CAROLE BROOKS ASSOCIATES LIMITED

Salford Safeguarding Children Partnership

PRACTICE REVIEW POLICY AND TOOLKIT

Case Discussion Tool

There are a range of methodologies for undertaking reviews.[1] The methodology should ensure that correct information is gathered and analysed in a proportionate, timely and robust manner when reviewing individual cases, with a focus on impact of the presenting issue on the child and their family. This should lead to actions and learning for the system that are child-centred and as effective as they can be.

This case discussion tool was developed by Carole Brooks Associates and Salford Safeguarding Children Partnership to provide a proportionate and accessible way to do this. It is based on bringing together elements of effective methodologies such as the Problem Tree (or situational analysis), Signs of Safety, and Kolb's reflective learning cycle. References to these are provided below.

Purpose:

The tool provides a structure for practice discussions about individual cases once initial facts are known, for example for a rapid review meeting, practice review discussions or reflective sessions. The purpose of the tool is to guide discussion about specific cases or themes through five stages in a strengths-based way. It aims to get from the facts, initial thoughts and feelings, to generating hypotheses and a simple root cause analysis to what needs to happen next, in a structured way. It can be used with groups of professionals, and/or service users.

Materials required:

Flipchart pages for each step visible side by side on a wall or stands, or an interactive board or laptop and large screen divided into five sections is required to capture analysis from the case discussion. Whilst immediate recording is not essential, having a continuous write up on flipchart, or interactive method is helpful, to keep a visual 'flow' of information and allow reference back from one part to the other, and so all parts are in view at the same time. This helps participants to think critically. Ensuring participants have the blank case discussion tool in advance with the case documents, and during discussion, to make their own notes and organise their thoughts may be helpful.

Chairs/tables should all be facing the flipcharts or board to facilitate discussion.

[1] see review methodology options document for details

Facilitator:

The facilitator must be able to listen to discussion and absorb the information to convert this accurately onto the flipchart/board in the appropriate section. This dynamic of parallel discussion/recording is an essential element of this method. It is unlikely the facilitator will be such an active part of the discussion themselves, and they should not be someone directly involved in the case.

Their role is to keep the discussion focussed, provide challenge where required and summarise during the discussion to test out understanding, gather differing views and ensure everyone who wants to have an opportunity to participate in discussion. The facilitator should be confident and experienced in applying theory and research into practice to support reflective and evidence-based discussion.

Time:

A minimum of 45-60 minutes is recommended for the case discussion itself, and time to write up the results. Timing may be set depending on the complexity of the case and the number of participants. For example, if the case involves several professionals and siblings, longer may be required. It is also good practice to arrange time for longer than you think you will need to ensure that the discussion is finalised with clear actions, and everyone feels they have had an opportunity to participate.

Prompts and assurance questions for facilitators:

- Writing the evidence sources for 'basic facts' (Step 1) and 'about the child' (Step 2) sections in advance if they are not clear in the referral form will save time in the meeting. The facilitator can recap these briefly and launch into 'immediate thoughts' as the first part of discussion (Step 3).

- If people have not attended a case discussion using this methodology before, it may be useful to describe the process, and expected behaviours and assumptions as outlined in the Practice Review Policy (see appendix A)

- Are key people from the right agencies present for the discussion? Having a gap in the knowledge and viewpoints in the discussion can result in flawed hypotheses and outcomes. It can be helpful at the beginning of the meeting to reflect on what gaps in knowledge there are as part of the 'immediate thoughts'. Ways to mitigate include perhaps including someone via phone/conference call, or if there is someone present who understands the missing area, to 'wear two hats'.

- There is likely to be a resulting list of 'what we don't know and need to find out'. Bear this in mind in concluding and it is ok to say we don't have all the information yet. Have a clear plan about timescales for getting information and next steps but be proportionate about what additional information is needed.

- Keep a focus on the lived experiences of the child(ren)/adult(s). What is/was it like for them? Are you clear what the impact has been, not just on the child or close family member but also other family members and siblings.

