour. Avoid generalised statements; focus on detailed, observable behaviour.	What is the worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?	When and what was the first time your agency heard about the worrying adult behaviour?	When, and what was the worst event of worrying adult behaviour your agency knows about?	When, and what is the most recent event of worrying adult behaviour your agency knows about?
<b>Severity.</b>				
Explores how bad the harmful behaviour is.	Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?	How bad was the first event of adult worrying behaviour?	How bad was the worst event of worrying adult behaviour?	How bad was the most recent event of worrying adult behaviour?
<b>Impact.</b>				
The most crucial information regarding any referral harmful or dangerous behaviour toward the children is to ascertain the impact of these behaviours on the child including both physical and emotional impact	Over the whole timespan the adult behaviour has been happening what has been the overall impact on the children?	What was the impact of the first incident on the child(ren)?	What was the impact of the worst incident on the child(ren)?	What was the impact of the most recent incident on the child(ren)?



## Harm Analysis case example/questions

Chronicity Action impact	Duration/ Timespan	First Incident	Worst incident	Last incident
<b>Behaviour.</b>				
<p>The behaviour that is dangerous or causing the harm</p> <p>This is usually adult behaviour but can be a young person's behaviour.</p> <p>Avoid generalised statements, focus on detailed, observable behaviour.</p>	<p>Over the time of CS involvement – as a percentage how often would the case been okay enough?</p> <p>Since Dad died what was the %?</p>	<p>What was Mum and Dad's worrying behaviour that first got us involved all those years ago?</p> <p>What was Mum and Dad's worrying behaviour that first got us involved with C?</p>	<p>What's the worst of mum's behaviour that has created problems for C?</p>	<p>What were the cluster of Mum's behaviours 18 months ago that made CS decided to remove?</p> <p>If we complimented her for her love for C and D and everything she does and she was able to feel some trust for us what would mum say were the things she was doing that worried her 18 months ago?</p>
<b>Severity.</b>				
<p>Explores how bad the harmful behaviour is.</p>	<p>This is a pretty typical cumulative harm case right?</p> <p>One our systems struggle with. On a scale of 0 to 10 where 10 is the adult behaviour is a bit worrying but we can close and 0 this is the worst parent neglect+ drug use you've seen where would you rate it over the whole time?</p> <p>Since Dad died what's the rating?</p>	<p>Rate how bad the first cluster of M and D's neglectful behaviour was?</p>	<p>If we asked them on a scale of 0 to 10 where 10 is Mum hated it that Dad OD'd but it didn't change who she was and how she acted and 0 is it devastated her what would C/Mum/GMa say?</p> <p>What would C/ Gma/ Mum say was the worst of it for mum?</p> <p>Re dad's death – if we asked C/GMa: 10 is now no impact on mum and 0 is still as bad as it was at the start what would he say?</p>	<p>What were the worst aspects about Mum's behaviour that made you decide C must come out of the home?</p> <p>If we asked her what would mum say SW was most worried about in her behaviour that made CS remove C?</p> <p>What would C/Gma say were the worst of Mum's behaviours then?</p>

Chronicity Action impact	Duration/ Timespan	First Incident	Worst incident	Last incident
<b>Impact.</b>				
The most crucial information regarding any referral harmful or dangerous behaviour toward the children is to ascertain the impact of these behaviours on the child including both physical and emotional impact	<p>On a scale of 0 to 10 where 10 is the parents behaviour didn't in the end mess up D's life and 0 is it wrecked his life where would you rate it?</p> <p>What would C, Gma, Mum say?</p> <p>Who knows C best? On a scale of 0 to 10 what would they say where 10 is the parents behaviour didn't in the end mess up D's life and 0 is it wrecked his life where would you rate it?</p>	If he felt able to say what might C say was the first time C might have thought hey things are different in my home? What would he say he most didn't like about that?	<p>Thinking about the worst of the adult behaviour what is the worst impact you have seen on C of that behaviour? What would the school teacher tell us was the worst impact of Mum's care for C?</p> <p>If he felt like he could say what would C say is the thing he most hates about living at home?</p> <p>What would the person who knows C best say is the worst effect on C of how the parents have cared for C over his life?</p>	<p>If we asked her / C) what would mum/C say SW was most worried about in what she saw was happening for C that she removed him?</p> <p>If s/he felt able to speak openly to us what would C/ mum say they were worried about in C's behaviour 18 months ago that would have made them think maybe he should live somewhere else?</p>

### 3.4 SMART Actions

Case supervision is a way to support and drive effective plans for children and families. Whenever creating actions as part of supervision, they should be SMART.



