human services

Leading Practice

A resource guide for Child Protection leaders

Second edition

State Government Victoria

Leading Practice

A resource guide for Child Protection leaders

Second edition

Acknowledgements

The authors of this guide, Dr Judith Gibbs, Dr Jenny Dwyer and Dr Kitty Vivekananda, would like to thank a number of people who contributed directly or indirectly:

- The child protection leaders from across the state who attended a focus group as part of the original project and who generously shared their ideas, experiences and considerable expertise.
- Lynne McPherson, Sally Williams and Sue Greig, who were all part of of the Workforce Planning and Development Unit and provided guidance, valuable feedback on drafts and support throughout the initial project. Sue Greig, Diana Claxton, Beth Parker and Robyn Miller, who did the same for the second edition.
- The work of many national and international academics and experts in this field has been incorporated into the second edition of this guide. In particular, it is important to acknowledge the work of the late Dr Tony Morrison, Professor Eileen Munro and Jane Wonnacott. Their work has been highly influential in the design and content of a number of the chapters.
- The authors previously developed many of the ideas and exercises used in this guide during the course of working with practitioners and managers in a number of organisations. These include a number of the department's divisional offices, New South Wales Department of Community Services, Berry Street Victoria and the Bouverie Centre.

If you would like to receive this publication in another format, please phone (03) 9096 2869 using the National Relay Service 13 36 77 if required.

This document is also available on the Internet at http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications

Published by Child Protection
Victorian Government Department of Human Services,
Melbourne, Victoria.

© Copyright State of Victoria, Department of Human Services, 2014. This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

ISBN 978-0-7311-6647-3 (print)
ISBN 978-0-7311-6648-3 (on-line)

Print managed by Finsbury Green, printed by Whirlwind Print, 22 Henderson Road, Knoxfield VIC 3180.

February 2014 (2471112)

Foreword

The role of leaders and supervisors in Victoria's child protection program is pivotal in achieving good outcomes for children and families. It is challenging and requires both a determination to bring individual skills and knowledge to the role while having a commitment to ongoing learning and reflection.

Good leadership is built on the relationships that we develop with our staff and responsiveness to the changing needs of the children and families with whom we work. It requires us to be optimistic about the challenges and hopeful about making a difference and achieving positive outcomes.

It is well recognised that supervisors play a crucial role in retaining staff, which is fundamental to relationship-based practice and quality child protection work. The recognition and support of the staff in these leadership and supervisory positions is vital to ensuring their ongoing professional development and capacity building.

First published in 2009, *Leading practice* was designed to be a practical tool to assist child protection staff in their day-to-day roles as supervisors and leaders. Positive feedback such as that from a manager in the Barwon-South Western area indicates that the resource guide has been well received and utilised:

> I refer to the *Leading Practice* resource guide as 'my leading and inspiring book'. It is a reliable and comprehensive resource that I use with the leaders whom I supervise, and with groups of staff; particularly in the current work context characterised by momentous change and opportunity.
>
> I have found the resource guide invaluable in my own personal study within the Graduate Diploma in Child and Family Practice Leadership through the researched and extensive references provided as well as suggested exercises for reflective thought and activity. In a learning environment this inspiring book promotes and motivates thinking and action aimed at achieving best outcomes for the children and families we work with and is a book that I feel replenishes my own personal stores of resilience and optimism for beneficial change for children, families, staff and myself.

Sue Cooper, Unit Manager, Infant and Children's Unit, Barwon-South Western Region, May 2012

The Victorian child protection program received an international accolade when prominent UK social worker and trainer Jane Wonnacott published her new book *Mastering social work supervision* (2012). In her book Jane refers to the *Leading practice, A resource guide for child protection frontline and middle managers* as follows:

> The link between the leadership literature, working with emotions and supervision practice is explored in an extremely useful guide for frontline and middle managers produced in Australia by the Victorian Government Department of Human Services (Gibbs, Dwyer and Vivekananda, 2009). Entitled Leading Practice, the guide explores the dynamic influence of organisational culture, manager capabilities and process on outcomes for children, and emphasises leadership, supervision and management as a primary means by which middle managers lead practice.

(Wonnacott, 2009, p. 31)

This second edition incorporates the changes to the Victorian child protection workforce classifications and structures undertaken in 2012. These workforce changes have seen an expansion of the number of staff in positions of leadership. In light of this, the second edition has replaced the term 'middle manager' with leader and supervisor.

More than ever, as we move into the future, I am confident that this edition of *Leading practice* will continue to assist child protection leaders and supervisors in their leadership of practitioners and in promoting positive outcomes for Victoria's vulnerable children and families.

Mark Byrne

Acting Director Child Protection
Statutory and Forensic Services Design Branch

Contents

Introduction	1
References	8
Chapter 1 Critical reflection	**9**
Introduction	10
Case practice, supervision and leadership – the importance of 'critical reflection'	11
Promoting critical reflection through supervision	29
Summary	44
References	45
Chapter 2 Engaging others	**47**
Introduction	48
Collaboration and cooperation in child protection practice	50
Establishing supervisory relationships	51
Role models for deep listening	85
Responding to more challenging situations in supervision	89
Ending supervisory relationships	96
Effective interagency work and communication	97
Summary	100
References	102
Chapter 3 Managing oneself	**105**
Introduction	106
Preparing for the reflective exercises in this chapter	107
Critical concepts in managing thoughts, feelings and relationships	107
Some orienting thoughts on neuroscience, emotions and leadership	108
Emotional intelligence in child protection leadership	110
Influences on thoughts and feelings	115
Supportive leadership: promoting wellbeing and resilience	128
Mental agility: The role of emotions in decision making	130
Competency and survival modes of learning	132
Mindfulness and self-care: attending to possibilities	135
Self-care audit and self-care plan	138
Summary	140
References	141

