# 

**Supervision Framework**

**Children’s Social Care**

June 2020

# 1. **INTRODUCTION**

This policy has been developed within the context of the following:

# Standards and guidance:

* + Standard 5 of the revised Standards for Employers of Social Workers in England, Effective and appropriate Supervision; <https://www.local.gov.uk/sites/default/files/documents/employer-standards-guide--c8b.pdf>
  + Knowledge and Skills Statement for approved child and family practitioners, DfE 2014
  + Knowledge and Skills Statements for Managers and practice supervisors, DfE 2015
  + The Council’s policy and procedures for staff appraisal.
  + The Newham Together Practice Framework
* Text and research:
  + Morrison, T (2005) Staff Supervision in Social Care: Making a Real Difference to Staff and Service Users, (3rd edit.) Pavilion, Brighton;
  + Morrison, T (2009) Guide to the Supervision of Newly Qualified Social Workers;
  + CWDC/Skills4Care (2007) Providing Effective Supervision: Effective Workforce Development Tool.

1.1 The aim of this policy is to set out a framework for individual professional supervision between the supervisor and supervisee. Effective supervision is an integral part of good practice and a component of the performance management framework.

1.4 This policy must be read as part of establishing the supervision agreement and, it forms part of a suite of supervision tools including;

* Supervision Agreement
* Supervision Record-Case Management
* Supervision Record (non-case)
* The Supervision Model
* The Newham Together Practice Framework

# 2. PURPOSE AND PRINCIPLES

***“There is a direct link between the quality of supervision and outcomes for service users” (Wonnacott. J 2012 p.14)***

‘***Effective supervision can help staff feel valued, prepared, supported and committed and also improves retention.’ (Gibbs.).***

2.1 The purpose of supervision is to ‘*enable and support workers to build effective professional relationships, develop good practice, and exercise both professional judgement and discretion in decision-making. For supervision to be effective it needs to combine a dynamic, empowering and enabling supervisory relationship with performance management. Supervision should improve the quality of practice, support the development of integrated working and ensure continuing professional development.*

*Supervision should contribute to the development of a learning culture by promoting an approach that develops the confidence and competence of managers in their supervision skills. It is therefore at the core of individual and group continuing professional development”,* (Skills for Care 2007).

2.3 It should be acknowledged that in order for social workers and social care professionals to ***‘work with'*** rather than ***'do to'*** or ***'do for'*** individuals, good supervision should support a two-way approach, whereby social workers are encouraged to prepare for their supervision session and the session supports the worker to explore, reflect on and find potential solutions in their work. Rather than the worker being given directives or being provided with a range of solutions or answers

2.5 Lack of supervision can result in work overload, stress, sickness, absence, as well as reduction in competence and confidence.

2.1 Supervision is an integral part of practice that supports staff in;

* developing effective relationships with other professionals and service users
* exercising professional judgement and decision making.

2.2 Supervision is the process enabling and ensuring thatthe organisation carries out managerial, administrative, executive and professional tasks to a high standard. As such, it is part of the golden thread that ties the overarching strategic objectives of the organisation with the individual personalised objectives of each member of staff.

2.3 It must be educative, supportive, empowering and a benefit to supervisor, supervisee and the organisation. Supervision must be sensitive to the individual’s and the services users’ ethnic and cultural background, disability, gender and sexual orientation and to the service user’s

2.4 It is also the environment in which staff should meaningfully reflect on their practice, consider their developmental and learning needs, review actions to address these learning needs and subsequently evidence practice improvement.

2.5 Supervision forms a key part of individual performance management and underpins the induction processes for newly appointed workers.

2.6 it should complement and support the appraisal process by evidencing the continuous improvement and performance of the supervisee.

2.7 Supervision is undertaken at all levels usually on a one to one basis but also in groups and is a process rather than a series of single events or sessions.

# 3. Types of Supervision

3.1 Individual supervision:

This refers to the regular and planned one to one meetings between a social care practitioner and their manager. The manager is responsible for completing the record which must give sufficient detail of the discussion to reflect the content of the meeting including reflection, identify actions as agreed, timescales and record any disagreements and concerns raised.

High-quality supervision is purposeful planned and focused and should reflect the Newham Practice Framework (see Appendix ? ) which is reflective and informed by the views, experiences and lives of children and their families. It is a safe space for practitioners to identify areas of practice that are working well and work through the challenges of practice dilemmas that are obstructing progress for children and young people. Reflective practice encourages learning, growth and development of practitioners by both the supervisor and supervisee fostering open communication to find solutions.

This should be recorded on Azeus using the Supervision Records Screen.