All actions are drive forward by reviewing actions set at the previous supervision, at the beginning of the new supervision discussion.

### 3.5 Reflective Questions

Here are some examples of reflective questions which used regularly will help workers grow their reflective skills:

- What is the specific purpose of your involvement?
- How does the family define your role?
- What factors may be influencing your feelings (gender, race, own childhood experiences, beliefs on parenting)
- What are the wider social factors that are at play for this family? (unemployment, housing, poverty, oppression etc)
- What did you feel at the start of this work? How has that changed over time?
- What has been the emotional impact of this particular case on you personally?
- How well have you managed your personal feelings and emotional reaction to this family? How did you do that? What helped?
- To what extent have you considered the power differentials in this case?
- What would you say are the limitations of your thinking so far?
- What patterns do you see in this case – what is this based on?
- What makes you feel most uncomfortable in this case?
- What sense have you made of x – what sense have others made of it?
- What outcomes have yet to be achieved?
- What do you need to revisit? What is not yet known?
- If the service user were to rate you as a worker what might they say and why? What do you think they most appreciate about you / your practice?
- What links are there to the historical information you have?
- What did you think the parents/young person was feeling when x happened? Why might that be?
- What theory or research might help you make sense of what you are seeing? In what ways?
- What do you think needs to happen next



Supervision should provide a safe but challenging space to oversee and review cases with the help of a fresh, experienced pair of eyes and to systematically guard against either rigid adherence to a particular view or the opposite tendency to jump from one theory to another without resolution.” *Fook & Gardner.*

### 3.6 The Practice and Supervision Cycle based on Kolb

Morrison (2005) advocates using the cycle both in supervision and in practice. It can help practitioners understand a family's perspectives and the meaning of their different experiences and how families see their own future as a result of those experiences. There are four elements of the supervisory cycle:



**Experience** – ‘the story’ of service users - Engaging and Observing – what happened, recognise significant information.

**Reflection** – think about the experience. Challenge assumptions and biases. Individual learning – What worked well? What didn’t work so well? What could have been done differently with hindsight? I didn’t get it right that time...

**Analysis** – what does the experience/behaviour mean? Hypothesising – asking why? What does this mean? What else could it mean? Focus on strengths, weigh the risks.

**Plans and Actions** – Creative thinking - what could be the next ‘chapter’ in the story? Preparing for action, trying things out, what next? Assurance.

Use focused open questions to draw practitioners through the cycle – don’t jump straight to solutions and actions without reflection or analysis.

### 3.7 Hypothesising

Hypothesising is an approach developed from Systemic social work practice. If the worker is feeling stuck in their understanding of a case and what might be going on for a family, this is a good activity to open their mind to alternative options. Developing hypotheses help to generate ideas around what could be going on for a family in relation to a particular dilemma or concern. Hypothesising is about thinking about what “might” be happening for a family, or what “could be” happening, and what “might/could” be possible explanations about the underlying reasons for worries or family patterns.

The most dynamic hypotheses involve thinking about relationships (so more than one person) and considers what could be the beliefs underneath behaviours. This is a tool to encourage workers to think of alternative explanations and to be curious.

### 3.8 Reflective Supervision for Trauma-informed Practice

Many parents involved with children’s services have trauma histories. Whether trauma is a past experience, a current reality, or both, it can shape a person’s behaviours, feelings, and decisions. The more we learn about trauma, the more we can modify our practices and agency environments to support and engage with families. A history of traumatic experiences can impede parents’ ability to keep their children safe and to work effectively children’s services and others. However, it’s important to remember that each person is an individual. Any description of trauma’s impact will not necessarily “fit” each person who has experienced trauma, but it can help develop general awareness for those who work with families.

At any point in our involvement with a family, parents/carers may experience trauma triggers. Consider the mother who, when asked about the child’s absent father as a possible caregiver, feels overwhelming fear—her heart pounding fiercely as memories of domestic abuse race forward. A parent, removed from his home as a young person can’t bear the thoughts that his own children are now in foster care, and therefore avoids contact.

