



# Group Supervision Process: Mapping

Part of the Signs of Safety Implementation Documents  
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# Signs of Safety Group Supervision Process: Mapping

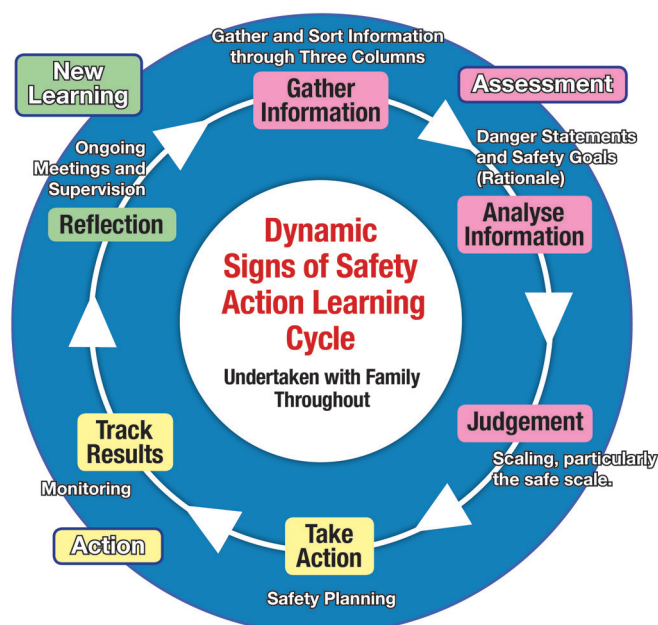
## Thinking About Assessment

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 must constantly re-evaluate the safety of the child throughout the life of a case. Unfortunately, because it is so central and important, the assessment process often becomes overwhelming for professionals and they lose focus on assessment as a dynamic process and get caught in the feeling they must get the assessment right. At that point, the assessment process becomes bogged down in a constant cycle of information gathering ('Step one: gather information' repeated endlessly) with professionals focused on obtaining more and more content, 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 learning cycle looks like this:

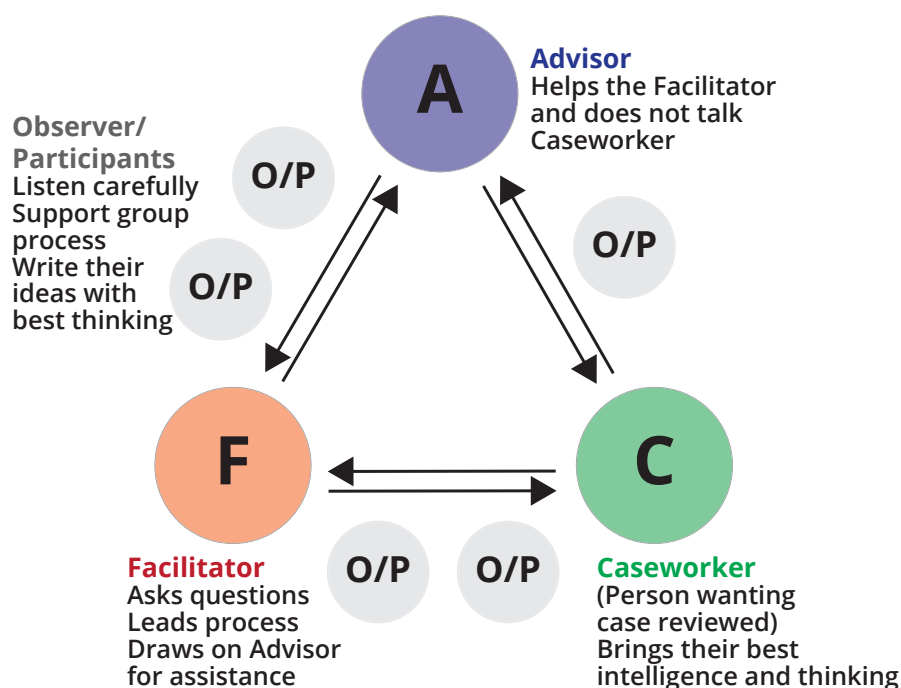


The group supervision process described below is designed to assist professional teams to become more agile and confident to operationalise this action learning cycle, to build habits for moving quickly from the information they currently have to analysis and then judgement, and then to take action in the case based on that 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 along with the outcome and impact of the action taken.

To restate, 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 in order 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. A 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, which dissolves the isolation and sense that so many practitioners have: 'If this goes wrong, it is 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. 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 Goal (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 want out of this consultation in relation to building a network?' 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 help with in order to figure out what to focus on next.

If the worker says, 'I want to make the child safe' or 'I 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, 'OK, so you want to return the child home; that's a goal for the case. What do you need from this consultation to help you move toward getting the child back home?'

#### **4. Draft a 'Rough' Working Danger Statement(s)**

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

#### **5. Draft a 'Rough' Working Safety Goal(s)**

Get everyone in the group to draft a 'rough' working safety goal for the case based on the draft danger statement(s) they have just created.

