

APPENDIX 6: GROUP LEARNING AND SUPERVISION PROCESS

Signs of Safety Group Learning and Supervision Process To develop Analysis, Judgement, Questioning Skills By Andrew Turnell

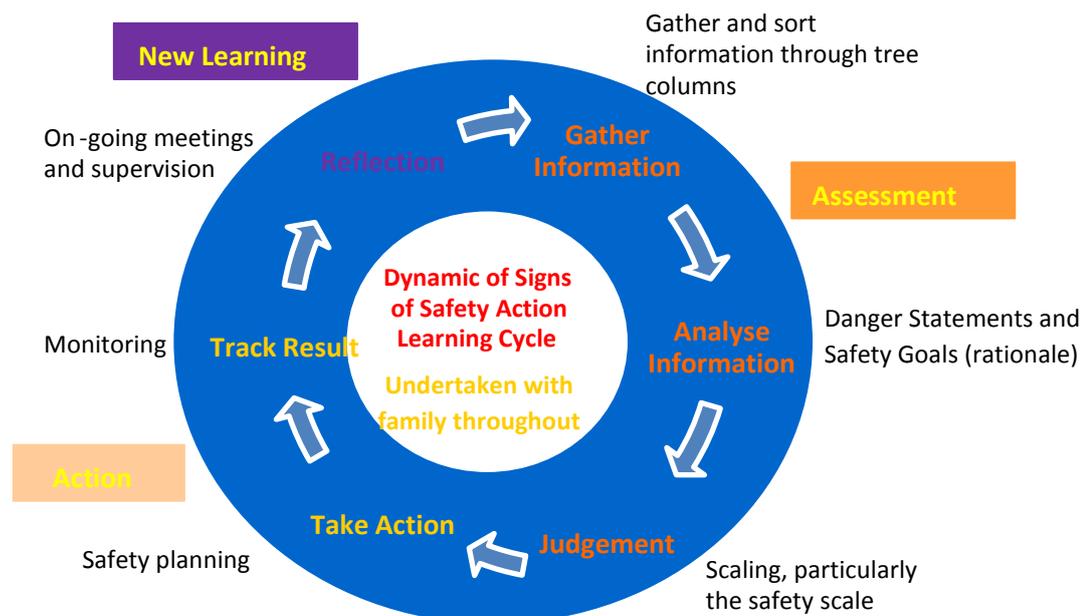
Thinking about Assessment

Assessment comprises three steps;

1. Gather Information
2. Analyse the information
3. Judgement

Risk Assessment is the heart of all child protection practice from case commencement to closure. Despite the tendency to believe assessment is a one off undertaking it is actually an ongoing process since professionals have to constantly re-evaluate the safety of the child throughout the life of a case. Unfortunately, because it so central and important, the assessment process often becomes overwhelming for professionals and they lose focus of assessment as dynamic process and getting caught in the feeling they must get the assessment right. At that point in time the assessment process becomes bogged down in a constant cycle of information gathering (step one repeated endlessly) with professionals focused on getting more and more confident feeling they don't know enough to analyse the information and make a judgement.

Signs of Safety assessment is designed to foster a dynamic, participative and action-based learning process throughout the life of the case. Signs of safety assessment therefore should never be seen as a stand-alone one off operation but as the cornerstone of an ongoing action learning process for both professionals and family members. Represented graphically the Signs of Safety assessment action cycle looks like:



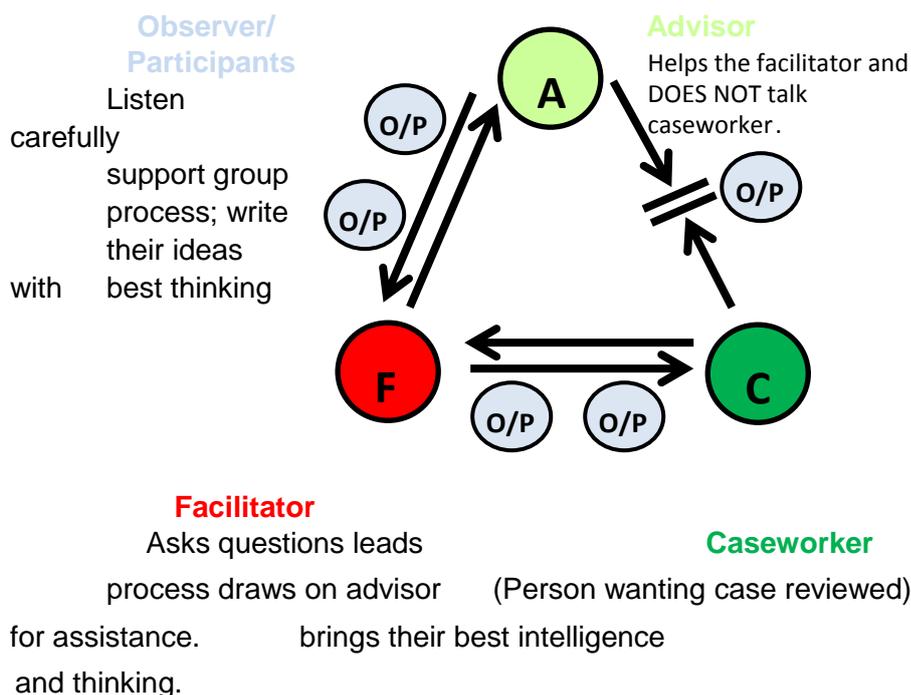
The group supervision process described below is designed to assist professional teams to become more agile and confident to operationalise this action learning cycle, to build habits and to move quickly from the information they currently have to analysis and then judgement and then to take action in the case based on what analysis and judgement. Assessment should always be undertaken by professionals with a sense of humility about what they think they know.

Adopting a stance of humility means professionals will continually review the assessment based on new information and the outcome and impact of the action taken.

To restate then, rather than trying to nail down a definitive assessment the purpose of the group mapping work described here is to build strong team habits of analysis and judgement to foster more agile confident decision making and practice. The role of the facilitator and the advisor is to sustain an agile parallel process and keep the group work moving throughout. Good group process for thinking through cases will lead to more energy and dynamism in practice because it builds a shared sense of carrying risk within the whole team that dissolves the isolation and sense that so many practitioners have, "if this goes wrong it's my fault". Teams that use this process consistently report greater confidence in their use of the framework and their Signs of Safety practice.

Group Supervision Process

This signs of Safety group supervision process is designed for groups of 4 to 10 people. The process revolves around the caseworker who brings forward the case (sometimes of course there are a number of people bringing forward the case (sometimes of course there are a number of people bringing forward the case)). The facilitator leads the group process assisted by an Advisor. Other group members are involved as Observer/Participants. The roles of each are described in the following diagram:



The whole group and the facilitator and advisor in particular need to focus on the process and not get caught up or over-organised about the content and the detail of the case. This process is all about growing capacity for the team to create together a fast process for working through and getting direction in a case. As with every meeting in child protection, effective meetings are always skilfully led.

Group Process

Introductions (2 to 3 minutes):

If the group is new to the group supervision method the facilitator should introduce the process including a quick description of what each person's role is:

The **facilitator** is THE ONLY person that talks directly to the caseworker The Advisor acts to assist the facilitator to lead the process.

The **observer/participants** have the opportunity to learn by staying out of the content of the case and focusing on analysis and judgement process thereby assisting the worker to gain a better overview of the case and the direction she wants to take.

The facilitator has the professional's casework and anyone directly involved in the case say who they are, what their role in the case is and how long they have been involved in the case. The facilitator will probably need to keep the professionals involved in the case from starting to go into case content at this point.

Genograms (3 minutes):

The facilitator draws the family genogram with the basic information of age and names of the immediate family, parents, partners, children, extended family members and relevant friends. This should include clarifying where children are living if not with one or both of the parents. Again to keep the process focused this is not the time to describe case information.

Three Minute Free Description of Case (3 minutes):

The facilitator gives the worker 3 minutes to give an overview of the case usually by asking "what makes this an open child protection case now?" Allow the worker to talk without interrupting. The facilitator and observers should make notes of workers exact words and begin to analyse the information. While listening the facilitator can make notes at the side of the whiteboard and should not be trying to 'map' the case by locating information in particular columns.

Workers Goal (3 minutes)

This is the most important part of the four preparatory steps as this gives clear focus for the facilitator and group.

Ask 'what do you want out of this consultation/conversation about your case?'

The facilitator should dig in a little to get a clear specific goal. If the worker says I want to know what to do next this is too general, and the facilitator should ask what specifically they feel they need to help with to figure out what to focus on next?