In these situations, a worker who is knowledgeable about trauma responses might understand the intensity with which the mother demands the children’s father not be contacted. They might set aside judgment of the father’s avoidant behaviour and seek to better understand his experiences and help him work through his pain toward a goal of reunification. Having empathy is important for building relationships, so that even when a worker has to follow a course of action that is upsetting to parents but necessary in the best interest of the child, a genuine concern for the parent is evident. Understanding what a parent is dealing with won’t necessarily change what you must do, but it can change how you do it.

Parents/ Carer can be vulnerable to trauma triggers - which are extreme reactions to situations that seem benign to others. These responses are especially common when parents that feel they have no control over the situation such as facing demands of children’s services.

We cannot undo parents’ traumatic experiences but we can understand that their parents’ anger, fear or avoidance may be a reaction to their own past traumatic experiences not to the worker themselves.

We can use reflective practice to help us see beyond the behaviour to recognize the underlying trauma. Recognizing behaviours driven by trauma can help prevent us from responding in ways that re-traumatize those engaging in these behaviours. We can use reflective practice to help us engage with the whole person, that person’s strengths, and their unique individuality. We can use reflective practice to resist re-traumatization. This means protecting we from being traumatized. It also means ensuring that we do not traumatize or re-traumatize the children and families we work with.



For example, reflective practice can help us

- think before we label a person whose distrust or distancing behaviour we've judged as non-engagement, disguised compliance or uncaring,
- understand bringing up a topic for example about domestic abuse that may be triggering,
- understand expressing caring and concern for someone who has experienced trauma, may be felt as uncomfortably close or too invasive, or
- show irritation or frustration, which may be perceived as a warning sign of impending violence for someone who has experienced trauma.

We can bring to reflective supervision our ideas and questions about the behaviours of the families we work with that may be driven by past experiences of trauma. We can also discuss our assumptions and reactions with our supervisor. Then we can determine how best to put aside any judgment and respond in ways that create safety and build trust.

### **Reflective questions to consider**

- What is the trauma history of the child and family and how it presenting in the family?
- Are there any diagnoses what is the practitioner's impression of this?
- Can any of the diagnoses be more appropriately explained as trauma centred or co-occurring with trauma?
- Is there a cultural component to prior diagnoses?
- How might trauma influence parents' current abilities to nurture and care for their child?
- How have parents managed all that's happened to them?
- How does the parent experience our service and the support offered?
- How can we minimize trauma triggers for parents and help them draw on their strengths to increase child and family safety and well-being?
- What trauma happened to the child? How often has this happened, First, worst and last time?
- What trauma symptoms are they presenting?
- What safety factors were present, how did/are people respond/ing?
- What is their current environment like? How safe or stressed are they?

We can use reflective practice to keep trauma in mind as a possible explanation for thoughts, feelings, and behaviours. We can use it when we try to understand behaviours—in other staff, parents, family members, or children—that we find distressing or don't know how to respond to. Here are some questions we might ask ourselves in reflective practice:

- Why is this behaviour bothering me so much?
- What might this person really be trying to say?
- Why am I finding myself thinking so much about this interaction?
- Is there something about this interaction that reminds me of others in my life?
- What may have happened in this person's past that might be driving this behaviour?
- What has this person's past experiences with professionals been?

Supervisors can help us find ways to respond that do not just focus on concerning behaviours but also honour families' strengths and positive intentions. This can help us help the person we are working with to feel safe, overcome the urge to withdraw, and be fully present with us.

### Resources

Safe Hands Thinking Minds [www.safehandsthinkingminds.co.uk](http://www.safehandsthinkingminds.co.uk)

Trauma-Informed Supervision – Dr Karen Treisman

[https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/12/PT\\_Critical-conversations-in-social-work-supervision\\_Final.pdf](https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/12/PT_Critical-conversations-in-social-work-supervision_Final.pdf)

## 3.9 Research In Practice

All children and family services staff are able to register for access to RIP using work e-mail address.

<https://www.researchinpractice.org.uk/>

The RiP Resource pack includes a number of excellent resources to explore, for example:

- The Munro Decision Tree
- Question cards based on the Professional Capabilities Framework
- Wonnacott's Discrepancy Matrix
- Maclean's head heart hands and feet

<https://www.rip.org.uk/resources/publications/practice-tools-and-guides/reflective-supervision-resource-pack-2017/>

All managers and leaders have completed the Leadership Course with RIP which included many tools and resources. Please follow this link for further tools and resources [Leicestershire Leadership Development Programme 2021-22 Learner Space \(researchinpractice.org.uk\)](https://www.researchinpractice.org.uk/leicestershire-leadership-development-programme-2021-22-learner-space).

