

The Partnering For Safety Case Consultation Process

*A process for consulting on cases using the PFS
Collaborative Assessment and Planning (CAP) Framework*



by Sonja Parker



Acknowledgements

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Introduction

The “Partnering For Safety”¹ Approach (PFS) is a collaborative, safety-focused and family-centred approach to child protection assessment and planning. The Partnering For Safety approach is organised around a collaborative assessment and planning framework that is used collaboratively with parents, children and their extended networks to first undertake a rigorous and balanced assessment of what has happened and what is currently happening in relation to the safety, belonging and wellbeing of the children, and to then work together to plan for the future safety, belonging and wellbeing of the children.

This document provides an overview on how to use the collaborative assessment and planning (CAP) framework to provide case consultation, both in an individual and group context. This document is intended as a guide and learning tool and not as a prescriptive method that must be followed. My hope is that the overview provided within this document will help supervisors and facilitators to find their own style and confidence in consulting on cases using the CAP framework.

So what is the case consultation process? Building on the Signs of Safety case consultation process that was developed by Andrew Turnell and Steve Edwards, the case consultation process is a facilitated process that is designed to help child protection workers think critically about cases they are dealing with and to ‘map’ their thinking about cases, using the CAP framework. In leading the case consultation process with a worker, the facilitator uses a questioning approach and the CAP framework to help the worker think through their assessment of what is happening for a particular family. This process helps workers to develop and refine their assessment and collaborative planning skills, which they can then generalise to their work with other families.

The case consultation process can be used at many points in the process of working with a family and is particularly useful at critical decision-making points, including:

- Following an initial referral to help decide whether to open a case.
- In the assessment and investigation phase to help the worker clarify their views (what they know about what is happening in the family, what else they need to know and what they would need to see the parents doing, in their care of the children, to be prepared to close the case) in preparation for the worker meeting with the children, parents and significant others and eliciting their views.
- Reaching the critical decision about whether there is enough safety for a child to remain in the parents’ care or whether the child needs to come into care.
- Helping workers who are feeling ‘stuck’ with a case to clarify case direction/next steps.
- Assessing whether there is enough safety in the family to increase contact with the children (move to unsupervised contact, overnight stays or return children to the fulltime care of their parents).
- Assessing whether there is enough safety for the children to close the case.
- For young people whose lives are not on track, identifying how to help the young person to work out their goals and to work with them in achieving those goals.

The case consultation process is also a powerful tool for supporting ongoing learning about collaborative assessment and planning, both for individual workers and for teams. The case consultation process forms the basis of a group supervision process, which can help to develop a culture of trust, openness and shared learning within the team. If the case consultation process is used with a worker in a group supervision or team context, the remainder of the team are active

1 The phrase ‘Partnering For Safety’ was coined by Sonja Parker and Phil Decter. For more information on PFS and the PFS assessment and planning framework, please see the reference list.

observers in the consultation process, so that while they are not directly involved in the 'mapping', they are actively reflecting on how the questions and the practice applies to their own work. More detailed exploration of how to use the case consultation process in group supervision is included later in this booklet.

In particularly complex cases, the case consultation process also creates a shared context for critical decision making (eg. Is it safe enough right now for these children to remain in the care of their parents?) so that critical decisions draw on the wisdom and experience of the team, rather than resting on the shoulders of individual workers or team leaders.

This booklet will step through the case consultation process as it is used in an initial consultation to fully 'map' a case. Subsequent consultations on the same case may focus on a specific aspect of the case (contact visits for example) and you can then use just part of the case consultation process to focus on this aspect. Using the case consultation process for subsequent case consultations is explored in more detail, later in the document.

Setting up the Case Consultation

It is crucial during the case consultation process that the 'mapping' is done visually. Seeing their thinking about the case recorded in clear, straightforward language within the CAP framework is critical to workers developing greater clarity and practice depth. The easiest way to do this is to draw the CAP framework up on a large whiteboard or large sheets of paper, which the worker can print out afterwards, take a photograph of, or with the large sheets of paper, take these away to type up. Some jurisdictions draw the framework up permanently on a whiteboard (or create magnetic headings) to assist this process.

A full case consultation, particularly with a complex case, can take about one and a half hours, although the process will get quicker as you become more experienced in leading the case consultations. While this may seem like a large amount of time to dedicate to one case, the clarity and case focus that the case consultation process generates will save an enormous amount of time in ongoing casework as well as contributing to greater practice wisdom and depth, both for the worker as well as for the team (if this is done in a group supervision context).

Some team leaders or practice leaders use the case consultation to 'map' one case fully during supervision with each caseworker, or for ongoing cases, use a truncated version of the process (see later in this document) to 'map' progress toward the identified goal statements. In group supervision (discussed later in this document), supervisors may map one or two cases in detail, depending on the allocated time.

Getting Started

The case consultation process usually starts by inviting the worker to spend a few minutes (no more than 5 minutes) telling you (or the team) what they think is important for everyone to know about the case. This provides the worker with the opportunity to get some of the information that may be spinning around in their head out into the open, while also managing the background information that the worker provides so that it doesn't lead to long and possibly unhelpful storytelling about the case.

Getting clear on the context

The middle column in the top part of the CAP framework is the context area. This part of the framework identifies the purpose of the case consultation, who is in the family and the family's network, cultural considerations for working with this family, and the guidance provided by the structured decision-making tools.

Purpose of the Case Consultation

At the beginning of the case consultation process, it is important to clarify the purpose of the consultation. What is the critical decision that needs to be made at this point in the case? Answering this question will help both the worker and the facilitator to remain focused during the case consultation on 'mapping' the significant information and if necessary, modifying the safety and wellbeing scale to focus on the critical decision that needs to be made. If, for example, the question that needs to be answered is whether or not to open the case, then the safety and wellbeing scale can be modified to focus on this question. For example: 'On a scale of 0 – 10, where 10 is you could walk away right now and not open this case and be confident that the children will be safe enough in the care of the family, and 0 is that you are so worried that you need to immediately open the case and get out to talk to this family today, where are you on that scale?' Once the facilitator has helped the worker to 'map' the top segment of the CAP framework, they can more meaningfully answer the safety and wellbeing scale.

The exception to establishing a clear purpose at the beginning of the case consultation is when a worker is feeling 'stuck' with a case. In this situation, workers may be feeling so overwhelmed that they will not be able to articulate what they would like to get out of the case consultation until they have had the opportunity to get the information that is swirling around in their head up onto the whiteboard. Once they have been helped to 'map' what is going on in the family and in their work with the family, they will be more able to identify and articulate what they need to move forward in working with the family to build future safety for the children.

Identifying who is in the family

The case consultation process also begins by asking the worker to identify the significant people in the family, which the facilitator records in a quick genogram or ecomap in the top middle section of the board. The genogram doesn't need to include the entire family, but identifies the immediate family members and those family members (or significant others) who are relevant in building safety, belonging and wellbeing for the child.

Cultural Considerations

Paying attention to how the family identifies culturally is a vital part of the case consultation process. This serves as a signpost for the worker to think about how differences in culture might be impacting their work with the family. It also asks the worker and team leader to consider which other family members, community members or agencies (such as recognised entities) might need to be involved in the assessment and planning processes to ensure that our practice and decision-making is informed by the best possible cultural knowledge and understanding.

Structured Decision Making Guidance

Asking workers to identify the current SDM Safety Assessment and Family Risk Evaluation levels enables the guidance provided by the SDM assessments, particularly at the critical decision making points, to inform the case consultation process. The SDM Safety Assessment safety decision and the SDM Family Risk Evaluation level can be recorded within this section of the CAP framework and can be used to check workers' critical thinking (eg. as reflected in the safety and wellbeing scale, the harm statements, protection and belonging, and then the worry statements).

Which part of the framework do you start with?

Once the worker has provided some background information and context as described above, you can begin the case consultation by starting with any of the four quadrants in the top segment of the framework, or with the safety and wellbeing scale. Working through the bottom segment of the framework ("What needs to happen?" domain) is unlikely to make sense to the worker until they have clearly thought through their assessment in the other three domains.

If you are starting with the top segment of the framework (the top four quadrants), you can start with either the "What are we worried about?" column (harm and complicating factors) or "What's working well?" column (protection and belonging, and strengths). As you are going to cover all four quadrants during the consultation, it doesn't matter which quadrant you start with, but I usually ask the worker where they would like to start. If they do not have a preference, I will usually start with the harm as this focuses the worker's attention on what happened that led to child protection being involved with the family. If however the worker is new to this approach, is feeling overwhelmed with the case, or is feeling anxious about the consultation, I will typically start with the "What's working well" column. Focusing on what is going well within the family, and with the worker's interventions with the family, will often help the worker to relax and will lessen their anxiety.