Chapter 4 Delivering results	**145**
Introduction	146
Contributions to a collaborative learning culture – the *cascade effect*	147
Bringing it together	180
Delivering results and 'business operations'	186
Summary	191
References	192
Chapter 5 Leading and inspiring	**197**
Introduction	198
Leading within a collaborative learning culture	199
Leading a practice culture: using live supervision, group forums and other modalities	225
Summary	245
References	246
Appendices	**251**
Appendix A: Template to clarify lead responsibilities	251
Appendix B: Strengthening emotional competence exercise template	252
Appendix C: Self-care plan	253

Introduction

This guide is written for supervisors and leaders in child protection, namely CPP 5 and CPP 6 staff in leadership roles, regardless of whether they directly supervise staff. It recognises that leaders are critical to cultural change, supervising direct practice and implementing policy reforms, and, as such, are at the forefront of delivering good outcomes for children:

> They affect how policies are followed and what practices are encouraged. They set the tone and expectations in the work environment to such an extent that they are sometimes called the 'keepers of the culture' for their agencies. They influence employee turnover (or lack thereof) more than any other factor. Much of the data legislators and policy-makers rely on to make decisions come, directly or indirectly, from [them]. How well supervisors do their jobs affects nearly every outcome the child welfare systems seeks, including the timeliness with which we respond to reports of child maltreatment, the well-being of children in foster care, and the rate at which children are reunified with their parents.
>
> (Hess, Kanak and Atkins, 2009, p. 31)

In 2009, when the first edition of this guide was published, we did not imagine that in less than four years we would be approached to write a second edition. However, when we thought about this it was not so surprising in the face of ongoing reform and change. The guide has been updated in the context of a revised Victorian child protection workforce model for structuring and delivering child protection services and many other changes in the broader system which impact on partnership approaches to service delivery.

Key messages and themes – our framework

The central message of the Best interests case practice model (BICPM) is that the relationship between a child protection practitioner and a child or young person and their family is absolutely critical to turning lives around. As we have interacted with many practitioners and leaders over the past four years, the stories we have heard have repeatedly reinforced a central message: that at the frontline it is the practitioner's skilled use of self and their capacity to establish professional relationships with their clients and others that enables them to understand the experience of the child and their family. We are beginning to see the emergence of evidence-based research about this and we are sure that in the next few years more will emerge.

In the first edition of the guide we argued that there are many common processes in the client–practitioner domain and that of the practitioner–supervisor domain. This is recognised in the comments by Munro in the final report of the UK Review of Child Protection:

> Changing the way organisations manage frontline staff will have an impact on how they interact with children and families. There is evidence that workers tend to treat the service user in the same way as they themselves are treated.
>
> (Munro, 2011, p. 107)

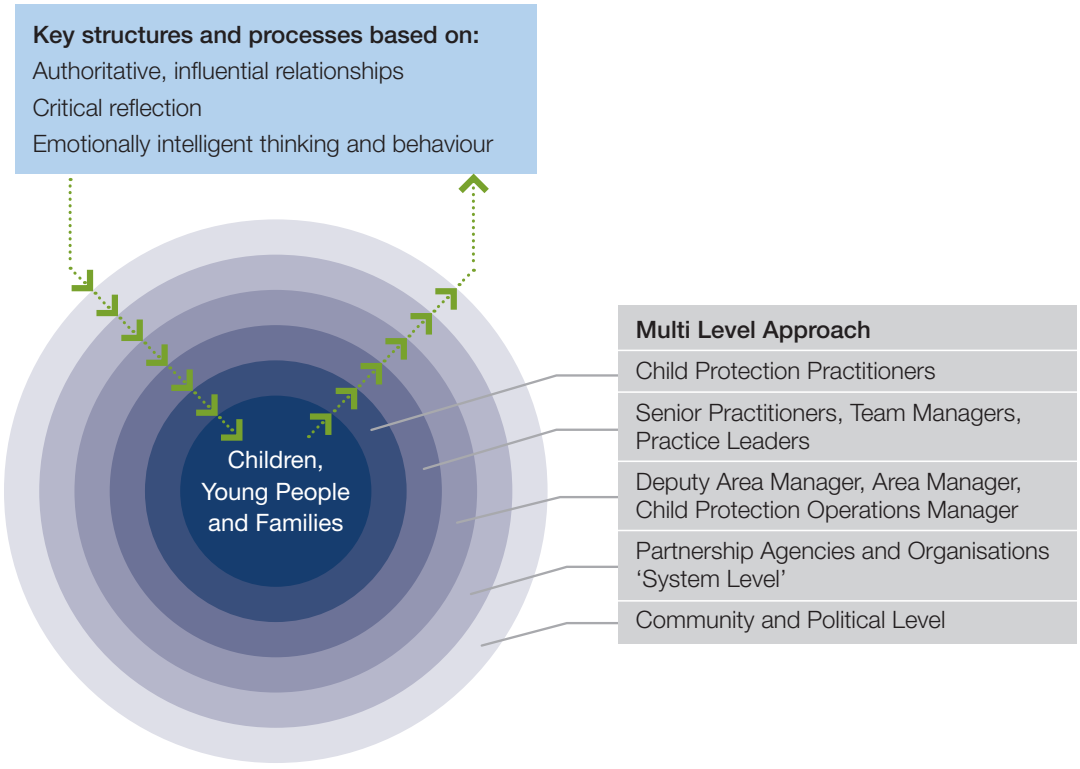
In our training and consultancy work, child protection leaders frequently highlight the paramount importance of being able to engage with supervisees and the people they manage through relationships that are collaborative, open and accountable. Relationships are the foundational structure; they are as critical within the program and externally with key stakeholders in the broader system as they are at the practice level.

