**Children and Young People’s Service**

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**Supervision Policy**

**September 2024**

**Supervision Policy**

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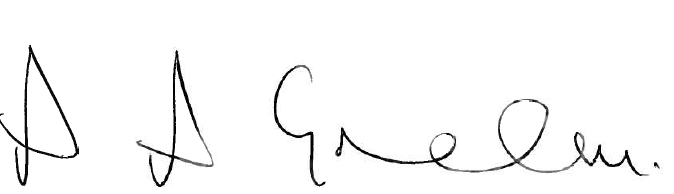
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Dear Colleagues

I am pleased to introduce our updated Supervision Policy.

Supervision is the foundation of good social work practice. The 2012 Ofsted report, ‘High Expectations, High Support and High Challenge ‘, provides emphasis to the key role that consistent, quality supervision provides in enabling an environment for practice to thrive and deliver better outcomes for children and their families.

This updated policy includes Haringey’s new Practice Standards and references our Quality Assurance Framework providing clarity on the expectations, accountability and the way dedicated professionals working in challenging circumstances will be supported.



Ann Graham

Director, Children’s Services

Policy Statement

The Children and Young People’s Service, (CY&PS), is committed to providing quality supervision for all staff. Whilst the content of this policy is largely directed to case work supervision, the principles and disciplines included in it apply to all those working with children, young people, and their families in the CY&P service.

To achieve this, Haringey Council will ensure that the guidance, training, time and resources for supervision are available to all staff and that the policies and culture throughout the organisation positively supports supervision within the context of a learning organization. The policy and supporting guidance are available for all staff and managers in the Children and Young People Service. All managers and staff are expected to use the policy, associated templates and guidance.

Relationships are at the HEART of our work with families and we look to build on the family’s strengths and work with them to identify solutions to their difficulties. We use ‘Signs of Safety’ (SoS) as our practice framework and the means of engaging with the people we are trying to help. The supervision policy has been adapted to support and reflect the Signs of Safety approach used and the Signs of Safety Framework and Summary document should be considered an essential practice reference tool.

The purpose of supervision is:

* + To ensure the quality and standard of the service delivered to the user
  + To promote the development and skills of all workers
  + To establish accountability for the work of the Children and Young People’s Service

This policy was revised in September 2018, updated in 2020, reviewed in 2023, the next update is scheduled for Sept 2024.