Creating draft danger statements and safety goals 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 questions that will guide the mapping and that will be offered to the worker. The facilitator has some participants (or all if only a small number in the group) read their rough danger statements and safety goals, and then reads his/her 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 leading the process.

### **6. What's Working Well?**

- 6.1 Once steps 1 to 5 are complete, the facilitator asks 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 need to have framed their own draft danger statement(s)]. 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. (5 minutes)
- 6.2 Everyone reads one or two of their strongest questions. The facilitator reads all his/her questions.

- 6.3 The facilitator then asks the worker: ‘Which of these questions seem most important to you? Which questions do you want to use with the family and other professionals?’ As the worker identifies particular questions, the facilitator writes them in the next steps section of the ‘What Needs to Happen?’ column.
- 6.4 The facilitator asks the worker: ‘Are there particular questions or areas you would like to map now? Which of these questions seem most important to you?’ The facilitator spends 10 to 15 minutes mapping the detail of these issues.
- 6.5 All group members give their questions to the caseworker.
- 6.6 The facilitator can review the process so far by asking the worker: ‘What has been most useful for you about the process so far?’ The facilitator can also use the 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?’

## **7. Safety and Other Scales**

- 7.1 The facilitator asks everyone to individually write down on a piece of paper (that 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 need 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)
- 7.2 Everyone reads one or two of their questions, choosing their strongest ones. The facilitator reads all his/her questions.
- 7.3 The facilitator then asks the worker: ‘Which of these scaling questions seem most important? Which questions do you want to use with the family and other professionals?’ As the worker identifies particular questions, the facilitator writes them in the ‘Next Steps?’ section of the ‘What Needs to Happen?’ column.
- 7.4 The facilitator then asks the worker which scaling question is most important to map and spends a few minutes mapping the detail to the chosen scaling question. The facilitator can work with the worker to shape and refine the worker’s ideal safety scale from the offerings. The facilitator should also get the worker to rate where they think key players would scale.
- 7.5 All group members give their scaling questions to the caseworker.

- 7.6 The facilitator can review the process so far by asking the worker what has been most useful for them about the process so far? The facilitator could also ask: '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?'

## 8. What Are We Worried About?

### 8.1 Harm

1. Review the analysis elements of harm:

Harm needs to clearly describe the Behaviour that was harmful/damaging through actions or inactions. Consider who did what to whom, where, when, and how we know.

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.)

2. The 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 of the analysis elements of harm. (2–5 Minutes)

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

4. The facilitator can ask the worker: 'On a scale of 0 to 10 – where 10 means I feel that in this case I have mapped the past harm and this doesn't need to be done and 0 means 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.

The facilitator also asks: 'Which of these harm questions seem most important to you? Which questions do you want to use with the family and other professionals?' As the worker identifies particular questions, the facilitator writes them in the 'Next Steps' section of the 'What Needs to Happen?' column.

5. The facilitator asks the worker: 'Are there particular areas of harm you would like to map now? Which of these questions seem most important to you?' The facilitator spends a few minutes mapping the detail to any chosen harm area.

6. All group members give their harm questions to the caseworker.

### 8.2 Danger

1. The 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 to do this in a Words and Pictures format. (5 Minutes – probably 10 if in Words and Pictures format.)

2. Everyone, including facilitator, reads their danger statements.

3. All group members give their danger statements to the caseworker. It is possible for the group to work to compose 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 he/she wants from those created in the group.

### 8.3 Review

The facilitator can review the process so far by asking the worker: 'What has been most useful for you about the process so far?' The facilitator also may use 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?'

## 9. Safety Goals

- 9.1. The facilitator asks 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. (5 minutes) Consider whether to combine the danger statement and safety goal into a Words and Pictures format. (10 minutes)

Safety goals should be written in the following format: 'Mary and John from Karawara Child Protection Services (CPS) 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, CPS needs to see...'

- 9.2. Everyone, including the facilitator, reads their safety goals, or Words and Pictures explanation of the danger statement and safety goals.
- 9.3. All group members give their safety goals to the caseworker. Note that it is possible for the group to work to compose agreed safety goals from all those created by participants, but this will take significant time. Therefore it is usually better for the worker to take away the safety goals and make ones he/she wants from those created in the group.

## 10. Review and Next Steps

- 10.1. 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 mapping 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

or perhaps is feeling 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.

## 11. Review Process for Group

The advisor leads a review with the whole group about what was useful, what they learned, 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, these questions are often asked: ‘How often should we 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 or 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 when practitioners are thinking through cases for themselves.

Building and sustaining this sort of questioning culture for thinking through cases as a team usually requires this process being undertaken at least once every two to four weeks.

The process presented here offers quite a tight structure, because helping professionals often tend to default to individual supervision, so group supervision is not a normal part of most agencies’ practice. Where group supervision is normal, the group conversations can often be very free form and unstructured with little sense 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 fount 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. It is strongly suggested that supervisors and teams follow the process offered here closely, particularly as they build the habit of group supervision in their teams. This process is safe, well tested, refined, and avoids group dynamics where one or two people dominate.

The advisor role is central to the success of the 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.