The term 'reflective practice' and similar ones that challenge a more technical managerialist paradigm for practice have even greater currency now than they did in 2009. We believe that all practitioners working in the complex and ambiguous world of child protection need to have the capacity to critically think about the ways they make sense of complex situations, cases and problems. Our experience tells us that while we all know this, it is easier said than done. As Olive Stevenson so astutely noted:

> Much used words like 'space' and 'reflection' immediately suggest 'time' to the managerially challenged. But maybe we have reached a point when it must be acknowledged that time needs to be used differently if the goal of better practice and (fewer disasters) is to be met.
>
> Stevenson (2005, in Ruch, 2009)

In writing this introduction we wanted to present the reader with an easily accessible account of the central and recurrent themes in this guide. Each chapter in the guide can be read independently of the others, but in this edition we have tried to provide the reader with some scaffolding that holds the chapters together as a unified document. The diagram below synthesises the key and recurrent themes in the guide

The ***cascade effect*** – contributions to a collaborative learning culture



Developed from work by Gibbs and Nicholson (2010)

The primary goal of the multilevel child protection system is to achieve good outcomes for the child and family. The purpose of this guide is to enhance and support the capacity of leaders to engage in relationships, processes and structures with frontline practitioners, which in turn support their practice with children and their families, leading to better outcomes.

We assert that moving upwards through the levels in the system, those senior managers and leaders who occupy roles that are further away from direct practice still have considerable impact and influence on outcomes for children and families through the *cascade effect*. Given the importance of working together across the service system we also argue that the *cascade effect* can be understood more broadly to incorporate all those agencies and organisations that might be referred to as partners and key stakeholders in the child protection system. We have tried to incorporate a broad systemic lens in a number of places in the guide. We note the potential for media, community and government attitudes and responses, particularly following a critical incident involving child protection, to influence downwards through the levels of leadership and direct practice.

We identify three key structures and processes through which leaders can work to influence this collaborative culture – relationship-based practice, critical thinking and emotionally intelligent thinking and behaviour. Recognising that these are overlapping and foundational concepts, we have capitalised on this in each chapter, as we try to link and highlight synergy throughout the guide. These three conduits for effective outcomes should be central at every level in the system and we therefore:

- encourage all leaders to establish and maintain influential relationships with their staff, and remain attentive to the values, attitudes, behaviour, leadership style and process that they model on a constant and daily basis to all staff
- emphasise the importance of critical thinking and reflective processes at both an individual and collective level, and suggest that striving to create opportunities to learn from experience and think deeply about complex and challenging situations needs to be prioritised at every level of the system
- centralise the importance of emotional intelligence and provide guidance on a growing body of knowledge from a range of theoretical paradigms, including the neurosciences, to inform individual performance and practice.

The *cascade effect* links what happens at the interface of different levels in the system – *child and family and practitioner; practitioner and supervisor/leader; supervisor/leader and senior/executive staff*. It is important to recognise that those who occupy leadership roles at each level need to be attentive to their capacity to influence, but also to being influenced by what is happening above as well as below them. This two way influence is demonstrated in the diagram by the green arrows. An illustration of this would be the recursive impact that the child and family dynamics have on the practitioner, as well as the influence the practitioner has on the family.

Throughout the guide we emphasise that better outcomes for children and their families are strongly associated with a collaborative learning culture. However, we note the possibility that outcomes can also be compromised through these same cascading processes, often when anxiety is raised and insufficient individual and collective attention is paid to acknowledging and managing it effectively.

What has guided us

We know that leaders have significant knowledge and skills and that the values of respect, compassion and collaboration (to name a few) are already reflected in the way they do what they do. However, adult learning is a lifelong process and we believe there is always more to think about and learn. The leaders we speak to tell us that they continue to want greater access to overarching frameworks and theory to help them be effective. They also want to practise and develop their leadership skills. In a bid to do just that, we hope this guide contains a balance between formal theory and knowledge and practical reflective exercises.

A consideration in updating this guide has been that many leaders are now quite familiar with the first edition and, indeed, are experienced leaders who want to be extended further and given new ideas and thinking in this edition. Others, however, are much newer to their role and would still like to read some foundational material. Even with this difference in levels of experience, what holds everyone together is a commitment to practice excellence and the knowledge that at times we all experience similar frustrations and challenges. We hope the balance is right and there is something for everyone.

The first edition was reviewed through extensive statewide consultation with child protection managers and key stakeholders to ensure it was relevant, easy to navigate and able to assist leaders as a tool in their day-to-day practice and leadership of individuals and teams. In this edition we have built on the formal and informal feedback. We have retained the structure of the guide and the blend of theory with practical tools and reflective exercises.

This guide complements other initiatives within the child protection *Leadership development strategy*, aimed at strengthening leaders' capabilities in leadership, people management, practice and effective decision making, in order to enable them to fulfil their roles more effectively. The *Child protection capability framework* identifies the key capabilities, knowledge, skill and work culture required by outstanding child protection leaders.

