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Children's Centre Leader

INSIDE THIS ISSUE

BEFORE IT'S TOO LATE

Rethink and Reenergise

Now is the time to rethink and reenergise the children's centre offer before we need to resuscitate!

It may not be as bad as that, but if some signs and scare stories are to be believed the children's centre offer is at some risk.

In November 2015, Children & Young People Now magazine reported an analysis of local authority section 251 returns showed a near 20% reduction of spend on children's centres in a year. That equates to £200m less, a shrink from £1.1b to £0.9b.

There's only a tiny part of me that thinks we could be entirely immune from the severity of local authority spending pressures, and the Government's austerity agenda. We probably do need to take our share of the financial-hit, as other services can be just as vital. However, there is a big part of me that knows short-term savings result in long-term financial pressures. Prevention is better and much more cost effective than cure. It was way back in 1999 when Norman Glass told us :

"The provision of a comprehensive community based programme of early intervention and family support which built on existing services could have positive and persistent effects, not only on child and family development but also help break the cycle of social exclusion and could lead to significant long-term gain to the Exchequer."

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Welcome

Welcome to the Winter issue of Children's Centre Leader.

This issue celebrates partnership working in health by sharing the good work happening in Hampshire and Hertfordshire in partnership with health services. Read how restorative supervision improves mental wellbeing of children's centre staff on p11 and my trip to Spalding door knocking to raise take up of the 2-year-old entitlement on p8.
Let us know what you think by emailing: cclr@hempsalls.com

James Hempsall, Editor, Children's Centre Leader

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That's why my mantra is 'the more you give us, the more we can deliver'.

The optimist in me also recognises the value and importance of the nearly one billion pounds invested annually in our sector. Such funds achieve tremendous value, and enable our diverse workforce to reach hundreds of thousands of families and children to make a difference through accessible and effective early intervention, in stigma-free ways. The reasons why we have children's centres in the first place are still there, and we have learned along

> "The more you can give us, the more we can deliver"

the way through our early experiences, but there's still very much more to do. Glass also said centres should not follow one single blueprint for effective early interventions, instead shaped through local democratic processes involving parents. But they should be persistent too – so they last long enough to make a real difference – that means keeping them open. So, we appear to be challenged with the task of doing the same, or more even, for less. That's a challenge indeed, and such change needs managing properly.

What will help is if local expectations and judgements of our effectiveness are similarly adjusted so we have a fighting chance of delivering what we realistically can, combined with a clear national steer from Government about our value and role. One opportunity that is emerging is the role and involvement of health, and I am particularly pleased to see health represented so much in this issue, from integrated progress reviews for 2-year-olds, to cutting NHS waiting times and the emotional wellbeing of children's staff. All of which go a long way to ensuring our vital contribution to families is protected.

HAVE YOU GOT A VIEW?

We're looking for writers for future issues of Children's Centre Leader.

So, if there's something bothering you about policy or practice in children's centres or early help and you'd like to share your views, let us know.

Or perhaps you have a success story that deserves wider recognition.

Whatever it is, please email us to discuss your ideas: cclr@hempsalls.com

Hampshire's Project Evaluation

Michael Newman and Sarah Bridge share how they have developed the integrated two year review process for Hampshire through strengthening partnerships between early years and health visiting services.

BACKGROUND

In 2011, the Government set out their vision for the system of services to support parents, children and families in the foundation years from pregnancy until a child's fifth birthday. This included a commitment to 'explore options for a single integrated review from 2015', bringing together the Healthy Child Programme review at 2 to 2½ years and the Early Years Progress Check at age 2 from 2015.

In anticipation of this, a steering group with early years and health visiting representation was established in November 2013 to explore how integrated working could be developed. In designing the integrated review model for Hampshire, a number of other local authority models were used to develop the approach.

Key to success
- named leads on both teams responsible for coordination development of pilot

A pilot was established in two Hampshire districts (Fareham and Gosport) over a 12 month period to inform the development of the model, building on work already taking place. The recommendations from the implementation study commissioned by the Department of Health and Department of Education in November 2014 were also used to inform the development of the Hampshire model and inform the next steps of the steering group.

