PLANNING



Section 1

SMART PLANS





What we mean by SMART plans?

S (pecific) - All aspects of the plan should be as specific as possible – for example, if a service is identified to meet a need, the plan should state: when the service will be provided, how frequently, what exactly will be provided, and what the goals of providing the service are. Being specific enables families and practitioners to clearly understand what the concerns are and what is expected of them. The plan should also be specific about who is responsible for what aspects of the plan (a named practitioner or family member); how often they should meet including frequency and date of next review); and the date when they would be expected to have the work completed.

M (easurable) - All aspects of the plan should be measurable - this enables both families and practitioners to be clear about progress made and quickly identify when a plan is not working. Some aspects of the plan will be more easily measured than others - for example, attendance at sessions can be numerically recorded. However, concerns about a child's emotional well-being are not as easy to measure but there are many creative ways of measuring progress for these concerns. The views of the child and young person about progress should be gained as well as parents and other workers. However, self-reporting as the only verification of progress is not a safe way of concluding that an objective or goal as been met and should be cross-referenced with other information.

A (chievable) - **Agreed** plans are most likely to succeed and actions achieved when it is developed with and agreed by the child, parents carers and practitioners. People feel that they are part of, and take ownership for the plan.

R (ealistic) - Plans should be realistic and based upon our knowledge and understanding of the family and the specific developmental needs of the child or young person. For example, it would not be realistic (or indeed safe) to expect a parent with long term alcohol misuse issues to suddenly stop drinking. This aspect of the plan would need to be carefully developed with the input of a specialist practitioner who could best inform what would be realistic. Plans which are realistic are more likely to succeed in meeting the identified outcomes and long term goals.

T (imely) - All aspects of plans should contain realistic timescales with some being broken down into stages to make them more achievable. This will enable everyone to be clear what is expected of them and by when, as well as allowing progress to be monitored.

Timescales should be considered at each review of the plan and amended as necessary.

Knowledge & Skills Statement— "Make realistic child centred plans within a review timeline, which will manage and reduce identified risks and meet the needs of the child. Ensure sufficient multi-disciplinary input into the process at all stages. Apply twin and triple track planning to minimise chances of drift or delay, being alert to the effectiveness or otherwise of current support plans." (KSS for child & Family Practitioner May 2018 p6)

What does a good plan look like?

A Good Plan will:

- ⇒ describe the identified needs of both child and family
- ⇒ have clear, outcome focused objectives for each child
- ⇒ ensures that it addresses the needs/concerns
- \Rightarrow demonstrates that the child & family have been involved in developing the plan
- ⇒ have clear, outcome focused objectives for each child.
- ⇒ have clear timescales that are specific and DO NOT use "on-going".
- ⇒ has a specific date / time for the review.

OBJECTIVE



GOAL

What's the difference?

Objective:

The step to be taken in terms of action, work or activity that needs to occur that will get us to the (Safety/Success) goal. These are set out in a SMART format and can be a direct thread to how things will be achieved.



Goal:

The change you want to see happening that will describe how life will be improved/safer for the child. In Signs of Safety this is our Safety/Success goal.

SMART objectives

In the event of a plan not working we often see that the action to be taken is the Social Care will convene a Legal Planning Meeting.

The example below unpicks the difficulties with this and how it might be reworded.

In the above example it is not clear what is meant by the plan "not working" and the point at which a Legal Planning Meeting should be held once the decision is made. It is not clear what measure will be used to establish if the plan is "not working" or how it relates to the goal. There is no sense of what would trigger the Legal Planning Meeting—i.e. what would the level of concern be.

Below are examples of how this might be reworded

Objective 1 might address the specific indicators that the plan was not working :

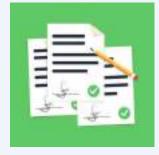
At maximum of every 8 weeks, Sarah's social worker will assess whether the overall plan is working – signs that the plan is not working would include:

- Sarah's school attendance dropping below 4 days per week for 3 weeks in a row.
- Sarah's parents missing 2 of the 4 meetings with her social worker over the next 10 weeks
- Sarah's mother not going to 2 alcohol support groups in a row or missing 3 in total over the next 12 weeks.