'Capabilities' are defined as the 'underlying characteristics, competencies, behaviours or thinking patterns that differentiate average from outstanding delivery' (Atkinson-Consulting! 2008). The framework identifies five interconnected domains: critical reflection; engaging others; managing oneself; delivering results; and leading and inspiring. Situated within a 'high effectiveness' organisational culture, together these capabilities lead to better outcomes for children.

We believe that consistency of language and approach is an important contributor to aiding learning and professional development. This guide is, therefore, still structured around the leadership capabilities, with each chapter exploring one of the five domains. It seeks to help staff reflect on what they would be doing and how they would be behaving in demonstrating each of the five capabilities.

In this edition we have added material in Chapters 4 and 5 from the fast-growing organisational management literature as well as from psycho-social theory, which is experiencing a resurrgence of interest internationally. While these paradigms may appear somewhat different on a surface level, on closer inspection it is apparent that they share ideas about what works in effective leadership, organisational culture and the management of people. In recognition of the enhanced role of practice leaders, Chapter 5 also includes a range of new material relating to live supervision, coaching, mentoring and review

processes. We demonstrate the way advanced practice skills can be combined with other formal leadership concepts to provide dynamic and collaborative learning and critical reflection opportunities. We hope these ideas provide guidance and confidence to those occupying these challenging roles.

Throughout, we hope we have provided for the reader a practical and conceptual sense of each of the five capabilities. While each of these is dealt with separately, they are, of course, interconnected. For that reason we also cross-reference to other chapters and recommend relevant sections that may interest the reader.

The first edition of the *Leading practice* resource guide replaced a previous resource, *The leadership challenge: a supervisor's kit for protective services supervisors* and, while a few aspects of that kit are still included, it now draws even more heavily on the contemporary understanding of leadership in child protection and related fields. In particular, the work of Professor Eileen Munro, the late Dr Tony Morrison and Jane Wonnacott has been influential in conceptualising aspects of this new version. These writers have all reviewed critical aspects of child protection practice and the conditions required to ensure effective outcomes. In addition, at a local level, the work of Dr Peter Cotton has provided another lens through which to consider leadership and we believe his work has validated the concepts we have drawn on here.

Who will benefit from this guide?

The guide was written with the needs of child protection leaders in mind, but it will be useful to other professionals who manage and supervise staff. Of course, leaders are far from a homogenous group. A further challenge for us has been to write about material that is relevant for leaders who come from differing professional disciplines.

Our view is that leaders' learning needs will change over time. This is a resource to come back to possibly over a number of years. Remember: adult learning is a lifelong activity, and what may seem only mildly interesting and relevant now might look quite different in two years.

How to use this guide

A range of materials are included in the guide. In summary, we aim to:

- operationalise the five leadership capabilities – critical reflection, engaging others, managing oneself, delivering results and leading and inspiring
- strengthen the knowledge base of leaders
- strengthen the affective and analytical capabilities of leaders
- strengthen the capacity of leaders to establish and utilise relationships of influence, both individually and in groups
- provide leaders with useful reflective exercises to undertake independently, in supervision and in teams, with a view to improving service outcomes.

You might want to read it from cover to cover or go to chapters that seem relevant to your learning right now.

Reading this guide is one learning strategy to strengthen the leadership function in child protection. It works well with other resources such as the Client Relationship Information System (CRIS) reporting tool, the *Child protection practice manual*, the BICPM, the specialist practice resources and the snapshot tools. We believe that much will be achieved by personal reflection and we also encourage you to raise topics and questions in your supervision. We suggest that some of the material will be challenging and potentially cause some discomfort. We particularly talk about this in Chapter 3 but ask you to take time to create sufficient reflective space to ensure the benefits associated with using this guide are not lost.

We encourage you to read and consider topics at your own pace, according to your preferred learning style. Try to avoid a situation where you feel overwhelmed by what you don't know. Take the opportunity to attend other leadership development opportunities and, if you have not already done so, book into the specific child protection leadership programs, as well as specific people management programs delivered by the department. These programs will enhance your learning to grapple with the challenge and demands associated with the material you read about here in a peer group setting with a skilled facilitator.

What is in the guide?

Before we proceed to talk about what is in each chapter, highlighting further differences in this edition, we think it is important to once again remind readers that we continue to have a sustained focus on the link between outcomes at a casework level, the way practitioners are managed and supervised, and the prevailing organisational culture. As you read each chapter we ask you to grapple with this complexity and to ask what does all this mean for my values, beliefs, style, processes and behaviour? We believe we have successfully strengthened the material that supports this important link. In addition we give you more practical tools, exercises and activities that will help develop your capacity to make a valuable contribution to both the development of individual practitioners and to creating a collaborative learning culture throughout the child protection program.

In recognition of the challenge of bringing together the wealth of newly updated practice guide material that exists in the child protection program and the strengths of the BICPM, with our material about leadership and supervision, the reader will find more opportunities and examples that directly address how to transfer theoretical and practice guide material into the real world of practice.

Many of the changes in child protection point to the importance of a workforce that is able to individually and collectively maintain a commitment to critical reflection in the face of very high demands to respond quickly and assertively to children and families living in difficult circumstances. Being able to lead and model for others the balance between feeling, thinking and action is a topic that is further strengthened in this version.

Chapter 1 – Critical reflection: this chapter sets out to enhance the affective and analytical capabilites of leaders and to encourage you to actively apply, teach and model the practice of critical reflection in all your professional interactions. We define what we mean and directly apply critical reflection to child protection practice, supervision and other important child protection structures and processes.