Situational/Unplanned supervision:

This refers to the day- to- day casework discussions that take place between supervisors and their supervisees as matters arise on cases and should also reflect the Newham Practice Framework. A record of these discussions should be placed on the child’s record by the supervisor. The supervisor should ensure that discussions and decisions are recorded in the relevant section of the electronic file, in line with the case supervision guidance, within 24 hours of the discussion.

This should be recorded on Azeus using the Supervision Records Screen.

Group Supervision

Group supervision is an opportunity to engage in a facilitated team discussion about children, young people and families and reflects the Newham Practice Framework. It provides a forum to engage multiple perspectives on case work issues. It is agreed in advance and is **complementary to, rather than a substitute for 1:1 supervision.**

Group supervision aims:

• to provide a safe, reflective space in which practitioners can critically reflect on issues affecting their casework;

• to pool experience and knowledge, with the aim of strengthening the skills and capability of all individuals within the group;

• to encourage curiosity and hypotheses

• to solve problems, plan work and set priorities; and

• to learn from the diverse backgrounds and experiences of others.

Reflective Practice

Reflective Practice is at the heart of high-quality supervision: both individual and group.

The aims of reflective supervision are to support practitioners’ awareness of how their values and experiences influence their practice; to facilitate critical thinking and analysis of the information and to build practitioners’ emotional resilience for demanding work with children and families.

Management directions:

This is when a supervisor or manager reviews a case via discussion or by viewing case files and agreed actions are noted on the child’s record . Management directions should be apparent on all cases.

Professional Development Supervision

Supervisors should identify and promote the practitioner’s continuing professional development needs. Including discussion about how recent learning activity is being applied to practice. This should include ensuring the individual is developing and maintaining the capabilities outlined in the Knowledge and Skills Statement for Children and Families Social Workers

Addressing equalities and diversity in supervision;

Addressing equalities and diversity must be an integral part of the supervisory relationship in terms of the:

* Differences between the supervisor and the supervisee and the impact of this on the supervisory relationship, for example, age, status, gender, ethnicity, experience;
* Supervisee’s practice and service delivery to children and families and or engagement with service users, partners and stakeholders;
* Supervisor having a responsibility to monitor the work of their supervisee to ensure all practice is compatible with LB of Newham’s *Equality and Diversity Policy*;

# 5. ROLES

5.1 Expectations of the Supervisor;

* To ensure a supervision agreement is in place
* To be aware and have an understanding of the issues associated with the cases
* To plan supervision sessions in advanceand prepare an agenda
* To maintain confidentiality within agreed boundaries
* To ensure that supervision takes place in private
* To ensure that supervision is uninterrupted excluding emergencies
* To avoid cancellation of supervision and if on any occasion supervision is cancelled for unavoidable reasons, to ensure it is re-arranged immediately
* To record the content of supervision and case decisions made on the relevant template during the supervision session
* To both support and constructively challenge supervisees
* To promote practice that supports equalities and diversity
* To have received training in effective reflective supervision and the Newham Practice Framework and to provide supervision within that framework.

5.2 Expectations of the Supervisee

* To attend supervision punctually
* To share responsibility for planning the supervision meeting and formulating the agenda
* To prepare for each supervision session thoroughly
* To seek to use guidance, information and support given in supervision
* To identify training needs and actively pursue training and development opportunities
* To use supervision to think and reflect
* To maintain agreed boundaries of confidentiality
* To promote practice that supports equalities and diversity
* To have received training in effective reflective practice within the context of the Newham Practice Framework.

# 6. SUPERVISION AGREEMENTS

6.1 Every supervisee should have a written supervision agreement which is prepared at the start of the supervisor/supervisee relationship and is reviewed every 6 months so that it remains fit for purpose.

6.2 The purpose of the supervision agreement is to establish a basis upon which the supervisor and supervisee will work together during one to one supervision sessions and accord the process of supervision a high priority. The agreement should be prepared by the supervisor and supervisee together and clarify the rights and expectations on both sides to create an effective and successful supervision setting.

6.3 When establishing the supervision agreement, the following should be discussed:

* The frequency and anticipated length of supervision
* The venue for supervision
* Any specific responsibilities of both supervisor and supervisee
* The recording of supervision, where these will be maintained and arrangements for signing records
* The arrangements for any unplanned situational and group supervision
* The arrangements for agenda setting
* Arrangements for recording of differences and disagreements
* The arrangements for review of the supervision agreement

# 7. FREQUENCY, STRUCTURE AND CONTENT

7.1 The frequency of supervision may vary depending on the supervisee's role, level of experience and the types of cases they are managing however the minimum standard expected is monthly 1:1 meetings for one and a half hours for all registered social workers and allied staff within Children’s Social Care i.e. Personal Advisors; Early Help practitioners; Referral Officers. This is a guide and may need to change due to particular circumstances, such as risk, support needs and workload.