<u>Objective 2</u>: Once a decision is made that the plan is not working, Children's Social Care will hold a Legal Planning Meeting within 10 working days. At the meeting the Local Authority will consider if the level of concerns are so great that they will need to go to court to seek a legal order to safeguard Sarah.



What's the difference between our plans, written agreements, safety plans and trajectories



Written Agreements

A Written Agreement states what is agreed and understood between the Local Authority (LA) and the family about *immediate actions* necessary to keep their children safe. Whilst it might be necessary at any point in a case, it would most usually be used at the start of our involvement or in an urgent situation whilst assessment is carried out and or until a thorough safety plan is co-created with the family and network. It clarifies who, what, where, when and how and includes a 'what to do if' in the event of something unforeseen happening. It stipulates the possible consequences of what might happen should the agreement not take place. It incorporates our 'bottom lines' as a local authority. It is **NOT** a legal document but could be used in legal proceedings should such action be necessary in the future. The existence and signing of a written agreement in itself does not keep children safe. Safety can only be demonstrated by actions and behaviours that have shown they do this.

Safety Plans

Safety plans are developed with the parents and their safety network (the people who support the delivery and working out of the safety plan) and gives the m the opportunity to demonstrate what they can do/willing to do to keep their child safe in relation to the worries.

A safety plan is a specific set of 'rules' and arrangements developed by the family and the network that describes how the family and it's network will go about and live its everyday life and that shows everyone – the professionals, the family's own supporting safety people, and the children – that the children will be safe in the future.

A safety plan will capture the Local Authorities bottom lines.

What are bottom lines? These are the non-negotiable elements of what the Local Authority must see in order to know the children are safe and well cared for. It is essential that the family and their network are fully aware and understand these. They will be part of the evolved safety plan. These need to be kept to a minimum and be communicated in a way that does not compromise the collaborative working required to co create an effective safety plan.



What's the difference between a safety plan and a child protection plan?

Safety Plan

- · Developed with the family
- Designed to have immediate effect
- Focus on the day to day interactions between the parent & the child
- Sets out how each safety goal will be achieved
- The safety plan will continue when service involvement ends

Child Protection Plan

- Seeks to create change over time to reduce risk and increase the family's capacity to protect the child.
- Sets out intervention approaches or services that will support children & families to make changes
- Sets out how assessing impact of services or resources will be evaluated
- Ends when service involvement ends



What would we consider as the key ingredients for an effective Safety Plan?

Section 2

SAFETY PLANNING



Elements of Effective Safety Planning

Factors to consider in all cases:

- Identify key safety people who the children can contact if they have any concerns
- Set out how the danger will be managed
- Identify people to assist the parents and who will monitor children's safety
- Identify people who will help out particularly if/when the primary carer is ill, under stress, or unavailable
- People the family/parents need to avoid
- Arrangements for stressful situations such as anniversaries, parties, celebrations or when parents wish to use alcohol and/or drugs
- Include- Triggers & specific circumstances when the danger is present
- Involve children
- Signs that parents/carers are not coping and what the safety network will do in these circumstances
- Arrangements regarding other children, whether relatives, or friends visiting or baby-sitting.
- Evaluate the need for the alleged perpetrator to be included in the safety planning process
- Incorporate a family safety object
- Set out how it will be monitored and reviewed

BOTTOM LINES— BE CLEAR...

Often bottom lines might be:

- Family agree to find a network of at least (?) people
- The network agree to work together to develop a safety plan
- The family agree to provide the children with an explanation
 May also include bottom lines specific to the case:
- · Dad should not live in the family home
- Mum needs to have drugs tests on a monthly basis

An Example......