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| **Individual Supervision Policy & Standards**  The most effective supervision is focused on skills rather than therapeutic support or adherence to procedures. Supervision is a process for integrating thinking, feeling and action; it is an inextricable part of the assessment, planning, intervention, and review process through which effective services are delivered.  Effective supervision can help workers feel valued, be prepared, supported and evidence commitment and improves retention. Lack of supervision can result in work overload, stress, sickness, absence, as well as reduction in competence and confidence.  The necessary training will be provided to ensure that all staff meet the outlined standards and expectations. It is a responsibility of all the workers to ensure that they attend training sessions as outlined in their Personal Development Plans and identify where they may need further training support.  Supervision or management direction in casework practice?  The guidance in this policy sets out the policy and expected practice standards for individual formal supervision and the accompany recording. Guidance regarding group supervision is also provided.  M**anagement direction** includes:   * unplanned discussions between a practitioner and a line manager or senior manager where direction is given. * dealing with areas of concern in individual children’s cases as these occur outside the arena of planned supervision and where direction is given * facilitating improvements in practice to ensure that practice standards are met, and any direction given for remedial actions to be taken and completed.   Any direction given by a line manager or senior manager about practice in working with a child and her/his family whose case is allocated within the Children and Young People’s other than in formal supervision should be regarded as, and recorded as evidence of , management direction on Mosaic. Direction given by the line manager or senior manager should be communicated to the allocated practitioner.  Most importantly, just asking for tasks to be undertaken either through formal supervision or through management direction, without ensuring they have been done, is not enough and managers must check that actions are completed.  **STANDARD ONE: FREQUENCY & CONDITIONS**  **All Children and Young People Service workers, permanent or locum, will have planned, regular, protected individual time for formal supervision with their manager.** This includes managers, senior practitioners, social workers, newly qualified social workers (NQSWs), personal advisors, youth offending workers, EHCP case workers and family support workers.    The first supervisory session should involve a discussion about how both parties would like supervision to be conducted and agreeing the supervision contract. The contract should be signed by both parties. A template for the terms for the supervision contract can be found in Appendix 1. These terms should not be changed unless with the agreement of senior management, however they can be added to if there are specific issues the supervisor or supervisee wish to include. The contract should be reviewed annually during My Conversation /appraisal.    All case holding practitioners should receive case supervision for 1.5 hours, weekly for the first 4 weeks, fortnightly for the following 4 weeks then no less than every 4 weeks thereafter.  Contingency arrangements should be made to cover absences wherever possible and if supervision is cancelled, it should be re-scheduled at the earliest opportunity to ensure the required frequency is maintained.    Supervision should begin punctually; sessions will take place in a private room and interruptions should be minimised. Frequent lateness, cancellations or interruptions caused by either party should be a matter for discussion and escalation to the Head of Service or the Assistant Director.  **STANDARD TWO: PREPARATION**  **Both parties will attend supervision prepared.**    Supervision is a two-way process and both parties have responsibility for bringing items for the agenda which will be set at the start of each session.  The supervisor should bring accurate information about the employee’s strengths and gaps in performance and capability.  The supervisee should bring accurate information about developments in their case work and/or project work.  Both parties should have read relevant material, reports and case records, for discussion in advance.    **STANDARD THREE: CONTENT**  **All four functions of supervision will be addressed: management, development, support, and mediation**    **Development:** Supervisors should identify and promote the employee’s continuing professional development needs, including discussion about how recent learning activity is being applied to practice.    **Support:** Supervisors should provide a safe place for employees to reflect on the emotional impact of the work and any personal matters that may affect their practice, capability and/or health and wellbeing.    **Mediation:** Supervisors should engage employees in organisational developments and support employees to balance the needs of services users with the need to provide equitable ‘best value’ services.    **Management:** Supervisors should ensure employees understand their role and responsibilities. That they are accountable to meet legal and statutory requirements, departmental strategies, policies, procedures and practice standards.    Cases will be routinely discussed and reflected on. All cases will have supervision at least once every 4 weeks or more frequently if the child’s circumstances merit this. Any exception to this standard should be agreed in writing with, and through approval from, the Assistant Director for the area of service involved.  Managers will use their professional judgement to determine which cases need a light touch or a more in-depth discussion. The Signs of Safety principles can helpfully be applied to provide clarity to the assessment, planning, intervention & review process. Furthermore, all cases where a closure, transfer, child protection or legal planning decision is being considered or made must be discussed in supervision before or just after being made.  Workload/case management will be discussed at every supervision, if concerns a plan of action to address the situation (i.e. prioritising tasks, reducing caseload etc.) should be put in place. Caseloads and allocation of cases will consider knowledge, skills, and experience of the practitioner.  Practice issues arising from Quality Assurance activity and performance against key indicators for the service will be regularly monitored and assessed; if there are gaps in capability, a supportive development plan will need to be put in place to address them. For social workers, professional capability should be measured against the ‘Knowledge and Skills Statement for Children and Families Social Workers’.  Supervisors must report any capability problems to the next line manager, to discuss and plan how they will be addressed promptly. Supervisors should also report good practice, to make best use of supervisees’ skills and abilities. Supervision should be linked to probation and appraisal. The setting and achievement of probation requirements, appraisal objectives and ways of working will be continually monitored and discussed, as necessary.  **STANDARD FOUR: RECORDING**  **Supervision discussions will be recorded using the relevant format and signed by both parties.**  Formal supervision will be recorded in two places – personal/professional development and case management.  See Appendix 4 for the supervisee’s personal supervision and individual professional development record. Both parties should have a copy of the above record which is signed, scanned and stored in the supervisee’s personal folder.  For supervisees who are the statutory lead professional and have an allocated caseload, the detail of case specific discussions about the child or carer should be recorded on the ‘Individual supervision template Part 1: Case Management’. This can be found electronically on Mosaic in the case note section called ‘Supervision & Management oversight record’.  Supervisees need a safe space to reflect on their casework and professional capabilities, with support and challenge from their supervisor. Therefore, supervisory discussions may explore personal values or issues that may influence or impact upon professional capabilities. Supervision records should reflect the content of the discussions and managers should use their judgement about the level of detail to record. In exercising this judgement, supervisors should be mindful that supervisory records may be requested as evidence where capability issues are raised. Supervision records are an organisational record and are not confidential; they may be viewed for quality assurance purposes. However personal supervision records should not be shared with peers or administrative staff.    Issues about a supervisee’s professional capability should be recorded on the supervisee’s individual professional development record and should not be on the case management record, which is the child’s record on Mosaic.    Supervision records needs to show defensible decision-making, demonstrating clear, transparent, considered, evidence-based rationale that can be explained to others. The record should:     * + outline the presenting issues   + review the outcome of previous decisions and actions   + show the options available   + show the option/course of action chosen   + the rationale for why that decision was made and   + any disagreements about the decision and chosen course of action.     Expanding on point 6 above, disagreements about case decisions and direction should not be referenced on the child/carer’s Mosaic record and should remain child/family focused whereas detailed issues about a worker’s capability should only be recorded on personal supervision records. Equally, internal disputes that sometimes occur between people, teams or services should not be recorded on the child/carer’s record.    It is not necessary to record every case discussion that takes place. However, all case discussions where significant decisions are made, or management directions are given relating to a child, family and/or carers, which may impact on the direction of the case, should be recorded by the most senior person in the discussion. For recording discussions, the Mosaic ‘Supervision/Management Oversight’ case note can be used to indicate agreed actions between the supervisor and supervisee.    If supervision is permanently transferred to another manager, all the supervision records must also be passed to the new supervisor. |  |
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Example

Process, Roles and Responsibilities

for Supervision

Arrange next meeting

Supervisor

Supervisee

Preparation

Personal and Professional

Casework

Recording

* Arrange date, time and venue
* Agree case files for review
* Read + QA case records
* Cover Health & Wellbeing
* Use template to capture discussion
* Review PDP
* Reflect on practice
* Use case work template to capture discussion
* Provide a copy of the Supervision Record
* Update Mosaic using casework template within 5 working days
* Ensure the meeting is in the diaries
* Update PDP
* Ensure case records are up to date + 3 SoS

columns completed

* Opportunity to discuss how you are managing your case load
* Signs of Safety framework
* Agree way forward

**Group Supervision**

Group supervision is essential for supporting workers’ growth and development. It involves all participants actively working on aspects of case practice for real, generally with currently open cases.

It may involve case mappings or working on aspects of case practice. These aspects might include developing danger statements or words and pictures explanations, or more broadly in Signs of Safety and other work, developing questions for areas of practice that appear stuck. The case practice learning that can be achieved in a group is generally greater than through individual supervision because it benefits from the skills, analysis and experience of the whole group and involves active analysis and applied case work skills. Within the boundaries of confidentiality and data protection group supervision with a Service Managers agreement can also include other safeguarding partners.

As it can facilitate intense learning and development, group supervision can also provide a sense of empowerment that is essential to building the emotional and psychological health and resilience of practitioners. Group supervision is also a means of sharing the anxiety inherent in case work, a strategy to deal with working with uncertainty, and sharing the emotional support a team can provide.

The group will generally be an established team, but cross-team group supervision and open sessions for whole and partners can also offer substantial learning opportunities.