Step Guide

The Facts:

As per Practice Review Policy, gather agency summary information and circulate to attendees prior to the discussion. Those attending should take responsibility for having read the papers beforehand. If for some reason these have not been available before the meeting, time at the beginning should be allocated for reading these.

About the child and their lived experiences:

This can be completed before the discussion and is focussed wholly on understanding about the child, their characteristics, who their family is, what we think life is like for them.

Immediate Thoughts:

Kolb refers to this as 'reflective observation'. Spending no more than 5 minutes, reflection on immediate thoughts about the case, what we have done and experienced. This may feel unstructured but is a good way for participants to 'get things off their chest', kick around initial hypotheses and most importantly bring in the lived experience of the child and impact on them, to ensure they are at the centre of further discussions. Some people are naturally good at this, but the facilitator will need to get the most out of participants. It is important to be clear which is fact, and which is feelings.

The Analysis Tree:

This is sometimes called situational analysis and creates a structural analysis of the causes and effects of an issue or problem to get to the initial/primary root causes. Firstly, it is important to agree the focal point (presenting issue) of the reason for the case discussion in simple words from the point of view of the child. This is the event or issue which has generated the referral. Once this is agreed, the facilitator should direct discussion about

a) Effects: the subsequent events and outcomes that has or could result from the presenting issue (written in boxes above the presenting issue). This could be short term or longer-term effects including those into adulthood. They could be effects for the child, communities or services.

b) Root Causes: what the potential causes could have been, drilling down until the hypotheses of root cause(s) are reached. It is likely there will be more than one cause and further testing of hypotheses about the causes.

What else do we need to know? Who else do we need to involve?

What are we worried about:

Concurrent with all previous steps, participants may express things they are worried about. It is helpful if these are clear, and participants use this phrase so that the facilitator can capture this during the whole discussion.

What is working well:

Participants may identify what has worked at any step and it is helpful participants are clear so that the facilitator can capture this during the whole discussion.

What needs to happen next?:

Sufficient time should be protected at the end of the discussion to capture actions. These should be SMART: What is the action, who by, when, how will we know it is done, what difference will it make? It is helpful to reflect around the room whether the majority of participants are happy with the outcome. Be aware that not everyone may be comfortable with the outcome and want to say more. Colleagues in the room, and the facilitator should be sensitive to this.

Follow Up:

After the discussion, the notes should be in the same format as the headings and circulated to participants for correction of any factual errors (See Appendix B). The write up of the session will also form a major part of the case review report and will include the SSCP action log. Single agency learning will be captured in single agency action plans, which should be submitted to the SSCP within 10 working days of the case review taking place.

Further Reading:

Kolb: Kolb D (1984) *Experiential Learning: Experience as a source of learning and development*. New Jersey: Prentice Hall

Signs of Safety: https://www.signsofsafety.net/signs-of-safety/

Problem Tree: http://www.mspguide.org/tool/problem-tree

Ruch, G. 'Thoughtful' practice: child care social work and the role of case discussion' Child and Family Social Work 2007, 12, pp 370–379

Appendix A: Principles, Values and Assumptions excerpt from Practice Review Policy

Our new safeguarding children partnership arrangements outline how our vision, values and six principles drive our approach. Reviews should also reflect the following principles, values and assumptions:

1.1 Principles

- Child and family centred: The individual (where able) and their families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively

- The framework must result in providing learning back into the system – its core purpose is to improve service provision not simply describe or challenge it

- There should be a culture of continuous learning and improvement across agencies that work together to safeguard and promote the wellbeing of children, identifying opportunities to draw on what works and promote good practice

- We support the principle of identifying issues and addressing them early, and individual agencies should be pro-active and pre-emptive in analysing and learning from individual cases. The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined

- The Safeguarding Children Partnership is responsible for the review and must assure themselves that it takes place in a timely manner and that appropriate action is taken to secure improvements in practice

- Any reviews should be led by individuals who are independent (i.e. no direct line management) of the case under review and of the organisations whose actions are being reviewed

- All types of practice reviews should be completed in a timely manner unless there is a reason for a longer period e.g. on-going criminal proceedings.