Date Plan made: This is a safety Plan for: Cody T Date Plan to be reviewed: 12 July 2018 12 June 2018 Safety Goal. Mum and step dad will need to work with CSC Danger Statement: Children's Social Care, Paul, school and the police are really pleased that Patricia and a safety network (of family, friends and professionals) to and Neil have been honest about wanting to resume develop and put into place a safety plan for that will show evetheir relationship and that Neil has sought support for ryone that: Patricia and Neil can talk with each other in a rehis drinking but are worried that on returning home Neil spectful manner, without raising voices, being aggressive or may start drinking alcohol again. They are worried that violent, particularly when they are upset, frustrated or disagree during these times Patricia and Neil will continue to get with each other. The plan should show that if Neil does drink into physical fights, and that Cody may try to put himself alcohol Cody is with someone that is alcohol free until Neil is in the middle of an altercation and become hurt like he sober did on the last occasion, or that he may become so distracted at school because of what is going on at home that he will not be able to concentrate on his work. Words and Pictures explanation to be carried out with Cody **Bottom Line (things that must happen):** Neil will be alcohol free when around or caring for Cody What actions do the parents/caregivers agree to How will we know those actions are keeping Cody safe? take- Neil agrees to be alcohol free when having con-Patricia and Neil will call the SW at least 2x/week to give an tact with or caring for Cody update on how they are doing. If Neil is getting frustrated, he will call Sandy his Patricia and Neil can also call Becs and Ahmet at any time mother to discuss his frustration. to talk about how they are doing or want advice. If Neil comes home after drinking alcohol Patricia will On unannounced visits Paul the social worker will see that ask him to leave if he does not she will call the Po-Neil is always alcohol free. lice. Everyone will write in the log book any worries they have or Neil agrees to continue going to AA. things that are going well during visits. Neil and Patricia agree to talk to each other in a calm way. How will we know those actions are keeping the child What actions does the Safety Network agree to Cody and Jacob safe? take: Becs and Ahmet agree to call Patricia and Neil at Becs and Ahmet will call Paul the SW at least 2x/week to least every other day to check in to make sure Cody give an update on the family. Becs, Ahmet and Sandy will call the SW immediately if they Sandy agrees to come to the house every two days are worried and check in with Cody to make sure they are OK Everyone will call Paul if Neil cares for Cody and has been and Neil has not been drinking. drinking alcohol. Becs and Ahmet will talk with Cody every time they Cody will tell Paul during visits and direct work that Neil has go to the home or speak to him on the phone to see been sober, and he has not felt scared or worried about how he is feeling. When they visit the home. shouting or his Mum being hurt by Neil. Donna will check in with Cody every morning when he arrives at school to see if he is ok.

Agency plans—Child Protection, Child in Need, Child in Care Plans

These are agency owned plans that set out the actions by family with the support or provision of services to help the parent create and sustain longer term change and ensure the child is safe and making progress in all areas as would any child of their age.

Although the plans involve the family, they are not fully created by them.

The plans set out to establish how the child will be protected and/or supported and are subject to formal agency review processes to hold family and agencies to account.

Trajectories

Remember-

The **trajectory** for the case is the pathway that needs to be taken to get from the worry or danger statement to the end /Safety goal.

The timeline I sets out the length of time it will take to achieve the goal if all goes well

It includes clear timeframes, the work needing to be completed in those timeframes (typically building networks and safety planning) as well as the changes to be made as a result of the work, for example contact changes or reduced monitoring.

The timeframe lays out the length of time it will take to achieve this *if all goes well* and the planned date for closure/rehab home/whatever is being aimed for.

An example is provided below—what are your thoughts? Is it clear enough? What would improve

Trajectory Plan for George to Return Home							
Week	Actions	Meeting/Monitoring	Contact Changes				
Week 1	Mum to identify support network.	Mum, contact workers and Aunt to	Contact is supervised at the				
(w/c 12th		complete safety Journal.	contact centre three times a				
October)	SW and Mum to work together to		week for two hours				
-Week	make a clear plan of what they will do	Unannounced home visits.					
3	to show that George will be safe at	Support Workers will make notes in					
	home.	contact					
	If all	goes well move forward					
Week	Mum and SW to develop a words and	Mum, contact workers and Aunt to					
4—Week	pictures explanation for George about	complete safety Journal.					
7	why he is in care.	, ,					
	,	Unannounced home visits.					
	Network meeting to talk about the wor-	Support Workers will make notes in					
	ries and share words and pictures.	contact					
	·						
If all goes well move forward							
Week 8	Share Words and Pictures explanation	Pre-proceedings review meeting.	Contact to move to the home.				
	with George.						
		ll goes well move forward					
Week 9	Mum, SW and the network to develop	Safety Journal to be completed.	Contact to be supervised by				
week	a safety plan of what everyone will do		someone from Mum's support				
13	when George returns home to keep	Family meetings weekly to develop	network.				
	him safe.	safety plan.					
			Increase contact times.				
		goes well move forward.					
Week	Review the safety plan. Make any	Safety Journal to be completed.	Contact to be unsupervised				
14—	changes needed.		with monitoring visits by net-				
week 22		Family meetings weekly to monitor	work and social care.				
	Develop a words and pictures safety	safety plan					
	plan						
	If al	l goes well move forward.					
Week	Shares words and pictures safety plan		Contact to take place overnight				
00	Land Comment		with a compart/respitation by pat				