Chapter 2 – Engaging others: this draws heavily on the theoretical material that suggests that the most significant factor in effective practice with vulnerable children and their families is the quality of the helping relationship, and applies this at the level of the practitioner and their interactions with a range of leaders. We focus on ways to establish effective supervisory and other relationships, sustaining and maintaining these relationships and responding to the more challenging issues that can emerge in a practice context such as child protection.

Chapter 3 – Managing oneself: this chapter again focuses on the importance of understanding, processing and managing emotions in oneself and others. As well as exploring the important role of emotions in critical decision making, we provide a more integrated analysis of the influences on thoughts, feelings and behaviours, drawing from a range of concepts and disciplines. In particular, we have enhanced our integration of the knowledge emerging from the neurosciences in relation to resilience, relationships and wellbeing in the workplace.

Chapter 4 – Delivering results: seeks to extend your thinking in relation to the important contribution you can make to a collaborative learning culture and explores the way leaders can be positively and negatively influenced by culture. We describe and interrogate the values, behaviour, style and processes that provide this critical link between the practitioner and client domain and the practitioner and supervisor domain. In summary how does the *cascade effect* work?

Chapter 5 – Leading and inspiring: recognises the role of practice leaders in the Victorian child protection workforce. We attempt to provide additional conceptual and practical guidance to those in specialist practice roles by considering the many modalities through which practitioners in these roles contribute to enhanced practice. We show ways that familiar practice frameworks like the BICPM and the snapshot tools can be applied to leadership. We also explore the challenges and benefits of leading through teams, group forums and live supervision. While this will be most obviously relevant to those in supervisory roles, we believe the concepts will also be useful for all child protection leaders.

In this revised edition we continue to write in an interactive style that engages you directly through our questions and suggestions. In many instances we model the very approach we are advocating for use with your staff.

Finally, we hope you enjoy this edition and that we have been able to provide you with some useful matertial to assist you in the key role of leading practice at such an interesting and demanding time in child protection.

References

Atkinson-Consulting! 2008, *Development framework for child protection frontline managers: capabilities, foundation knowledge and skill, and work culture*, Department of Human Services, Melbourne.

Department of Human Services 2012, *Best interests case practice model*, State Government Victoria, Melbourne.

Gibbs, J and Nicholson, J 2010, *The ripple effect – the importance of supervision at every level*.*Celebrating Tony Morrison's Work,* Unpublished conference paper presented in Melbourne.

Hess, P, Kanak, S and Atkins, J 2009, *Building a model and framework for child welfare supervision*, Children's Bureau, US Department of Health and Human Services.

Munro, E 2008, *Effective child protection* (2nd edn), Sage, UK.

Munro, E 2011 The Munro Review of Child Protection – Final Report. A Child Centred System. May <www.education.gov.uk/publications>.

Ruch, G 2009 'Identifying "the critical" in a relationship-based model of reflection', *European Journal of Social Work,* vol. 12, no. 3, pp. 349–362.

Stevenson, O 2005 Foreword. In: M Bower (ed) *Psycho-analytic theory for social work: thinking under fire*, Routledge, London, pp. 9–16 (see Ruch, 2009).

Chapter 1 Critical reflection

In this chapter we cover:

- the importance of critical reflection in case practice, supervision and leadership
  - what is 'critical reflection'
  - developing a collaborative learning culture
  - analytic and intuitive thinking in expert practice and management
- promoting critical reflection through supervision
  - the 4 x 4 x 4 integrated model of supervision
  - the practice cycle or story
  - the supervision cycle or story.

Capability: Critical reflection

Thinking clearly and systematically using self-awareness and several analytical techniques to solve complex problems. The three capabilities within this domain are summarised below.

1. **Critical inquiry** – investigates rigorously; sees underlying causes and potential implications; masterfully applies inquiry frameworks.
2. **Evaluating analytically** – logically breaks problems down; systematically addresses multiple, complex problems.
3. **Seeing the whole** – identifies inter-connections to problem solve; forms compelling insights.

Introduction

A key task for leaders is to model and promote thoughtful practice as they engage with staff not only through formal structures such as supervision, but as they interact with them routinely on a daily basis. This chapter looks at how 'critical reflection' is integrally linked to achieving good outcomes for children and families, as well as promoting professional development of the workforce. We present material about how people think and make decisions, the importance of emotion, and reinforcing critical reflection as a core framework for leadership and supervision practice. In this chapter we describe and apply an integrated model of reflective supervision, illustrating its use and value in child protection.

The approach we take models the core capability of being able to see the whole picture while being able to question the component parts. Through a number of specific examples, this chapter aims to illustrate what it means to be 'critically reflecting' in the role of a supervisor and leader in child protection. The activities aim to encourage reflection and promote thinking about how to assist practitioners to develop greater 'thoughtfulness' in practice.

In this chapter we have paid particular attention to the challenge faced by leaders in transferring practice frameworks such as the Victorian Best interests case practice model (BICPM), evidence-based research and theory into the real world of frontline child protection practice. As you progress through this chapter you will notice how coherent the Victorian framework and tools are with our material about higher order analytical thinking and the Kolb learning cycle. We have come to understand the BICPM as an excellent practice application of the broad and substantive material we present here about adult learning theory and the importance of different sources of knowledge and understanding in child protection. We therefore suggest that you keep the BICPM in mind, and consider the phases of that model, alongside the practice examples we provide. Our examples aim to encourage you to be more attentive to how you think; and in doing so to encourage child protection practitioners to think more critically. The BICPM is coherent with this and we encourage you to consider how you might undertake the *Analysis and risk assessment* snapshot tool, and the assessment and intervention components of the BICPM.