ASYE

Supervision will be weekly for the first six weeks, increasing to fortnightly and monthly in line with individual practitioner development

7.2 Case supervision will constitute a significant element of each supervision session, though It is unlikely every case will be discussed at each supervision,

Every case will have supervision or management oversight every 4 weeks. Managers will use their professional judgement to determine which cases need a light touch or a more in-depth discussion. Furthermore, all cases where a closure, transfer, child protection or legal planning decision is being considered or made must be discussed in supervision before or just after being made.

**The manager should ensure each case is formally supervised at least once within an 8 weekly supervision cycle. This does not exclude the need to discuss a case more frequently where there are immediate or significant concerns.**

7.3 Case supervision should be recorded directly onto the child’s electronic file. Supervisors must ensure that all key areas of the Case Supervision Guidance (Appendix 3) are reflected in the supervision record.

7.4 Non-case supervision should be recorded on Appendix 6 and saved in a secure electronic folder. The Director of Operations / Heads of Service must ensure that there are secure folders on shared drives where supervision records can be stored; see section 11 below.

7.5 Supervision should take place in a private room; it should be free from interruption and should be as comfortable as practicable.

# 8. QUALITY ASSURANCE

8.1 In order to ensure that managers are implementing the policy effectively, they will be required to provide evidence of supervision agreements/ supervision records to their line managers as requested and at a minimum twice yearly, as part of their own supervision arrangements.

8.2 Implementation of this supervision policy will be assessed via the Practice Learning Framework with audits and observations of supervision taking place regularly.

# 9. CONFLICT RESOLUTION

9.1 Where there is a conflict or disagreement that cannot be resolved between the supervisor and their supervisee, then the supervisor’s line manager should be informed and a three way meeting arranged to discuss and resolve the issue. The supervisor’s line manager will decide next steps where agreement cannot be reached.

# 10. STORAGE, RETENTION AND ACCESS

11.1 The supervisor has the responsibility to ensure that each supervisee has a supervision file and it contains up to date records. This needs to be electronic and accessible only to the line manager, senior managers and deputising managers. The Heads of Service must ensure that secure folders on shared drives are set up in their service areas to ensure secure electronic storage of supervision files. Every worker will have an electronic supervision file;

* The Manager will notify the Business Support Technical Officer the name and starting date of the new member of staff;
* The Technical Officer will create an electronic supervision file on a folder with restricted access;
* Following supervision the supervising manager will upload the record onto the worker’s file.

11.2 If the supervisee leaves the employ of the authority the supervision file should be sent to Human Resources for retention in line with the Council’s file retention policy.

11.3 Supervision files should be structured into four sections;

* Section 1: Social Work England details (if relevant), confirmation of date of DBS and car insurance where applicable
* Section 2: Supervision Agreement,
* Section 3: Professional Development Plans, Appraisal records and where applicable probation reports.
* Section 4: Other e.g. AL/TOIL information

# 11. TRANSFER ARRANGEMENTS

12.1 Where a supervisor leaves LBN or takes on a different role no longer requiring them to be the supervisor, the supervision file must be provided to the supervisor’s line manager who will in turn forward this to the new supervisor when they start in their role. A new supervision agreement will need to be signed by the new supervisor and supervisee, with the previous supervision agreement retained on the file for audit purposes.

# APPENDIX 1 Supervision Agreement

**Date:**

**Between**: (Supervisor) and (Supervisee)

The purpose of this agreement is to ensure the supervisee:

* Understands his/her role, tasks, rights and responsibilities
* Is assisted in his/her continuous professional development
* Is supported in managing risk and other demands of their role
* Is provided constructive feedback in a safe and appropriate manner
* Has an opportunity to critically reflect on their practice.

# FRAMEWORK FOR SUPERVISION AGREEMENT

|  |  |
| --- | --- |
| Frequency of Meetings: |  |
| Length of Sessions: |  |
| Location: |  |
| Responsibility for Recording: |  |
| Extent of confidentiality: |  |
| Responsibility for setting the agenda: |  |
| Process for mediation of any difficulties: | |
| Any other issues to record: | |

|  |  |
| --- | --- |
| Date: |  |
| **Signature** (Supervisor): |  |
| **Signature** (Supervisee): |  |

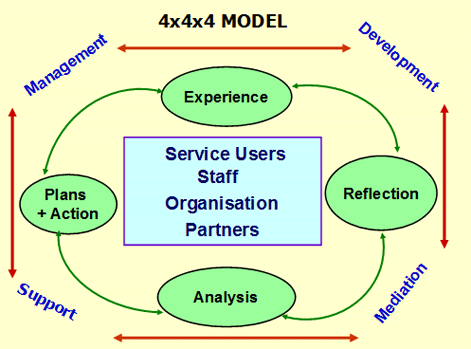
# Appendix 2 ;

# The Supervision Model including Reflective Practice

This appendix is based upon extracts from ‘A Guide for Supervisors’ produced by the Children’s Workforce Development Council in 2009.

