

Family Services

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1. Introduction

Barnet aims to be a 'Family Friendly' borough by ensuring services are of a consistently high quality, accessible and responsive to children and families changing needs. Practitioners in Barnet .

Family Services drive the Family Friendly agenda through interventions focused on building resilience in children, families and the children's workforce which improve their outcomes.

High-quality supervision is the cornerstone of safe practice (Laming, 2003). It enables space for reflective and reflexive practice and drives purposeful and timely activity with children and families.

Supervision ensures that:

- **Children and families** experience high quality, purposeful and timely assessment and intervention activity that secures their safety and protection and promotes their welfare by identifying and building on their strengths through a range of resilience-based approaches.
- **Practitioners** are provided with a reflective and reflexive space in which they can critically evaluate the impact of their work and the quality of relationships they are building with children and families. Practitioners are supported by their managers and supervisors to build their resilience, drawing on internal and external resources

2. Principles and aims of supervision

2.1. Individual supervision

High-quality supervision is purposeful. It fosters reflection and is informed by critical evaluation which includes 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.

2.2. Group Supervision

Group supervision is an opportunity to engage in a facilitated discussion about children, young people and families. It provides a forum to engage multiple perspectives on case work issues. It is agreed in advance and 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;
- encourage curiosity and hypothesis
- to solve problems, plan work and set priorities; and
- to learn from the diverse backgrounds and experiences of others.

2.3. 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.

Resource	Type	Source	Link
Signs of Safety Supervision Prompt	Practice Tool	Barnet	See Annex
Questions for supervision to prompt reflection	Practice Tool	Research in Practice	 actaexercise7questionsforsupervision1912
Supporting Emotional Resilience	Practice Tool	Research in Practice	 rippractice tool emotionalresilienceweb.pdf

3. Individual Supervision

3.1. Content

In Barnet Family Services, individual supervision consists of the following elements:

- Reflective case discussion
- Case management
- Professional development
- Ascertaining progress against performance indicators and key targets
- Annual leave, sickness

There is an expectation that both supervisees and supervisors take responsibility for agreeing agenda items and prioritise supervision to ensure that it is regular.

3.2. Standards

Family Services supervision standards are as follows:

- The supervisor facilitates reflective thinking about practice with allocated children and families.
- Critical evaluation on the effectiveness of practice is evident to drive future planning and assessment activity
- All children (families) are discussed at a minimum of 8 weekly intervals
- Looked After Children in long term placement matches and care leavers are discussed at a minimum of 12 weekly intervals.
- All discussions about individual children and families are recorded on supervision forms on LCS within three working days of the supervision taking place.
- All supervision records will demonstrate clear case direction, with SMART outcomes which evidence review at subsequent supervision

Both supervisor and supervisee should have a shared understanding of expectations, for example around timing, location, cancellation policy and resolution of disagreements.

A supervision agreement will be put in place by the supervisor in conjunction with the supervisee at the start of each supervisory relationship and a copy kept by both parties. See Annex A for the Supervision Agreement.

3.3. Frequency, Timings and Location

To be effective supervision should be for a minimum of 1 hour and a maximum of 2 hours and held in a space in which interruptions are kept to a minimum and the privacy of both the employee and children and families being discussed is maintained.

Team ¹	Frequency
ASYE	Supervision will be weekly for the first six weeks, increasing to fortnightly and monthly in line with individual practitioner development
Early Help Practitioners	Early Help Practitioners will receive monthly case-focused supervision
Social Workers	Social workers will receive supervision at a minimum of four weekly intervals.
Personal Advisors	PA's will receive supervision every 6 - 8 weeks

¹ In accordance with the Service Level Agreement held between Barnet and Children's Centres, Managers must ensure regular case focused and professional supervision is in place for all staff.

Unqualified workers	Life story workers in the Permanence Support team and family support workers in 0-25 Disability Service will receive supervision every 4-6 weeks
Team managers	All team managers will receive monthly supervision
YOT	YOT Practitioners will receive monthly supervision.

3.4. Electronic Recording

A copy of the supervision record is retained by the manager in his/her personal folders. The manager is responsible for sending the supervisee an electronic copy of this record following supervision, for storage in the supervisee's personal folders. In addition, it is a requirement that the manager saves this record to a shared drive for supervision, which can be accessed by the manager (supervisor), Head of Service and Operational Director as required.

The electronic file should contain the following documents:

- personal Information Record
- copy of signed Supervision Agreement
- any professional development and support supervision records
- training log

Documents relating to service users should not be kept in the electronic supervision file, in line with data protection requirements. All discussions relating to children, young people and families will be stored on the child's record.

3.5. Observation

Heads of Service will ensure that each Team Manager is observed providing supervision at a minimum of twice yearly to ensure quality is maintained and consistency is achieved across the service.

The Quality Assurance Framework will measure the quality and frequency of supervision against agreed practice standards

3.6. Performance Review

The annual Performance Review is an extension of the individual supervision.

Regular supervision should facilitate discussion that will be relevant to the performance review process as it provides an opportunity to reflect on the performance of the supervisee over the year and set targets based on the ongoing evaluation of impact. Any significant performance or other issues should be raised prior to the performance review.

Any training needs identified will be incorporated into the Council's Performance Review process at six monthly intervals and will also be used to inform the forward training commissioning plan.

3.7. Performance, capability and absence management

Supervision does not replace HR procedures for managing performance, capability and staff absence. These continue to be addressed and recorded in line with existing procedures and processes.