Particularly with workers who are feeling stuck in their work with a family, I will often start with the scaling question, as this quickly grounds the worker in the details of the case. Using their scaling position, you can then ask questions that elicit information about the family's strengths and demonstrated actions of protection and belonging that has the worker scaling as high as they have, and about the harm and complicating factors that have the worker scaling as low as they have.

Working through the CAP framework

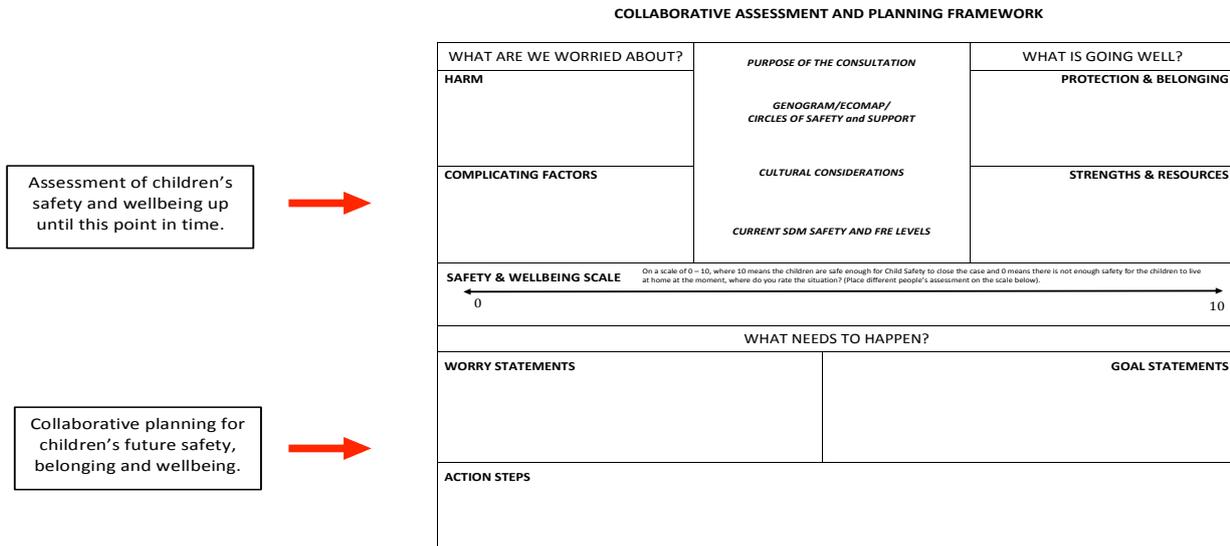
This section of the booklet will explore how to work through the CAP assessment and planning framework in detail within a case consultation, with suggested questions for each part of the framework. For those who do not yet have a solid working knowledge of the different domains and elements of the CAP framework, this section also contains some background information about the elements of the framework and how it is used in practice. If after reading this document you would like some more detailed information on the CAP framework, please see the reference list at the end of this document. For those who have a solid working knowledge of the CAP framework and how to use it in practice, please feel free to skip over the explanations of each element of the framework and just focus on the case consultation process information.

The CAP framework is organised into two segments:

1. The top segment of the framework is used collaboratively with children, families and their extended networks to undertake a balanced and comprehensive assessment of what has happened up until this point in time in relation to the safety, belonging and wellbeing of the

children. The top section contains the case context information, the four quadrants and the safety and wellbeing scale.

- The bottom segment contains three elements that are used to collaboratively plan for the future safety and wellbeing of the children.



The collaborative assessment and planning framework contains four domains of inquiry²:

- What are we worried about?
- What's working well?
- Judgement about the level of safety for the children, represented on a scale of 0 – 10.
- What needs to happen?

The first segment of the framework contains the first three domains ('What are we worried about?', 'What's working well?' and the safety and wellbeing scale that represents the judgement about how much safety there is for the children at this point in time) and the second segment contains the fourth domain ('What needs to happen?').

A rigorous and balanced assessment

The top segment of the assessment and planning framework contains four quadrants and the safety and wellbeing scale that together provide a rigorous and balanced assessment of what has happened in the family in the past (up until this point in time), in relation to the safety, belonging and wellbeing of the children. This segment contains the first three domains.

1. WHAT ARE WE WORRIED ABOUT?

The 'What are we worried about?' or left hand column focus on those things that have been happening in the family in the past (up until this point in time) that are worrying to everyone, in relation to the safety, belonging and wellbeing of the children. This information is analysed into two quadrants:

- Harm
- Complicating Factors

² Based on the four domains of inquiry from the Signs of Safety approach (Turnell & Edwards, 1999)

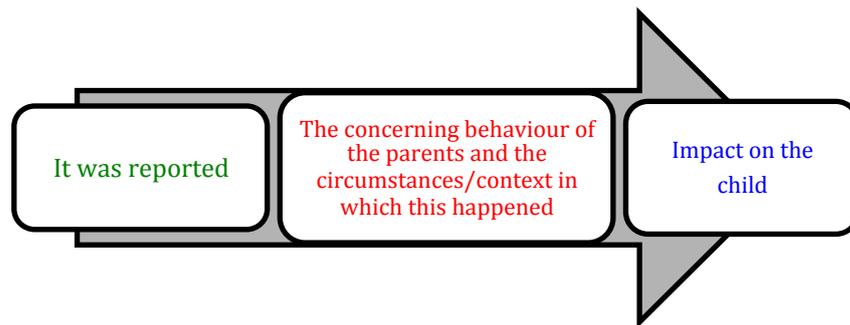
Harm

Statements of harm identify times when this child, or any child, has been harmed in the care of these parents. An understanding of past harm is vital because research shows that the best predictor of future danger is the pattern of past harm. Incidents of past harm are written as clear and specific statements that describe how we know about the harm, what the behaviour or lack of behaviour of the parents was that led to the harm, and how this behaviour impacted on the children (the actual harm to the children). To be useful as predictors of future danger to the children, harm statements need to specifically describe the behaviour of the parents and the impact of this behaviour on the children. The harm statements also describe how we know this information, when this occurred, how often it occurred, where it occurred (who, what, where, when).

It is quite common for there to be disagreement between professionals and family members about whether or not harm actually occurred to the children. While the CAP assessment and planning process is a collaborative assessment process, it doesn't mean that everyone has to agree on what has occurred. The different views about what happened in the past can be captured within the harm statements (see below) so that time and energy can be used to focus on future safety, rather than on trying to get agreement about what happened in the past.

Writing Harm Statements

Harm statements have three components:



Examples:

It was reported to CPS that Tahlia (14 mths) was brought to the hospital two days ago by her maternal grandmother, who told the hospital staff that she went to visit her daughter, Tanya and Tanya's partner, David, that day and she found Tahlia alone in the house with the door unlocked. Tahlia was in her cot and was very distressed. Tanya and David told CPS that this was the only time that they left Tahlia on her own and that they were only gone for an hour.

It was reported to CPS that Tanya and David are using drugs and not feeding Tahlia properly. The doctor said that Tahlia is significantly underweight for her age (on the 3rd percentile) and appears to be a little developmentally delayed. Tanya and David told CPS that they always make sure Tahlia is fed properly and only use drugs at night once she is asleep.

Eliciting harm statements

A useful first question to elicit the harm is:

- *What has happened to the children that led to CPS (or your organisation) being involved with the family?*

Other ways of asking this initial question include:

- *What has happened to the children that led to them being taken into care?*
- *What has happened to the children that makes this an open child protection case?*

It is unlikely that workers will provide the amount of detail required in response to your first question, so you will usually need to use follow up questions to elicit the level of detail that is needed about what happened and to identify the impact on the children. Follow up questions that can be useful include:

- *How do we know this happened?'*
- *When did this occur?*
- *How often has this happened?*
- *What was it that the parents' did (or didn't do) that led to the child being harmed in this way?*
- *How has the parent's behaviour (drug use, fighting etc) impacted on the children?*
- *What are you seeing that tells you the children were harmed by these behaviours?*

Continue asking questions about harm until the worker says that all of the harm to the children has been identified.

