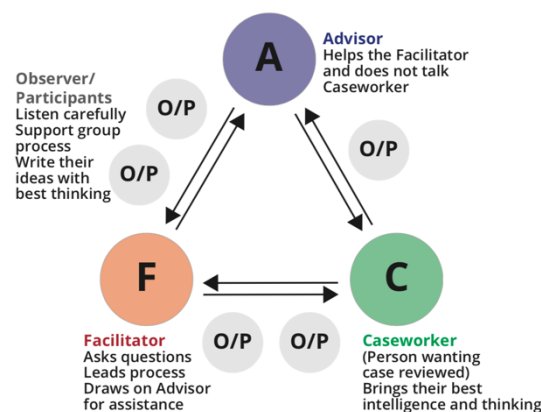


Group Supervision Process: Harm Analysis Matrix

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



The entire group, but in particular the facilitator and advisor, must focus on the process and not get caught up or over-organized about the content and detail of the case. This process is all about growing the 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 led skilfully.

Group Process

Introductions (2–3 minutes):

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

- The facilitator is the **ONLY** person who talks directly to the caseworker.
- The advisor acts to assist the facilitator to lead the process.
- The observers/participants have the opportunity to learn by staying out of the content of cases and focusing on analysis and judgement processes, thereby assisting the worker to gain a better overview of the case and the direction he/she wants to take. The facilitator has the professionals, the caseworker, 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 prevent the professionals involved in the case from going into case content at this point.

1. Genogram (3 minutes)

The facilitator draws the family genogram to include the basic information of age along with the 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 parents. Again, to keep the process focused, this is not the time to describe case information.

2. Background Information (3–5 minutes)

The facilitator gives the worker 3–5 minutes to provide an overview of the case, usually by asking, 'What makes this an open child protection case now?' The worker should be allowed to talk without interruption. The facilitator and observers should make notes of the worker's 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 into particular columns. The more experienced workers become at using the process, the more succinct they will be at providing the critical information that is needed to move through the process.

3. Worker's Focus (3–5 minutes)

This is THE MOST important part of the preparatory steps because it provides clear focus for the facilitator and group.

Ask: 'What do you need most from this session to help you use the Harm Analysis Matrix tool?' The facilitator should dig in a little to get a clear, specific goal. If the worker says 'I just want to learn how to use it' — this is too general. The facilitator should ask what specifically they feel they need in order to figure out what to focus on next.

4. Starting to use the Harm Analysis Matrix – Individual exercise (4–6 minutes)

The facilitator reminds everyone that this group supervision is designed to help bring a sharp focused lens to the criteria of harm.

The facilitator then asks everyone (including the case worker) to look at the information that has just been gathered within the background information and then, individually and in silence, asks everyone to use the Harm Analysis Matrix template (Appendix 1) to decide if/where the information lands and to write this down.

It is helpful for the facilitator to remind the group that they are looking to gather evidence and not hypothesise so they should try to avoid making any assumptions. If the information does not appear to land within the Harm Analysis Matrix they may wish to consider if this information is a complicating factor (something that is making the problem harder to deal with) or an example of What's Working Well (Safety = time the danger has been present and the child has been kept safe. Strength = an example of what has been done to try and get the worry sorted out)

5. Talking through the evidence – in pairs (5 mins)

The facilitator asks people to share their work in pairs and to discuss why they placed the information where they did. What issues does this start to raise for them?

Quite often this exercise will highlight where assumptions about information have started to be made and where there are gaps in the information. If workers start to ask questions the facilitator should stop this and say this is the next part of the exercise that they will move on to.

6. Using the Harm Analysis Matrix to create questions — Individually (5 mins)

The facilitator now asks people to think about the information they already have and what questions this now raises for them. Remind people to be curious and to ask questions that stay focused around the Harm Analysis Matrix. Questions should be written out fully in the form they would actually be asked. Good questions should be relevant and able to be asked to everyone involved: the 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.

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

7. Recording additional information into the Harm Analysis Matrix

The facilitator asks the worker: 'Are there particular questions or areas you would like to record into the what are you worried about column of their case mapping (Harm Analysis category) now? Which of these questions seem most important to you?' The facilitator spends 10 to 15 minutes recording the detail of these issues to create clear Harm Statements.

All group members give their questions to the caseworker.

8. Review and Next Steps

The facilitator now reviews the process so far by asking the worker: 'What has been most useful for you about the process so far?' Then the facilitator asks this question: 'On a scale of 0 to 10 – where 10 means I've got what I need from the consult already and 0 means I'm no better off or any clearer than when we started – where are you?' If the group has stayed on track, the worker should be rating relatively high at this stage. The facilitator then asks the worker if this is enough for now. If yes, end using the Harm Analysis Matrix here.

If no, ask, 'What else do you need to focus on?' and spend some time on that, usually by listening to the issue and getting questions created for that issue.

A low rating from the worker probably indicates the group process has gone off track significantly from what the worker wanted, or that the worker actually now wants something else.

Appendix A – Harm Matrix Template

Time Actions & experience	Timespan	First	Worst	Last
<u>Behaviour</u> <i>The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour</i>	What is the worrying adult (or YP's) behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?	When and what was the first time your LA heard about the worrying adult (or YP's) behaviour?	When, and what was the worst event of worrying adult (or YP's) behaviour your LA knows about?	When, and what is the most recent event of worrying adult (or YP's) behaviour your LA knows about?
Actual evidence				
Future questions to ask				
<u>Severity</u> <i>Describes how bad the harmful adult behaviour is</i>	Over the whole timespan the adult (or YP's) behaviour has been happening, how bad has the adult behaviour been?	How bad was the first event of adult (or YP's) worrying behaviour?	How bad was the worst event of worrying adult (or YP's) behaviour?	How bad was the most recent event of worrying adult (or YP's) behaviour?
Actual evidence				
Future questions to ask				
<u>Impact</u> <i>Describes the physical and emotional impact of the adult behaviours on the child.</i>	Over the whole timespan the adult (or YP's) behaviour has been happening what has been the overall impact on the children?	What was the impact of the first incident on the child(ren)?	What was the impact of the worst incident on the child(ren)?	What was the impact of the most recent incident on the child(ren)?
Actual evidence				
Future questions to ask				