This guidance is based upon the 4x4x4 model of supervision developed by Tony Morrison (Morrison, T 2005).

Supervision has to address a range of requirements on behalf of different stakeholders involving a complex set of activities. The 4x4x4 model is a framework that integrates the four functions, four stakeholders and the four elements of the reflective supervision cycle. At the heart of this model is the principle that **supervision is part of the intervention with service users.**



# 1. The Four Functions of Supervision:

1.1 Management: competent, accountable practice

The aims of the management function are to ensure:

* Consistent and good quality case supervision
* The overall quality of practice
* That policies and procedures are understood and followed
* Supervisees understand their roles, responsibilities and competencies
* That workloads are manageable and are reviewed regularly in accordance with legal and organisational requirements
* That agreed actions are recorded and implemented
* That case records are maintained according to the Council’s policy
* That targets and work programmes are set, agreed and monitored
* That practice is consistent across individuals, teams and services
* That poor performance is identified, challenged and addressed
* That each supervisee is aware of the strategic context for their work including the CYPS strategy, and Council priorities
* That each supervisee is aware of improvement plans that are in place and the implications for practice
* The supervisee is supported to achieve positive outcomes for children and measure success
* The supervisee is aware of lessons from practice reviews and Serious Case Reviews, and that implications for practice are identified.

1.2 Development-continuous learning

The aims of the professional development function are:

* To ensure a positive approach to learning and development
* To ensure each supervisee’s performance is managed to promote a high quality service
* To enable each supervisee to develop their competencies (i.e. skills, behaviour and knowledge) and agree how their training and development needs should be met
* To ensure that each supervisee has an understanding of the service plan and how this relates to their work and that of the team and wider service
* To use evidence from research to develop individual and team practice
* To ensure that each supervisee receives regular feedback on all aspects of their performance
* To ensure each staff member has an annual appraisal and Personal Development Plan

1.3 Personal Support

The aims of the support function are:

* To create a supportive environment in which good practice can be achieved
* To discuss and clarify the boundaries between professional development and personal needs
* To de-brief and support professionals, enabling them to talk about their feelings arising from cases and practice
* To support professionals who have experienced abuse, violence or discrimination in the course of their work and to seek to reduce or eradicate such experiences in the future
* To monitor and support professionals in managing stress
* To assist supervisees in managing issues across professional relationships
* To promote a healthy work ethos and environment

1.4 Mediation-engaging the individual with the organisation

The aims of the mediation function are to:

• Brief more senior management about gaps in or issues with resource.

• Allocate resources in the most efficient way.

• Represent staff needs to senior management.

• Negotiate and clarify the team’s role and responsibilities.

• Initiate, clarify or contribute to policy formulation.

• Consult and brief staff about organisational developments or information.

• Act as an advocate between worker or team and other parts of the agency/outside agencies

• Help the worker resolve difficulties in workplace or partner relationships.

• Represent or accompany staff in work with other agencies.

• Involve staff in decision-making.

• Deal sensitively, but clearly, with complaints about staff.

•Assist and coach staff, where appropriate, through complaints procedures.

# 2. The Four Stakeholders of Supervision

* Service users
* Supervisees
* The organisation
* Partner agencies

Good supervision has a positive impact on all of the stakeholders

# 3. The Four Stages of the Reflective Supervision Cycle

The third element of the 4x4x4 model focuses on the process of supervision itself and the supervision cycle of experience, reflection, analysis and planning**. In Newham this element of supervision should be delivered within the context of the Newham Practice Framework see Appendix 3**

3.1 Experience-the description of what happened

The supervisee’s account is shaped significantly by the questions asked by the supervisor.

3.2 Reflection/Feelings

The report of an experience is not sufficient in isolation. Without *reflecting* on the experience it may be lost or misunderstood.

****3.3 Analysis****

Analysis ensures that evidence and feelings are located within an external body of knowledge, theory, research and professional value, and then tested against it.

3.4 Action Planning

In order to deliver effective services, the analysis needs to be translated into plans and actions. At this stage in the supervision cycle, the focus is on the planning, preparation and rehearsal of strategies.

Finally, as plans are put into action, the cycle moves into its next phase as new experience is created and a fresh cycle begins.

Appendix 3. The Newham Practice Framework

# The Newham Together Practice Framework.

This practice framework is designed to provide all of us with the clarity and structure to practice with confidence. The framework is designed to be used across the partnership, to provide a more consistent approach to working with families. This is a starting point and we invite practitioners to develop this practice model with us.