The following pages contain some specific tools that could be used.

### 3.9.8 The holistic containment wheel

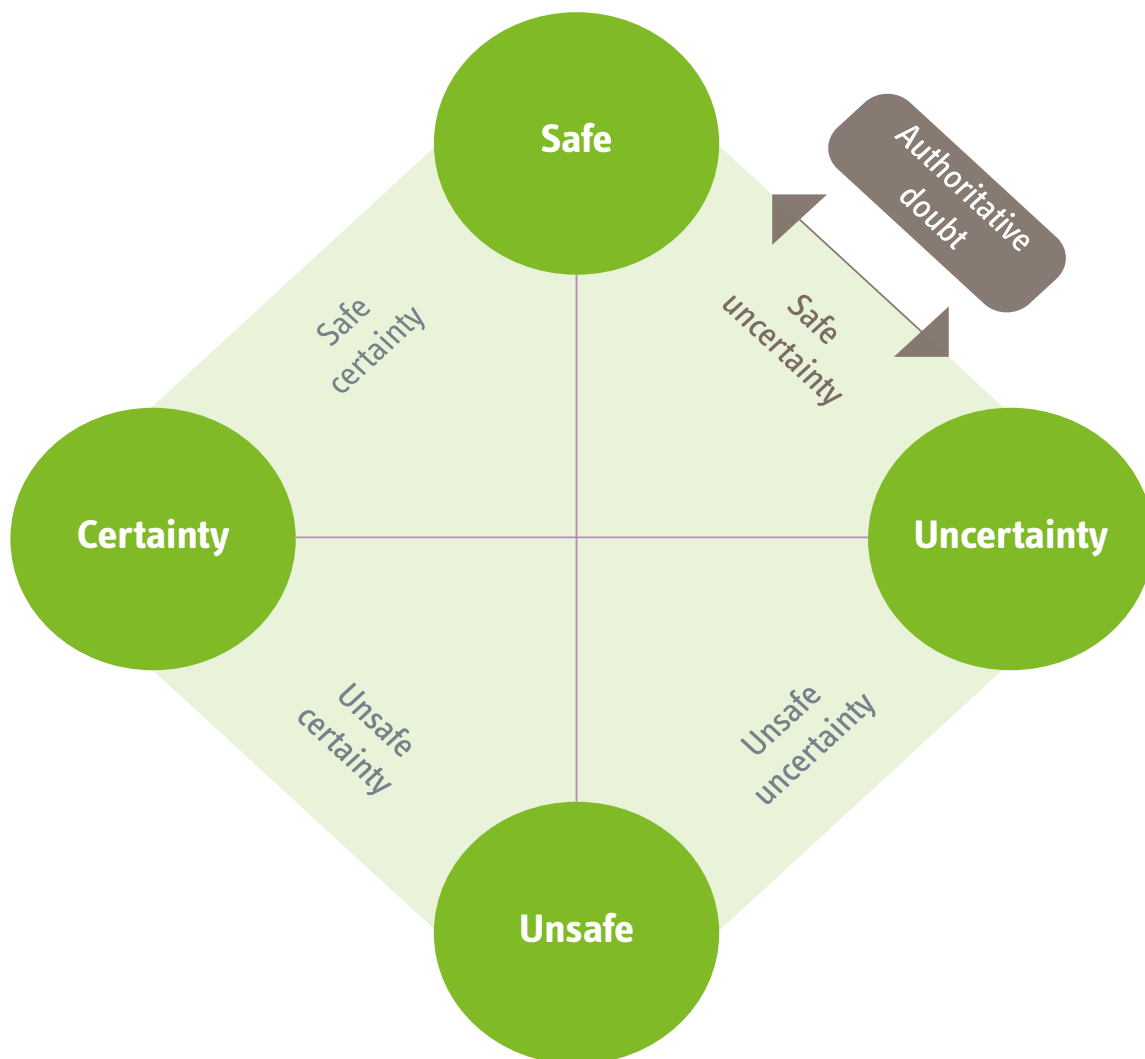
What is it? This learning tool invites you as a practice supervisor to reflect on how you can help to create an environment that provides 'holistic containment' for social workers. The tool provides a brief summary of the concept of holistic containment, and introduces a model of how this can be applied to the role of the practice supervisor. As well as using the holistic containment wheel to reflect on your own practice, you could also use it to think about the whole environment of the organisation you work in:



Find out more: <https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/The-holistic-containment-wheel.pdf>

### 3.9.9 Safe Uncertainty

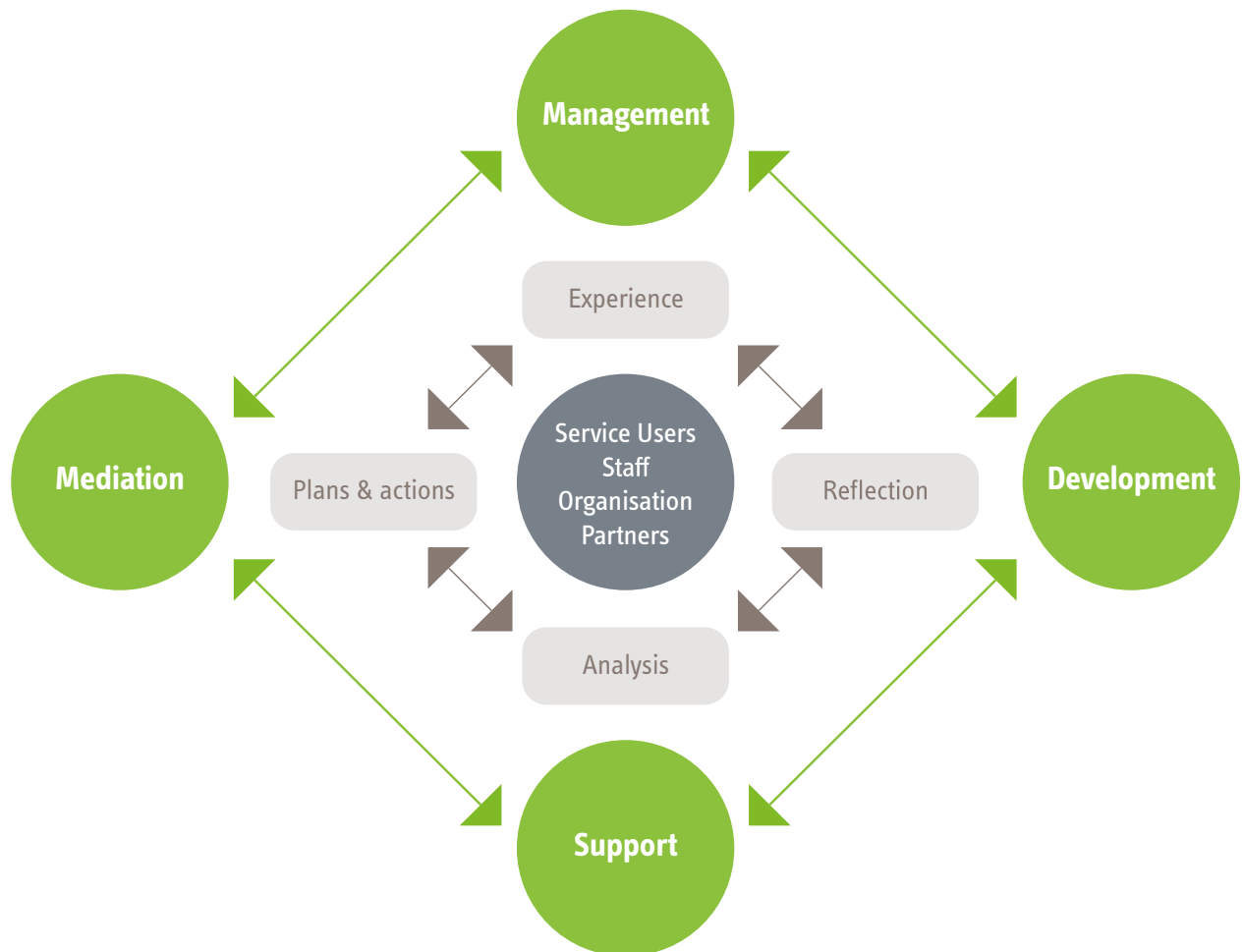
What is it? This visual tool helps practitioners critically analyse their work with families and explore what factors may be influencing their perceptions of risk (and how much uncertainty we can tolerate). It can helpfully be used in supervision to aid critical reflection.



To find out more <https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Safe-uncertainty.pdf>

### 3.9.10 Integrated Model of Supervision

What is it? The exercises that follow introduce you to an integrated model of supervision (often referred to as the 4 x 4 x 4 model). This model brings together three distinct elements of supervision, each of which has four interdependent components.