The harm statement needs to be written in clear and straight forward language and using language that the worker could use with the parents. Once you have written the harm statement on the board, ask the worker if this is in language they could use with the parents and if not, what they would need to change.

Exploring the worker's understanding of the views of family members is an important part of the case consultation process. In each part of the framework, use questions to explore what the worker knows about the views of family members. For example:

- *What would Mum (or Dad, child etc) say has happened to the children that led to CPS (or your organisation) being involved with their family?*

Sometimes, workers will respond to questions about harm by talking about what they are worried may happen in the future to the children (future worries). If this happens, make the distinction between past harm and future worries and explain that you will focus on the worker's future worries for the children once all of the harm and complicating factors have been identified. If workers are describing concerning behaviours of the parents but there is no information about any harm to the children as a result of this concerning behaviour, then this information is recorded as a complicating factor.

If the worker begins to talk about positive attributes of the parents or the family, or if you hear anything that suggests family strengths or actions of protection and belonging as the worker is talking through the harm, you can move across to the "What's working well" column and start to ask questions to elicit more detail about actions of protection or family strengths. Moving to the "What's working well" column generally brings more energy and sense of hope to the consult, so also look to do this if you notice that the worker's energy or the energy of the consultation is low. Once you have spent some time focusing on what's working well, you can then come back to the first column and continue working through the harm.

Complicating Factors

Complicating factors are things that make the situation more complicated, both for family members and for professionals involved with the family, and that make it more difficult for the family to protect the children in relation to the worries. Complicating factors include things such as substance use, mental illness, trauma, poverty or isolation. Complicating factors are also factors that make it difficult for the family and parents to work together, such as historical or intergenerational trauma, disputes between professionals and family, cultural misunderstandings, etc.

Examples:

- *Tanya told CPS that she and David don't get on with either of their families and so don't have much contact with their families.*
- *CPS have not had contact with either Tanya or David's families or friends and so don't know if any of them would be willing or able to be part of a safety and support network for Tahlia.*

In the analysis of information about the family, it is critical that we distinguish between the harm to the children and the complicating factors in the family's life and in the case. Making this clear distinction will enable the development of clear statements of future worries (what everyone is worried will happen to the children if nothing was to change in the family) and case planning can then focus on addressing the statements of future worries in the shortest possible time. If harm gets confused with complicating factors, it makes identifying and addressing the future child protection concerns for the children much harder.

Making the distinction between harm and complicating factors can be difficult for workers when they first start using the CAP framework. To help make this distinction clearer, focus on whether or not the concern is impacting on the child. If we can identify how the parent's behaviour has negatively impacted on the child in the past, then we have statements of harm and based on this, can formulate statements about future worries. If we are worried about something (such as Mum's mental health) but have no knowledge or information that this has negatively impacted on the child in the past, then it is a complicating factor.

Sometimes a complicating factor can be so serious that we do have concerns that this issue may lead to future danger for the children. In this way, complicating factors can also lead us to formulate statements of future worry. For example, if the complicating factor is that the parents have not been paying their rent, are at risk of being evicted and do not have any plans for where they might stay if they are evicted, then we would have a worry statement that describes our worry that the family will end up homeless and that the children might be hurt or frightened if they end up staying in unsafe situations, such as on the street.

Eliciting Complicating Factors

The main question that I use in a case consultation to identify the significant complicating factors is:

- *What makes building safety for the children in this family more complicated or more difficult, both for the family and for the professionals involved in working with the family?*
- *What else makes this situation more complicated?*
- *Other ways of asking this initial question include:*
- *What things are happening in or for the family that make it harder for them to protect the children and stop the harm happening?*
- *What do you think makes it harder for this family to deal with the things that everyone is worried about?*

- *What things are happening in the family that make it harder for the family to work with CPS (our organisation)?*
- *What would Mum and Dad (the children/grandma/other professional) say is happening in their family that makes it harder for them to keep the children safe/to work with us?*
- *How does this mother's mental health make it more difficult for her to be a parent/work with us?*

You will often need to use follow up questions to help workers distinguish between harm and complicating factors. For example:

Facilitator: *'Do we have any information that tells us that Mum's depression has caused harm to the children? No, okay then we don't have a harm statement so let's record Mum's depression as a complicating factor. And to help us be more specific about that, let me ask you a further question. What is it about mum having depression that is complicating for this case?'*

Caseworker: *'Well Mum told me that she has depression but I don't actually know anything about how serious it is and how it affects her and whether or not she's receiving any medical treatment.'*

Facilitator: *'So you haven't yet had the chance to talk with Mum about how her depression affects her and affects her care of the kids, or whether she's getting treatment? No? Is that something that you want to explore further with Mum? Yes? Okay, so let's record this as a complicating factor at the moment and if you learn from Mum or from others that her depression has impacted on the children, then we can come back and move that to a harm statement. Is that okay?'*

On the board: Mum told Karen that she has depression but CPS don't yet know how this affects Mum's care of the children and whether Mum is receiving any medical treatment.

Facilitator: *'Now you said that this is something you want to explore further with Mum. Are you okay if I put that down as one of the next steps? Okay? How do you want me to write that? (Record under next steps). Okay, now are there any other significant complicating factors for this family that we need to be aware of?'*

In this way, you can see that the case consultation process moves around the CAP framework, following the information that is being elicited and with the facilitator ensuring that all of the framework is covered during the case consultation process.

An important final question as you finish with the complicating factors is to ask:

- *Looking at these complicating factors, are there any that are so serious that you are worried that the children may be harmed in the future as a result of this complicating factor?*

In this way, significant complicating factors also guide the formation of the worry statements.

2. WHAT'S WORKING WELL?

The right hand column in the first segment focuses on those things that are happening in the family that contribute to the safety, belonging and wellbeing of the child. This column is analysed into two elements:

- Protection and Belonging
- Strengths and Resources

In working with families to build greater safety, belonging and wellbeing for children, it is critical that we pay attention to what is going well and the history of protection in the family alongside a clear

focus on the history of harm. Eliciting information about what's working well provides ideas about what the family could do to ensure future safety for the children (based on examples of actions of protection) as well as identifying the resources and capacity (strengths) that the family could draw on to build future safety for the children. Paying attention to actions of protection and strengths also builds relationship with families and creates hope and a foundation for talking about and addressing the difficult issues.

As you are 'mapping' the worries in the left hand column, listen for any indications or glimpses of protection or strengths that can be explored further. Examples of this might include:

- Parents who have a long history of substance use and whose children regularly attend school.
- A mother who rang CPS to say that she was thinking about killing herself and was worried that she might hurt herself and her children.
- A dad who has been willing to talk openly about his violence to his partner and how this affects the children and the family.

As you listen to the worker describe their worries in relation to situations such as these, it is important to note the positives (I usually acknowledge the positive with the worker and then write a key word or phrase in the middle column to remind me later) and then explore this further once you have finished capturing the particular worry.

Protection and Belonging

Statements about protection and belonging describe times when the parents or caregivers have taken actions or made decisions that led to the children being safe in relation to the identified worries. Another way of thinking about this is that actions of protection describe times when the children could have been harmed but were protected from this by actions or decisions made by the parents. These actions of protection and belonging are exceptions to the problems – times when the children might have been hurt in relation to the identified dangers, but because of actions or decisions by the parents, were kept safe at this time.

Examples:

- *Tanya (Mum) told Sonja that last month, when she knew that David's friends were coming over for a party and that people would be drinking and using drugs, she arranged for her friend (Kathy) to look after Tahlia for the weekend. Sonja spoke to Kathy on the phone, who confirmed that this had happened and gave Sonja the date as well as describing what she did with Tahlia that weekend.*
- *Tanya and David told Sonja that when they want to go out together, they arrange for a babysitter to look after Tahlia. They make sure that the babysitter is someone who Tahlia knows and feels comfortable with, like Tanya's friends Kathy and Dana, or their neighbour, Patti. Sonja spoke to Kathy, Dana and Patti, who all said that they have looked after Tahlia when Tanya and David have gone out.*

While these actions of protection and belonging are not enough to constitute enduring safety, belonging or wellbeing or to close the case, paying attention to past or current actions of protection and belonging is vital as it recognises that the problems within the family may not be happening all of the time and identifies ways the family have found to provide safety for the children on some occasions. In this way, actions of protection and belonging become the building blocks for future safety, belonging and wellbeing. They also provide a foundation for identifying goal statements with the family and for developing detailed plans to achieve these goals. Talking about and identifying actions of protection and belongings also builds relationship and creates hope and energy for talking with the family about the worries.