When you are seeking to encourage a supervisee to develop the capacity to critically reflect on a complex case, how could you incorporate the questions posed in the *Analysis and risk assessment* snapshot tool? How might you ask questions that encourage practitioners to bring to a conscious level what theory and research they know about and apply, and what is missing as they intervene in complex cases?

Case practice, supervision and leadership – the importance of 'critical reflection'

In recent years, the dominant conceptualisation of effective child protection practice has been to draw systematically on formal knowledge and theory, where efficiency, logic and rationality are privileged. Most statutory child welfare authorities across the Western world have prioritised the development and introduction of procedures, checklists and processes as a way of managing the increasing volume and complexity of the work and to assist practitioners to predict and minimise risk. The thinking that has been encouraged is predominantly 'surface level' and the management focus has been on behaviour, competence and the application of administrative solutions to complex problems (Gibbs, 2008). Chapman and Field (2007) draw on Ferguson's term 'conveyor-belt practice' (Ferguson, 2004) in their critique of surface-level practice, which, in their view, is characterised by: responsiveness to efficiency drivers; getting cases through the system; meeting targets; speedy casework resolution; and general compliance with policy and practice guidelines.

This technical, rational approach to practice has dominated our thinking and supervisors have been encouraged to privilege activities such as ensuring practitioners complete tasks and comply with procedures. In supervision there has sometimes been too little focus on encouraging practitioners to build relationships with families and on helping them to think about how to understand and work at a 'deeper' level with people and problems (Gibbs, 2001; Ruch, 2007b). Given the link between the quality of the practitioner–client relationship and outcomes for children, this is of concern (see Chapter 4).

A prevailing focus on managing 'the doing' activities rather than on developing the 'feeling and thinking' aspects of the work may have made a significant contribution to practitioners reporting feeling unsupported by supervisors, being vulnerable to high levels of anxiety, as well as limiting their capacity to develop professionally (Anderson, 2000; Gibbs, 2002). Some authors speculate that this model of practice and leadership has been a significant contributor to the retention difficulties in child protection. In Victoria many of these themes were echoed in comments made by present and past child protection practitioners surveyed or interviewed for the *Child protection workforce: the case for change* paper (Department of Human Services, 2011). As one practitioner said:

> When practice takes priority, good things happen – you see kids' lives getting back on track, you see a real difference. When administration and paperwork take priority you just see opportunities lost.

Partly as a result of the limitations associated with this technical approach to practice, we have seen the emergence of 'the reflective practitioner' as an alternative model of expertise for practitioners and leaders. Effective practice here is understood much more in terms of the quality of relationships between people, the ability to empathise, depth in relation to thinking about practice and the attention that is given to how one makes sense of complex, ambiguous situations. The capacity to be thoughtful and reflective in this field of practice is of paramount importance; staff are working in the 'swampy lowlands' of practice where 'situations are confusing messes incapable of technical solutions' (Schon, 1983, p. 42). While pressure from the community, often seen in adverse media coverage, is to get it right quickly and every time, the reality is that a thorough risk assessment is a process and the conclusion reached this way is often the 'least likely to be wrong' (Holland, 2004). This requires that the analysis behind the emerging case formulation, or the way in which cases have come to be understood, must be rigorous, clear and open to scrutiny.

What is critical reflection

In Victoria, the BICPM seeks to apply what we know about the value of working together through relationships, and the importance of practice that is emotionally competent and critically reflective, into the real world of practice with people.

A useful way of thinking about the challenges for practitioners and leaders as they endeavour to apply the BICPM in their practice is to consider Figure 1.1, which seeks to tease out in more detail what we mean when we talk about 'critical reflection'. Gillian Ruch (2000, 2007a), discusses four modes of reflective practice, which we have found helpful in our work with child protection supervisors. Like Wonnacott (2012), in our training we encourage all supervisors and leaders to be able to undertake all four types of reflective activity and to move upwards and downwards in their thinking, from surface to depth. The effective leader knows that in different contexts, faced with different situations they require the capacity to think 'reflectively', accessing all four modes of reflection.

Figure 1.1: Four levels of reflection

Technical reflection – a pragmatic form of reflection that compares performance with knowledge of 'what should be done'. Technical reflection can contribute to addressing accountability and compliance issues. In child protection this might be whether the practitioner knows and is applying the case planning principles and legislative timelines.

↓

Practical reflection – most often associated with the work of Donald Schon (1983), this type of reflection means thinking about how you are making sense of situations. Schon argues that reflection-in-action means maintaining awareness of our feelings while simultaneously thinking about how we are making sense of what we are experiencing – theories in use. By helping the practitioner to look back (after the practice experience) and to use those experiences to learn, supervisors enhance practitioners' future capacity to 'reflect in action' (during the practice experience) and 'reflect on action' (after the practice experience). In this way they can be the 'creators' of new knowledge and thinking. An example might be a practitioner who discusses a very complex confusing case in supervision being supported by a supervisor to come to a new formulation/ understanding about what is happening in the family and the nature of the risk.

↓

Critical reflection means being able to apply normative, descriptive, interpretative and critical theory to question practice. There is a particular focus on power and in-depth consideration of the ethical and moral aspects of work. In this mode practitioners are alert to the wider structural processes that are in play and these practitioners are interested in thinking about structural change. An example might be a practitioner who is assisted to think about a case involving a parent from a minority culture and the importance of taking account of this in relation to an 'apparent' lack of willingness to engage.