**The aim is for all practitioners to have access to group supervision on a regular basis. As a minimum, practitioners should have access to group sessions of this kind every three months. Group supervision will generally be led by SOS Practice Leads, although other practitioners might also facilitate sessions.**

The purpose of group supervision is to build strong team habits around analysis and judgement to increase confidence in decision-making and practice. Further guidance about Group Learning and Supervision Process is attached in Appendix 6.

The group process is designed to:

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

**Quality assuring supervision**

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

Supervision records will be subject to quality assurance audits by senior managers, internal auditors, externally commissioned auditors, and/or OFSTED inspectors. Auditing enables the senior management team to monitor that standards are being met.

Linking Supervision with My Conversation

The My Conversation appraisal is a supportive and developmental process. It is the opportunity for both the supervisor and supervisee to have a two-way conversation on the supervisee’s performance. The purpose of the My Conversation process is to support professional development within the context of improving outcomes for children, provision and performance, and the standards expected. It is therefore essential that supervisions and personal check-ins take place at the set time periods agreed as supervisees will be expected to demonstrate how they have met the supervision expectations as well as overall role expectations during the bi-annual My Conversation meetings.

The bi-annual My Conversation appraisal of staff performance will include a review of the previous   
6 months supervisee’s work. The bi-annual My Conversation entry ratings are due in June and in December.

Personal check-ins will be subject to quality assurance audits by the CYPS HR Business Partner.

Guidance on the My Conversation process can be found at <http://intranet/shared-service-centre/human-resources/performance/my-conversation>

Practice Guidance on Individual Supervision

**Introduction**

Effective supervision can help staff feel valued, prepared, supported and committed and also improves retention. (Gibbs[[1]](#footnote-1)). Lack of supervision can result in work overload, stress, sickness, absence, as well as reduction in competence and confidence. The most effective supervision is focused on skills rather than therapeutic support or adherence to procedures. Supervision is a process for integrating thinking, feeling and action; it is an inextricable part of the assessment, planning, intervention and review process through which effective services are delivered.

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

**What supervisees want from their supervisors**

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

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

**The four functions of supervision**

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

**Management function:**

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

**Development function:**

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

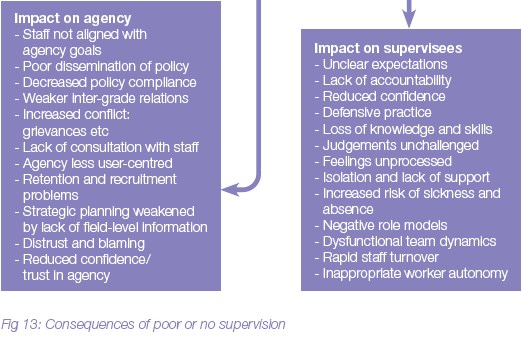
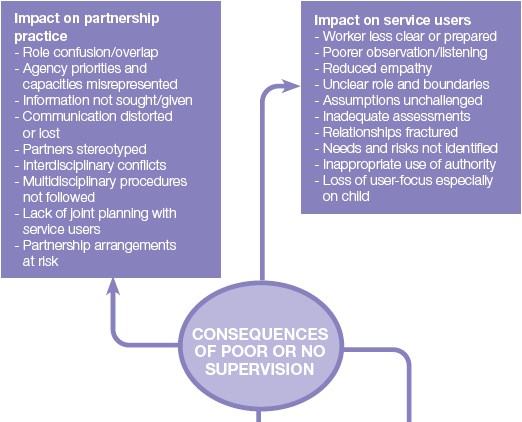
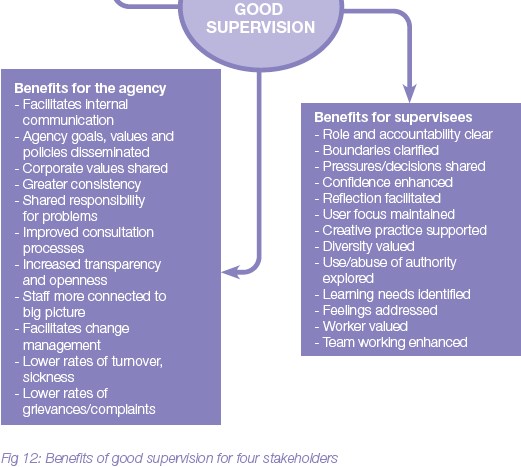
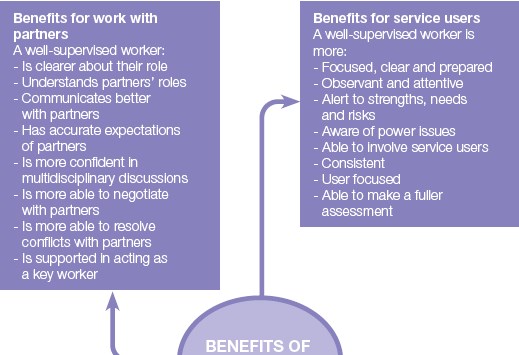
**Support function:**

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

**Mediation function:**

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

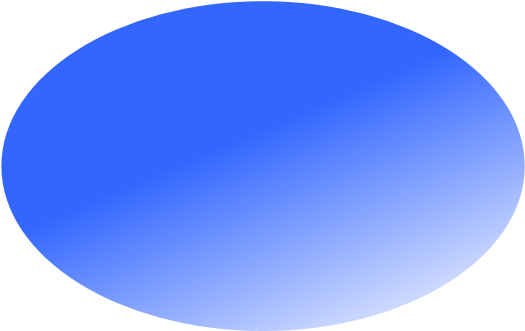
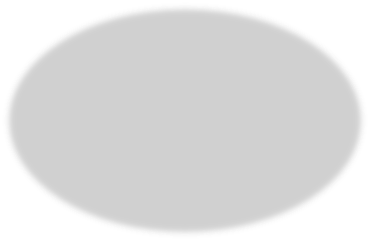
Recognising the different functions of supervision and the needs of different stakeholders is essential. Sometimes the needs of supervisee, service user, supervisor and agency may be in tandem; at other times they will conflict, and the different functions will pull in opposite directions. For instance,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