The more time that workers and therefore families spend focusing on actions of protection and belonging, the more clarity and focus they will be able to bring to visioning and building future safety, belonging and wellbeing for the children. So time spent inquiring about examples of protection and belonging in the case consultation will help the worker to bring the same level of inquiry and curiosity to the family. These examples of protection and belonging also provide the worker with meaningful compliments that they can bring to the parents.

Eliciting Actions of Protection and Belonging

The question I often use to start eliciting information about actions of protection and belonging is:

- *Do you know about any times when these children could have been harmed but weren't, because of something that the parents did?*

Other ways of asking this question include:

- *Have there been times when these parents have been able to look after their children well enough or have been able to keep their children safe in relation to the things we are worried about?*
- *Has there been a time when Mum has stopped herself getting angry and hitting the kids, and has done something different that was safe for the kids?*
- *Do you know about any times when rather than yelling and hitting his partner, Dad has managed his feelings in ways that didn't involve violence and that wasn't scary or harmful for the kids?*
- *Can mum describe a time when she decided to drink and party with her boyfriend and she did something to make sure that her baby was okay during this time and being safely looked after?*

Again, you want the statements about actions of protection and belonging to be as specific as possible so you may need to use follow up questions to elicit specific details such as who, what, where and when.

What if the worker (or the facilitator) thinks that the statement isn't true:

When I am training child protection workers in using the CAP framework, a question that is commonly asked is "What if parents tell us what's going well in their family or what they've been doing to keep the kids safe and this isn't true or we don't think it's true?" My response is that if parents are able to describe any behaviour that would lead to increased safety and wellbeing for their children, I am happy to write this down, whether or not this has actually happened in the past. In my experience, if workers get into conversations with parents where they are trying to establish whether or not these things actually happened, this usually leads to parents getting defensive and the conversation shutting down. What is much more effective is if workers can use follow up questions with the parents to elicit and then record the parents/caregivers' behaviour as specifically and with as much detail as possible and to explore the difference that the parents/caregivers saw their actions making for their children. Research into solution focused questioning tells us that the more specifically people can describe their preferred future, the more likely it is to happen, and so rather than trying to prove whether or not it happened in the past, we want workers to elicit as much detail as possible about what did happen, or could have happened in the past, as a way of indirectly asking parents about what enhanced safety, belonging and wellbeing could look like in the future.

So the more time you spend during the case consultation in eliciting this detail with the worker and helping them to think about questions they could use to elicit this information from families, the more prepared workers will be to have these critical conversations with families.

Statements of Strengths and Resources

Statements of strengths and resources describe things that are happening in the family, or the family's resources and capacities, that have helped or can help the family to protect the children in relation to the worries. As discussed in the beginning of this section, acknowledging and eliciting details of the family's strengths helps to bring hope and energy to the case consultation, as well as encouraging workers to pay attention to the family's strengths and resources.

Helping the worker to develop a meaningful list of the family's strengths and resources during the case consultation will assist the worker to envisage a positive outcome for the family, as well as providing the worker with a list of strengths that they can acknowledge with the family. And the more serious the worries or more complex the case, the more important it is that we focus on the family's strengths and resources.

Examples:

- *Tanya says that she wants to stop using drugs and to be a better mum for Tahlia.*
- *Tanya and David are willing to talk to their families to see if there is someone who is able to look after Tahlia when she gets out of hospital and to talk with their families about them being part of a safety and support network for Tahlia.*

Eliciting Strengths Statements

If you have asked the safety and wellbeing scale question before eliciting strengths, then a useful question to ask is:

- *What are these parents doing that has you scaling as high as a 3?*
- *What else are the parents doing that has you scaling the situation as high as a 3?*
- *What would Mum/Dad say they were doing that would have you scaling as high as a 3?*

Other questions to elicit information about families' strengths include:

- *What is happening in the family that has helped the parents to look after the children in the past or could help in the future?*
- *What is going well in the family that could help the family to build enough safety for the children?*
- *What else is going well in the family?*
- *If Mum/Dad/child were here, what would they say is going well in the family?*
- *What would other family members say is going well in terms of the parents' care of the children?*
- *From your contact with the parents, what have you seen that gives you hope that things could be better in the future?*
- *What impresses you about these parents?'*
- *What else impresses you about these parents?'*
- *What are their best attributes/what do they do well (or even well enough) as parents?'*

Using circular or relationship questions (asking the worker to consider another person's perspective) will usually elicit further information, particularly if the worker is feeling stuck:

- *What would the mother say she is most proud of about herself as a mum?*
- *What do the children say they most love about spending time with their mum and dad?*
- *What would mum say are the biggest problems she has managed to deal with in her life? What would she say helped her to this?*
- *What would the child's teacher say is going well in this family?'*

As strengths are identified, help the worker to articulate how this contributes to the child's safety, belonging and wellbeing, by asking questions like:

- *How does this make the situation better for the child?*
- *How does this help the family to make the child safer in relation to the danger?*
- *What does grandma do that helps make things better for the children?*

Asking for information about the people who support the family will help the worker to think this aspect through and will start to explore possibilities for the safety and support network:

- *Who would the parents/kids say help them and support them?*
- *Who would the children say they feel safest with in their extended family?*
- *You said that grandma is an important support to the children. What does grandma do that helps to keep the children safe or that makes things better for the children?*

Before finishing on the strengths, it can be useful to ask the worker whether there is anything else that is important. I usually ask something like:

- *'Before we move away from the strengths, is there anything else that is going well in the family that we need to know about?'*

Using General Scaling Questions

Throughout the 'mapping' of the case, general scaling questions (as compared to the safety and wellbeing scale) can be very useful in helping workers to clarify their thinking about aspects of this case. Scaling questions can be particularly helpful in situations where workers are holding an absolute or black and white view about something for example: Mum never gets the children to school; the children are always hungry; the parents are always hitting and screaming at each other. Asking the worker to locate their view on a scale can help the worker to clarify how worried they may be about the particular issue and perhaps recognise that there are times when things are going well in relation to the issue being discussed.

General scaling questions can be asked around almost any issue, and some examples include:

- A parent's capacity to provide day-in day-out, practical care for the child.
- A mother's capacity to manage her drug use.
- Parents' capacity to manage conflict without it ending up in violence.

For example: *On a scale of zero to ten, where would you rate this dad's ability to resolve conflict without violence, where 10 is Dad can always sort out any arguments or conflict without it ending up in violence and 0 is that whenever Dad is in conflict with someone, he is always violent?*

For any number above 0, the facilitator can then ask what the parent is doing (well) that makes it a 2 (for example) rather than a 0.

Exploring the working relationship between the worker and the family

Research into effective child protection practice has identified that the working relationship between the worker and the family is one of the most critical factors in achieving positive outcomes for children. Given this, it is really important to use a general scaling question to ask the worker to scale the working relationship that exists between the family and the caseworker. For example: *On a scale of zero to ten, where would you rate your relationship with this father (mother, etc) where 10 is you are able to talk together about the problems and what is good in their life and about what can be done about the problems, and zero is you have no working relationship with that person at all and they won't even talk to you, where would you rate your relationship right now?*

Wherever the worker scales their working relationship with the family, you can then explore what the worker has done that has helped to build the relationship to this extent. You can also ask where the worker thinks the family would scale their working relationship and explore with the worker what they think they are doing that would have the family scaling the working relationship that high. If the worker scales the working relationship at a 0 or a 1, you can ask when the working relationship has been at its highest and find out what the worker was doing then that helped to build the relationship. You can also then ask the worker what they think would need to happen to improve the working relationship by one point (move one point higher on the scale).

Exploring the working relationship in this way creates an opportunity for the worker to reflect on their practice, identify what they have done to help build this working relationship (which you can then compliment the worker on) and also on what they could do to strengthen the working relationship (which can be recorded as an 'Action Step').

3. *JUDGEMENT: Safety and wellbeing scale*

All assessment has three steps: Gathering information, analysing the information and reaching a judgement. The safety and wellbeing scale in the CAP assessment and planning framework is used to move from the analysis of all the significant information within the first segment of the framework to the most critical judgement that needs to be made in a child protection case, namely: How safe is the child?