HAMPSHIRE'S APPROACH

Hampshire's model uses the Personal Child Health Record (PCHR), also known as the red book as the main means of communicating the outcomes from the two separate two year checks. Birth to Three Network meetings are used as the primary engagement method for early years providers and health visitors to develop a joint understanding of:
- the different reviews
- each others' roles and responsibilities.

As part of the agreed process, early years providers (with parent permission) can book face-to-face appointments with health visitors to discuss individual children. The health visiting contact number is also available to providers to discuss any concerns or clarify issues.

A flow chart for early years practitioners providing an overview on how to request additional support dependent on the level of the child's needs was also developed

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as part of the model. The document is designed to be used alongside the Hampshire Safeguarding Children's Board and Children's Trust Thresholds Chart which can be accessed at:

http://www3.hants.gov.uk/thresholdchartposter.pdf

To support the implementation of the model across Hampshire a toolkit has been produced. This offers practical guidance for colleagues working in services for young children and health visiting on implementing the integrated two-year-check process agreed by Hampshire County Council and Southern Health. The toolkit includes the following:

- Background to the two-year-old integrated check

- An outline of the Hampshire model

- Support documents including team contact details, parental consent forms for settings, presentations for team and staff briefings and support documents for early years practitioners

- contact details for project leads for Hampshire County Council and Southern Health.

To support the planning and delivery of services, early years providers submit termly two-year-old tracking data of children's attainment in the Early Years Foundation Stage (EYFS) prime areas of learning (Communication and Language, Physical Development and Personal, Social and Emotional Development). This is shared with the health visiting team and used to inform future discussions

The pilot was evaluated across the Fareham and Gosport district in June 2015. The following outputs from the pilot were noted:

More Engagement
More cohesive engagement between settings and health visiting teams as a result of shared understanding of each sectors' respective 2-year-old review. As a result settings have identified strategies to support children who have not taken up the universal offer of the 2-year-old check with the aim to increase the percentage of children having the health review.

Sharing information with parents
82% of providers stated they were regularly seeing the child's ASQ with the same proportion reporting no issues with parents sharing the red book when requested.

Increased contact with health visitors
82% of providers are using the ASQ findings to support earlier identification of needs. Anecdotal evidence from provider comments on the survey also reinforced this point, with increased communication and contact with health visiting teams.

Use the ASQ to inform the progress review
Of those, 64% were reviewing the ASQ when the child registered with 18% stating this was seen when undertaking the EYFS progress review. Consequently the advisory team have been reinforcing the message that the ASQ should also be used to inform the review.

More face-to-face appointments
42% of providers had made use of the telephone contact number to speak with health visiting teams with 24% booking face-to-face appointments.

and sharing of expertise at the Birth to Three Networks.

IMPLEMENTING THE MODEL

Key to the pilot's success has been having named leads from both services for young children and health visiting teams taking responsibility for the coordination and development of the pilot. The Birth to Three Network sessions focused on increasing the understanding between early years providers and health visitors of their roles, responsibilities and processes. Early years providers were also asked to share examples of how they implemented the process in their setting. For example, one provider discussed how they used the health review to inform the individual development plans for 2-year-olds attending their setting.

USING THE DATA

Analysis of the 2-year-old tracking data submitted by early years providers is shared with them to improve practice. For example, at the Birth to Three Network meetings the advisory teacher team model how this data can be used to analyse and identify areas of needs and any training gaps. A discussion then takes place on which interventions can be used to support children. This is then reviewed at the next meeting to see if progress is being made.

The data is also used to inform integrated workforce development sessions. For example, submission of tracking data identified that 30% of funded 2-year-olds were at risk of delay in health and self care. Analysis of the data and discussion with early years practitioners highlighted toileting as a factor. As a result, the health visiting team led a session on toilet training at the Birth to Three Network Meeting and early years practitioners shared expertise on how they have successfully supported toileting with a focus on supporting parents; also practitioners moderated age and stage bands evidence in health and self-care to ensure consistency in judgements across the district.