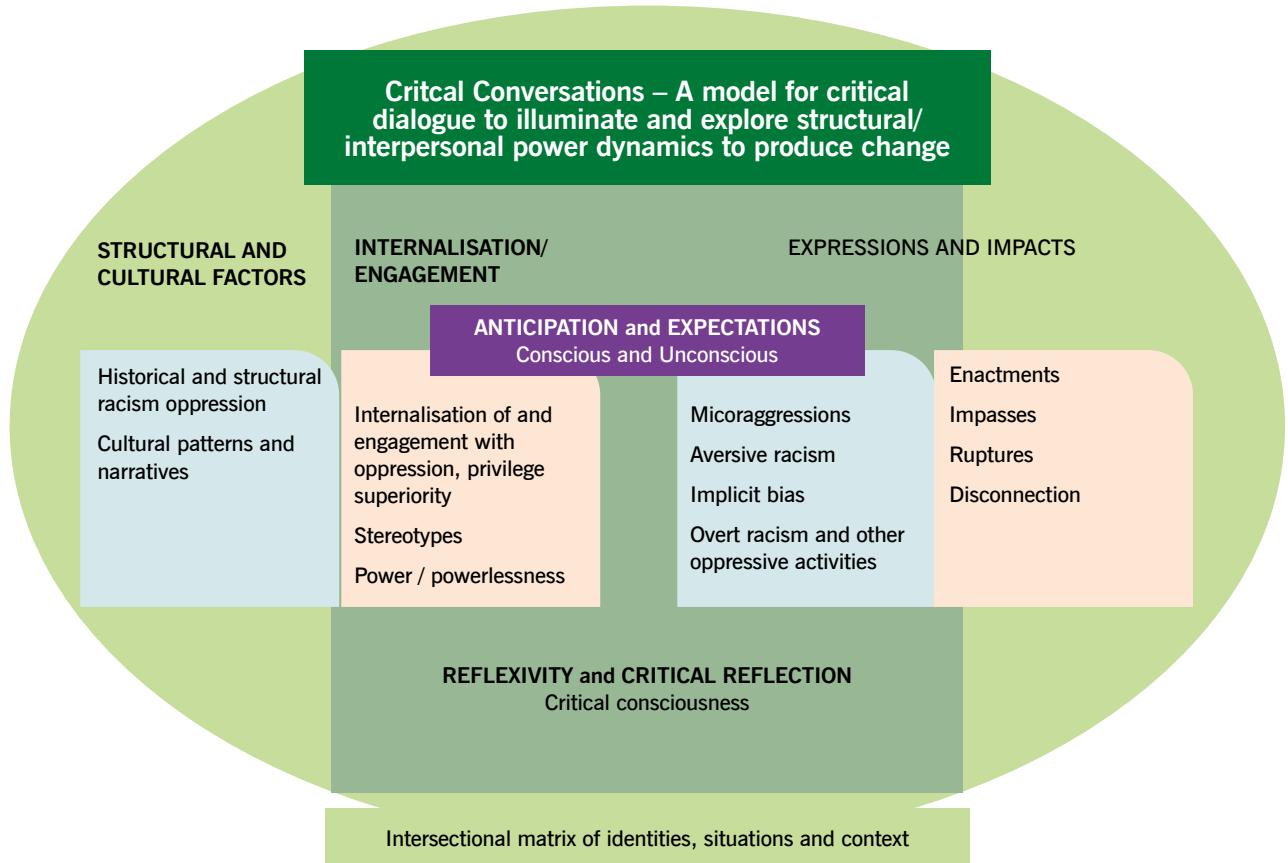


To find out more - <https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Questions-around-the-supervision-cycle.pdf>



### 3.9.11 Critical Conversations

What is it? This learning tool is taken from the work of Peggy O'Neill and Maria del Mar Fariña in their paper, 'Constructing Critical Conversations in Social Work Supervision: Creating Change' (2019). Whilst designed to help practice supervisors think about how they can engage in a critical conversation (CC), it should prove useful for anyone in a supervisory role, no matter where they are within the organisation.



Find out more - PSDP – resources and tools: Critical conversations in social work supervision.  
[https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/12/PT\\_Critical-conversations-in-social-work-supervision\\_Final.pdf](https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/12/PT_Critical-conversations-in-social-work-supervision_Final.pdf)

### 3.10 Reflective Discussions & Recording Reflection in Supervision

Research In Practice has many tools to support reflective case discussions within supervision. Visit their homepage here <https://practice-supervisors.rip.org.uk/supervisors-home/>.