The typical ways of asking the safety and wellbeing scale are:

- *On a scale of 0 – 10, where 0 means the situation for these children is so bad you need to remove them into care immediately and 10 means that there is enough safety and wellbeing for the children to close the case, where would you rate the situation right now?*
- *On a scale of 0 – 10, where 0 means the recurrence of similar or worse abuse or neglect for these children is certain, and 10 means there is enough safety and wellbeing to return the children to the parents' care, where would you rate the situation right now?*

Asking the worker to bring their judgement about the children's safety and wellbeing into the open and to articulate this judgement as a number may new or difficult for some workers, particularly when they are first being introduced to the CAP consultation process, so you may need to go slowly with this part of the process.

Once a worker has rated the situation, you can elicit more information about the family by asking questions about what has led the worker to rate the situation as they have. In this way, the safety and wellbeing scale is also really useful in the case consultation process when workers are finding it difficult to articulate their knowledge about the case. For example, if they rate the current safety at a 3, you can elicit information about 'What's Working Well' by asking:

- *What are the parents doing that brings your rating of the children's safety and wellbeing as high as a 3?*
- *What else they doing that has you rating as high as a 3? What else?*
- *What else leads you to rate this as high as a 3?*
- *In your work with this family, what would have been the lowest that you would have scaled the children's safety and wellbeing? What has happened that now has you rating higher than a 1?*

You can also elicit information for the 'What are we worried about' column by asking:

- *What has happened to the children that has you scaling as low as a 3? (harm)*
- *You have scaled at a 3 so you obviously have concerns for the children's safety and wellbeing*

in the future. What are you worried might happen to the children in the future if nothing was to change in the family?

- *Your rating of 3 is lower than I expected given what we've recorded as the harm and complicating factors. Is there any other harm that has happened to the children or any other significant complicating factors that we may have missed?*

Exploring the worker's perspective on other people's assessment of the children's safety and wellbeing will also help the worker to reflect further on the case. In almost every situation, particularly at the beginning of an assessment, different people involved in the case will have different perspectives and judgements about safety. It is important not to try and decide who is right or wrong, but rather to help the worker explore the differences of opinion by using questioning that will stimulate the worker's thinking. For example:

- *Where would the mother/father/children rate the safety of the children on the safety and wellbeing scale?*
- *Where would the grandmother/child health nurse/principal rate the current situation on the safety and wellbeing scale?*

This can also provide further information about the family or members of the family's network, either on the worries or the strengths side. For example, if the worker says that the parents would also scale the children's safety at the moment as a 5 or 6, you can ask: *What would Mum and Dad say is going well in their care of the children that has them scaling as high as a 5?* You may then have additional information about what's working well in the family, which you can then help the worker to identify as either a strength or action of protection and belonging.

To elicit more information on the worries side, you can ask: *What would Mum/Dad/grandma/teacher etc say is happening in the family that has them scaling as low as a 5 or 6?* You will then need to help the worker think through whether this information is already recorded in the 'map' or whether this information is an additional statement of harm or significant complicating factor.

You can also elicit further information about the worker's relationship with the parents and create an opportunity to acknowledge the worker's good practice, by asking: *How did you create a relationship with this grandma where she is able to speak openly about her worries with you?*

As you will have noticed with the safety and wellbeing scale, the 10 is defined as enough safety to close the case. The central organising principle of the CAP approach is that all of the assessment and planning work with the family, from the moment we start working with the family, is focused on defining and working toward enough safety to close the case. The safety and wellbeing scale asks the worker to scale their assessment relative to this position and then from the safety and wellbeing scale, we can move to the goal statements and to identifying what we would need to see the parents doing, in their care of the children, to be prepared to close the case.

4. WHAT NEEDS TO HAPPEN?

Once there has been a balanced and collaborative assessment of what has happened in the past and is currently happening in the family in relation to the safety and wellbeing of the children (using the top segment of the framework), it is then possible for everyone to work together to focus on the future safety and wellbeing of the children. The bottom segment of the framework is the planning component that involves identifying:

- Worry statements
- Goal statements
- Next steps

Working through this planning component is also a collaborative process as the more that the family and their safety and support network are involved in thinking through the future concerns for the children and to identify their ideas for future safety (goal statements), the more likely it is that any interventions and plans will be meaningful and relevant to the family.

Worry Statements

The worry statements are clear simple statements that describe everyone’s worries about what parents/caregivers may or may not do in the future, and the potential impact those behaviours may have on the children. Working with all of the key stakeholders to identify the future worries for the children is critical in planning for future safety and wellbeing, so that all casework and planning is focused on addressing the identified worries.

The analysis of information in the first segment of the framework helps everyone to identify the worry statements that must be addressed. For each harm statement, you are likely to have a worry statement (remember, the pattern of past harm is the best predictor of future harm). You may also have worry statements that correspond to the most serious complicating factors, if you think that the complicating factor could lead to future harm or maltreatment of the children.

With family and community members, these worry statements provide a structure for important but difficult conversations to occur. With skilful questioning, they also help family members and the agency begin to move toward joint understanding and agreement about the nature and purpose of our work together. For the statutory agency, these worry statements are the concerns that must be addressed for the case to be closed.

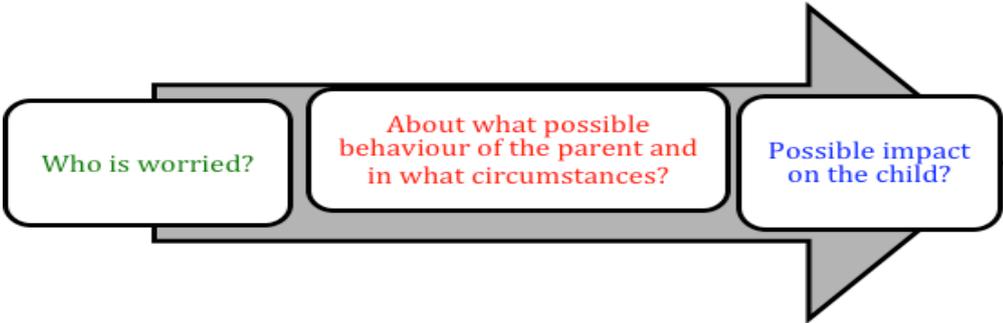
As discussed above, it is quite common for there to be disagreement between professionals and family members about whether or not harm actually occurred to the children. There may also therefore be disagreement about the future worries for the children. While the worry statements are developed collaboratively, this doesn’t mean that everyone has to agree on all of the worry statements. What is important is that everyone can understand each other’s concerns and can recognise that addressing these concerns is the purpose of the child protection intervention.

Writing Worry Statements:

The worry statements link everyone’s concerns about the parents’ possible future behaviour (what they might or might not do in relation to the children) to possible future harm to the children.

Worry statements therefore have three components:

- 1. Who is worried
- 2. Behaviour of parents (what parents might do or not do) and in what context
- 3. Possible impact on the child (what we are worried may happen to the child)



Professionally created examples:

- Child Protection Services and the doctors at PMH are worried that Tanya and David will not feed Tahlia often enough and well enough and that Tahlia might become sick and not develop properly because she isn't getting the food she needs to grow and be healthy.
- Child Protection Services are worried that Tanya and David will leave Tahlia at home on her own, and that Tahlia might be frightened, might hurt herself or be hurt by someone who comes into the house.

Mutually constructed examples:

- Grandma, Tanya's sister, Julie, CPS worker, Sonja, and Dr Levett at PMH are worried that Tanya and David won't feed Tahlia often enough and well enough if they get caught up in taking drugs and that Tahlia might become sick and not develop properly because she isn't getting the food she needs to grow and be healthy.
- Grandma, Tanya's sister, Julie, CPS worker, Sonja, and Dr Levett at PMH are worried that Tanya and David might leave Tahlia at home on her own, and that Tahlia might be frightened, might hurt herself or be hurt by someone who comes into the house.

Eliciting Worry statements

As you can see from the case examples above, worry statements are first developed by workers to identify their worries for the children's safety and wellbeing in the future, and then once the worker is clear about their views on the future danger to the children, they are then able to work with the family (and the safety and support network if they are involved at this point of the process) to refine the worry statements to include everyone's worries about the future danger for the children.

Initial questions to elicit the worker's worry statements include:

- *What are you worried might happen to the children in the future if they are in the care of these parents and nothing changes in the family?*
- *What else are you worried might happen to the children in the care of these parents?*
- *Looking at the harm statements and the complicating factors, is there anything else you are worried may happen to these children in the parents' care?*
- *What are your worst fears about what might happen to the child in the care of these parents?*

Initially, it can be quite difficult for workers to articulate their worries and if they do, they usually tend to be quite general such as "I'm worried the child will be neglected" or "I'm worried about sexual abuse", so you will usually need to use a number of follow up questions to get the worker's concerns articulated in simple, clear and specific language. Sometimes it helps if you start to write up the worry statement and then keep asking the worker for details, for example:

On the board: "Karen is worried that

Facilitator: "What is it that you are worried the parents will do?"