The approach is based on ***restorative*** values – our intention is to support families to make positive change. We do this by working with them and drawing on the strengths of the family network. We will work collaboratively with the workforce, and whilst the framework provides a context we want to develop the detail with you. We recognise that the people we work with mostly want the best outcomes for those in their family – and they are often the people who know the best way to achieve these. Central to this approach the idea of a learning system – we use feedback, both positive and negative to improve services – we aim to be transparent and supportive; we are accountable and try to avoid blame and recrimination.

We always approach our work with positive intent – we aim to add value and support families. We recognise the significance of difference and the role difference and language plays in structuring the meaning and experience of the world. We use the Social GRAACCESS idea to support our recognition of difference into our work. These differences contribute to power dynamics that can cause inequality and disadvantage.

The approach is***relational*** – we believe in the use of self in relationships to build trust and support change – communication is central to this. Relationships make up our experience of life – without stable, consistent relationships it is hard to make changes and sustain positive outcomes. As such, we are committed to investing in our workforce and in those who provide care to the children, young people and families we work with to provide quality and consistency in the care provided.

We draw on ***systemic theory*** to help make sense of complex situations. Through using systemic tools and ideas, this provides a lens to make sense of the world and gain an insight into how others experience it. By focussing on the relationships between people we can avoid viewing people as the ‘problem’. We understand that it is impossible to eradicate all risk in the work we do – rather we acknowledge risk and seek to understand it better through developing effective relationships with those we work with – creating a position of ‘safe uncertainty’. In this way we seek to mitigate risk through engaging with people through a constructive relationship, to achieve permanence for children in every respect within their family as long as it is safe to do so and in an alternative family where safety means that this is necessary. Systemic ideas help us to develop options for managing risk alongside others rather than seeing processes of ‘escalation’ as the only way of managing risk effectively

**Our work across the partnership**

Our vision for Children and Young People in Newham commits the partnership to the following:

*We are supportive and invest in relationships // We are open and transparent // We create a culture of learning and curiosity //We are ambitious, and celebrate success****.***

We are committed working with our partners, sharing information, being open and transparent. Openness requires courage and trust proportionate to the nature of the relationship. Relationships are at least two dimensional, they take time to develop, last for varying lengths of time, and are dependent on multiple factors some involving people others are social factors which we describe through the an acronym of the social GRACCEESS.

Building on these values we will co-produce plans with children, families and partners making clear the expectations of all partners encouraging contributions to ensure that the roles of all parties contributing to improving the outcomes for children and mitigating risks that children face are clear.

Learning from what works and what could have happened differently using feedback, data and audits of practice across all members of partnerships and agencies involved is required for a culture of learning. Our systems and processes will support that function and we will collaborate in the learning activities of other agencies.

The Newham Together Social Care Academy is the vehicle for developing our workforce and improving outcomes through development and training. This demonstrates our commitment to learning across the partnership.

Celebrating success and recognising achievement provides motivation and the platform for continuous improvement. We are committed to noticing achievements, successes and supporting individuals, families, agencies and partnerships to be recognised with

# Our work across the partnership: Our vision for Children and Young People in Newham commits the partnership to the following:

***We are supportive and invest in relationships // We are open and transparent // We create a culture of learning and curiosity //We are ambitious, and celebrate success.***

We are committed working with our partners, sharing information, being open and transparent. Openness requires courage and trust proportionate to the nature of the relationship. Relationships are at least two dimensional, they take time to develop, last for varying lengths of time, and are dependent on multiple factors some involving people others are social factors which we describe through the an acronym of the social GRACCEESS.

Building on these values we will co-produce plans with children, families and partners making clear the expectations of all partners encouraging contributions to ensure that the roles of all parties contributing to improving the outcomes for children and mitigating risks that children face are clear.

Learning from what works and what could have happened differently using feedback, data and audits of practice across all members of partnerships and agencies involved is required for a culture of learning. Our systems and processes will support that function and we will collaborate in the learning activities of other agencies.

The Newham Together Social Care Academy is the vehicle for developing our workforce and improving outcomes through development and training. This demonstrates our commitment to learning across the partnership.

