

17.6 Reflexive Supervision Exemplar

1-1 with John Richards

Name: Phil Smith

Date: 02/02/15

|  | Agenda Item   | Discussion / Action  |
|--|---|--|
| <p><b>Staff Welfare:</b> check on how the person is feeling; any burning issues that must be spoken about before the session starts in earnest; anything about health or home-life that is impacting upon work; any frustrations that need to be discussed to enable professional issues to be discussed</p> |   |  |
| 1.   | Health  | <p>Phil has recently had a scare with high blood pressure. Tests have been concluded. Medication to be taken daily to counteract blood pressure. May take some adjusting to. May affect volume of output for a couple of weeks.</p> <p><b>Agreed: to consider impact, if any, at next supervision.</b></p> |
| 2.   | Home life   | <p>Phil's mother has been diagnosed with an aggressive cancer. This is of great concern. Some compassionate leave may be required.</p> <p><b>Agreed: to touch base weekly to assess the current situation.</b></p>   |
| <p><b>Updates:</b> Confirm notes from last supervision session and check on progress made on actions agreed</p>  |   |  |
| 3.   | <p>Getting records A123 and A456 up to date</p> <p>LAC Statutory visits X family</p> <p>CiN Review B family</p> | <p>These were confirmed as now up to date</p> <p>Previously out of time scale – now done and paperwork completed</p> <p>Still not completed. <b>Agreed: to be done by 14/02/15</b></p>   |

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|    | <p><b>Accountability Function:</b> Monitor workload and discuss issues and agree any adjustments needed; Consider a number of individual cases, including assessment, planning, intervention and review and to allow reflection on the effectiveness of the casework; identify cases discussed, make decisions about them and record them; Check that the individual is comfortable within the team. Occasionally review agreed objectives and priorities. (When supervising other managers: monitor the recording of supervision undertaken by the supervisee and ensure it meets departmental expectations; discuss team priorities, performance and pressures)</p> |   |
| 4. | Workload  | <p>21 cases: 11 CiN; 6 CP and 4 LAC</p> <p>Confirmation in recent capacity analysis that this was your optimum caseload. It is acknowledged however that 3 CiN cases were due for review and closure.</p> <p><b>Agreed: Reviews should be completed before next supervision and closure done, if recommended at review</b></p>  |
| 5. | <p>Review of cases: Protocol ID</p> <ul style="list-style-type: none"> <li>a) 123248</li> <li>b) 536524</li> <li>c) 938847</li> <li>d) 267354</li> <li>e) 563543</li> <li>f) 634493</li> </ul> <p>Team issues</p>   | <p>Each of these considered. Decisions made on a), b), d) and f). These decisions to be recorded on child's record.</p> <p>Pleased with progress on all cases except for F which needs a more thorough assessment given the changing needs of the family. The interventions are mostly clearly stated. Each case, however, would benefit from clearer descriptions of the outcomes which we are trying to meet.</p> <p><b>Action: to re-consider the outcomes to be achieved and discuss at next supervision</b></p> <p><b>Action: to undertake further assessment on 634493</b></p> <p>Phil is an effective team member and has been supporting a NQSW who has recently joined the team. Thank you for this – it is much appreciated by Sandra</p> |

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|    | <p><b>Reflexive Time:</b> It was agreed to reflect on AB who Phil thought was displaying signs of disguised compliance. This involves service users not admitting to their lack of commitment to change but working subversively to undermine the process due to concealment, superficiality, dishonesty or incapability.</p> <p>We agreed that the warning signs in ABs case were:</p> <ul style="list-style-type: none"> <li>• Agreeing to keep appointments which are then missed without a plausible explanation</li> <li>• Agreeing to undertake actions but never actually carrying them out</li> <li>• Putting little effort into making changes work</li> <li>• Co-operating with some services</li> <li>• Re-directing the focus of concern away from the child</li> <li>• Avoiding behaviour; not being home at the agreed time; child being elsewhere; other family members being elsewhere</li> </ul> <p>We agreed that working in this arena can have a detrimental effect upon the decision making process and evidence coming from the Serious Care Reviews clearly indicate this: "the voice of the child is not heard as plausible argument made by forceful and maybe articulate adults dominate.... there is often the fear of more intimidation or hostile responses causing professionals not to confront."</p> <p><b>Agreed: that in the light of the above Phil would call a meeting of key professionals to discuss further</b></p> |  |
|    | <p><b>Support and Challenge Function:</b> Discuss and note good/best practice; provide feedback on practice and performance; identify any actions for improvement; if necessary challenge assumptions, attitudes and behaviour – agree actions</p>  |  |
| 6. | Good practice   | Attention was drawn to Phil's excellent work in supporting a young person in residential care (YD) while there has been much uncertainty about when and where YD would move to. This is now clear and the work done by Phil has helped this transition to be smooth  |
| 7. | Area for development  | An informal complaint had been received from a health visitor about Phil's alleged behaviour in a recent CP review conference (GH). On reflection Phil agreed that he was quite dismissive of the input from a couple of health colleagues attending who had seemed to have come with their own agenda. On reflection, Phil agreed that he could have been more open to their suggestions. In mitigation Phil had just heard the news of his mother's cancer so had been rather agitated about that. <b>Agreed: Phil to phone HV to discuss and restore the previous good relationship</b> |

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| <b>Professional Development Function:</b> Identify learning and development needs; arrange to meet them through the C&F Training Programme; signpost to useful literature and research to support evidence informed practice |                        |  |
| 9.   | STAR Outcomes Training | Phil has completed the STAR training and has now to put it into use (see reflexive discussion above. He is excited about the possibilities offered as these give a new assessment/intervention methodology to add to his existing skills.<br><br><b>Agreed: Phil would liaise with Peter in SFT who has been using this model for some time.</b> |
| 10.  | Future Training        | Phil would like to have more training in direct work as he feels that this is something that has been lost a bit over time. <b>Agreed: Phil would join Direct Work seminar in February and we would discuss again at next supervision</b>  |
| <b>Practical Matters:</b> When needed, discuss and agree working hours; leave arrangements; contractual matters; conditions of service   |                        |  |
| 11.  | Annual Leave           | <b>It was agreed that Phil could take Easter week as annual leave</b>  |

**Notes agreed:**

**Date: 5/2/15**

**Sign (1):** *John Richards*

**Sign (2):** *Phil Smith*

**Date and time of next supervision session: 03/03/15**