Remember—you need a network

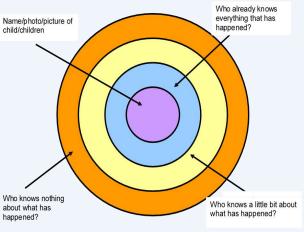
This was covered in the toolkit from the previous Campaign—Assessment..

Finding the Network



A Tools were presented in the tool kit... for example

FAMILY CIRCEL TOOL



Taken from the Signs of Safety From the Safety Planning Workbook (Turnell)

CALENDERING

What does a typical day in your young person's life look like?

	Morn- ing	Lunch	After- noon	Evening	Night
Monday					
Tuesday					
Wednes- day					
Thursday					
Friday					
Saturday					
Sunday					

More can be found in the Finding the Network Tool kit that was produced in the Assessment Campaign—and is on the Learning Hub

Asking good questions can be key..
On the next page are some suggestions to get you started...

Questions for Finding Naturally Connected Networks

(Presented at the Family Finding/Signs of Safety Residency with Kevin Campbell & Andrew Turnell—2017)

Past

- Who are the people that have stuck with you at your best and worst moments in life?
- Can you tell me about someone in your life who really got you, you really felt they understood you? (Really appreciated you)
- What has been the most important day in your life and who was there to share it with you?
- Who has been the person that surprised you the most when you needed help caring for your child?
- Who have you relied on when things got really difficult in your life?
- When you think about your past, who has been most supportive of you in the choices you have made regarding your children?
- When you were younger, who was your favourite person?
- Think back to a day when you were having a really tough time. Who was there to support you?
- Tell me a story about a happy time in your life. Who was there with you?
- Who was there when your child was born? Who were the people you told first?
- Think about a time in your past where you were in a crisis of some kind (financial, medical, etc.). Who did you confide in?
- Who have you called to care for your kids in the past when you needed help quickly?
- Who went with you to buy your first car/picked out your wedding dress/accompanied you to make a major purchase/etc.?
- Who was the person that helped you in a really tough time that surprised you they were helpful to you at that time?
- Who knows about what happened about this/that situation?
- Who have you told your secrets to?
- Who do you trust the most?
- Ask about the talents that people have in their family and who they got them from.
- Where did you get your faith traditions from?
- Where in the world does your family come from who holds those stories?
- Who has been there for you when you had troubles in the past?
- When you think about your girls, starting at the centre here with you in the middle, when you were a teen girl, like your girls are now, who were or was there for you? To support you during this time what difference did this make for you?
- When you think of all the people you have been close to in your whole life, whether family or friends, who has taught you the most about yourself as a person or parent? Tell me about a time that sticks out when that person showed or told you something about being a