Caseworker: "I'm worried that Dad will be violent to Mum".

Facilitator: "And if Dad was violent to Mum, what would that actually look like? What might Dad do that would worry you?"

Caseworker: "Hit Mum scream at her, throw things around the room".

On the board: "Karen is worried that Tom will hit Amanda and scream at her and throw things around the room

Facilitator: "And if Tom was doing this, what are you worried might happen to the children?"

Caseworker: "I'm worried that the children might get hurt like happened last time when Tom threw the cup at Amanda and it hit Tommy on the side of his face".

On the board: "Karen is worried that Tom will hit Amanda and scream at her and throw things around the room and that the children will get hurt if they get hit by something".

Facilitator: *"What else are you worried might happen to the children if Tom is violent to Amanda like this?"*

Caseworker: *"I'm worried that they could be accidentally hit or punched by Tom if Amanda is holding the children or the children are close to her when he tries to hit Amanda".*

Facilitator: *"Okay, and what else are you worried might happen to the children?"*

Caseworker: *"That the kids will be really terrified by seeing their mum and dad fighting like this".*

On the board: "Karen is worried that Tom will hit Amanda and scream at her and throw things around the room and that the children will get hurt if they get hit by something or accidentally hit by Tom if he is trying to hit Amanda, and also that the children will be terrified by seeing and hearing and learning about their dad being violent to their mum."

Facilitator: *"Does that capture what you are worried about?"*

Caseworker: *"Yes, it does."*

Facilitator: *"And is that written in language that you think will be helpful in explaining your worry to the family?"*

Caseworker: *"Yes."*

Facilitator: *"Okay! That's great that we've got that worry statement clear. So what else are you worried might happen to these children in Mum and Dad's care?"*

When you have the content of the worry statement clear, check with the worker that the worry statement is written in language that they can use with the parents and children.

To then help the worker prepare to develop a mutually constructed worry statement with the family, use questions such as those below to explore the worker's understanding of the family member's worries:

- *'Who in the family and in the safety and support network do you think would also be worried about this?'*
- *'What would the parents/children/extended family members say they are worried might happen to the child(ren) in the future?'*
- *'What do you think are Mum's and Dad's worst fears about what might happen to the children in their care if nothing was to change?'*

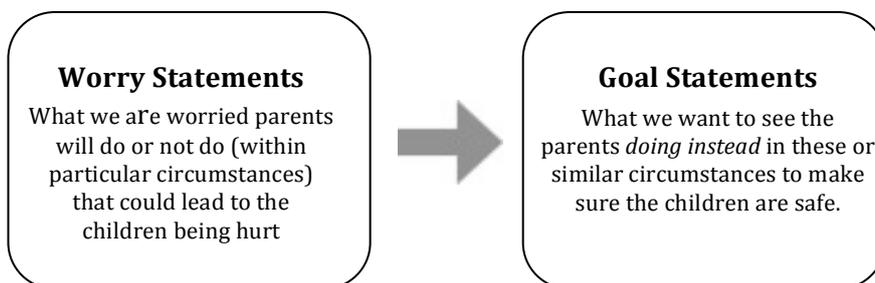
Goal Statements

Goal statements are clear, behavioural statements about WHAT the parents will be doing differently in their care of the children to address the worry statements and to satisfy everyone involved that the children will be safe in the care of the parents/caregivers in the future in relation to the identified dangers. The goal statements provide a vision for future safety and the focus and direction for the creation of collaborative and detailed plans.

One of the most common pieces of feedback from families who are involved with child protection systems is that the professionals constantly "shift the goal posts" or fail to define the "goal posts" in the first place. The CAP case consultation process is designed to directly address this issue so that workers are able to clearly define their views on the goal statements and then with increased knowledge and confidence, be able to bring this clear focus to their work with the family.

Goal statements are constructed to directly address the worry statements. The worry statements need to have been identified to be able to develop the goal statements and in some ways, goal statements are the 'mirror image' of the worry statements. While worry statements identify the potentially dangerous behaviour or action of the parents that could lead to possible harm to the children in the future, goal statements identify the safe and protective behaviour of parents that we

would want to see happening in the future to be confident that the children will be safe in relation to the identified worries. If worry statements describe what we are worried the parents might do (that could lead to harm to the children), goal statements describe what we want to see the parents *doing instead* to ensure the safety of the children.



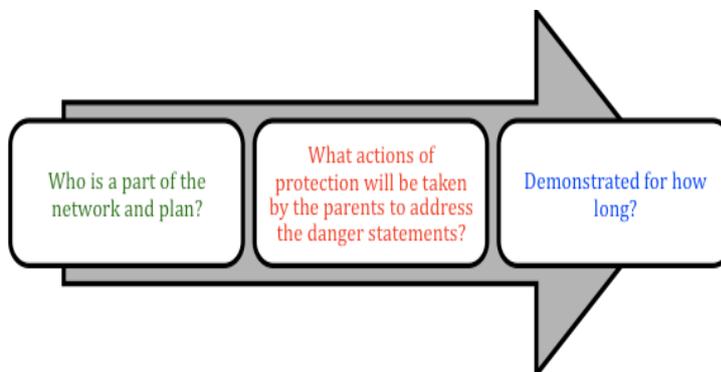
Just as with the worry statements, goal statements are developed collaboratively with family members, the safety and support network and other involved professionals so that everyone is involved in thinking through:

- The actions of care and protection that the parents/caregivers would need to be doing in their care of the children to ensure that the identified worries do not happen.
- How long these actions would need to be demonstrated, so that everyone involved is confident that the care and protection will be maintained once the statutory agency closes the case.

As described above, goal statements are developed collaboratively with all of the key stakeholders or at a minimum, with the family members, the safety and support network members and other professionals who are involved at that point in the assessment and planning process. Working collaboratively to develop goal statements does not mean that everyone needs to agree on the goal statements. As discussed above in relation to the worry statements, family members, safety and support network members and even other professionals may not agree with the concerns held by the statutory agency and so may not agree that all of the goal statements are necessary. But at a minimum, everyone needs to be involved in the process of thinking through the care and protection for the children that the statutory agency would need to see in place to be prepared to close the case.

Writing Goal statements

While every goal statement is a little different, a general formula can look like this:



Professionally created example:

Tanya and David will work with CPS and a safety and support network (of family, friends and professionals) to develop and put into place a detailed plan for Tahlia that will show everyone that:

- Tahlia is getting the food and the care she needs to stay at a healthy weight and to reach her developmental milestones.
- Tahlia is always looked after by an adult who is sober/not affected by drugs and who everyone agrees is a 'safe' adult.

CPS will need to see this detailed plan in place and working for a period of 6 months so that everyone is confident that the plan will keep working once CPS withdraw.

Mutually constructed example:

Tanya and David agree to work with CPS, grandma, Tanya's sister Julie, the medical team at PMH and others who Tanya and David will ask to join the safety and support network to make and put into action a detailed plan that will make sure that:

- Tahlia is given the food and the love and attention she needs to stay at a healthy weight and to reach her developmental milestones.
- Tahlia will always be looked after by an adult who is able to keep her safe and who isn't affected by drugs or alcohol.

Everyone wants to see this detailed plan working well for a period of 6 months to feel confident that the plan will keep working to keep Tahlia safe once CPS withdraw.

Eliciting the goal statements

As with the worry statements, the first step in working with the family and safety and support network to develop the goal statements is for the worker to identify their views on the goal statements. Once the worker's views are clear, they are then able to lead a process with the family (and the safety and support network if they are involved at this point) to develop goal statements that include everyone's views.

The key question for eliciting workers' views on the goal statements is:

- *If this is what you are worried might happen (the worry statements), what do you need to see the parents doing instead, in their care of the children, to be satisfied that the children are safe enough to close the case?*

This can be a very challenging question for workers to answer as it requires them to synthesize all of the case information contained in the 'map' and then to define, in clear and specific terms, what they would need to see the parents doing in their care of the children to be prepared to close the case. This is not an easy task for workers and often requires a great deal of skill and patience in the case consultation process.