Celebrating success and recognising achievement provides motivation and the platform for continuous improvement. We are committed to noticing achievements, successes and supporting individuals, families, agencies and partnerships to be recognised with

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Children and young people at the centre of all that we do** | **We take a Systemic approach to understanding complexity** | **We provide support by building on strengths** | **We respond to risk with confidence** | **Practice is Purposeful, Planned and Focussed** | **We are part of the community of Newham** |
| **Newham Together: A restorative, relational model drawing on systemic thinking:** | **Co-production**  The lived experience of children and young people is paramount. We listen to them and seek to build a relationship of trust. Feedback and involvement is central to what we do. | **Curiosity**  Our aim is to understand the relationships and context that frame family life. We recognise that language and difference shape meaning and experiences. | **Compassion**  We engage people with positive intent. We have an appreciation of the strengths of those we work with and their ability to find solutions to complex issues. The goals and plans are coproduced. | **Confidence**  We accept it is not possible to eliminate all risk; our approach is to work within a context of safe uncertainty. We use our relationships to mitigate risk. | **Clarity**  We use analysis and reflection to design our support for families. We practice with a clear view of the outcomes we seek. | **Community**  We celebrate the diversity in our community, recognising and responding to difference. We build lasting relationships and value feed-back. |
| **Assessment** | Child’s voice. What is their perspective and lived experience? How have we communicated with them and gained an understanding of their wishes. Have we written the assessment in a way that they can understand and recognise? | Appreciating the differing experiences of family life. Have we paid attention to the importance of engagement and building relationships.  Understanding the family story / script. Use of systemic questions and conversations as interventions. | Taking an appreciative position and recognising the efforts and intent of family members to find solutions. Understanding the family history and barriers to access support. Mapping networks and resources in the family. | Ensuring our assessments are proportionate and enable an effective response to risk – ensuring that we keep children and young people safe, but don’t respond in a way that causes more harm. | What is the purpose of the intervention – what are we trying to establish through the assessment?  How is permanence achieved for every child, and what interventions can enhance stability and build relationships? | Our understanding of children’s lived experience takes account of Gender, Race, Religion, Age, Ability, Class, Culture, Ethnicity, Education, Sexuality and Spirituality |
|  |  |  |  |  |  |  |
| **Planning / intervention** | How can we be sure that the plan will make a difference for this child / young person – have we engaged the child / young person to consider what they would like to see in a plan? Have we written the plan in a way in which the child / young person can understand? | How do we engage the wider network in the planning process and understand the relationships and dynamics that might support or impede the plans? How can we use systemic interventions to improve relationships? | Our plans should build on the strengths and resources of the family and use their input to shape the plans and objectives of this intervention. We should involve the wider family network where possible to be part of the support plan. | We use a partnership approach to mitigate risk and provide every opportunity for families to access support that reduces harm. We hold the network to account to ensure their approach to risk is proportionate. | Are we clear about what the plan is trying to achieve and what the focus of the work is for this period of intervention? How do we ensure the interventions are focussed on the key priorities, and how do we measure progress? | Plans are co-produced, with the wider family and also including community resources. The aim is to build resilience to achieve permanence for children. We consider potential barriers to accessing support and the most appropriate local services. |
| **Supervision / oversight** | How do we frame reflective discussions to consider the lived experiences of the child and ensure that we evaluate any plan for intervention through this lens? How do we ensure the child / young person’s feedback, wishes and feelings are taken into account? | We are committed to using a variety of different models of case supervision. We offer reflective opportunities and support the use of systemic techniques –testing hypotheses through reflective discussion. This may involve a presenting / reflecting model where appropriate to explore options for intervention. | How does supervision prompt a consideration of the resources of the individual, family and system in responding to challenges and contributing to solutions? How does our response support the engagement of and co-production with the family and wider partnership? | We ensure that intervention and plans are scrutinised to ensure that risks are identified and appropriately responded to. | Ensuring that there is clear thinking to support practice – ensuring all activity relates to the central purpose of the intervention; enabling a focus on the key tasks for the next phase of work; designing a plan that is proportionate, realistic and effective. Evaluating the impact and measures of success. | Reflective practice utilises the Social GRAACCEESS to recognise the interrelated elements of social context in the child’s experience and the practitioners’ world. |
| **Learning / Review** | How do we ensure that any review of practice and plans centres around the feedback from young people and their experiences of the support provided. | How has practice impacted upon the family system, relationships, the family script and how the family sees itself? How do we use the presenting / reflecting model to enrich the learning and improve the interventions? | How do we appreciate the progress and strengths of the family, the distance travelled and progress made? How do we ensure expectations are realistic and evaluation is fair and proportionate? | We take a non-blame approach to learning from what went role, ensuring that we hold professionals to account but recognising that it is impossible to eliminate all risk. Our Practice Learning Framework enables practitioners and managers to reflect on successes and challenges and feedback learning into the wider system. | Re-visit the purpose of the intervention – to what extent has the intervention made a difference? Has practice been sufficiently focussed, and what should the focus be in the next phase? What has been the impact of the plan and what should be the next steps? | Learning includes the community context and is informed by feedback which is proactively sought to consider strengths of our practice and areas for development. Learning across the partnership enables a range of perspectives to be considered when reviewing practice. |

# Appendix 3

# Supervision Guidance- Purposeful, Planned and Focussed

# What is a Purposeful Planned and Focussed (PPF) approach to Supervision?

-It is having clear **purpose** of why we are involved and doing what we are doing. Defining what it is we are aiming to achieve (outcomes) and defining the strength/risk/issue/problem we are addressing. Agreeing what needs to change and what we will see when change has occurred.  
  