At the end of the meeting, early years providers agreed to implement a number of tasks which included:

- developing resources to support parents (for example, home learning packs which include guidance, examples of rewards, toy potty and doll (boy/girl versions)

- visual and physical support aids such as, ensuring appropriate foot rest and Makaton sign to support understanding and communication of toileting needs.

THE IMPACT

Whilst it is still relatively early days in terms of collating impact evidence, tracking our funded 2-year-olds in early years provision shows the following outcomes:

- Between the spring and autumn term 2015 the gap between the funded and non-funded children at risk of delay in health and self-care has decreased by 13%

- In the last 12 months, the percentage of children at risk of delay in their communication and language development has reduced from 33% to 21%.

NEXT STEPS

We are currently in the process of rolling out the model across Hampshire and developing our work in the following areas:

- Further developing integrated workforce development training packages to target gaps identified within the Healthy Child Programme and the EYFS

- Implementing the integrated two year review model with registered childminders.

Sarah Bridge is an Advisory Teacher for Hampshire County Council, supporting early years practice from birth to the end of the Early Years Foundation Stage. **Mike Newman** is a Children's Centre Support Officer for Hampshire County Council working directly with commissioned third party providers and leads on the integrated two year review project.

Improving healthcare in Hertfordshire

While many local authorities have closed children's centres, Hertfordshire has kept its 82 centres open and still reduced the overall budget.

"Its been a challenging year, but some innovative restructuring of the management of our centres has allowed us to make some effective changes yet maintain high quality services and enhance our commitment to children and families in the local area," said Caroline Swindells, Strategy Manager for Children's Centres, Hertfordshire County Council.

From April 2015, after consultation with providers, the centres were organised into 29 geographical groups with each group being run by a contracted lead agency organisation. There are 17 lead agency organisations, with some running more than one group. These organisations include maintained schools, nursery schools, academies, a further education college, a social enterprise consortium, national and local charities, and a leisure trust, some of which were already current providers. The lead agencies were selected via a competitive tendering process and were required to propose plans to deliver services that meet the core offer within a reduced financial envelope.

Although it is early days for the new structure, the children's centre programme in Hertfordshire is performing well and parent satisfaction with services continues to be strong.

WORKING WITH HEALTH PARTNERS

This way of working prioritises partnerships and collaboration and one project that highlights this well is a programme aimed at reducing waiting lists at doctors' surgeries and accident and emergency services (A&E).

> "We discovered new ways forward in developing better partnership working."

It was developed and delivered in partnership between Hertfordshire County Council, Hertfordshire Community NHS Trust, Herts Valleys Clinical Commissioning Group, representatives from GP practices, parents and South Oxhey Children's Centre.

THE BACKGROUND

There is evidence that children with minor illnesses and injuries are taken inappropriately to A&E and some minor illnesses that can be managed by parents at home are presented to GPs. Research from the Royal College of GPs found that one main reason for lack of self-care is lack of confidence in understanding the normal progress of symptoms and therefore presenting too early to the healthcare professional.

A team of professionals; health visitors, a local GP and children's centre staff decided to work together to teach parents and carers how to recognise minor ailments and how to treat them.

The project was set up to:

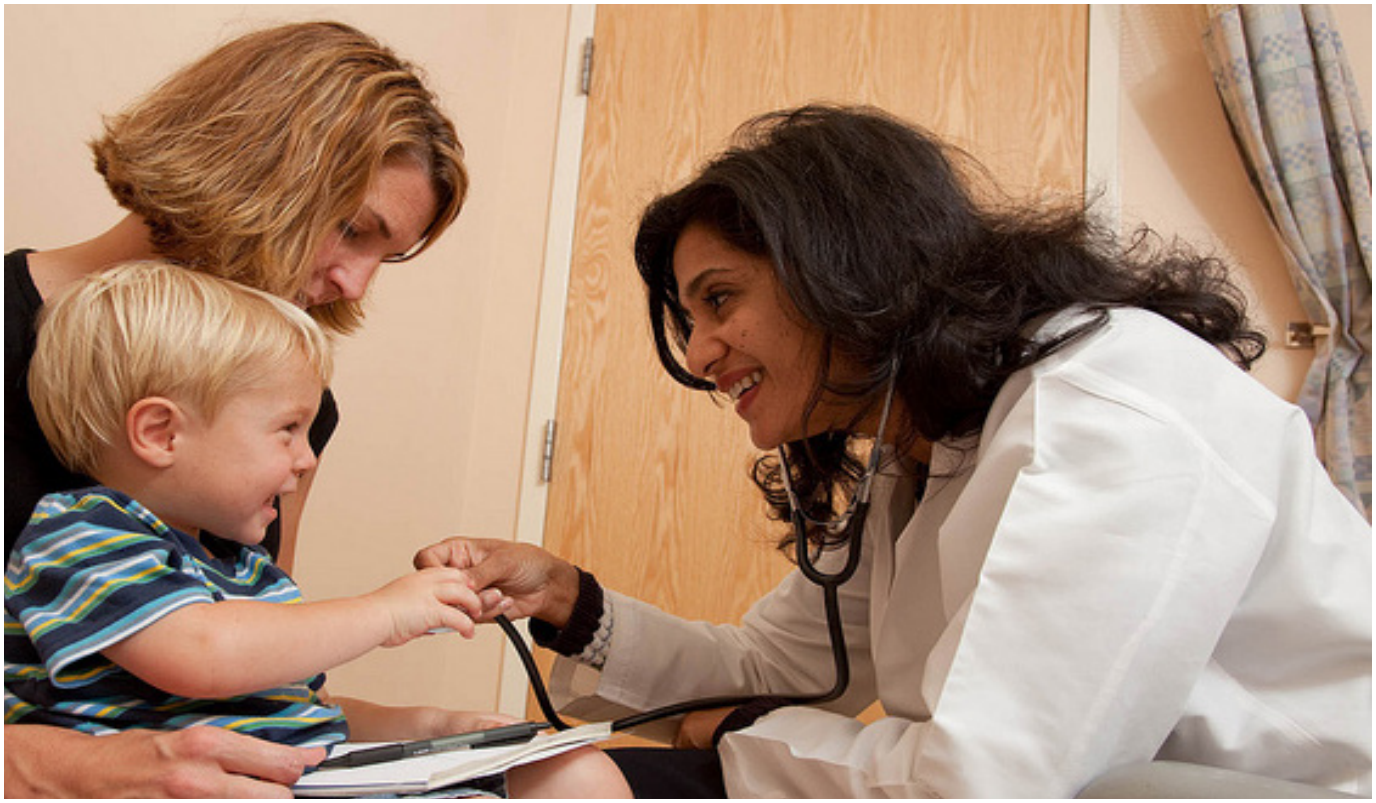
- Increase the confidence of families to know the right service to access when their child is unwell

- Prevent unnecessary GP and A&E visits

- Ensure non-health professionals that work with families give consistent messages about which service to access when their child is unwell.

HOW THE PROGRAMME WAS DELIVERED

The team has been delivering awareness and education sessions on childhood illnesses to local parents with children aged 0 - 5 at the children's centre and are very pleased with the results. The courses aim to help parents and carers to recognise the signs of minor ailments, how to care for their child at home, when to seek advice from a health visitor or call a doctor and when to contact emergency services. The sessions introduced parents/carers to the work of the health visiting service and other help services such as NHS Choices



and the health line 111.

Other professionals were invited to the workshops to ensure they give the families they work with the same correct and consistent messages about which services to use. This ultimately ensured everyone works together to help prevent the growing number of GP and A&E visits.

WORKSHOP SESSIONS

Workshop sessions covering common childhood illnesses and minor injuries were delivered at the children's centre by health visitors and GPs. The sessions covered learning about coughs and colds, how to manage a fever, diarrhoea and vomiting, dry skin and mild eczema, nappy rash, sticky eye and many other childhood illnesses. Parents attended one workshop and they took place every two months.

