

Cumberland Children and

Family Wellbeing –

Social Care, Early Help and

Prevention Supervision

Framework: Policy, Procedure and Guidance

 NB - Any bold and italic print used within this document is done so to identify that the information being discussed is from Cumberland Social Care and Early Help Practice Standards.

# **Introduction**

"Effective Supervision is the cornerstone of safe social work practice. There is no substitute for it" (Laming 2003). In Cumberland we are committed to providing practitioners within our Children and Family Wellbeing directorate with high quality, reflective supervision that promotes a learning culture of high support and high challenge. This supervision policy aligns with Cumberland’s Social Care and Early Help Practice Standards with standard 9 stating, ‘***Children and young person’s records will have evidence of effective management oversight and reflective supervision to drive progression of the plan and to support professional development of the allocated worker’.*** Good quality supervision is a critical foundation in delivering consistently good services for children, young people and their families.

The aim is to provide a framework for practitioners and managers regarding expectations and best practice in providing excellent supervision. Our workforce are our most important asset and we recognise the role of supervision in ensuring they:

* Are supported to provide good quality services to children, young people, their families and carers.
* Understand what is expected of them.
* Have the skills, knowledge behaviours, values and attitudes necessary to carry out their role well.
* Are fully supported in their work and managed effectively.
* Are challenged when practice is not delivered at the standard set within Cumberland Practice Standards.

This framework is informed and complemented by the 'Research in Practice' (RiP) Reflective Supervision: Resource Pack (2017), which outlines the 6 principles of reflective supervision:

1. To deepen and broaden practitioners knowledge and critical analysis skills;
2. To enable confident, competent, creative and independent decision-making;
3. To help practitioners build clear plans that seek to enable positive change for children and families;
4. To develop a relationship that helps practitioners feel valued, supported and motivated;
5. To support the development of practitioners emotional resilience and self-awareness;
6. To promote the development of a learning culture within the organisation.

# **Our model of supervision**

The 4x4x4 model developed by Tony Morrison is an integrated framework that brings together the functions, stakeholders and main processes involved in supervision. This model integrates the four functions of supervision (Management, Development, Mediation and Support), with the reflective supervision cycle (Experience, Reflection, Analysis and Plans & Actions) and focuses on the needs and priorities of the four stakeholders (Service Users, Staff, Organisation and Partners).



**Development:** Supervisors should identify and promote the employees 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 service 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**.**

# **Personal Supervision**

**What is personal supervision?**

Personal supervision is held 1:1 between the supervisee and their manager in a confidential space. Personal supervision provides an opportunity for the supervisor and supervisee to explore the welfare, support needs and performance of the supervisee by covering topics such as***wellbeing, health and safety, professional development and standards, and case management*** alongside having a space for reflective discussions. Personal supervision is an important mechanism that assists with practice improvement and in ensuring sufficient support and opportunities for challenge are provided. Personal supervision should be held in collaboration with case supervision and given the same priority.

A strengths-based approach should be applied to personal supervision with discussions being held regarding the supervisee’s key achievements and areas of strength. Personal supervision should also be used to identify practice and performance issues and areas for development and formulate a clear plan on how these will be addressed and supported.

Discussions regarding training and development needs should form part of personal supervision with the supervisor ensuring that mandatory training requirements are being adhered to and the supervisee has had or will have opportunities to participate in training and development opportunities that are linked to their appraisal.

**Recording of personal supervision:**

Personal supervision notes should be recorded and signed by the supervisor and be made available to the supervisee within 10 working days for checking and signing. Where possible, these notes should be recorded electronically however if the supervisor and supervisee agree then handwritten notes can be uploaded if they are legible and clearly reflect the discussions held. Once signed and returned the supervision notes should be uploaded to I-Trent with the date of supervision also being recorded.

Personal supervision will be recorded on appendix 1.