**Skills the supervisor needs**

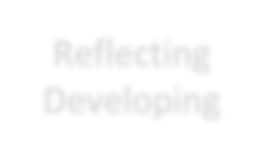
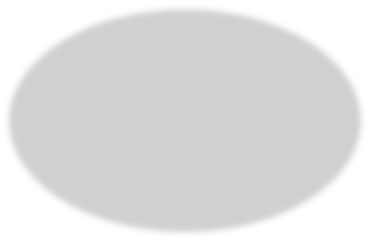
Supervision is a complex and multi-faceted set of activities requiring a range of organisational, professional and inter-personal knowledge and skills. Richards and Payne[[2]](#footnote-2) summarised that supervisors need:

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



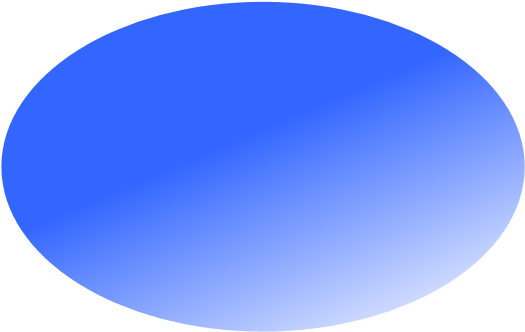
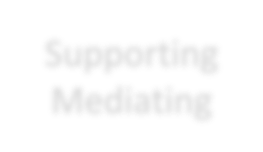
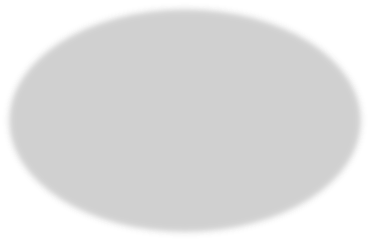
Clarifying

Focusing



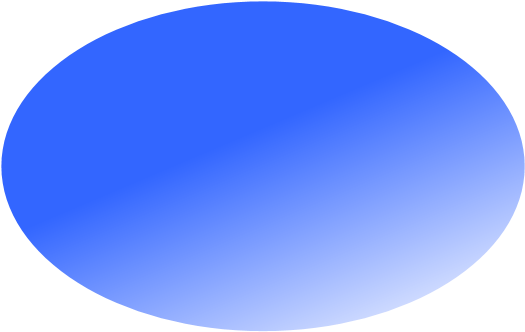
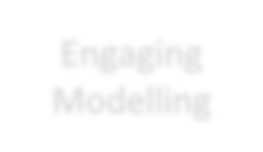
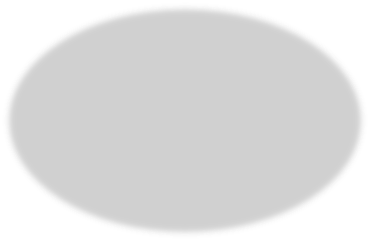
Reflecting

Developing



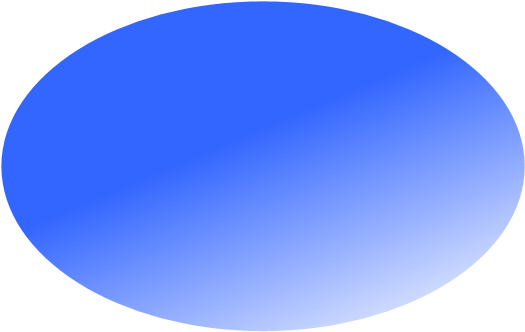
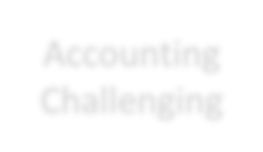
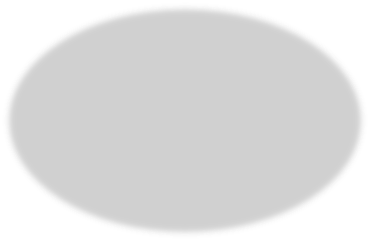
Supporting

Mediating



Engaging

Modelling



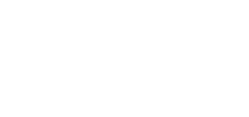
Accounting

Challenging



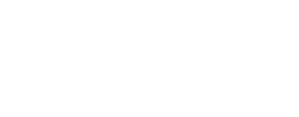
SUPERVISION

**The four stages of the supervision cycle**



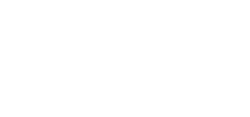
Experience

phase



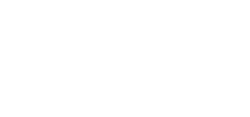
Action planning

phase



Analysis

phase

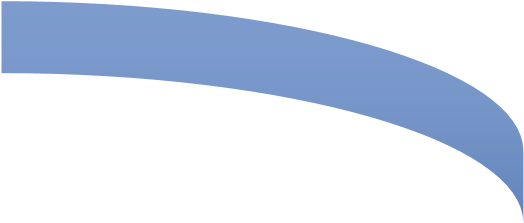
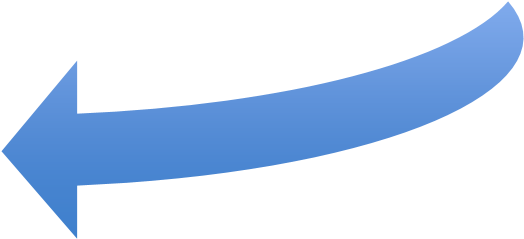
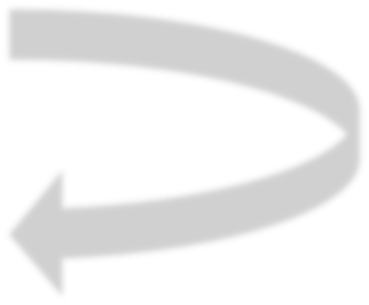


Reflection

phase

The origins of the supervision cycle lie in work on how adults learn. According to Kolb and Jarvis, learning is triggered by experience, either in terms of a problem to be solved, a situation that is unfamiliar, or a need that must be satisfied. Learning involves transforming experience into feelings (reflection), knowledge, attitudes, values (analysis), behaviours and skills (plans and action). In professional terms, the cycle is triggered when the worker experiences a problem when undertaking a practice task, or when they identify a need such as practice development. Alternately, the supervisor may trigger the cycle by asking the worker to review a case, or by seeking improved performance.

