



Version	Owner	Updated by	Date	Procedure No
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Case Management Supervision Policy for Early Help Services

Introduction:

This policy/guidance sets out the requirement for specific formal one-to-one casework supervision requirement for all family support, early help cases in Families First (FF), Early Years (EY), Islington Intensive Families Service (IFIT) and Targeted Youth Support (TYS). Supervision has other purposes beyond case management including staff learning and development, performance management and HR matters such as booking annual leave. Details of this and supervision agreement templates can be found on Izzi for LBI staff. Family Action staff will have their own local arrangements for these purposes.

Who does this policy relate to?

This policy covers all staff in FF, EY, IFIT and YYS. The term 'Practice Supervisor' is used to describe a staff member who holds a managerial position and is responsible for supervision of staff. The term 'Practitioner' is used to describe all case holding staff.

What is this policy?

Delivering early help services involves working with vulnerable families with complex needs in often highly charged, and at times conflictual, situations. It is a stressful activity which may involve managing risk, and in turn result in both professional and organisational anxiety. The supervision process is in itself valuable to the practitioner but will also provide a level of assurance that the work being carried out is of a high quality. Through supervision, every practitioner and supervisor/manager demonstrates their accountability for the children, young people and families they are working with on their caseload.

Casework supervision is the process in which a practice supervisor and practitioner meet to discuss and review the practitioners' caseload in a formal one-to-one setting. Supervision provides practitioners with a safe and confidential space to reflect on both their professional and personal responses to their work. It takes place at a pre-agreed, regular time in a private setting where there are no interruptions.

Practice supervisors primary function is to supervise the practice and decision making of the practitioners. They have a key role in developing excellent practitioners in order that they can deliver purposeful and effective early help services. They need to effectively and ethically use the power and authority the organisation has given them, to be to be confident in analysing and decision-making and have a good understanding of the crucial role they play in quality assurance, performance management and improvement.

Rather than casework supervision being solely a retrospective discussion of tasks that have been completed (or will be completed) practice supervisors need to be curious about practice, asking how and why as well as what and when. They should encourage the practitioner to explore various hypotheses to aid an understanding of a child/young person's/family's situation. Practice supervisors should use coaching and guiding techniques to help shape the trajectory of the work and the

interventions required. Supervision will focus on children's/young person's needs and risks to them; however, it must also be balanced by an understanding of family strengths, both current and potential. Practice supervisors may need to help practitioners recognise behaviours in service users that may indicate disguised compliance, resistance to change, ambivalent or selective cooperation with services, and be able to proportionally identify whether there may need to be immediate action taken, and if so, what steps should be taken to protect children. Where a more planned approach is needed, they need to help guide practitioners in the development of proportionate interventions to ensure children achieve intended outcomes to meet their needs and to safeguard children appropriately.

Why is case management supervision important?

Supervision is a complex activity that offers a number of benefits for the organisation, the practice supervisor and the practitioner.

For the **organisation** it:

- provides a mechanism for ensuring children, young people and families receive good quality, goal based and outcome focussed services.
- provides a constant check on the safety and wellbeing of children, ensuring that identified risks are managed and new risks identified, assessed and addressed.
- ensures that all staff understand the values and principles behind the Think Family model
- promotes accountability to the organisation standards and policies, as well as local and national good practice.
- demonstrates LBI's commitment to developing and supporting staff.

For the **Practice Supervisor** it:

- ensures that practitioners receive the appropriate level of support, guidance and coaching (commensurate to their experience) in order to agree the direction of cases and ultimately improve the outcome for children/young people/ families.
- assists in evaluating the difference interventions are making in children/young people /families lives and its purposefulness.
- helps practitioners to make case decisions based on hypotheses, observations and analysis, taking account of the wishes and feelings of children and families.
- creates an ethos within which staff are motivated and supported to be ambitious on behalf of children, young people and families.
- provides, via case discussion and reflection, a level of quality assurance about the quality of help families receive and assures accountability for the highest professional standards and professional conduct.
- ensures that cases are being planned and managed in accordance with the organisation's standards and policies as well as accepted best practice and lessons from research.
- provides a structure for recognising the strengths and development needs of practitioners
- contributes to the continued learning and development of their supervisees to ensure they have the skills, knowledge and capability to undertake their role
- provides oversight of the workload of team members and highlights any issues with capacity or competency.

For the **Practitioner** it:

- ensures that the practitioner is clear about their role, responsibility and accountability
- provides the opportunity to recognise own professional limitations and how and when to seek advice
- provides the opportunity to reflect on case direction, hypotheses and goal based interventions including deciding when cases are nearing closure and avoiding drift.

- provides a space to explore multiple perspectives, 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.
- allows them to demonstrate a critical understanding of the difference between theory, research, evidence and expertise and the role of professional judgment within that.
- allows them to increase their autonomy and decision making in line with experience and capability
- provides a process to reflect and receive feedback and coaching on their practice and development .

How?

Practice supervisors are asked to facilitate casework supervision that actively models the principles of reflection and analysis. Whilst tracking tasks agreed at a previous supervision is important, it is vital that this is not prioritised over reflection and analysis.