**Personal supervision frequency:**

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| **Who**  | **Minimum frequency**  |
| All Children and Family Wellbeing Services (Social Care, Early Help and Prevention) other than those detailed below  | Every 4 weeks.  |
| Social Work Students  | Weekly, then fortnightly at a point agreed by the Practice Educator and the student (Practice Educator who has completed the Professional Standards for Social Work (PEPS) training).  |
| Newly Qualified Social Workers / Assessed and Supported Year in Employment (ASYE)  | Regular supervision: Up to 1.5 hours duration of uninterrupted time, weekly for the first 6 weeks; fortnightly up to the 6-month review and at least monthly thereafter by Team Manager.During the Assessed and Supported Year of Employment (ASYE), the supervision for Newly Qualified Social Workers will be tailored to their needs, but there will be increased supervision alongside protected time dedicated to learning and development. Newly Qualified Social Workers will also have a reduced work load.When supervising Newly Qualified Social Workers, Team Managers and Supervisors must refer to [ASYE (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/Regulated-professions/Social-work/ASYE/ASYE.aspx?gad_source=1&gclid=EAIaIQobChMI8KP-4NvGhQMVVJtQBh3_6QAtEAAYASAAEgLal_D_BwE) for further guidance.  |

1. **Case Supervision**

**What is case supervision?**

Case supervision is held between a supervisee and their manager to discuss the children, young people or carers they are working with. The supervision should take place in a confidential space. Good case supervision is a key component in improving outcomes for children, young people, their families and carers. It is a mechanism that assists with practice improvement, in providing scrutiny and providing clear direction to ensure timely decision making and progression of plans.

Signs of safety is our current practice model, and the core principals of the model should be evident within case supervision recording. There should be reflective discussions regarding what is working well? What are we worried about? What needs to happen? And scaling questions should be used to aid reflective discussions regarding risk, safety, support needs etc. Any actions that are set need to be specific, measurable, achievable, relevant and time bound (SMART) with the supervisor being clear what the action is, who will complete and by when.

The supervisee should prepare for supervision by attending with key dates of recent visits and meetings relating to the child or carer, with an update of the progress of previous actions set and with an understanding of the current situation for the child and family so this can be shared and discussed during the supervision.

**Recording of case supervision:**

Case supervision should take place when work is allocated and be recorded ***along with an allocation plan.*** Following allocation, case supervision should take place at regular intervals as directed below. All case supervisions will be recorded on EHM / ICS in respect of each child. A record of supervision should be available to both parties in respect of professional supervision, relevant sections of which are recorded on the child’s file within the same working day of case supervision. The expectation is that the case supervision is recorded on EHM / ICS at the time of the supervision meeting. If this is not possible, the supervisor should record on EHM / ICS within 5 working days; any supervisions held where decisions are made to make significant changes to the existing plan should be recorded immediately so decision making is clear. Case supervision should be recorded by the supervisor and should be recorded using jargon free and easy to understand language. Acronyms and abbreviations should be avoided where possible but, if necessary, should be kept to a minimum. Case supervision will be recorded on ICS / EHM using appendix 2. Dates of supervision should be recorded on I-Trent.

Case supervision should show evidence of ***reflection, impact of intervention and management oversight. It includes clear case direction from the point of allocation, through to transfer or closure. A record of supervision should begin by reviewing the actions previously agreed. Professional supervision should be a forum to make key decisions regarding a child.***

**Case supervision frequency:**

It is the responsibility of the supervisor to ensure that each child has the appropriate level of supervision. Frequency can be increased at the supervisor's discretion or the request of the supervisee depending on complexity, level of risk and experience of the worker involved. It is the responsibility of the supervisee to bring to the attention of the supervisor any significant changes in circumstances where frequency of supervisions may need to be increased or an ad hoc discussion or decision may be required.

Case supervision should be proportionate, with supervisors and supervisees identifying those which require more detailed reflective discussion and those which require a light touch review however rationale for any light touch supervisions would need to be clearly recorded on the record.