We know that it is important to record reflective discussions within a child's record, to recognise that the discussions that are held that feed into decisions that are made. We know that it can be challenging to produce an accurate yet concise record of completed reflective discussions that occur.

#### Areas that can be consider during reflective discussions:

- The relationship between the worker and the family, complexities, and possible reasoning for this
- Emotive responses of the worker to the family and how this may relate to the workers own values and life experiences
- Gaps, arears of missing information, alternative explanations
- Theoretical approaches, models and methods that have been used or could be used to support practice.

#### Suggestions to help drawn reflective discussions together into a concise recording:

- Use summaries to show key themes and areas discussed
- Focus on the discussion between the manager and worker rather than case description.
- The outcome of the reflective discussion and impact on working with the child and family

#### Examples

##### Example 1

"We reflected on the behaviour being shown by the child Katie and parents' responses to it. We considered parents understanding of trauma and Katie's experiences and how they might be manifesting in her behaviour. We considered that parents talk little of Katie's past trauma and we wondered if they may be uncomfortable talking about it. We wondered if the difficulties in parents' relationship was having an impact on how they were interpreting her behaviours and where they were positioning blame. The outcome of this discussion is that we want to ensure that within the plan, we help parents to develop their understanding of trauma".

##### Example 2

"We talked about the lack of progress on the plan. Ian (SW) reflected on parents' poor experience of their previous social care involvement and feels that this has had a negative impact on his ability to build relationships with them. Ian has tried visiting on many occasions and has tried different approaches when talking to parents to try and build this relationship. Ian remains worried about the impact of parents' drug use on the care they are able to afford the children and worries that due to the lack of progress on the plan, that the impact has not changed. Ian wonders if trying to involve extended family, like paternal aunt, would help as parents hold her in high regard and she agrees with the concerns of social care."

### Example 3

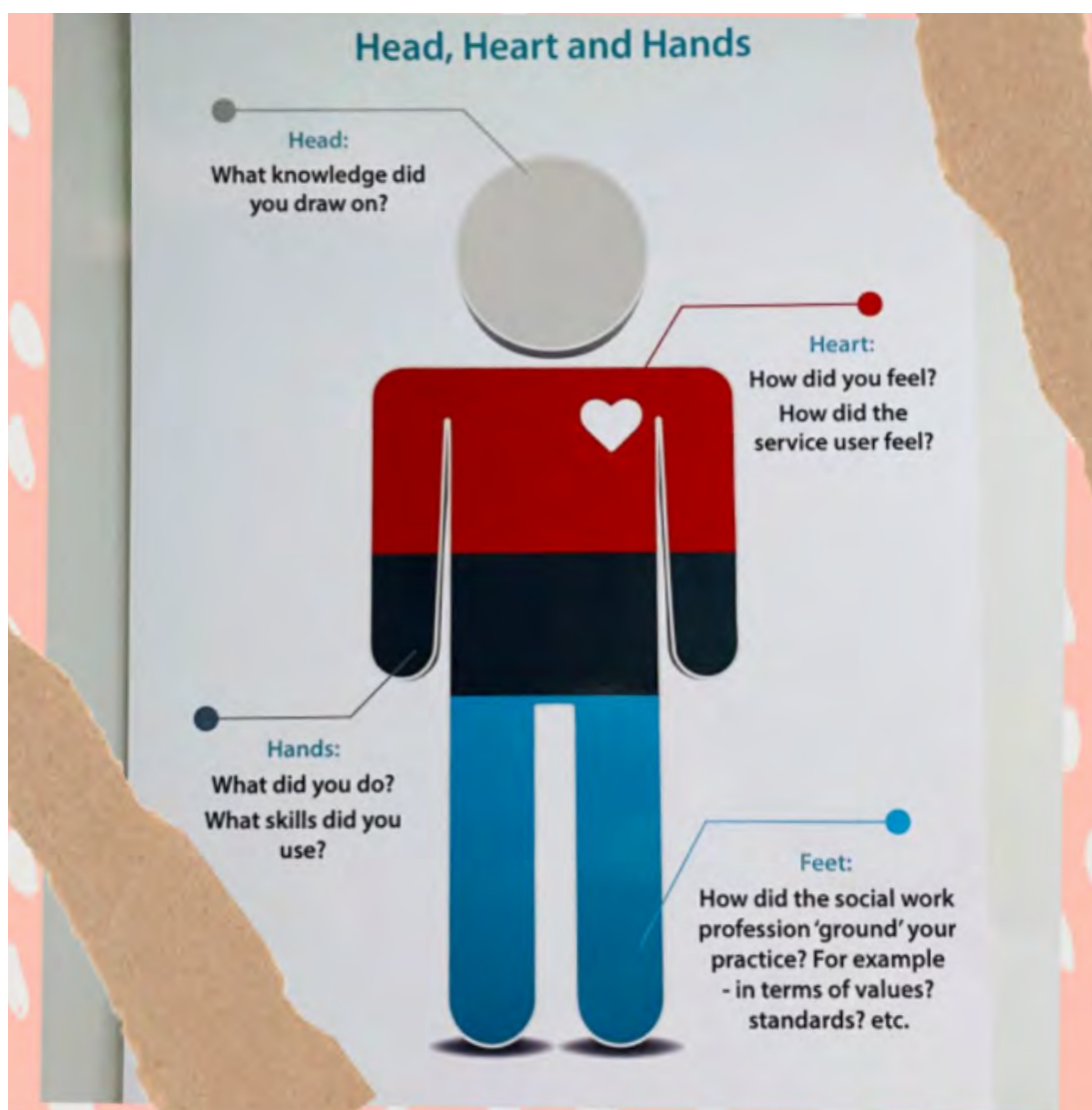
“We had a reflective discussion about the current situation and the future planning needed, including the following:

- All alternative care plans based on our assessments so far.
- Significance of the sibling assessment and needs of the children
- Positive improvements that mum has made during proceedings
- Level of support mum requires to provide good enough care
- Availability of family support and input

The outcome of this discussion was that we feel the positive changes mum has made do not outweigh the concerns that have continued and we feel there are no arrangements with the children returning to mums care that meets their needs. Recommendation for final care planning is for the children to remain in Local Authority care, together as a sibling group.”

### 3.11 Heart, Head and Hands reflective model

What is it? It is a tool designed primarily for social work students to think about what may an impact on them when working with families, however, this is a great tool to use for all.



## 4.0 Learning with Peers – Group Supervision

A supportive team with a strong culture of learning together will help build a worker's resilience as well as develop skills in practice.

Group Supervision is used in Leicestershire for teams to come together to reflect on the children and families they work with and to support each other to think about what practice or ideas might help to support a family.

We have a POD toolkit and guidance document to help leaders manage and run effective group supervision process. Find it here: <https://leicestershiretotara.learningpool.com/mod/page/view.php?id=13243>

### **Suggested Group Supervision recording:**

Title – POD Group Supervision

Present – Sarah (child's social worker), add names of other workers present

Workers Goal – ie. I want to be able to think of ways to draw out the strengths in the family and have conversations with parents that highlights strengths so that I can then use that to start to think about ways of building safety in the future

### **Summary of discussions/work undertaken**

- Sarah gave her 4 minute summary of the case
- The group spent time individually coming up with strength questions that Sarah could use
- The group came back and discussed and shared their questions together. The group talked about the difference of strengths and safety questions. The group came up with further strengths based questions around the topics of family support, the child's education, and how alcohol use has been managed well in the past.

### **How will this be used/taken forward**

Sarah has a visit to the family on Friday and is going to use some of these strengths-based questions in a session with parents.

You can also access to the Signs of Safety Workbook for the group supervision process. Find it here <https://leicestershiretotara.learningpool.com/course/view.php?id=4443>

### **Learning from Peer Observation**

Supervisors have shared the value of observing the supervision practice of another supervisor. This can benefit the observer in terms of seeing the practice of another and reflect on their own way of managing supervision, alongside benefiting the worker being observed as the observer is able to offer feedback.

## 5.0 Support for Supervision Records

There are a number of options to help in recording supervision discussions.

Some teams are supported by Business support colleagues who can assist with uploading typed notes onto Mosaic, or can assist with typing notes from written notes or a Dictaphone.

There is the dictate function on Microsoft word where you can speak and it types what is said.

Using notes app on your phone to audio record and it types.

There is also the transcribe function on Microsoft teams which will type all verbal discussions during a meeting for you to use this as a basis for your supervision records.

<https://leicestershiretotara.learningpool.com/course/view.php?id=4759>