SESSION FOR PROFESSIONALS

To complement the parents' sessions and to ensure there was consistency of messages given to families, there was also a professionals' session aimed at non-health professionals such as children's centres, childminders, early years settings and voluntary sector organisations.

EVALUATION

Parents and professionals completed an online questionnaire before attending the session, rating how confident they feel about knowing the right service to go to. They are then asked to complete the same questionnaire after the session to evaluate their learning. Before the session, only 39 per cent of parents felt confident that they knew the right person to talk to if their child was ill. After the session, 100 per cent were confident they knew who to go to.

Parents are now more likely to use their own knowledge of self-care and other appropriate services before using primary care services, therefore, in the long term resulting in fewer GP or A&E visits.

Caroline Swindells is the Strategy Manager for children's centres for Hertfordshire County Council within the Childhood Support Services Team. She has worked for the local authority for 14 years, leading on the development of children's centres since 2006.

Door Knocking in Spalding

James Hempsall spent an interesting afternoon with Amanda Jenkins at Spalding Children's Centre in Lincolnshire recently. Amanda is the funding officer for 2-year-olds delivering a commissioned contract between Lincolnshire County Council and the Pre-School Learning Alliance.

A year into her role, Amanda's focus for 12 hours each week is to reach eligible families and to support them to access their 15 hours entitlement. She says her priorities are to:
- encourage families to apply
- signpost to providers and wider children's centre and other services
- provide information as required
- liaise with local settings to encourage them to offer places for funded two-year-olds - especially important if they are a 'little unsure'.

APPROPRIATE TIMING

The area of South Holland is rural and includes Spalding and other towns and villages such as Long Sutton, Sutton Bridge, Crowland, and Donington. Local employment is focused on farming and food production with seasonal and factory work. With such employment patterns it is important home visiting and outreach occurs at appropriate times and the right settings are found that can match families' needs and 6am shifts. In such small rural locations, Amanda realises her role is vital in supporting families to access what could be their only available local setting. Therefore the ability to call-in and develop relationships with these settings and practitioners is essential. This way, places can be released in even some of the most reluctant settings.

> In rural areas, the ability to call in and develop relationships is essential

CONTACT ELIGIBLE FAMILIES

Currently there are around 164 eligible families in the area, all needing to be contacted. The data for these families is shared by the council, and Amanda uses it to monitor her engagement and progress, and importantly to plan her routes for the day. She's contacted 81 families already, before we go out for the afternoon. Many have already completed their applications following receipt of a central mailing of postcards and further details. Some families have already started, and some have said 'no thank you' for the moment. So far, she says 64 of the 164 have signed up. Families are contacted by telephone, if there is a number on file. But like others working in this role elsewhere, she has found that families' phone numbers "change a lot" as pay-as-you-go contracts end and new ones begin.

Amanda has developed a structure to her hours of work for best effect. She's created three blocks of 4 hours, usually spread over Tuesday to Thursday. She mainly uses these as three hours visiting and working with families, followed by an hour's administration or follow-up actions. She describes the children's centre office and colleagues as "her rock", supporting some of the generated tasks, an alternative contact, and providing the support she needs. Experience has told Amanda the best time for house visits is 5.00 to 6.30pm. This is the 'golden window' between the end of the school/ work day and the routine of children's meal or bath times.

FLEXIBLE APPROACH

However, what became crystal-clear was that Amanda had a flexible approach to her schedule and a voracious appetite to take opportunities as they present themselves. If she is "on-a-roll" she will work for longer sessions, and she builds in the occasional Saturday too. On a recent trip to the gym, on passing a house she noticed a family

might be in, so wearing her ID badge and gym-kit, she was able to call-in, reach the family, and sign them up there and then.

When it comes to considering secrets of her success, Amanda believes it is crucial to check-back with a family, even after they have said they have applied or are using their entitlement. This is because anything could have fallen through, or there may have been a simple misunderstanding that can be easily solved by her. She's looking forward to the next data share with the council as it will be the 'no-take-up' list so she can double-check with her records and follow them through.