-It is having a clear **plan** to achieve it. How will we meet the purpose, who needs to do what and by when and how this will be done? How will you get feedback to know the plan has achieved its purpose  
  
-It is remaining  **focussed** on the plan by ensuring we privilege the story as told by the child and reflect and analyse what the child’s story means. Hypotheses and alternative explanations will help us to decide what needs to be the focus of the intervention going forward and planning what we will do in each contact will help us to stay focussed on the plan.

NON-NEGOTIABLES Managers should record compliance with statutory or policy requirements and what action will be taken. Include information on gaps in family details; are child’s views evident on file; are timescales for assessments and visits met; are plans, reviews, core groups, permanence plans and PEPs etc up to date; are children being seen alone; are copies of reports shared with family membe

Central to the supervision is the Child’s Story and Social GGRRAAACCEEESSS

Through this supervision please focus on the impact of Gender, Geography, Race, Religion, Age, Ability, Appearance, Class, Culture, Ethnicity, Education, Employment, Sexuality, Sexual orientation and Spirituality on the him/her/family and the issues being addressed.

# Appendix 4

# Supervision Template

Decisions and Actions from the previous supervision

**Purposefu**l-why are we doing this

**Planned**-how will we do this

**Focused**-what will the sw be doing in the face- to- face contact with family members or other professionals to achieve the purpose Staying true to systemic and relational practice using strengths based language and restorative approaches.)

|  |  |  |  |
| --- | --- | --- | --- |
| Decision/Why are we doing this | Action **(**planned and focused) | Desired Outcome**-** difference made | Achieved/not achieved |
|  |  |  |  |
|  |  |  |  |

Record of the reflective discussion (See Prompts below)

1. **THE PURPOSE**
2. **THE PLAN- Progress and Outcomes**

1. **THE FOCUS - his/her story**
2. **ANALYSIS** - The current hypothesis and alternative explanations. What are your conclusions and what does this mean for the child

**Decisions and Actions from this supervision**

Supervision records need to show clear management direction and defensible decision making that demonstrates clear, transparent, considered and evidence based rationale.

**Purposefu**l-why are we doing this

**Planned**-how will we do this

**Focused**-what will the sw be doing in the face- to- face contact with family members or other professionals to achieve the purpose Staying true to systemic and relational practice using strengths based language and restorative approaches.)

|  |  |  |  |
| --- | --- | --- | --- |
| Decision (Why are we doing this) | Action **(**planned and focused) | Desired Outcome**-** difference made | Timescale |
|  |  |  |  |
|  |  |  |  |

# Appendix 5

# PPF Supervision Prompts

|  |  |  |
| --- | --- | --- |
| **The Purpose** | **The Plan** | **The Focus** |
| Why are we involved?  What is the intervention aiming to achieve.  What are the strengths/issues we are addressing?  What needs to change and how will we know when the change has happened.  What would happen if you ended your involvement? | Is the plan working?  What is the focus, progress and desired outcomes of the plan?  Has change been observed and what is the evidence for this?  What positive/negative impact has your involvement had on his/her situation?  Are the parents/carers engaged and working to effect change?  What are the strengths or risks associated with the parent's/carer’s capacity to meet his/her needs? | What does his/her story mean?  What needs to be the focus of the intervention now?  What is a day in the life of him/her like?  What is his/her understanding of what is happening?  What are their wishes and feelings?  How does his/her story evidence change in their situation? |

|  |  |  |
| --- | --- | --- |
| **Purpose** | **Plan** | **Focus** |
| What are the barriers to this happening?  Experience of work with him/her since the last supervision.  What is his/her current experience? How do we know this | Who else has collaborated and contributed to progression of the plan?  What have the child/parent's/other professionals said about progress?    If there has been no change or things have got worse, do you need to change the his/her plan now? | .  What are his/her expressed/lived experiences and feelings of their situation?  What has made things better/ worse at home/ placement?  What contributes to this?  How does this influence your approach with his/her/family?  Identify any areas of training/learning to enhance the engagement with the family  Identify whether his/her/family would benefit from services specific to these needs  What specific aspects of his/her plan will be addressed between now and the next supervision?  Are there any significant changes that could impact on the progression of the plan for him/her and their family? I.e. him/her turning 17, parent coming out of prison etc. |

# Appendix 6

# How to write an Effective Case Recording and where to place it on Azeus

Some of the Content taken from a blog written by Yvette Stanley <https://socialcareinspection.blog.gov.uk/2019/07/24/what-makes-an-effective-case-record/>

1. A good record needs to stand up to the scrutiny of many stakeholders, your manager, quality assurance colleagues ,the courts, Ofsted, changes in social worker but most importantly the child themselves. A good record leads to responses that are tailored to the needs of the child. The same record will be used in future years when as an adult s/he seeks to understand their childhood and how they came to be brought up as and where they were.