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



Problem



**No reflection**



**No analysis**



Quick fix



***Problem recurs***

Non-discriminatory values and practice

Supervision also has such a vital role to play in promoting non-discriminatory values and practice through:

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

**APPENDIX 1:** **Supervision Contract**

This agreement should be read alongside the **Haringey Children and Young People’s Service Supervision Policy** and the **Set of Expectations for staff in service delivery and budget management**.

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

1. **FORMAL INDIVIDUAL SUPERVISION STANDARDS:**

**Standard One: Frequency & conditions.** All staff, permanent or locum, will have planned, 4-weekly protected individual time for formal supervision with their manager.

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

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

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

1. **INFORMAL SUPERVISION & CONSULTATIONS**

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

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

**Non-Discriminatory Practice and Equal Opportunities**

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

**Specific Provisions**

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

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

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

***I have read and understood the Haringey Children and Young People’s Service Supervision Policy and will participate in supervision in accordance with the practice standards stated in the policy.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor** |  | **Supervisee** | |
| Name |  | Name |  |
| Role |  | Role |  |
| Date |  | Date |  |
| Signature |  | Signature |  |

**Appendix 2 : Set of Expectations**

[](http://intranet/)

**Children and Young People’s Service**

****

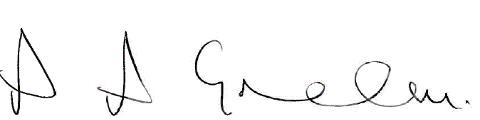
**Set of Expectations for Staff in Service Delivery and Budget Management**

We want to ensure that in all our actions and behaviours achieving good outcomes for Haringey’s children and families come first.

We want to do this by building positive relationships with children, young people and their families and with partner agencies. We should be honest and open in our work whilst also able to show respectful curiosity for children and young people’s best interests. We want staff in Children and Young People’s Service to feel valued and trusted in a culture which is supportive and learning and enables challenge to improve.

This document sets out the expectations that staff and managers are expected to work to in delivering services to meet standards at all times to safeguard children and young people and to improve outcomes for them. It is not exclusive and does not replace policy and procedures. The set of expectations will be used to assess performance of staff in supervision and in My Conversation. It applies to all staff including agency workers and should be raised with agency staff at interviews.

Whilst the expectations cover the range of activity involved in our work the way we behave towards children, young people and their families, towards other professionals and towards each other each other runs alongside these as being equally important.



Ann Graham

Director of Children’s Services

**Service Delivery**

**Case Holders**

* In all allocated cases, assessments will be undertaken in line with procedures including taking account of previous history, appropriately evidence the child / adult’s journey and include the voice of the child or adult.
* Case recording will be in line with good practice so that key issues are clear and must include analysis, be timely, the voice of the child / adult and adhere to any other standards.
* Where appropriate case recording, assessments and reports must include a clear analysis and assessment of risks.
* Case recordings, assessments and reports must include evidence of partnership/ multi agency working
* Case recording and plans must evidence the individual needs of the child or adult including those needs relating to diversity.
* All care plans, Personal Education Plans (PEPs), Pathway Plans, Life Plans, Education, Health and Care (EHC) Plans, Conversation for Change (C4C) plans, Safeguarding plans and other plans will be completed in line with procedural guidance to be timely and appropriately evidence the child or adult’s journey and include their voice and be outcomes focused.
* Assessments and plans should be dynamic and change in the light of emerging issues and risks
* Authoritative action will be taken in line with statutory and procedural guidance where change is not secured and the risk to children / adult intensifies or remains
* All reports for court, conferences and reviews will be completed in line with guidance to be timely and shared with the child, adult and family within the required timescales.
* Court directions must always be complied with . Managers should be informed at the earliest point if there is likely to be any delay or non-compliance with court directions.
* Managers must be advised as soon as it is apparent that there is a delay to an assessment or report.
* Copies of assessments plans and reports must be placed on the electronic system so that they can be found easily.
* Case holders must not correspond with the legal representatives of families directly but must refer to their manager and internal legal officers for them to respond.
* All recordings / reports must be checked to ensure there are no spelling errors, are written in grammatical correct English and when ‘cut and paste’ is used, it should be checked to ensure that it is referring to the correct child/ adult / family /gender etc.
* Case holders will always be punctual for work related activities.