Present

- Who is someone in your life that you can call on or depend on in a time of need (crisis)?
- Who is someone in your life that you would tell exciting/good news to?
- If today was the last day you could ever communicate something to your child what would you say to them?
- Who would you call for your children's birthday party?
- Who would you call first today if you had wonderful news?
- Who do you call on a bad day? Who do you call on a good day? Who would call you on a good/bad day?
- If I gave you 1 million pounds right now and I said you can have the 1 million free and clear, but you have to give the million pounds s to 5 people in order to receive 10 million more. Who would those 5 people be?
- Who is the person you trust the most to take care of your kids, no matter what?
- This is a difficult discussion. Who in your life, if they were here right now, would help you feel like it is a little more manageable? Can we call them to come here?
- Who are you going to call about this when you get off the phone with me? Who do you want that person to call?
- Who in your life do you wish had been here to help when I knocked on your door? Who might be the first person you tell about our meeting with you today?
- Who is the most important person in your life today?
- Who would you call to care for your child if you went to the hospital today?
- Who will you call in the middle of the night if you need help? What is it about that (those) person (people) that lets you know you can count on her/him (them)? Who do you call when you are stuck and unable to pick up your kids at school?
- Who is the one person you may be taking for granted most right now?
- If you won a big award who are 5 people you would want to be there?
- Who would you invite to your child's birthday party?
- Who did you send a text message (phone call) to first today?
- Who is the one person you wish were with you right now to support you?
- In case of an emergency (or if you were in an accident), who do you feel are the two most important people to contact?
- Who do you go to in life when you are making important decisions (like moving to a new town)?
- Who is your go to person when life gets tough?
- What are your concerns about working with me?

Future

- Please think about all of the important people in your life right now. So if I were to come to you 10 years from now and ask who has been the most unconditionally caring person in your life over the last 10 years, of all the people you know now who would you be describing to me?
- Tomorrow you end up in a serious accident and you are in the hospital in a coma. Who would you want the doctor to call to take care of your kids until you are well even to leave the hospital?
- If you could fast forward 5 years from now, who would be in your support network, who would you be able to rely on?
- Who would be the people that you see in your life sharing your birthday 5 years from now?
- Who would you hope to have at your side for comfort when you are elderly?
- Tell me about your wildest dreams for the future? What does it look like and who's there with you?
- Where do you see yourself in 5 years? Who is there with you? What do your relationships look like?
- If you were hit by a bus next month and unable to care for your children who would be able to care for your kids?
- If next year you found yourself homeless who would you call?
- You wake up tomorrow and its two years from now. Who are the people you would hope be in your life?
- If you were getting married, who is the one person (or people) you would want to be there to celebrate with you?
- Who will you call to invite to our next birthday celebration?
- If your child was getting married tomorrow, who in your world would you dream would be there?

Some further suggested questions

- Who knows the most about who's in your family on your mother's side?
- Who knows the most about who's in your family on your father's side?
- Tell me about the people who have been unconditionally committed to you?
- Tell me about the people who are unconditionally committed to you?
- For all of us there's someone who will come into our lives in the future that will help us be a better person would you agree? Ok so what do you imagine they will do/be to help you be a better person? How will you be a better person when that person comes into your life? How will your children see you be better person?

Who are the people who:

- Care about you? Your family? Your child?
- Understand your family's values, beliefs and culture?
- Understands what's important to you? To your family?
- You and your child are connected to in the community?
- Who wants to see your child/family do well? Might they join your support Network?
- If we invited all these people to come to a FNM, what are some good things that might come from them being involved?

Getting a network.. Some more ideas....

Intentional Interviewing—is a tool to get to the intentionality of the family network. The people who matter in our lives and those who teach us the skills we need to navigate our way through life's challenges.



Ask the following question: "Tell me about a value that is important to you".

Sometimes it helps to offer a few examples

Truth, Loyalty Justice, Love, Culture, Dignity, Family, Safety, and Kindness

Which value is important to the person?

Some prompts to deepen the story

Where did you learn about ?

Who taught you about ?

Who in your family do you connect too about?

Where do you hope your beliefs about... ? will take you?

Who do you share these ideas and practices with?

Why is it important to you?

Interviewing for Intentional Strengths with a focus on connection is a rapid way to get to multiple stories and engage others in helping

Strengths interviewing is far from a new idea, however few practitioners go beyond creating lists of descriptive strengths as a tic box activity

A conversation about observed strengths can lead to stories, with skillful engagement the stories lead to people, insight and hope

Sharing stories, like sharing food creates relationship. **Engagement is relationship**

Intentional strength provide evidence of a life lived. People are made uniquely capable through living, and in dealing with struggles they build capabilities

REMEMBER

A Tool kit on Finding the Network was produced in the previous campaign—it contained tools, tips, and useful questions to assist in developing the network..