It is likely that workers will initially answer this question by focusing on specific services they would like the parents to attend or on what the parents wouldn't be doing, so you may need to use follow up questions such as those below to help the worker focus on identifying the actions we want the parents to take in their care of the children.

- *And if the parents weren't using drugs, what would you need to see them doing differently in their care of the children that would tell you that the children were safe?*
- *So if Mum wasn't hitting the kids, what would she be doing instead?*
- *So if Dad completes the domestic violence course, what would you need to see him doing differently to be confident that the DV course was useful and that the children are now safe?*

It is often easier for the worker to identify the goal statements after they have scaled themselves on the safety and wellbeing scale. This makes it possible to ask a question like:

- *If right now you rate the safety for these children at a 4, what would you need to see the parents doing in their care of the children for you to rate the children's safety at a 10?*
- *What else would you need to see the parents doing in their care of the children to rate the safety at a 10?*

Asking the worker to think about the goal statements from the point of view of other significant people can help them to clarify their own thinking. For example:

- *What do you think the child health nurse/teacher etc would say they need to see the parents doing with the children for them to feel confident that the children will be safe in the parents' care and the family will no longer need professional help?*
- *If I was to ask Mum what she thought she needed to be doing in her care of the kids to show CPS (or your organisation) that the children are safe, what do you think she would say?*
- *If you asked this question of Mum, what do you think she would say she wants to be doing differently with her kids?*
- *If I talked with the kids, what do you think they would say they want their parents to do differently so they don't get hurt again like happened in the past?*
- *What do you think grandma would say she wants to see her son doing differently with or around the children so that she is confident that her grandkids will be safe when they are with Dad?*

Use follow up questions to make sure that all of the worry statements have been addressed:

- *'What else would you need to see these parents doing, in their care of the kids, to be willing to close the case?'*
- *'What else would you need to see the parents doing in their care of the children for you to be confident that the children will be protected in relation to the worries?'*
- *'Looking at the worry statements, what else would you need to see Mum and Dad doing to be confident that these worries won't happen?'*

And finally, a key aspect of the goal statement is the timeframe that workers would need to see the goal demonstrated for, for them to be confident that the safety would continue once the case was closed. A question that can help with this includes:

- *How long would you need to see this happening for, for you to be willing to close the case?*
- *How long would you need to see this being put into place by the parents to be confident that this would continue once the case is closed?*

Once you have worked all of this through with the worker, it can be really helpful to come back to the safety and wellbeing scale and to ask the worker to assess whether the goal statements they have identified are enough for them to be willing to close the case. Using a variation of the safety and wellbeing scale, you can ask:

- *Looking at what you have identified as the goal statements for this family, I would like you to now think about whether these goal statements are enough for you to be willing to close the case? So if the family were achieving everything that you have identified in the goal statements, for the period of time specified, 10 would be that you are now willing to close the case and 0 would be that you are still so worried about the safety and wellbeing of the children that the children could not be in the parents care, even if they were doing all of these things. Where are you on that scale?"*

If the worker is anything less than a 10, ask the worker what else they would need to see the parents doing, in their care of the children, to move them to a 10. Some workers will say that they

could never scale at a 10 as no family is perfect or they can never be 100% sure, so clarify that 10 means they are willing to close the case, not that everything is perfect or 100% guaranteed.

To then help the worker prepare to develop mutually constructed goal statements with the family, use questions such as those below to explore the worker's understanding of the family member's views:

- *What are the family's ideas about what they need to be doing in their care of the children for the children to be safe in their care/for the agency to be willing to close the case?*
- *What have Mum/ Dad said that they want to do differently in their care of the children in the future to make sure that the children are always safe and to make sure that what happened in the past doesn't happen again?*
- *Okay, so Mum says that she wants to stop using drugs. That's fantastic that you have been able to have that conversation with Mum. And if she wasn't using drugs, what does Mum think will be different in her care of the children?*
- *What about if Mum **was** to use drugs? What does Mum think needs to be in place for the children to ensure they are safe and getting the care that they need if she was to use drugs?*

If the worker has obtained this level of detail from Mum, you have the opportunity to compliment the worker on their work with this Mum. If they don't yet have this level of detail, your questions will help the worker to focus on what questions they can bring to the family to elicit this level of detail. And the conversations that the worker then wants to have with the family about the family's goal statements can be added to the 'Next steps'.

There are a number of tools that can help workers to elicit parents and children's goal statements. The 'future house' tool can be used with parents/caregivers/the safety and support network to elicit their goal statements, and the 'safety house' can be used with children/young people to elicit their ideas about what future safety would look like. Further information about these tools is available at www.spconsultancy.com

Next steps

Once the worker's views on the goal statements have been identified, the case consultation can then focus on the 'Next steps'. The 'Next steps' are literally that: The actions that the family, the agency and everyone else involved need to take in working toward achieving the goal statements.

Questions that can be useful in eliciting the worker's views about the next steps include:

- *So if that is the goal statement, what do you think are the next steps in working with the family to help them move toward achieving that goal?*
- *You rated the situation 3 out of 10 on the safety and wellbeing scale. What needs to happen next to move things up one step, to say a 3 and a half?*
- *What would mum/dad/child/auntie/psychologist/health nurse etc say is the next step in working toward showing child protection services that the children will be safe in the future?*

The next steps are constantly being reviewed and updated as the work with the family progresses and wherever possible, next steps need to be developed in consultation with family members and other key stakeholders. This will help everyone to feel involved in the ongoing planning and to make sense of what the agency is asking family members to do. This will also help the agency to stay accountable to the goal statements, ensuring that the next steps directly relate to the identified worry statements and to building future safety for the children.

Finishing the case consultation

In closing the case consultation, make sure that any case planning decisions that have arisen during the case consultation process have been recorded as next steps and that the worker is able to get a copy of the case 'mapping'.

I usually try to finish the consultation with a question that helps the worker to identify and reflect positively on their good practice. For example:

- *As we draw this consultation to a close, let me ask you a question that focuses on your practice. What do you feel most proud of in your work with this family?*
- *As you look back over your work with this family so far, what's been your most important learning?*

If the case consultation is happening within a team or group context, see the next section of this document for suggestions on how to involve the team in the closing section of the case consultation process.

Using the case consultation in group contexts

The focus is on the worker

As discussed earlier in this document, the case consultation process is designed to provide a caseworker with the opportunity to clarify and develop their assessment for a particular case, and so even in a team or group context, the case consultation is focused on the worker, not on other team members. What this looks like in practice in a group context is that the facilitator is the person asking the questions and 'mapping the case' onto the whiteboard, the worker is the person answering the questions, and the remainder of the team are active observers of this process. The facilitator usually stands at the board, the worker sits close to the board and the team sit further back, usually in a semi-circle around the board. The different roles need to be tightly facilitated and clearly explained to the team, as this process may be quite different from what people may have experienced in previous team meetings or group supervision contexts. Especially in the beginning, team members may find it very difficult to not answer for the worker, offer their opinions or tell the worker what they should do, but it is important to ensure that the case consultation remains focused on the caseworker's practice and does not descend into a general conversation or debate. If this starts to happen in the case consultations, workers will quickly start to feel more vulnerable and be less able and willing to reflect on their own practice.

Involving the rest of the team

Initially, team members may think that observing the case consultation process is a waste of their time and adjusting to this requires quite a practice shift. Team members are probably not used to having the time to sit quietly and pay close attention to case practice in action, and to then reflect on how what they are hearing and observing applies to their own casework. In my experience, if the case consultation process is facilitated well, team members quickly adjust to the role of active observer and begin to see the benefits for their own practice.

The team can take notes if they choose to and at times, may be asked to participate in the consultation directly – for example, by suggesting questions that the worker could bring to the family, by suggesting things the worker could do to help build her relationship with the father, or in complex cases where the decision making about the case is being supported by the team, by

scaling their assessment of the safety and wellbeing of the children. It is the worker who decides whether or not it would be useful to hear ideas from the team and this needs to be carefully facilitated. The facilitator needs to pay attention to when the worker might be feeling totally stuck for ideas and to then ask the worker whether they would like to hear ideas from the team. If the worker agrees that this would be useful, the facilitator needs to be very clear with the team about what they are invited to offer and tightly facilitate this to make sure that the team stay focused on what they are invited to contribute.

At the end of the case consultation, the facilitator invites the team to provide constructive feedback to the worker about what it was that they heard from the worker that most impressed them or contributed to their own learning. Again this needs to be tightly facilitated, as team members may slip into telling workers what to do or to point out what workers didn't do. The facilitator will need to interrupt and redirect if team members step outside the parameters of the invitation.