If the worker says I want to make the child safe, or want to return the child home, the facilitator can point out this is a goal for the case and the family, and ask something like, 'okay so you want to return the child home that's the goal for the case, what do you need from this consultation to help you move towards getting the child back home?'

Draft a 'rough' working danger statement(s)

Get everyone in the group to draft a 'rough working' safety goal for the case based on what they have heard to help guide their participation in the group mapping process.

Draft a 'rough' working safety goal(s)

Get everyone in the group to draft a 'rough working' safety goal at this early stage jumps everyone **out of** information gathering mode and **into** the analysis phase of the assessment (mapping). This should then enable all participants, the worker and the facilitator to be much sharper and purposeful in creating the question that will guide the mapping and that will be offered to the worker. The facilitator get some (or all if only a small number in the group) to read their rough danger statements and safety goals and then reads their own at the end. Through this process the facilitator should have a much sharper idea about what this case is actually about and be more equipped to continue to lead the process.

What's working well?

Once steps 1 to 4 are complete, facilitator gets everyone to individually write down on a piece of paper (that can be handed to the worker) the best questions they can think of for this case to capture information about what's working well. These questions should be targeted at existing strengths and existing safety [to achieve this participants will have to have framed their own draft danger statements(s)]. Questions should be written out fully in the form they would actually be parents, children, extended family members and professionals who are involved in the case. At least half of the questions should be written as relationship questions. (5 minutes)

Everyone reads one or two of their questions, choosing their strongest questions. The facilitator reads all his/her questions.

Facilitator then asks the worker, 'which of these questions seem the most important to them? Which questions do they want to use with the family and other professional's?' As worker identifies particular questions the facilitator writes them in the next steps section of the 'what needs to happen' column.

Facilitator asks worker, 'are there particular questions or areas you would like to map now which of these questions seem most important to them?' the facilitator spends 10-15 minutes mapping the details of these issues.

All group members give their questions to the caseworker.

Facilitator can review process so far by asking worker – 'what has been the most useful for them about the process so far?' Also can use the question, 'on a scale of 0-10 where 10 I've got what I need from the consult already and 0 is I'm not better off or any clearer then when we started, where are you?'

Safety and Other Scales

Facilitator gets everyone to individually write down on a piece of paper (that again can be handed to the worker) the best sharpest safety scaling question they can think of for this case [again to achieve this participants will have to have framed their own draft danger statement(s)]. Participants then write a second scaling question they think would be important to use. (5 minutes)

Everyone reads one or two of their questions, choosing their strongest questions. The facilitator reads all his/her questions.

Facilitator then asks the worker, 'which of these scaling questions seem most important to them? Which questions so they want to use with the family and other professionals?' As worker identifies particular questions the facilitator writes them in the next steps section of the what needs to happen column.

Facilitator asks worker, 'are their particular scaling questions you would like to map now which of these questions seem most important to them?' The facilitator spends a few minutes mapping the detail to any chosen scaling question. Facilitator can work with the worker to shape and refine the workers ideal safety scale from the offerings. Facilitator should also get ratings from key players to the safety scale.

All group members give their scaling questions to the caseworker.

Facilitator can review process so far by asking worker – 'what has been most useful for them about the process so far?' Also can use the question, 'on a scale of 0-10 where 10 I've got what I need from the consult already and 0 is I'm no better off or any clearer then when we started where are you?'

What are we worried about?

Harm

Review the analysis elements of harm. Harm needs to clearly describe the behaviour that was harmful/damaging and address:

- How bad the harm is – Severity
- How often it has happened – incidence/Chronicity
- How the harmful behaviour has affected the child – Impact

(In risk assessment literature impact is often explored as part of severity)

Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best sharpest question they can think of for each B, S, I and I (or perhaps one element each, whatever suits). (2-5 minutes)

Everyone reads one or two of their questions, choosing their strongest questions. The facilitator reads all his/her questions.

Facilitator can ask the worker, 'on a scale of 0-10 where 10 is you feel that in this case you have mapped the past harm and this doesn't need to be done and 0 is I'm really unclear on the past harm and this needs attention, where do you rate what you have done in this case? If the worker rates high any content mapping of the harm is for the benefit of participants not the worker, if low be guided in mapping the harm by the worker and team

leader. Facilitator also asks 'which of these harm questions seem most important to them? Which questions do they want to use with the family and other professionals?' As worker identifies particular questions do they want to use with the family and other professionals?' As worker identifies particular questions the facilitator writes them in the next steps section of the what needs to happen column.