1.2 Values and Behaviours

- Participative and collaborative – Staff from all levels should participate and feel they are making a difference, and a consultative approach provides richer narrative, encourages awareness of quality issues and ownership of the findings. It encourages the view that measuring quality and impact is something done with and by staff rather than done to them. We include the voice and experience of families, children and young people wherever possible

- Transparent – delivering clear messages about the purpose of performance and quality assurance activity, with honest constructive feedback regarding how these benefit the organisation and individuals. The aim is to encourage openness and engagement with the process and achieving goals

- Strengths Based: High challenge, high support - we are committed to a culture of improvement and learning which is relationship based and focuses on strengths within agencies, individuals, families and communities. It is a culture which delivers high levels of challenge and high levels of support, and we expect this to underpin our performance and quality assurance framework

- Outcome Focussed: consistently focussing on the lived experiences of children and the impact of what we do on outcomes for them

- Respectful: Each child and family's record belongs to them. We must demonstrate our respect in the way we share and record information and provide feedback to staff. We have a duty to report with accuracy, and inaccurate recording of information in any form is detrimental to outcomes for children and families.

1.3 Assumptions

- We can't always stop children from being harmed, but we can always learn to increase our ability to achieve this. We will never be perfect, and constant scrutiny is required to ensure the right standards are met and exceeded and continuous improvement is evident across the system

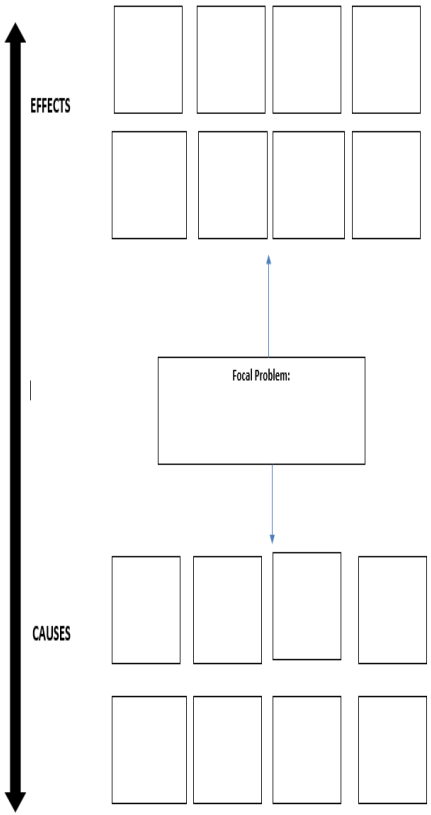
- Professionals generally act from good intentions and try to act in the best interests of their clients. Organisations' systems, process, culture and other factors can lead to poor decision making and practice and these elements should also be the focus for review and improvement. For example, out-dated or unclear procedures, resources not available where needed

- Where possible, information relating to children and families will be based on reports drawn from case management systems and we expect individual agencies to ensure this remains accurate and relevant, with appropriate controls.

- Every agency has a responsibility for identifying and implementing its own learning in addition to multi-agency learning.

- Measures of outcomes for children are clearly the most important ones to assess, measuring the effectiveness of the system also requires a focus on both what we do and the impact of what we do in improving outcomes

Appendix B: Case Discussion Tool

<table>
<tr><th colspan="2">Before</th><th colspan="5">During Case Discussion</th></tr>
<tr><th>1. Gather Facts</th><th>3. Immediate thoughts</th><th>4. Analysis Tree</th><th>5. What are we worried about?</th><th>6. What worked well?</th><th>7. Missing Information</th><th>8. What needs to happen? (SMART)</th></tr>
<tr><td rowspan="3">2. About the Child</td><td rowspan="3"></td><td rowspan="3">Effects = Impact of the focal problem on the child and system now and in the future
 

Causes = why has the focal problem happened?</td><td rowspan="3"></td><td rowspan="3"></td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr></tr>
<tr></tr>
<tr><td colspan="5">WHAT ELSE DO WE NEED TO KNOW? WHO ELSE DO WE NEED TO INVOLVE?</td><td></td></tr>
</table>

Appendix C: Case Discussion Notes

Child Name:	
Date of Referral:	
Date of Case Discussion:	