4. Group Supervision

4.1. Content

Group discussion consists of the reflective discussion of children and families subject to assessments and interventions. Three to seven cases are discussed at each group supervision.

4.2. Standards

Standards for managers facilitating group supervision in Family Services are as follows:

- have a clear agenda and clarify with the group the purpose of the supervision
- be clear about the roles and responsibilities of all people participating in the supervision
- encourage multiple perspectives, hypothesis and curiosity
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- agree boundaries of acceptable behaviour and have a confidentiality statement
- make sure practitioners prepare ahead
- facilitating group discussions well is a skill; enable others to develop that skill by encouraging them to lead group discussion with your support
- always record and share the decisions or actions that are agreed in the session.

As with individual supervision, the expectation is that group supervision is reflective. Practice Development Workers and Clinical Practitioners will support the development of group supervision practices.

4.3. Frequency, Timings and Location

Group supervision takes place once a month, for 2½ to 3 hours per session.



Group supervision should take place in an environment that is free of interruptions, including telephones. It should be a space where the group feels comfortable.

4.4. Electronic Recording

Group supervision records are stored on a form in the documents tab and completed by a nominated individual at each group supervision session.

5. Accountability

Supervisors hold responsibility and accountability for the overall quality of supervision.

Resource	Type	Source	Link
Dos and Don'ts of Supervision	Document	Research in Practice	 actaexercise6dosanddntsofsupervision21
Supervisee Anxiety Scale	Self-Assessment	Research in Practice	 Reflective_Supervision_Change_ProjectT

For both group and individual supervision, the responsibility to participate in supervision is shared between the supervisor and the staff member(s). The agenda will be set collaboratively, with proposals from both parties.

Effective supervision requires the commitment of all staff to work in partnership with each other, to prepare adequately for supervision and to follow through on actions agreed in supervision.

Annex A: Supervision Agreement

INDIVIDUAL SUPERVISION AGREEMENT

Supervisee (Name)

Supervisor (Name)
.....

Agreed frequency of supervision.....

Supervision will take place in line with the principles and requirements of the Supervision Strategy and Framework

Disagreements

Areas of disagreement between supervisor and supervisee should be recorded, but decisions and accountabilities must be clear and unambiguous. Areas of disagreement that cannot be resolved will be referred to the supervisor’s line manager.

Absence of Supervision

The policy requires that supervision be provided regularly as per the agreement. The supervisee must approach the supervisor’s line manager if she/he has not received supervision for..... weeks

Date of supervision review.....

Signed by:

Supervisee.....*Date*.....

Supervisor..... *Date*.....

Annex B: Signs of Safety (SOS) Supervision prompt

What are we worried about?	What's Working Well?	What Needs to Happen?
<p><u>Referral concerns</u></p> <p>Past harm / danger (Is there a Chronology / are past files read)</p> <p>Complicating Factors</p> <p>Worries since last supervision</p> <p>Voice of the child - what are their worries, what do they understand why a Social Worker is involved.</p> <p>What is the child saying within the 3 Houses?</p> <p>What is the parent saying about the referral Concerns?</p> <p>Is the child (ren) being seen?</p> <p>Outstanding actions from last supervision / reason for delay.</p>	<p>Completed plan on Framework: Yes or No</p> <p>Strengths</p> <p>Voice of the child - what is the child (ren) saying has changed in terms of positives.</p> <p>TAC / CIN meeting / Core Group / Review (LAC or CP)</p> <p>Date child seen / seen alone yes or no</p> <p>Progress of the needs on the child's plan.</p>	<p>What needs to happen to change the scale rate?</p> <p>Do we need to know more about the child's voice?</p> <p>Date of next TAC / CIN meeting / Review (LAC or CP)</p> <p>Newly identified future goals to be added to the plan (from referral/last supervision, include who does what by when).</p> <p>Child's visiting pattern</p> <p>Does this case need mapping?</p> <p>Any concerns that require discussion for escalation to ICPC / Support Panel.</p>

From evidence and assessments on a scale of 0-10 where would you place the safety of this child (ren) (0 being unsafe -10 being safe). From evidence and assessments on scale 0-10 where would you place any change for the parents / carer to meet the child (ren) needs (0 being no change – 10 being adequate change)

Annex C: Turning Questions into Conversations

EARS (Elicit, Amplify, Reflect, Startover)

<u>Turning Questions into Conversations</u>	<u>Questions To Elicit, Amplify, Reflect, Startover</u>
<p>ELICIT First Question</p>	<p>Tell me about a piece of practice you feel proud of? Tell me where you have used the Signs of Safety and it's been useful to you?</p>
<p>AMPLIFY Behavioural detail: What you would see</p>	<p>Who did what where and when? What happened that made this piece of work important? What made this different? How did you make this happen? What else did you do? What else? And What else? Who else was involved? How did they help to build this success?</p>
<p>REFLECT Meaning</p>	<p>What would (supervisor, mother, father, child, judge or anyone else who was involved) say you did to contribute to achieving these outcomes? How did you know what you was doing was working? What difference did you see in..... (Supervisor, mother, father, child, judge or anyone else who was involved) that told you what you was doing was working?</p>
<p>STARTOVER</p>	<p>When you think about this piece of work what was the most important thing you learnt? What is the thing that you feel proudest about in this situation? On a scale of 0-10 where would you rate this practice? Where 0 is it was my worst effort ever and 10 means it's as good as I can do.</p> <p>Begin again looking for more behavioural and meaning detail.</p>

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

STARTOVER	Are there any worries that we have missed?	Are there any good things happening in this family that we have missed?	Are there any other [important things that we have missed in the plan?
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