It can be found on the Learning Hub:

https://leicestershiretotara.learningpool.com/course/view.php?id=2714

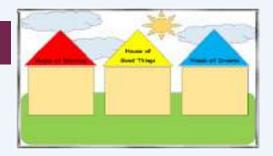
(you will need to log on to access following the link)

Section 3

CHILD AT THE CENTRE



Child at the Centre



The **3 houses tool** is intended to help bring the voice of children into assessments and explore what lishappening in their lives in relation to the dangers and harm, safety factors and their hopes and dreams.

Below are some examples of questions a worker could ask to start discussions with children

House of good things

What are the good things that are happening in your life?

What are the things in your life that make you feel happy?

What's going well in your life at the moment?

House of worries

Lots of children I talk to often have worries. Worries might be things that make us feel sad, a bit scared, angry, or a maybe a bit bad. Are there any worries that you have at the moment?

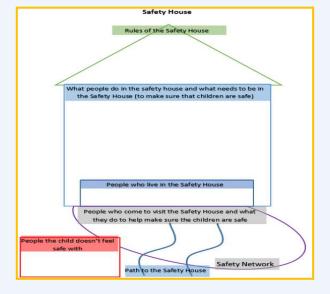
- Can we put those in your house of worries?
- What are you feeling worried about at the moment?
- What is happening that is worrying you at the moment?

House of Dreams

What are the important things that you want to have happening in your life that we need to put into your 'house of dreams'?

The safety house can be used to gather children's views on what they need the rules of the safety plan to include in order to feel safe

The future house can be used to find out what the family members think needs to happen in their family to show everyone their child will be safe





Other examples of ways to help have good conversations with children can be found here...

Learning Hub & here:http://www.socialworkerstoolbox.com/

Like the examples on the next page...

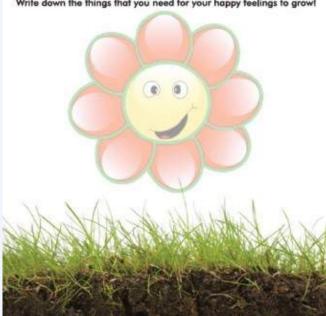
Growing happy feelings...

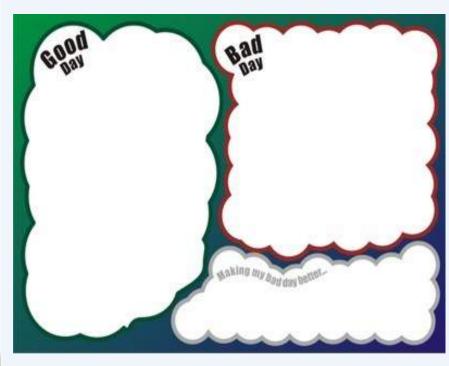
Let's imagine that you can grow happy feelings just like you can grow

Flowers need a lot of looking after to help them to be at their best. Different flowers need different sorts of soil. Some like shade and some like lots of sun.

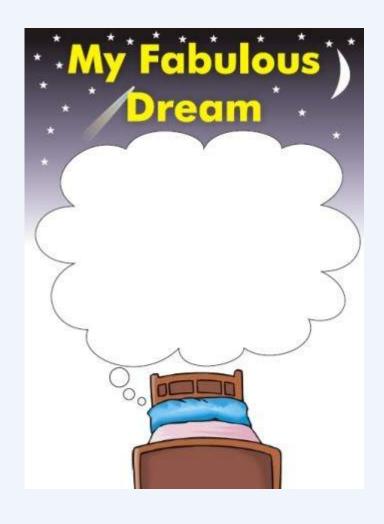
In the same way, different people would like different things to help them grow happy feelings.

Write down the things that you need for your happy feelings to grow!









Who's File is it Anyway?

Writing a good case record....