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| **Safeguarding Hub and EDT** | While staff do not case hold in the same way as other teams, there is the expectation that case reflective discussions take part during monthly supervision to support reflection on practice. There will also be regular ad/hoc discussions between the supervisor and supervisee to provide direction and make decisions and this will need to be recorded as management oversight clearly on EHM or ICS.  |
| **Early Help and Prevention**  | Every 4 weeks.  |
| **Child in Need**  | Every 4 weeks. |
| **Children with Disabilities**  | Monthly (unless CLA following permanence achieved will revert to every 12 weeks.  |
| **Child Protection**  | Every 4 weeks.  |
| **Cared for before permanence achieved** | Every 4 weeks.  |
| **Cared for following permanence achieved**  | Every 12 weeks. |
| **Care Leavers** | Every 12 weeks.  |
| **Fostering** | Every 12 weeks.  |
| **Adopters – recruitment and assessment** | Stage 1 & stage 2 - monthly.Stage 2 pending and Enquiry – minimum every 12 weeks.  |
| **Adopters – Approved, Affected by Adoption, Family Finding, Children’s Adoption Team (involved worker), EHWB Team (involved worker)** | Every 8 weeks.  |
| **Adoption Support** | Every 12 weeks.  |
| **Letter Box, Birth Records intermediary** | As required |
| **Children’s Adoption Team – Allocated SW** | As Cared for – every 4 weeks until in permanent placement; 12 weekly once settled in permanent placement |
| **Family Group Conferencing, Residential, Edge of Care** | Every 4 weeks  |
| **Allocation supervision** | To be added to ICS within 24 hours of allocation. |
| **Case Transfer** | Where work with a child or young person is transferring between teams or workers internally then a transfer supervision should be held ideally with the 2 managers and 2 workers, and held prior to transfer and recorded by the outgoing team manager. |

1. **Reflective Supervision**

**What is reflective supervision?**

Reflective supervision helps the supervisee to reflect upon their strengths, areas for development, their values and their practice. It aids to help supervisees unpick why they may have come to a certain conclusion or how they may do things differently should they be faced with a similar situation again. Supervisees should have the opportunity to reflect during their personal supervision. The topic for reflection should be chosen by the supervisee where possible and the supervisor should use questions that help the supervisee reflect upon the topic they have presented. Case supervision should also encompass reflection as this allows the supervisor and supervisee to critically reflect whether the interventions are effective, why certain issues may be presenting and to test hypothesis.

There are many reflective models available that can assist with this such as Kolb, the 4C’s, Gibbs and the weather model.

**Recording of reflective supervision:**

Reflective supervision should be recorded as part of personal and case supervision on the relevant documents (appendix 1 & appendix 2).

# **Practice Observation**

**What is a practice observation?**

Practice observations are when the supervisee is observed by a supervisor in a practice situation such as a visit or a meeting. Practice observations are a helpful tool to aid quality assurance and practice development activity. It allows the supervisor to see their supervisee in practice situations and provides opportunities for feedback to be provided with regards to areas of strength and areas for development. ***Formal observation of practice by the supervising manager will be recorded in supervision at least once a year. This will inform the appraisal process.*** There may be some occasions when the practice observation is completed by another member of staff, for example by the Principal Social Worker, Service Manager or Senior Manager as part of other quality assurance / practice improvement activity.

**Recording of practice observation:**

Practice observations will be recorded on appendix 3 within 10 working days by the supervisor and should be uploaded to the EHM/ICS record it relates to and also uploaded to I-Trent.

Managers should refer to the relevant RIP guidance for best practice in preparing for a practice observation:

See: [Helping Social Workers Prepare for Practice Observations](https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Helping-social-workers-prepare-for-practice-observations.pdf).

# **Group Supervision**

**What is group supervision?**

Group supervision takes place with peers and may be child / carer focused, where practitioners discuss an individual / family they are currently working with, or reflective, where aspects of practice may be discussed. Group supervision will generally be led by a Manager, Advanced Practitioner or Practice Educator; however, this can be flexible. ***Group supervision should be taking place within all teams and recorded on the child’s file monthly to support practitioners and leaders ongoing continuous professional development****.* Group supervision is a key vehicle for embedding good quality practice and to embed reflective discussions and promote opportunities for peer challenge and support.

There will be additional mandatory group supervisions for students and Newly Qualified Social Workers which will be facilitated by the Children’s Social Care Academy.

**Recording of group supervision:**

Where group supervision is about a child / carer, this should be recorded on EHM / ICS using the group supervision tab in forms within 10 working days by the facilitator.