The question I usually use is:

- *What have you heard from (worker) during the case consultation that impressed you or that you learnt from?*

Depending on the size of the group and the time constraints, you may invite all the group members to give the worker positive feedback, or you may limit it to three or four comments.

Subsequent Case Consultations

The case consultation process can also be used with cases that have previously been 'mapped' to assist with ongoing case direction and planning. In subsequent case consultations, you don't need to start at the beginning in 'mapping' the case, but work forward from the previous 'mapping' to explore progress toward the goal statements. The worker's views on the harm statements, worry statements and goal statements will have been identified during the previous case consultation and so unless there has been additional harm that has occurred or new significant complicating factors, or unless the family's views have provided significant additional information, these do not need to be revisited. However as the worry statements and goal statements are the two critical planning elements, start by writing the worry statements and the goal statements on the whiteboard.

For subsequent case consultations, the focus is on exploring the progress toward these goal statements. This may involve identifying:

- Where the worker is now on the safety and wellbeing scale, relative to the previous case consultation.
- Examples of actions of protection or family strengths that has the worker scaling higher.
- If the worker is scaling lower, any new incidents of harm or significant complicating factors and any additional worry statements that may arise from this new harm/new complicating factors.
- Any additions to the goal statements as a result of any new worry statements.
- Family members' views or other stakeholders' views, including adding the person's name to any worry statements that also describe their worries, information about actions of protection or strengths provided by the family, and the family's views on the goal statements.
- The extent to which workers have been able to build a working relationship with the children, parents and other significant people in the family's life.
- Worker's view on next steps in moving one point higher on the safety and wellbeing scale, and worker's understanding of family member's views on what needs to happen to move one point higher on the safety and wellbeing scale. This will provide the next steps or case directions for the next period of work with the family.

Process Considerations

1. Make it visual!

It is important to make the case consultation process as visual as possible so that practitioners can see how their assessment is analysed and recorded within the CAP framework. Use a large whiteboard or if that is not possible, large sheets of paper on the wall. In busy offices where whiteboards may not be available and large sheets of paper may be hard to come by, it can be easy to slip into 'mapping' the case without recording this in a format that everyone can see. If this happens, the case consultation is in danger of becoming a conversation rather than a comprehensive case consultation and may lose clarity and focus, as well as diminishing the learning that comes from having the framework up on the board and seeing it worked through. Given the work demands in busy child protection offices, it's not always possible to book a meeting room with a whiteboard, so it is definitely worth purchasing a portable whiteboard that can be used exclusively for case consultations or at a minimum, having large pads of blank paper that can be attached to the wall during the case consultations.

2. Lead the consultation through questioning

As you will have seen in the previous sections, the case consultation process is a questioning process. The purpose is to create an opportunity for the worker to carefully and comprehensively think through the case assessment and planning, so the role of the facilitator is to ask questions that will assist the worker to do this. Particularly when workers are feeling 'stuck', anxious or overwhelmed about a case, they will look to someone else to tell them what to do, but this will not be as useful for the worker as the opportunity to calmly and carefully work through their own thinking. It is the worker who needs to think through what is happening in the case and by being given the opportunity to do this, workers will then be able to bring this clarity and practice wisdom to other cases. In this way, the questioning approach helps to grow the practice wisdom and confidence of practitioners.

3. Get the purpose clear

At the beginning of the case consultation process, it is important to clarify the purpose of the consultation. What is the critical decision that needs to be made at this point in the case? What does the worker want from the consultation? Starting the case consultation with a clarification of the purpose will help to focus the remainder of the case consultation. If the worker is feeling too overwhelmed at the beginning of the case consultation to be able to articulate the purpose or critical decision that needs to be made, the question can be asked after the case information has been substantially 'mapped' into the first segment of the framework.

4. It's not a linear process

While this document works through the CAP framework in a linear fashion, it is important to recognise that the case consultation process is not a linear process. The case consultation process involves moving around the framework, from one element to the next, as guided by the questions the facilitator is asking and the information provided by the worker. For example, if when talking about the harm to the children as a result of the parents' drug use, the worker mentions that she knows of a time when the parents made sure the children were being safety cared for by someone else while the parents used drugs, the facilitator can record the information about harm to the children in the past harm quadrant and then move across to the actions of protection quadrant to elicit and record the details of this action of protection by the parents. So it is very common to start with one part of the framework and then move to another, and then back again, as long as each

of the elements of the CAP framework are comprehensively covered through the course of the consultation.

As outlined above, you can start in a number of places and you can move around the framework in response to the information provided by the worker and also in response to your thinking and intuition about what will be most helpful for the worker. If the energy of the worker starts to decrease or if the consultation starts to feel stuck, for example, the facilitator can create energy by moving to the 'What's working well' column and by looking for opportunities to honour and compliment the worker on anything they are doing well in their work with the family.

It is also worth noting that while the case consultation process is not a linear process, some of the elements of the CAP framework can only be comprehensively 'mapped' once a corresponding element has been 'mapped'. For example, both the harm and significant complicating factors need to be clear before you can be confident that all of the worry statements have been identified. Similarly, the worry statements need to be clear before the worker can fully identify the goal statements and the next steps toward achieving these goal statements. However, if workers begin identifying some elements before the corresponding element has been fully 'mapped', you can record the information in the relevant section of the framework and then return to this later to check whether anything further needs to be added once the corresponding section has been completed.

5. Integrating the 'Voice' of the SDM tools

It can be useful to nominate a person to represent the 'voice' of the Structured Decision Making tools during the case consultation process. The 'voice' of SDM person can have copies of the relevant SDM tools and definitions and use this information to help keep track of the connections between the case 'mapping' and the relevant SDM tools, and to help the worker and facilitator think about how the SDM tools can inform the case consultation and vice versa. For example, in a case consultation in which the purpose is to assess whether there is enough safety for the children to remain in the parents' care, the worker may be finding it difficult to identify whether the physical state of the house poses a safety threat to the child. The 'voice' of SDM person can ask the facilitator to pause while they read the relevant definition aloud from the safety assessment. The facilitator can then use questions to help the worker think through whether there has been harm to the children as a result of the physical living conditions in the house or whether this needs to be recorded as a complicating factor, and whether or not there needs to be a worry statement to describe the dangers to the children if nothing changes.

6. Incorporating the family's views

The case consultation process can also be used to explore what the worker knows about the views of the children and family members, and to highlight what additional work needs to be done in eliciting the views of the family and in bringing the professionals' views to the family. In the busyness and complexity of the child protection role, talking with families is often neglected. The case consultation process can help to re-focus the worker on eliciting the family's views and ensuring that children, parents and other significant family members are at the centre of the assessment and planning processes so that our interventions are relevant and meaningful for the family and most likely to lead to real and focused change. The family's views (that may have been elicited using other tools such as the 'Three Houses', 'Safety House' or 'Future House' for example) can then be incorporated into the CAP framework, using the family's language wherever possible.

7. Compliments, compliments and more compliments!

Child protection work is incredibly complex, often overwhelming, fraught with anxiety and conflict and usually significantly under-resourced, so it is critical that we use every opportunity to acknowledge and celebrate the incredible work that child protection workers do! Throughout the case consultation process, as the worker describes what they know about what is happening in the case, there will be many opportunities to 'listen' for good practice. Facilitators can train their 'ears' to listen within the case information for any subtle indicators of good practice that can then be explored further. Whether the worker is describing their concerns about the family or what's going well, the facilitator can draw out the details of what the worker did to achieve these outcomes by asking questions to amplify the good practice descriptions. And the facilitator can then acknowledge and compliment the worker on anything they have done, however small, that contributed to some progress in the case. The case consultation process is about growing the practice wisdom and depth of workers and one powerful way of doing this is by acknowledging and amplifying the details of good practice.

Conclusions

The case consultation process is critical to the implementation of the CAP approach. This facilitated process supports supervisors and workers in bringing focus and clarity to their critical decision making and casework decisions, and enables supervisors and workers to develop depth and confidence in their use of the CAP framework and associated tools. As mentioned at the beginning of this document, this overview of the case consultation process is intended as a guide only and not as a prescriptive method that must be followed. My hope is that this document will help team leaders, practice leaders, facilitators and workers to find their own style and confidence in consulting on cases using the CAP assessment and planning framework.

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