**Team and Other Managers**

* All supervisees will be supervised regularly and in accordance with the supervision policy.
* Managers should review case load allocation on a regular basis.
* All supervision and other actions must be SMART and not cut and pasted from one session to another.
* Managers are to review case files and records to ensure that case recording meets practice standards. Where this is not the case, workers should be provided with feedback, advised about improving practice and signposted to training and support.
* Managers must quality assure and sign off assessments and reports completed by their teams.
* Managers are to ensure that for the children’s cases for which they have responsibility, copies of assessments, plans and reports are placed on the electronic system and can be found easily.
* Managers are to ensure that all children and adults in their teams have the appropriate care and other plans as appropriate.
* Managers are to ensure that all care plans, PEPs, Pathway Plans, Life Plans, EHC Plans, Conversation for Change (C4C) plans, Safeguarding Plans and other plans are completed to the required standards including being timely, with appropriate evidence of the child or adult’s journey ,including their voice and being outcome focused.
* Managers are to ensure that plans are dynamic and change in the light of emerging issues and risks.
* Managers are to ensure that authoritative action is taken where change is not secured and the risk to child / children and adult intensifies or remains.
* Where appropriate, case recording, assessments and reports must include a clear analysis and assessment of risks.
* Court directions must always be complied with . Managers should inform their manager at the earliest point, if there is likely to be any delay or non-compliance with court directions.
* All complaints must be completed within timescales.
* Managers should ensure that all performance targets are met and corrective action taken in a timely manner if there is a need to improve performance.
* The rationale for decision making should be clearly recorded.
* Managers should always be punctual .
* Managers must complete case audits as part of the service wide programme of audits and ensure feedback is provided.
* Managers must ensure that any recommended actions from the audit of children’s cases for which they have line management responsibility are checked and completed.
* Observations of the practice of staff should be completed on a regular basis and should be recorded in supervision and audits.
* Managers are to ensure that they fulfil line management responsibilities to staff for their professional development and wellbeing at work.

**Assistant Directors, Heads of Service and Service Managers**

* Assistant Directors, Heads of Service and Service Managers are accountable for the quality of the work in their service and should ensure that managers and staff comply with the standards of case recording , assessment , care planning and review so that performance is to a high standard
* All children and adults should have the required statutory or other plans in place and these plans should be produced to the highest possible standard, evidence the child / adult’s voice and journey, include issues relating to ethnicity and diversity and be timely.
* All court directions should be complied with.
* Responses to complaints should be completed within timescales.
* All performance targets should be achieved.
* Caseload management must be monitored.
* The programme of audit within each service area must be robust, to the required frequency and with recommendations for action from audit complete.
* Assistant Directors, Heads of Service and Service Managers must ensure that supervision and ‘My Conversations’ for appraisals are completed at the required frequency.
* Observations of the supervision practice of managers in the service must be completed.
* Managers must ensure that there are service plans in place. Any gaps / areas for improvement should be identified and plans made for improvement in their service area.
* Managers must ensure compliance with the corporate standards for the management and care of staff such as absence management and performance management.
* Good budget management and monitoring must be in place in their service, in accordance with financial regulations.

**Budget Management**

The guidance below sets out the expectation for all budget holders with regards to managing the finances for which they have responsibility and the responsibilities of colleagues who support the process .There is further guidance for Budget Holders in the Financial Management Key Performance Indicators which are attached below.

**Business Support Officers**

* Download information of actual expenditure each week.
* SAP will be reconciled to budget projections by the end of the first week of each month.
* Training on SAP must be completed, and managers informed of any additional training on budgeting that is required.
* Purchase orders will be raised, and goods receipted in line with directions set out in the financial procedures.
* All spends will be made against the set codes and must be coded accurately.
* Purchase orders will not be raised without written permission from a Team Manager, Service Manager, Head of Service or Assistant Director.
* All finance related spreadsheets will be kept up to date and shared with managers on a monthly basis as a minimum.
* The staffing and agency staff information should be updated and circulated each week.

**Business Support Manager**

* Works with the BSOs to receive the staffing and agency staff information and update the list.
* Checks expenditure codes on SAP as a measure of quality assurance to ensure accuracy.

**Case holders re Budget management**

* Agreement must be sought from the Team Manager, Service Manager or Head of Service for any spend.
* All paperwork should be completed within 24 hours.
* The BSO must be informed of any spend on service users and / or their families or carers.

**Team Managers re Budget management**

* Team Managers should ensure that the budget and forecast spending information for their team is up to date and accurate.
* All budget codes used must be allocated to the correct budget holder and only used by them.
* The Head of Service and Service Manager must be informed of any concerns at the earliest point.
* Team Managers must seek agreement for all care packages, placements and court requested agreements from the Assistant Director. These must be reviewed on an 8-week basis at supervision with the case holder and the Assistant Director informed of any that are proposed to go over three months.
* Team managers must be clear what their delegated budget is for the year and what the requirements are for its use.
* Team managers must not overspend on their delegated budget.
* All staff lists, including agency staff, should be accurate and up to date.

**Heads of Service and Service Managers re Budget Management**

* Heads of Service and Service Managers must ensure that the financial information for their service is accurate and up to date.
* Monthly budget monitoring meetings should be held with their team managers.
* At these meetings the use of codes should be checked to ensure the spend and forecasts are correct.
* Budgets should be reconciled with SAP every month.
* Heads of Service and Service Managers are responsible for the oversight of any spreadsheets used for the monitoring of budgets in their teams and services.
* Structure charts and staff lists should be accurate and up to date.
* Any proposed changes to the service structure, including internal moves even if temporary, must only be made in accordance with the Council’s delegated authority process and must be approved by the Director of Children’s Services.
* Heads of Service and Service Managers must ensure that the performance data for their area is accurate and up to date.
* Heads of Service and Service Managers must make year-end budget projections and review these each month to ensure that their budget projections are correct. The projections will be discussed at each budget monitoring meeting with the Assistant Director.
* Heads of Service must attend monthly budget monitoring meetings with the Assistant Director
* All relevant finance training including that for SAP should be undertaken.
* Heads of Service and Service Managers, with the support of the Assistant Director and the wider team are to review continually how they can reduce spend in their areas while ensuring value for money and good outcomes for children, young people and adults.
* Heads of Service and Service Managers must ensure that Team and other managers, case holders and BSOs are compliant with Financial Regulations and with the Set of Expectations for Budget Management.
* All budget holders must mitigate against any forecast overspend
* The Director and Assistant Director for Children’s Services should be informed of any concerns at the earliest point

**Set of Expectations to be signed off as being agreed after discussion in supervision and according to the responsibilities of the job involved**

**Name : Signed :**

**Job Title : Date**

**Line Manager : Signed :**

**Job Title : Date**

[](http://intranet/)