When a supervisee has attended a group supervision; the date should be recorded on I-Trent.

1. **Management Oversight**

There will be occasions when the supervisor and supervisee will have discussions about a family in addition to the monthly supervision. If these discussions provide management direction or make decisions then this should be recorded on EHM / ICS so there is a clear record of decision making. We must ensure that ***management oversight is recorded in the child’s records at all stages of work with a child and there is a clear audit trail of decision making.*** It is the manager’s responsibility to ensure accurate and timely recording of unscheduled ad hoc case discussions or decisions.

Management oversight should be recorded by the manager when the following things occur:

* + Following receipt of new information such as new EHM / LCS contacts being received.
	+ When signing off pieces of work such as assessments, minutes, and plans.
	+ When agreeing case transfer or closure.
	+ When making decisions or providing guidance outside of supervision.
1. **Appraisal**

Supervision is an integral part of the appraisal process and goals set in any appraisal year must be formally reviewed at least annually and reviewed in supervision on a regular basis. This must include identification of developmental needs, areas of strength and the requisite support in order to meet these; for example providing opportunities for shadowing and coaching etc. Staff development discussions and actions should also be informed by feedback from case audits that will help to highlight areas where professional development is needed.

(See [Employee Appraisal Guidance (cumbria.gov.uk)](https://www.cumbria.gov.uk/elibrary/Content/Internet/536/5901/6849/43272103411.pdf) for Appraisal guidance)

1. **Confidentiality and Access**

Supervision is a private but not fully confidential process. This means that the records are the property of the organisation, not the individual. Occasionally, supervisors may need to discuss the content of supervision sessions with others, e.g. their own line manager. The supervisor will seek consent from the supervisee before sharing any of their personal information however if consent is not given and the supervisor has concern that the supervisee is in breach of council or professional standards; the information can be shared on a need-to-know basis only.

Access to supervision records should be controlled and all records should be securely locked away or stored on secure electronic folders. They must not be held on unsecured drives/areas. Supervisees should be aware that other than themselves and their supervisor, records may be accessed by others for purpose of audit and inspection. All supervisions should be held in a confidential place.

Case supervision records are accessible on EHM / LCS and can be viewed by other members of the directorate as required.

A supervision agreement (appendix 4) will be signed by the supervisor and supervisee at the outset of their supervisory relationship and yearly thereafter.

# **Quality Assurance of Supervision**

To support the quality and continuous improvement of our supervision arrangements, the following quality assurance processes will be in place:

* Monthly performance reporting on the frequency of supervision.
* ***Managers will audit******children’s case records on a regular basis to ensure that identified action is taken to improve practice where necessary.***During all collaborative audits the quality of supervision and management oversight will be explored. In addition to this the Principal Social Worker will complete thematic audits 3 times per year on the quality of supervision and management oversight.
* Quality of supervision to be explored during annual health check facilitated by Principal Social Worker.

# **Anti-discriminatory/anti-oppressive practice**

* Although a supervisee is accountable to the organisation through their supervisor, consideration must be given to the power balance in supervision and the needs of supervisees who could be the subject of discrimination through race, gender, disability and sexuality in the workplace. The supervisee may need additional support and/or guidance outside of supervision for example through a mentor or an appropriate staff network.
* A key responsibility for all managers is to ensure that every effort is made to provide non-discriminatory services. Staff members and their managers should examine, in supervision, how far this is being achieved, and how service delivery can be improved. Where significant gaps are identified within service the supervisor has a responsibility to advise the responsible Senior Manager.
* There may be some occasions when a supervisee feels more comfortable in speaking to another supervisor about any diverse needs they may have. An example of this is a neurodivergent practitioner wishing to speak to another supervisor because they have more knowledge regarding neurodiversity. Any requests for this should be promoted but would need to be agreed by all 3 parties, should be time limited and recorded clearly in supervision notes.

# **Resources**

Further resources, including information regarding models and tools to support reflective supervision can be found in the [RIP Reflective Supervision Resource Pack](https://www.researchinpractice.org.uk/children/publications/2017/april/reflective-supervision-resource-pack-2017/).