LONE WORKING POLICY

So, after finding out about the approach, I was keen to see it put into practice. Casually dressed, with the clipboard hidden in her bag, and me in the role of trainee, we jumped into the car – moving the desk tidy off the passenger seat first! We punched in the first address into the satellite navigation on Amanda's iPhone – an essential piece of kit. On the way we talked about the risks of entering people's homes alone. Whilst she was comfortable with it and had very welcoming experiences, she adheres to the Alliance's lone-working policy. Visiting routes are left at the children's centre office and confidentially at home, with a code word and system that is used if she ever feels unsafe. Initial assessments of risk when arriving at various and sometimes remote locations are key and are always acted upon if she feels there is an unacceptable risk.

At the first house, we found the mother and child were still away overseas in Eastern Europe, as identified at her last visit. After a short and friendly conversation with a family member, another calling card was left, and a note and invitation to call back in 2-3 weeks was made. The card has been produced by the council and Amanda has attached a more personal typed-up note with her contact details to enrich the contact and her outreach opportunity. There is a large Eastern European community locally, working in the local farming and food industries. While Amanda has been made aware of the cultural experience of starting school later, she believes patterns and expectations are changing in these communities, and thinks there has been an increase in take-up of the two-year-old entitlement. In her bag is a collection of leaflets and application forms translated into Lithuanian, Polish, Russian and Latvian. She also has the contacts for PAB, a local interpretation service. There's Early Support, children's centre services, and domestic abuse information in that bag too.

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The second visit was on a newly-built mixed housing estate. The biggest challenge here was the lack of road signs and there weren't many people around other than builders. The mobile phone satellite navigation came into its own. Here, there was no answer, so a card and small note was left. As we got into the car again, I noticed how exhausting it can be getting in and out of a car for three hours at a time. At the third house on the same estate, the young mother told us she had already signed up and made contact with a popular local setting and things looked all on plan for a January start. Great news! Amanda warmly offered her contact details should there be any further need for support.

TRANSLATED MATERIALS

Another card was left at visit number four. At number five, we met a young Polish couple, who invited us in, and then said they preferred us to return in 30 minutes when a friend with better English would help translate. We agreed and squeezed in a visit to number six. No answer here, although we sensed that someone was in. So, after leaving a card, we retraced our steps. Amanda said that two-visit attempts was the norm, supported by telephone calls, and where children are identified and included in children's centre priority lists a more joined-up approach is used. We watched the Polish father leave for work at the local food factory, and entered the house. Still waiting for the friend to arrive, Amanda was able to provide translated materials in the meantime. The couple's computer screensaver gave us a clue about their child, asleep upstairs. He had a learning difficulty, something that was later disclosed. The application form was successfully completed, a relationship of trust established, and information exchanged about these and future steps through their friend's interpretation. The link with key professionals, Early Support, children's centre services, and the local special school (where the child had started attending sessions), was identified too. A good visit to end the afternoon with.

Upon returning to the children's centre, I left Amanda completing the necessary paperwork and exchanging an informal update with her colleague in reception. I reflected on the experience and the importance of the systematic data-sharing I had heard about, the need for a flexible and tenacious approach, and providing a human-bridge between parents and providers so children that need their two-year-old entitlement can use it.

Feeling Better About Work

Jill Delaney, Positive Steps UK and Louise Langston, Early Help Manager, Bromsgrove District Council and Redditch Borough Council, share their restorative supervision project helping children's centre staff feel better about work and leaving them able to think more clearly about families.

After just six sessions of restorative supervision, 35 Redditch and Bromsgrove Early Help staff reported an increase in compassion satisfaction (the pleasure derived from work), a reduction in stress, burnout and anxiety and an increase in mental wellbeing.
Early Help Manager, Louise Langston, commissioned the work following her own helpful experience of receiving the supervision. "It is good to receive supervision from someone who is supportive of the cause, knows the challenges and has managed to help staff and managers to find a resolution," commented Louise.