Facilitator asks worker, 'are their particular areas of harm you would like to map now, which of these questions seem most important to them?' The facilitator spends a few minutes mapping the detail to any chosen harm area.

All group members give their harm questions to the caseworker.

Danger

Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best sharpest danger statement(s) for this case in language the parents (and children) can understand. Consider whether you want to do this in words and picture format (5 minutes – probably 10 is words and pictures format).

Everyone including the facilitator reads their danger statements.

All group members give their danger statements to the caseworker. It is possible for the group to work to create agreed danger statements from all those created by participants but this will take significant time so it is usually better for the worker to take away the danger statements and make ones she/he wants from the ones created in the group.

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Safety Goals

Facilitator gets everyone to individually write down on a piece of paper (to be handed to the worker) the best, sharpest safety goal(s) they can come up with for this case in language the parents (and children) can understand. Consider whether you want to do this in a words and pictures format in which case it will probably be a combined danger and safety goal words and pictures (5 minutes).

Safety goals should be written in the following format: Mary and John Karawara CPFS want Tilly and new baby to be with Jacksie because they can see... (Put a clear short statement about the positives). For this to happen CPFS need to see...

Everyone including facilitator reads their safety goals.

All group members give their safety goal to the caseworker. NB. It is possible for the group to work to create agreed safety goals from all those created by participants but this will take significant time so it is usually better for the worker to take away the safety goals and make ones she/he wants from the ones created in the group.

Review and Next Steps

Facilitator now reviews process so far by asking worker – ‘what has been the most useful for then about the process so far?’ Then asks question, ‘on a scale of 0-10 where 10 I’ve got what I need from the consult already and 0 is I’m no better off now or any clearer than when we started where are you?’ If worker rates high (which they should by now or the group has gone significantly off track from what the worker wanted) ask, is this enough for now?

If yes end mapping here.

If no ask, ‘what else they need to focus on?’ and spend some time on that usually by listening to the issue and getting questions created for that issue.

If the worker rates low, probably indicated the group process has got significantly off track from what the worker wanted or that the worker actually now wants something else or perhaps is feeling seriously swamped and anxious about the case, Whatever the problem, the facilitator will need to back up and help the worker identify where the sticking point is and agree to a process to deal with that.

Review Process for Group

The advisor leads a review with the whole group about what was useful, what they learnt and any issues they have (the review **should not be** about the content of the case).

How often do we use this group process in the agency or team?

When presenting and teaching this group mapping process the question is often asked, how often we should do this in our agency? Do we do this in every case?

This group process is designed to:

- Build a shared, structured, collective team and agency culture and process for thinking through cases using the Signs of Safety approach.
- Enable child protection professionals to explore each other’s cases, bringing their best thinking, including alternative perspectives and to do this without getting caught in one or two people dominating or the group telling the practitioner whose case it is what they must do.
- Develop a shared practice of bringing a questioning approach to casework rather than trying to arrive at answers.

This group process cannot be undertaken in every case discussion; however the process can be replicated in individual supervision and also when practitioners are thinking through cases for themselves.

To build and sustain this sort of questioning culture for thinking through cases in a team usually requires that it is undertaken at least once every two to four weeks.

The process presented here offers quite a tight structure because helping professionals tends to default to individual supervision, so group supervision is not a normal part of most agencies practice and where it is the group conversation can be very free form and unstructured with little strength of shared purpose. If the majority of quality supervision is individual this creates a very privatised practice culture within the agency, places excessive pressure on the team leaders or supervisors to be the front of all wisdom for all practitioners and limits the capacity to draw on the knowledge and experience of peers. Many supervisors

and practitioners shy away from group supervision or if they have to participate they do so in a constrained way because of previous bad experiences. I would suggest that supervisors and teams follow the process offered here closely particularly as they build the habit of group supervision in their teams as this process is safe, well tested and refined and avoids group dynamics where one or two people dominate.

The advisor role is central to the success of group process the advisor should be very active checking in regularly with the facilitator about their sense of direction and effectiveness of what they are doing. Likewise the facilitator should quickly draw on the advisor if they are feeling stuck or unsure.