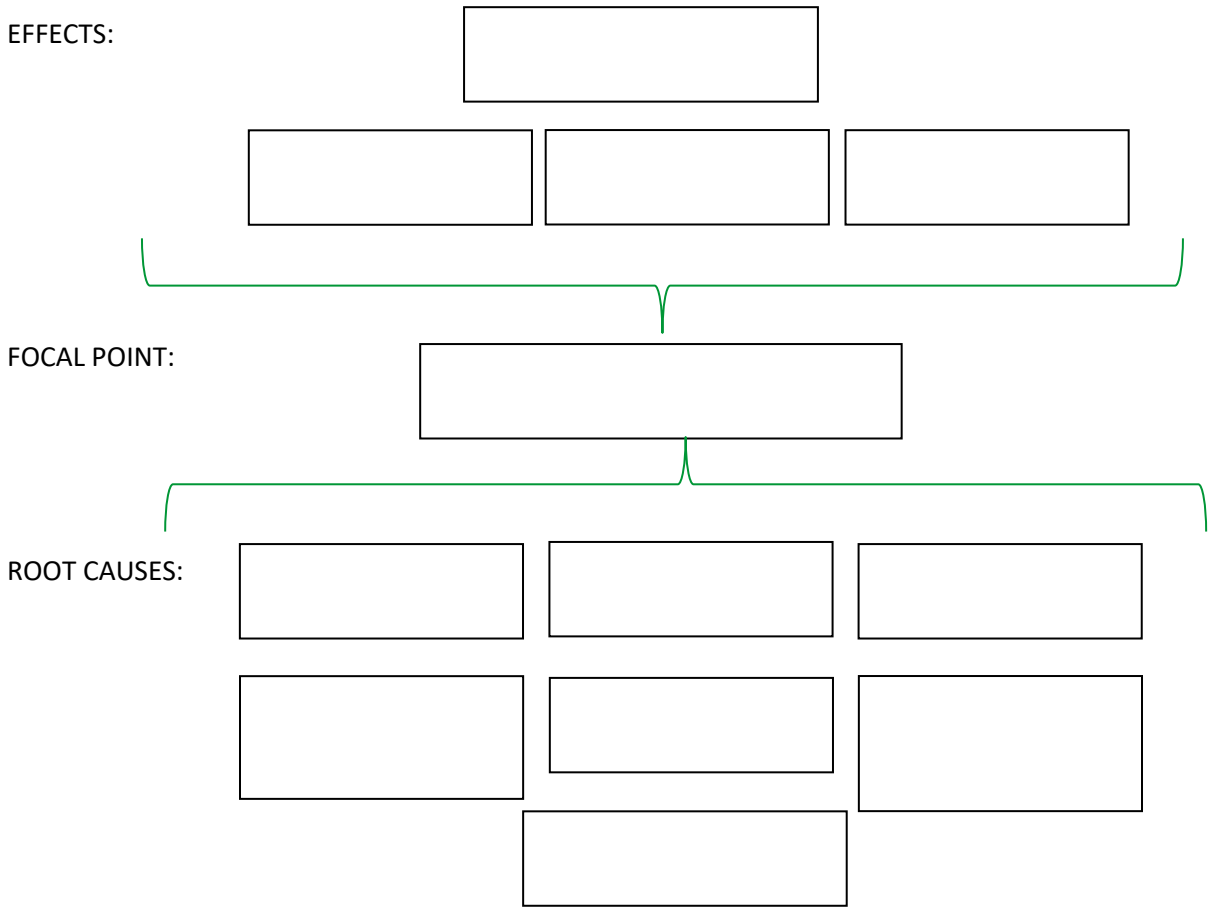
Professionals Present:	
Name	**Agency**
Facilitator:	

1. Facts: Documentation available for case discussion
• Referral Form

2. About the child

3. Immediate Thoughts
•

4. Analysis Tree



5. What are we worried about?

-

6. What worked well?

-

7. Missing information?

-

8. What needs to happen?

Action	Who By and When	What difference will it make?
ACTIONS FOR THIS CHILD		
1.		
2.		

ACTIONS FOR THE SYSTEM		
3.		
4.		
5.		
6.		