WHAT IS RESTORATIVE SUPERVISION?

Restorative supervision (RS) "contains elements of psychological support including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations" (Proctor, 1988) The model of RS used incorporates the theories of the Solihull Approach, (Douglas, 2006) which has its own body of evidence for improving relationships and reducing anxiety in professionals and parents alike. RS is offered on a one-to-one and group basis.

Redditch Borough Council Early Help provides services for families with children and young people aged 0-19 across 11 Children's Centres in Redditch and Bromsgrove. They are passionate about improving relationships and outcomes for children, families and young people within this area of Worcestershire. In line with policy, all staff receive managerial supervision on a monthly basis.

Often staff need to process the emotional impact of working with families especially the complex and hard to reach who are often in the 'safeguarding' arena. Restorative supervision is a space to explore and work through these emotions as well as consider any personal and professional issues that may be impacting on work.

The effect of working with such families, coupled with the climate of change, can have an impact on the physical and emotional capacity of staff. Many staff are supporting families at all levels of the Common Assessment Framework (DofE, 2007). However, it is often those at Level 3, whose 'life chances will be impaired without services' that cause the highest levels of anxiety and stress, as key workers coordinate and provide services to help reduce the risk of the family being escalated to Level 4.

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THE IMPACT OF STRESS

Chronic stress has an impact on the brain and body and includes: raised blood pressure, memory loss, increased risk of stroke and heart attack, risks to the unborn child and vulnerability to depression and anxiety.

THE COST OF STRESS TO THE EMPLOYER

Statistics reveal:

- Absence levels are highest in the public services sector standing at 8.7 days per employee per year (CIPD, 2013)

- Presenteeism, attending work despite illness or injury, is on the increase (CIPD, 2013)

- 40% of work-related illness is due to stress (HSE, 2013)

- 10.4m working days were lost in 2011/2012

- £1.7bn per year is the cost of NHS sickness absence (Boorman, 2009)

Organisational change can also lead to anxiety and stress, the brain's limbic system's response to this is 'fight or flight', leaving some staff feeling that the best option is to find alternative employment or retire. The restorative supervision gave staff an opportunity to explore the impact of this for them personally and how they had responded to it. One comment was "It helped enormously with coping with transition from charity to local government".

METHOD

All staff attended a training session before starting supervision. This was to help familiarise them with the theories, concept and process and served as a way of reducing resistance to attending and normalising emotions, such as anxiety, that may be experienced.

16 key workers and nine administration staff were offered six, one and half hour group sessions over a six-month period. This was a way of building relationships within new teams and providing support to frontline staff. Each group contained an average of five staff. Administrative and key workers attended separate groups.

> "Often staff need to process the emotional impact of working with families especially the complex and hard to reach."

The 10 coordinators received six, one-to-one, hour-long sessions, over a six-month period and then moved into group supervision. This was part of their training to progress onto cascading the supervision to key workers.

EVALUATION

Scores were recorded pre and post six supervision sessions.

The measures used were; The Professional Quality of Life Scale (ProQOL) (Stamm, 2009), the Generalised Anxiety Disorder (GAD-7) (Spitzer et al, 2006) and The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS 2006). The Positive Steps UK self-report satisfaction survey was also completed by each supervisee at their final session.

The ProQOL measures Compassion Satisfaction (CS) - the pleasure you derive from being able to do your work well and the negative, Burnout (BO) and Secondary Traumatic Stress (STS) - feelings driven by fear and work-related trauma.

The GAD-7 measures generalised anxiety disorder and others such as panic and post-traumatic stress disorder.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) measures the mental wellbeing of adults.

COORDINATOR RESULTS

Results show an excellent change over six months of 6 x 1 hours, one-to-one supervision sessions with the coordinators.

The ProQOL scores show the CS has increased by 20% and is now in the high range. Usually only about 25% of people score in this range.

There has been a reduction in burnout and secondary traumatic stress, which now lies in the low range. This is the most positive result and shows a pleasing change.