↓

Process reflection aims to explore conscious aspects of practice, as well as those that are beyond consciousness. Ruch (2000) notes the usefulness of psycho-dynamic concepts in recognising the role of the unconscious (Hughes and Pengelly, 1997; Ward & McMahon, 1998 in Ruch, 2000). We would add other concepts such as trauma frameworks which give insight into brain physiology and the way the traumatic nature of child protection work impacts on practitioner responses (Siegal and McCall, 2009; Stamm, 1999); and systems theory and cybernetics that highlight problematic patterns of interaction (Goding, 1992). These and other concepts are discussed at length in Chapter 3, Managing Oneself. Each highlights different aspects of the complex web of dynamics in which practitioners and leaders in child protection are constantly enmeshed and assists in reflecting on these – the client-practitioner; practitioner-supervisor/leader; team; inter-agency and intra-agency levels.

The emotions generated by the work can provide a valuable source of knowledge and understanding about the child's experience, but emotions that are not understood or managed have the potential to impede risk assessment (see Chapters 2 and 3). A supervisor might draw on a number of the concepts highlighted above when exploring the emotional aspects of the work and the problematic interactions that can arise. For example, a common problematic dynamic often observed in child protection work is captured in Karpman's (1968) drama triangle; a supervisee may unconsciously adopt the role of victim, perpetrator or rescuer depending on these unconscious or a-conscious processes. Process reflection assists practitioners to observe, explore and understand these dynamics and to intervene accordingly.

(Draws on Morrison 2008: Ruch 2000, Ruch 2007a p661)

Recently Ferguson (2013) has drawn our attention to the possibility that a number of the UK professionals, including the social workers who saw Daniel Pelka in the period leading up to his tragic death, became 'helpless' and 'overwhelmed' rather than simply 'optimistic'. He describes deeper psychological processes through which workers became immobilised by Daniel's feelings of isolation, worthlessness and helplessness as he was treated so inhumanly by his parents, who were also aggressive and manipulative towards them. Importantly, Ferguson argues that all professionals working with such complex dynamics require access to emotionally aware supervision and support, as well as staffing and organisational conditions that enable them to have the time to engage with children as independent beings (Ferguson 2013).

In order to avoid any confusion in this guide where we refer to engaging in *reflective practice, reflective learning, reflective supervision and demonstrating the competency of critical reflection*, we mean engaging in a structure and process that draws on all four modes as described above. Further, we consider that this definition encompassing technical, practical, critical and process reflection is in the spirit of the BICPM.

Reflective exercise

Using the the Ruch definitions of four modes of reflection, can you identify an example based on your current role in child protection that illustrates your understanding of how you would be thinking about a situation in each mode?

To adequately undertake child protection work, we need to harness two sources of knowledge: the technical, rational knowledge and systems; and the knowledge gained from intuition and past experience, often called practice wisdom or intuitive knowledge. Reflective practice combines the science and art of practice by bridging a gap between these two forms of knowledge.

> Reflective practice... strives to identify knowledge for practice that is derived not only from sources external to the practice arena but also from within practice. Reflective practice acknowledges the relevance of diverse sources of knowledge – practice wisdom, intuition, tacit knowledge and artistry as well as theory and research – for understanding human behaviour.
>
> (Ruch, 2005, p. 116)

Effective supervisors and leaders have a sustained focus on creating 'thinking' spaces for practitioners in a safe and containing context. They do this by:

- modelling reflection as a self-involving affective and cognitive activity
- assisting their staff, both individually and collectively, to explore practice events with a view to learning about how to improve outcomes for children and carers
- encouraging and validating reflective practice through strengthening the analytical capacities of practitioners by asking well-constructed, curious and thoughtful questions (see Chapter 2)
- resisting the pressure from inexperienced staff to always give direction and provide solutions, thereby missing opportunities to promote professional development, as well as knowing when direction and guidance is most needed – using an authoritative balanced style (see Chapter 4).

A collaborative learning culture[1]

While it is not their responsibility alone, supervisors and leaders have a pivotal role to play in contributing to a collaborative learning culture for practitioners. Practice with children and families is far more effective when we are not only engaged in 'doing' activities but also 'thinking' activities. Supervisors and leaders must seek to establish individual and team structures in which thoughtful practice embracing 'respectful uncertainty' and 'healthy scepticism' is nurtured.

To do this well, however, supervisors and leaders must also have clarity of organisational expectations, professional roles, responsibilities and identities (Ruch, 2005). At every level of the organisation, staff need to experience a positive work culture that values the place of thinking and the healthy expression of feelings such as not knowing, doubt and uncertainty about what to do.

1 See Chapters 4 and 5. While we introduce the importance of thinking about the organisational culture in which critical reflection is most likely to flourish here, this is fully explored across Chapters 4 and 5.

The leadership role in child protection is vital to encouraging thinking and reflection and thereby contributing to the development of this positive culture. For example, leaders applying a cultural lens in the role of supervisor is the first step to achieving a culturally competent workplace. Practitioners need permission to make time for thinking and to value reflective practice. However, it cannot be assumed that everyone understands the value of thinking about practice events and situations that arise in the context of work, despite the terms 'reflective practice' and 'critical reflection' being commonly used. The following exercise invites you to consider not only what you mean by critical reflection and reflective practice but to engage your team and staff in discussions about thinking and reflection. As you undertake this exercise you may wish to look at Figure 1.1 and consider the four modes of reflection we have described.