**Financial Management Key Performance Indicators for Budget Holders**

| **Financial Management** | **How this will be measured / demonstrated by budget holder** |
| --- | --- |
| **Budget Knowledge** | |
| 1. To have an understating of the financial climate in which local authorities operate and understand the political and economic constraints that limit the resources available for the provision of services to the public. | * Highlighting budget pressures in advance and ensuring effective timely and measurable mitigation is in place. * Ensuring value for money in procurement. * Maximisation of income opportunities. |
| 1. To know the gross and net figures within your budget for the current year and future years stated in the medium-term financial strategy. | * Evidenced in engagement with finance and being able to respond to queries regarding the budget. |
| 1. To be aware of all savings proposals in the current and future years, that have been agreed in the medium-term financial strategy. | * Clear savings delivery plan, which have stated key milestones and timelines, articulated by working with finance * Providing regular updates (as required for corporate savings monitoring) * Identification, and effective management of any risks to ensure savings are on track to be delivered. |
| 1. To know the core cost drivers within your service and understand how demand can be managed so that services are delivered within budget. | * Activity data incorporated into monthly outturn forecasts. * Forecasts, movement in forecast and budget pressures are explained on activity basis. |
| 1. To play a role in the trajectory modelling that shows future trends of activity within the service you manage. | * All pathway information is provided in a timely manner, in line with finance deadlines. * Review of modelling output and support of iterations as required. |
| 1. To have knowledge of all relevant funding streams such as grants, income generation and client contributions. | * Effective monitoring evidenced by clear written explanation of any variances from the budget as part of monthly outturn process. * Maximisation of opportunities for income generation, and corrective action to secure all partner contribution to placements costs – from joint funding etc. |
| **Budget Planning** | |
| 1. To ensure that all agreed savings have fully developed implementation plans, monetary values, activity levels, key milestones, lead in times and corrective actions to mitigate against slippages if they occur. | * MTFS savings are clearly mapped out, and delivery plans are submitted to finance. * Working with finance to ensure savings are modelled (including baselining and key deliverables). |
| 1. To take all steps necessary to deliver services under your control, within the revenue budget provided. 2. Where overspend is forecast, you develop a timely management action plan to bring the service back within budget. | * Services delivered within budget. * Pressures are clearly identified and Management Action Plans (MAPs) are put into place. * Continuous monitoring against plan. |
| 1. Where core cost drivers are likely to have an impact on the MTFS, you play a leading role in developing a formal bid for consideration for additional funding. | * No unauthorised overspend against the budget. |
| 1. To report on and make use of benchmarking data, in order to support the setting of financial objectives for the service | * Comparative data is used where relevant / applicable. * Work with finance colleagues to seek best practice / best in class, which is identified through benchmarking. |
| **Budget Monitoring** | |
| 1. To have an understanding of how your budgets, transactions and variances are reported on the council’s general ledger system. | * Narrative provided to explain the outturn is robust and clearly explains the reasons for any variation from budget. |
| 1. To undertake a regular review of the spend within your budgets as part of the monthly budget monitoring cycling, ensuring you update the council’s budget monitoring tool in accordance with corporate reporting deadlines, providing updated forecast spend where applicable. | * Budgets are aligned to areas of spend. * Costs are coded to the right cost / profit centres. * Miscoding is identified and corrected in a timely manner, and resolved at source. * SAP is updated, and required narrative is provided in line with the outturn reporting deadlines as notified to all budget holders by finance. |
| 1. To provide an explanation for material spending variances and the corrective action proposed. | * Narrative provided for monthly Priority reporting is robust, and gives a meaningful and quantifiable explanation for variations from budget and movement between periods. * Management Action Plan is provided at the time of reporting. |

**APPENDIX 3 :**

|  |  |  |
| --- | --- | --- |
| **Name of Supervisor** | **Name of Supervisee** | **Date of supervision** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of discussion.** | | **Next steps – What needs to happen?** | **Timescale** | **Lead** |
| Personal support : | |  |  |  |
| * wellbeing * health and safety * sickness absence * working with risk * annual leave * number of annual days left for the year * TOIL |  |  |  |  |
| Performance and practice:  **Reflections & learning on objectives set in My Conversation** | |  |  |  |
| * What’s working well? * What are you worried about? | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Support: Workload & Capacity. |  |  |  |
|  |  |  |  |
| Training Needs: CPD/PDP/Training |  |  |  |
|  |  |  |  |
| Feedback Supervisee: |  |  |  |
|  |  |  |  |
| Feedback Supervisor: | | | |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Supervisor signature** | **Supervisee Signature** | **Date of next supervision session** |
|  |  |  |

**APPENDIX 5 : 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.

1. **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.

1. **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 interrelationship 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.

1. **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.

1. **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.

1. **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.

1. **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.

1. **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.

1. **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.

1. **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.

1. **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.

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**APPENDIX 6 : GROUP LEARNING AND SUPERVISION PROCESS**

**Signs of Safety Group Learning and Supervision Process**

**To develop Analysis, Judgement, Questioning Skills**

**Thinking about Assessment**

Assessment comprises three steps:

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

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

Signs of Safety assessment is designed to foster a dynamic, participative and action-based learning process throughout the life of the case. Signs of safety assessment therefore should never be seen as a stand-alone one off operation but as the cornerstone of an ongoing action learning process for both professionals and family members. Represented graphically the Signs of Safety assessment action cycle looks like:

**Dynamic of Signs**

**of Safety Action**

**Learning Cycle**

**Undertaken with**

**family throughout**

**Gather**

**Information**

**Analyse**

**Information**

**Judgement**

**Take Action**

**Track Result**

**Reflectio**

n

**Assessment**

**Action**

**New Learning**

Danger Statements and

Safety Goals (rationale)

Scaling, particularly

the safety scale

Safety planning

Monitoring

On

-

going meetings

and supervision

Gather and sort

information through tree

columns

The group supervision process described below is designed to assist professional teams to become more agile and confident to operationalize this action learning cycle, to build habits and to move quickly from the information they currently have to analysis and then judgement and then to take action in the case based on what analysis and judgement. Assessments should always be undertaken by professionals with a sense of humility about what they think they know.