The record needs to tell the person

*-this is what I saw when I looked at you*

*-this is what was worrying others and myself*

*-this is what seemed to be working really well for you*

*-this is what we all thought might be happening*

*-this is what we decided to do about it*

1. The record should clearly and succinctly explain what has happened to, and for, the child.
2. High-quality recording lets the quality of the relationship between social worker and child, and the social worker’s aspirations for that child, shine through. How important that must be to any care-experienced person looking at their childhood records in later adulthood.
3. Social workers and other practitioners who support children need to think about the purpose of each piece of recording. For example, when recording a visit to the child, the record is about the reason for the visit itself as well as its contribution to the whole assessment. The importance of not just what happened or was said, but what that means for the child
4. Language is so important. Anything that implies victims were to blame for any abuse they suffered during childhood can compound the impact of that abuse. So can casual statements about ‘lifestyle choices’ by vulnerable teenagers. Times have changed, but we still sometimes see inappropriate language in case records

**Things to Avoid**

* Records that are not up to date (including assessments and plans following changes in circumstances), and have gaps or lack analysis
* Records that only focus on the very negative things that happen to children, rather than their lives as a whole
* Recording that is not bespoke to each child or use too much professional jargon
* Recordings that show a lack of care and attention, or are just poorly written
* Records that lack parents’ views or the level of their engagement
* Records that do not show clear decision-making
* Recording that is not age appropriate
* Records that mix up information about brothers or sisters
* Records that do not show purpose for visits to children and families and do not influence the plan or the next steps
* Recording that fails to capture disabled children’s views

# Appendix 7

# Where to Record Supervision on Azeus

1. Case supervision must be completed in line with the Supervision Framework for Children’s Social Care April 2019



1. Supervisors are required to record case supervision via the ‘Case Management’ module on AzeusCare.
2. Supervisees should make an Azeus entry to indicate they have read and agree with the supervision record.

Supervisors must ensure that the following key areas are fully addressed in each supervision record

**APPENDIX 8 - RECORD OF PROFESSIONAL (NON-CASE) SUPERVISION**

**Professional Supervision Record**

This form is designed to be used to support the performance management process. Managers should complete this form during one to one supervision with their direct reports. Note, records of case-related supervision must be entered directly onto Azeus.

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisee** |  | **Supervisor:** |  |
| **Date:** |  | **Service/Section** |  |

**Professional (non-case) Supervision Checklist**

Professional Development/training

Welfare—how is supervisee finding the job, support required

Review of actions and setting of new actions

Review of progress against targets/objectives

How work contributes to Council and Service Plans

Annual leave, TOIL, sickness

Health and Safety

Equality and Diversity Issus

Team issues

Summary of Discussion

|  |  |  |
| --- | --- | --- |
| **Discussion** | **Action** | **Timescale for completion** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**2.** Learning & Development:List any activities (courses, conferences, periods of acting up, special project work etc)

|  |  |  |
| --- | --- | --- |
| **What activity was undertaken?** | **Intended** | **How has it helped you/the service?** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Time and date of next one to one session:** |  |
| **Signature (Supervisor):** |  |
| **Signature (Supervisee):** |  |

# APPENDIX 9

# Knowledge and skills for child & family social work.

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

**1. The role of child and family social work**

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

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

**2. Child development**

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

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

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

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

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

**4. Abuse and neglect of children**

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

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

**5. Effective direct work with children and families**

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

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

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

**6. Child and family assessment**

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

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

**7. Analysis, decision-making, planning and review**

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

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

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

**8. The law and the family justice system**

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

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

**9. Professional ethics**

Demonstrate the principles of social work through professional judgement, decision-making and actions within a framework of professional accountability; how to manage competing interests of parents and children effectively, ensuring that children’s interests are always paramount, whilst working collaboratively with parents and extended family whenever possible; how to acknowledge the tensions inherent in having a dual role of care and control on behalf of the state; and the ability to promote autonomy and self-determination within a framework of the child’s best interests as paramount.

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

**10. The role of supervision and research**

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

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

**11. Organisational context**

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

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

© Crown copyright 2014

Reference: DFE-00532-2014 5