Frequency

- Formal one-to-one case supervision means a one-to-one meeting between practitioner and their practice supervisor in which all cases allocated to the practitioner are reviewed and discussed. **Formal one-to-one case supervision MUST take place at a minimum of once every calendar month for all case-holding practitioners.**
- When a practitioner is on leave (due to sickness or AL) which results in a gap in supervision, this must be clearly recorded on the EHM record and on the subsequent supervision record. Practice supervisors will need to give thought to re-allocating cases due to staff absences, particularly for any high-risk cases and/or for prolonged periods of absence. Supervision must be scheduled as a priority when the practitioner returns.
- **Every open case, without exception, must be discussed in each monthly supervision.**
- This policy applies to all staff, permanent and locum. New practitioners and practitioners in probation may have increased frequency of supervision timeframes reflecting their need for closer supervision and direction.
- Much of the information practice supervisors and practitioners will use in supervision will already be available on EHM and/or in data reports. The practice supervisor should prepare prior to the supervision session by reviewing cases, checking whether children and young people have been seen, whether family plan reviews have taken place and whether plans are in place. By covering the basics prior to the session, practice supervisors will create more time for reflective discussion focusing on the dynamics of the case rather than by going through a checklist of tasks that have, or have not, been completed. Equally, practitioners need to prepare for supervision by deciding in advance which cases require a more in-depth discussion.
- The agenda should be set at the beginning of the supervision session in order that cases that require in-depth discussions can be agreed.
- Many cases will be stable and need only a basic check in. However, these cases still to be discussed, albeit briefly. This allows practice supervisors to satisfy themselves that plans are on track, that any issues are picked up on and that actions from the previous supervision have been undertaken. If for any reason they haven't been completed, the reasons can be

noted. A case note supervision record on the child's EHM record must be made by the practice supervisor in a timely manner evidencing that these cases have been discussed, even if this is brief. This record within 5 working days or 24 hours for any significant case decisions and/or urgent matters.

- Some cases will be more complex and require a much more in-depth reflective discussion. This should review the multiple hypotheses and the case dynamics with proportionate interventions and tasks being planned and then reviewed. A case note supervision record on the child's EHM record for these cases also needs to be created by the practice supervisor in a timely manner (within 5 working days or 24 hours for any significant case decisions and/or urgent matters). This record needs to capture the essence of the reflective discussion as well as demonstrating the planned intervention/task in relation to the level of risk identified.
- It is envisioned that in order to cover a typical case load a practitioner and practice supervisor would need a three hour formal case supervision session once a month. However, this should be reviewed where practitioners have low caseloads.
- We recognise that there are a small number of frontline practitioners (in CSCT) who do not hold case responsibility. Whilst they are still required to have supervision every calendar month the focus will not be on individual cases, although case based decision making in relation to threshold should be covered.

Management oversight and informal supervision

- Informal supervision takes place as practitioners update their practice supervisors on cases, seek advice or help in situations on an on-going basis. This may happen many times between one-to-one formal case supervision; it is to be encouraged and is good practice but does NOT replace a formal one-to-one supervision session.
- Any significant issues discussed in informal supervision/case management check in, particularly if it influences a change in direction of the case, should be clearly recorded on the child's EHM record by the practice supervisor in a timely manner (within 5 working days or 24 hours for any significant case decisions and/or urgent matters) and be revisited at the next formal one-to-one supervision session.
- Cases are also discussed in a number of other settings in which significant issues may be discussed with decisions made. These processes provide evidence of management involvement and oversight of casework. Therefore, it is vital that they are recorded on the child's EHM record in a timely manner demonstrating a clear management footprint on the case file.
- All management decisions outside of the one-to-one formal supervision need to be recorded on the child's EHM file using the 'Management Decision' heading. It is the responsibility of the manager/practice supervisor involved to make this recording and to do so in a timely manner. This provides both a clear record for the practitioner, as well as a record for other managers becoming involved at a later stage. Ultimately, it also provides a record for the child /family to explain how important decisions about their lives have been made and that due consideration was given to the circumstances at the time.

Team Manager Supervision and oversight

- Team managers are required to provide supervision to deputy team managers/practice supervisors a minimum of once a calendar month, plus case management supervision where they are case holding. There is an expectation that in part they should use this opportunity to check that case supervision is happening for the practitioners in their teams. They will also need to ensure that they have checks and assurance mechanisms in place for themselves to satisfy themselves that they are fully accountable for the case supervision in their team.

Group Supervision

- Group supervision is a valuable tool that allows a reflective thinking space in which practitioners can explore cases with colleagues and their practice supervisor. Again, whilst good practice it does not replace the need for formal 1:1 case supervision. Equally any significant issues discussed through informal supervision, particularly if they influence a change in direction of the case, should be clearly recorded by the practice supervisor in a timely manner (within 5 working days or 24 hours for any significant case decisions and/or urgent matters) and be revisited at the next formal one-to-one supervision session.

This policy is effective as of 20th September 2016