- What is happening for the child at any given time.. What has happened to and for the child, so decisions are clear as to why something was done at that time.
- Provide concise summaries that clearly show your professional analysis and evaluation. A child's record is not all in one place but found in case notes, reports to court and case conferences, child in care reviews, direct work etc.
- Information is shared and received with a number of agencies, when including this information it is helpful to show how it was used in the work with the child's case and plan—show the outcome.
- Information without analysis makes it hard to understand how and why decisions were made.
- Be deliberate in what is recorded, where does the record of a particular visit sit within the overall assessment and plan for the child?
- Make the child visible—even a young child or baby, the record should reflect their lived experience and the impact of the how the parents are meeting the needs, or not.
- Record the observations made of pre-verbal children—give them a voice from describing their reactions to their care/environment.

SO....

- Keep case records up to date, comprehensive and show your analysis.
- Provide a balance in the record that records the positives as well as things that have not gone well.
- Keep it individual to that child not generic or addressing the whole sibling group; or putting sensitive information specific to a child on all their sibling records.
- Keep any professional jargon to the minimum (and if necessary explain it or preferably use none at all).
- Be diligent and accurate to show reader that care has been taken in writing it.
- Be clear as to how the parents have been involved and that their views are captured.
- Show purpose of visits and how they are influencing or identifying future action.
- Show clearly any decisions being made (and I would say add the rationale).

Remember your record has a legacy—it will be read by the child when they are an adult—so record it to demonstrate the quality of the relationship, your aspirations for the child and what was done to make a difference.

Language to avoid— some common words/phrases seen in case records and

Think what it would feel like for the person coming to their file and reading of a life where it sounds as if it is their fault, or they are to blame?

	What We Could Use?			
Abscond	Run away or goes missing.			
Birth Parents	Parents; Family; Mum or Tummy Mummy; Dad			
Care Leaver	Care experienced adult.			
Care Plan	Future plans; My plan.			
Challenging Behav- iour	Having trouble coping; Distressed feelings; Different thinking method; Difficult thoughts			
Contact	Making plans to see our family; Family meet up time/Family time; Seeing Dad/Mum/ Grandma/etc.			
Contact Centre	Family Centre			
Difficult to place	Can't find a home good enough for them; Failed by the system			
Drop out	Early school leaver			
Foster carers	My family; Foster Mum; Foster Dad; People who care about me; My new			
	family; The family that chose us; Aunty/Uncle; Their name			
Full potential	You will make sure I have every chance to achieve my dreams			
High aspirations	Good choices; wanting the best for our children			
In Care	Another home away from home; Living with a different family in a different home			
LAC Review	My meeting or my review meeting; improving your time in care			
LAC visit	Home visit; Catch up			
LAC/Foster child	Call children by their names			
Leaving care	Moving on or Moving up			
Moving Placements	Moving to a new house; A new chapter or fresh start			
Peers	Friends			
Permanence	My home without disruption			
Placement	Our home or home; My house or the house where I live			
Respite	A break for the children; day out; home away from home; time off for us			
Reunification	Going back to live with my family; Going back home			
Siblings	Our brother and sisters; People who are related to me			
Statutory Visit	Coming to visit to see how we're doing			
Transition	Preparing for change			

Take care in the words you choose..

Section 4

Driving the Plan



Using Supervision to Drive the Plan



Individual Supervision...

"A supervision experience should enable the practitioner to walk away feeling less anxious than when they walked in, and with a clearer view of what the child, family and organisation require, what actions are most likely to produce the best results, and what to do next". (RiP: Reflective Supervision: Resource Pack, 2017 p3)

Key things to do in making individual supervision effective in moving the plans for the child forward;

- Ensure the most recent plan is available and use it to review actions and progress;
- Supervisor asks effective questions—that are curious, strength-based, and solution-focused.
- To promote critical thinking, providing an opportunity for reflection, challenge, test out ideas/ hypotheses, and enhance skills in professional judgement— what is the story, what does it mean, what needs to happen and how will we know progress is being made?
- Set out clear actions with timescales that are then reviewed at the subsequent supervision session—unless urgency requires earlier oversight.