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

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

**Group Supervision Process**

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

**Observer/**

**F**

**C**

**A**



**O/P**



**O/P**



**O/P**



**O/P**



**O/P**

**Advisor**Helps the facilitator and DOES NOT talk caseworker

c

.

**Participants**

Listen carefully support group process; write their ideas with best thinking

**Facilitator Caseworker**

Asks questions leads

process draws on advisor (Person wanting case reviewed) for assistance. Brings their best intelligence and thinking.

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

**Group Process**

**Introductions (2 to 3 minutes):**

If the group is new to the group supervision method the facilitator should introduce the process including a quick description of what each person’s role is:

The facilitator is THE ONLY person that talks directly to the caseworker. The Advisor acts to assist the facilitator to lead the process.

The observer/participants have the opportunity to learn by staying out of the content of the case and focusing on analysis and judgement process thereby assisting the worker to gain a better overview of the case and the direction she wants to take.

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

**Genograms (3 minutes):**

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

**Three Minute Free Description of Case (3minutes):**

The facilitator gives the worker 3 minutes to give an overview of the case usually by asking “what makes this an open child protection case now?” Allow the worker to talk without interrupting. The facilitator and observers should make notes of workers exact words and begin to analyse the information. While listening the facilitator can make notes at the side of the whiteboard and should not be trying to ‘map’ the case by locating information in particular columns.

**Workers Goal (3 minutes)**

This is the most important part of the four preparatory steps as this gives clear focus for the facilitator and group.

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

If the worker says I want to make the child safe, or want to return the child home, the facilitator can point out this is a goal for the case and the family, and ask something like, ‘okay so you want to return the child home that’s the goal for the case, what do you need from this consultation to help you move towards getting the child back home?’

**Draft a ‘rough’ working danger statement(s)**

Get everyone in the group to draft a ‘rough working’ safety goal for the case based on what they have heard to help guide their participation in the group mapping process.

**Draft a ‘rough’ working safety goal(s)**

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

**What’s working well?**

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

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

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

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

All group members give their questions to the caseworker.

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

**Safety and Other Scales**

Facilitator gets everyone to individually write down on a piece of paper (that again can be handed to the worker) the best sharpest safety scaling question they can think of for this case [again to achieve this participants will have to have framed their own draft danger statement(s)]. Participants then write a second scaling question they think would be important to use. (5 minutes)

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

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

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

All group members give their scaling questions to the caseworker.

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

**What are we worried about?**

Harm

Review the analysis elements of harm. Harm needs to clearly describe the behaviour that was harmful/damaging and address:

* + - How bad the harm is – Severity
    - How often it has happened – incidence/Chronicity
    - How the harmful behaviour has affected the child – Impact

(In risk assessment literature impact is often explored as part of severity)

Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best sharpest question they can think of for each B, S, I and I (or perhaps one element each, whatever suits). (2-5 minutes)

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

Facilitator can ask the worker, ‘on a scale of 0-10 where 10 is you feel that in this case you have mapped the past harm and this doesn’t need to be done and 0 is I’m really unclear on the past harm and this needs attention, where do you rate what you have done in this case? If the worker rates high any content mapping of the harm is for the benefit of participants not the worker, if low be guided in mapping the harm by the worker and team leader. Facilitator also asks ‘which of these harm questions seem most important to them? Which questions do they want to use with the family and other professionals?’ As worker identifies particular questions do they want to use with the family and other professionals?’ As worker identifies particular questions the facilitator writes them in the next steps section of the what needs to happen column.

Facilitator asks worker, ‘are their particular areas of harm you would like to map now, which of these questions seem most important to them?’ The facilitator spends a few minutes mapping the detail to any chosen harm area.

All group members give their harm questions to the caseworker.

Danger

Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best sharpest danger statement(s) for this case in language the parents (and children) can understand. Consider whether you want to do this in words and picture format (5 minutes – probably 10 is words and pictures format).

Everyone including the facilitator reads their danger statements.

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

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

**Safety Goals**

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

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

Everyone including facilitator reads their safety goals.

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

**Review and Next Steps**

Facilitator now reviews process so far by asking worker – ‘what has been the most useful for then about the process so far?’ Then asks question, ‘on a scale of 0-10 where 10 I’ve got what I need from the consult already and 0 is I’m no better off now or any clearer then when we started where are you?’ If worker rates high (which they should by now or the group has gone significantly off track from what the worker wanted) ask, is this enough for now?

If yes end mapping here.

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

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

**Review Process for Group**

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

**How often do we use this group process in the agency or team?**

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

This group process is designed to:

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

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

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

The process presented here offers quite a tight structure because helping professionals tends to default to individual supervision, so group supervision is not a normal part of most agencies practice and where it is the group conversation can be very free form and unstructured with little strength of shared purpose. If the majority of quality supervision is individual this creates a very privatised practice culture within the agency, places excessive pressure on the team leaders or supervisors to be the front of all wisdom for all practitioners and limits the capacity to draw on the knowledge and experience of peers. Many supervisors and practitioners shy away from group supervision or if they have to participate, they do so in a constrained way because of previous bad experiences. I would suggest that supervisors and teams follow the process offered here closely particularly as they build the habit of group supervision in there teams as this process is safe, well tested and refined and avoids group dynamics where one or two people dominate.

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

1. “Learning by Doing” by Professor Graham Gibbs, 1988 [↑](#footnote-ref-1)
2. Developing Supervision Skills to enhance relationship based practice – Interactional and Reflective Supervision 2011 [↑](#footnote-ref-2)