KEY WORKER RESULTS

The ProQOL scores show a high average compassion satisfaction and that burnout and secondary traumatic stress both fall within the low range. Burnout and STS have decreased and are well into the low range. Usually, only about 25% of people score in this range

All of these scores represent a high level of satisfaction related to the staff's ability to be effective at caring in their work, feel positively about their colleagues and able to contribute to the work setting.

From left: Louise Langston, Early Help Manager; Jill Delaney, Positive Steps UK, Liz Griffiths, Early Help Operation Manager, Early Start and Parenting

They will show enthusiasm to be motivated to helping others, derive pleasure from their work and are likely to keep up to date with techniques and protocols.

Results show that adaptive coping techniques are already being used. Staff will be feeling connected to others and have good coping mechanisms.

The supervision has helped to promote resilience to work-related, secondary exposure to traumatically stressful events.

ADMINISTRATION STAFF RESULTS

Scores show a positive 10-point increase and demonstrate mental wellbeing meaningfully improved over the course of the restorative supervision sessions. The maximum score for WEMWBS is 70; therefore a score of 65 is most beneficial.

A higher level of mental wellbeing is associated with having consequences for health and social outcomes. These changes can help to reduce staff sickness and assist in the delivery of work with the families and staff. The post Standard Deviation (SD) score shows less variation in the scores.

COORDINATOR REDUCTION IN ANXIETY

Coordinator scores show an excellent reduction in anxiety of 35% and there also a decrease in the key worker score. The mean scores are pleasing and show that post-supervision levels are within the 'mild' range and indicate that staff have good support strategies in place to assist them in managing their anxiety.

The self-evaluation tool asks a range of questions relating to people's experience of supervision. The answers range from 1 Strongly Disagree to 5 Strongly Agree.

100% Strongly Agreed or Agreed to:

- 'It has helped me to think about the changes that have taken place at work'
- RS provides a space to reflect and openly discuss any areas impacting on work in a supportive environment'
- My supervisor has created a safe space'
- RS has had a positive impact on my work'
- I would recommend RS to a colleague'.

SUPERVISEE COMMENTS

- 'V supportive environment and facilitation that enables reflective time and personal challenge'

- 'Good to help manage staff who are struggling. Good support on how to challenge safely'

- 'Restorative supervision has helped to gain confidence and

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confront and resolve some delicate issues'

- 'I felt valued and supported'

- 'A really positive experience'

- 'I have really benefited from strategies and integrated them into my work'

SUMMARY

The restorative supervision has been reported by staff, to have been a very useful way of building new working relationships and an arena to discuss concerns and worries in a safe and confidential space with a professional from outside the organisation. This has been invaluable for a number of staff and helped them to explore feelings and issues around changes that have impacted on them personally and professionally. It has also been a vehicle to evaluate 'fight/flight' decisions about seeking alternative employment when they became stressed, anxious or upset. They have been able to work through feelings with the support of the facilitator and colleagues in the group, to rationalise and understand emotional communications and work towards resolve either individually or collectively. Strategies for managing time effectively, ways of engaging parents and handling difficult conversations have also been discussed and implemented.

These results represent people who will feel invigorated by their work, feel successful, believe they can make a difference and feel they can keep up with new technology and protocols.

Administrative staff felt that being offered restorative supervision allowed them to feel valued, privileged and recognised by the organisation.

The results will help retain staff and can serve to reduce sickness absence too. Staff report the management team to be very supportive.

The senior managers have all received restorative supervision too, enabling them to have a safe space to discuss issues within their role, challenging times of change and pressures felt in the current climate. It has also supported their delivery of supervision to staff.

Restorative supervision is available to practitioners and managers in health, education and local authorities who support staff or work with families especially those in complex situations. It can be provided as part of a cascade programme or on a supervision only basis, individually or to groups.

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*The Warwick-Edinburgh Mental Wellbeing Scale was funded by the Scottish Executive National Programme for improving mental health and wellbeing, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

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