Remember the EARS Model from Appreciative Inquiry

In social work there it has become the norm to learn from mistakes, particularly from serious case reviews after a significant event often following the death of a child The lessons learnt are largely what when wrong and what to avoid in the future Appreciative Inquiry is about learning from success by focussing on what has worked well, and examples of good practice The Signs of Safety approach came out of looking at what works in social work in Appreciative Inquiry (AI) the worker saeks to find out from a parent, or a child, or a colleague "What's got better?" "What have you done that?" "What have you learnt?" "What was the thing that you feel proudest about in this situation? On a scale of 8 to 10 where would you reate this practice? (Where 6 it was my worse effort ever and 10 means it is as good as I can do	WHAT IS IT?	THE EARS MODEL		
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'What have you learnt?' 'And what else?' 'Meaning When you think about this piece of work what was the most important thing you learned? What was the thing that you feel proudest about in this situation? What was the thing that you feel proudest about in this situation? On a scale of 0 to 10 where would you rate this practice? (Where 0 it was my worse effort ever and 10 means it is as good as I can do and learn from the good stuff	from serious case reviews after a significant event often following the death of a child. The lessons learnt are largely what when wrong and what to avoid in the future. Appreciative Inquiry is about learning from success by focussing on what has worked well, and examples of good practice. The Signs of Safety approach came out of looking at what works in social work. In Appreciative Inquiry (Al) the worker seeks to find out from a parent, or a child, or a colleague. "What's got better?"	Behavioural detail What would you like to	U What happened to make this piece of work important? U What made this difference? How did you make this happen? What else did you do? What else? And what else? Who else was involved? How did they help to build this success? What would (supervisor, mother, father, child, judge or anyone else involved) say you did to contribute to achieving these outcomes? How did you know what you were doing was working? What differences did you see in (supervisor, mother, father, child, judge or anyone else involved) that told you what you were doing	
STARTOVER D Begin again looking for more behaviour and meaning detail		Committee of the commit	important thing you learned? What was the thing that you feel proudest about in this situation?	
		STARTOVER	Begin again looking for more behaviour and meaning detail	

When the case/plan is not progressing or appears stuck good questions in supervision can provide clarity ...

Conceptualising:

What makes say that?

What exactly does this mean?

How does this relate to what we have been talking about?

What is the nature of...?

What do we already know about this?

Can you give me an example?

Are you saying ... or ...?

Can you rephrase that, please?

Probing hypothesis /thinking:

I see you r hypothesis is ...?

What are you basing this on?

What else could it be ..?

How did you choose this hypothesis?

Please explain why/how...?

How can you verify or disprove this

Hypothesis...?

What would happen if ...?



Probing rationale/reasons/evidence:

What do you believe is happening?

Tell me what you are seeing and hearing hat leads you to think this?

Can you give me an example of that?

What do you think sits behind this behav iour ...?

What might the parent's solicitors think of that?

How might the parents refute this?

What are your thoughts about why this might be happening?

What evidence is there to support this view?

What does research on neglect tell us about...?

Questioning viewpoints & perspectives:

Another way of looking at this is ... Does this seem reasonable?

What alternative ways of looking at this are there?

Why is ... necessary?

Who benefits from this?

What is the difference between ... and ...?

Why is it better than ...?

What are the strengths and weaknesses of...?

How are ... and ... similar?

What would ... say about it?

What if you compared ... and ...?

How could you look at this another way?

If we were to ask x what would they say?

Probing implications & consequences:

Do these make sense? Are they desirable?

Then what would happen?

What are the consequences of taking that action?

How could ... be used to ...?

What are the implications of...?

How does ... affect ...?

How does ... fit with what we learned before?

Why is ... important?

What is the best...? Why?



Please also refer to the CFS Departmental Policy & Procedures:

For the Supervision Policy—

https://www.proceduresonline.com/llr/childcare/leicestershire/user_controlled_lcms_area/uploaded_files/26.%20CFS% 20Departmental%20Supervison%20Policy%202019.pdf

And toolkit

https://www.proceduresonline.com/llr/childcare/leicestershire/user_controlled_lcms_area/uploaded_files/26%20Supervision%20Guidance%20for%20Superv.%20and%20Managers.pdf

And on the Learning Hub:

https://leicestershiretotara.learningpool.com/course/view.php? id=4052