Reflective exercise

- Why is 'thinking clearly and deeply' important to your supervisory practice?
- What do you understand by 'critical reflection'?
- Why is it important for children and their families that practitioners and leaders develop the capacity to 'think clearly and deeply'?
- Think about a recent average day at work, how much time did you spend engaged in 'doing' activities and 'thinking activities'?
- On a scale of zero to 10, how would you rate your capacity individually and as a team to be 'thinking' while doing? (zero means not at all, 10 means a great deal)
- Do you notice your team being able to remain thoughtful about why and how they are intervening, even when things are chaotic?
- What features contributed to your last two answers?
- On a scale of zero to 10 how important is 'thinking' in the organisation? (zero means not at all, 10 means extremely important)
- What features contributed to your answer?

Analytic and intuitive thinking in expert practice and leadership

In the previous section, we suggested that effective practice and leadership involves formal analytic thinking. It draws on evidence-based practice, research and theory, but also legitimises the use of intuitive tacit knowledge, which arises from practice. We suggest that reflective practice provides an integrative framework for diverse sources of knowledge and understanding.

Before we go on to describe a framework for understanding the categories of knowledge and skills used in effective practice (Munro, 2002; 2008), it may be useful to spend some time looking in more depth at both the analytic and intuitive paradigms and identifying their strengths and weaknesses. We agree with Munro (2008) that while the child protection workforce may need to develop and utilise more formal analytical thinking, understanding the place of emotion and feeling in effective practice is also essential.

Intuitive thinking

Effective leaders need to understand the essential balance between using intuitive and analytical thinking in decision making. Intuitive thinking is a largely unconscious process and allows us to integrate a large amount of information to produce a judgement in a relatively effortless way. It is:

> ... a cognitive process that somehow produces an answer, solution or idea without the use of a conscious, logically defensible step-by-step process.
>
> (Hammond, 1996, p. 60, in Munro, 1999)

When we are thinking intuitively we are relying on patterns, feelings and images rooted in our past experience that can help us to analyse and make decisions quickly. However, Gilgun (2005) argues that experienced practitioners with extensive professional experience utilise what she calls 'expert intuition'. This includes:

- more formal knowledge, theory and research
- families' concerns and views
- practitioner thinking or awareness, which are all sources of information, even though it is often at an unconscious level.

Analytical thinking

In contrast to this form of intuitive reasoning, formal analytic thinking draws on empirical evidence-based research and a knowledge base that has been tested, validated and accepted as public knowledge. This is a conscious, controlled process of reasoning that uses formal and explicit data and rules to deliberate and to reach a conclusion.

We invite you to reflect on different types of thinking and the importance of analytical and intuitive approaches for good outcomes.

Reflective exercise

- What do you know about different types of thinking?
- What are the strengths and weaknesses of analytical thinking?
- What are the strengths and weaknesses of intuitive thinking?
- In what phases of a case or for what types of management problem might intuitive thinking be required?
- In what phases of a case or for what types of management problem might analytical thinking be required?
- How do you see these types of thinking relating to each other?

Recent research suggests that both modes of thinking are interconnected in the brain structure and that an effective practitioner moves along the analytic or intuitive continuum at different stages of the case. Thiele (cited in Munro, 2008) regards them as complementary functions, with analysis acting as a good secretary, keeping a check on products of intuition, checking them for biases, developing explanatory theories and testing them rigorously. This also underscores the pivotal role of the supervisor who is able, through well-formulated and timed reflective questions, to facilitate this process with the practitioner. In Chapter 2, we suggest that feedback is also a process that encourages the practitioner to become more consciously competent and to increase their reflective capabilities.

For an intake practitioner at the front end of child protection, intuitive thinking is important because decisions have to be made quickly, often with minimal assessment data. If practitioners are relying heavily on this type of thinking and decision making they must, however, have extensive expertise and experience on which to draw.

A good example is that an experienced practitioner will quickly be able to peruse an existing child protection history and use it to help them decide what to do when faced with a low-level but repeat allegation of abuse. They will know that past behaviour is the best predictor of future behaviour (Brandon et al., 2008). A less experienced practitioner is more likely to feel overwhelmed by an extensive past history and not take adequate account of it. In the reasoning process about what to do, they may discard it.

Leaders need to be mindful that it is often emotion that guides what we pay attention to, so practitioners who are utilising intuitive thinking must have a high level of self-awareness in order to counteract natural bias and distortion. Providing effective and challenging supervision and using the ‘reviewing outcomes’ section of the BICPM regularly with practitioners is critical because the assessment and decision making must be examined and reviewed. We know that people make up their minds quickly and, once made, risk assessments are difficult to change (Munro, 2008).

Effective use of intuitive thinking processes is supported by a team and organisational culture that accepts everyone can get things wrong and assessments may well need to be revised with the emergence of new information and understanding of the case. An organisational culture that seeks to blame and is intolerant of mistakes encourages practitioners to stick to ‘right’ opinions once formed and discourages openness and the revision of conclusions (Dalzell and Sawyer, 2008).

In contrast, in a long-term team many of the decisions that need to be made may lend themselves more readily to a structured, more formal analytical process where time and effort must go into identifying all the possible options and exploring the consequences of each. An example would involve decisions about whether a case plan for reunification or permanent care is required. It is much more likely that in making a recommendation to a supervisor, the practitioner draws on formal knowledge and theory, such as the legislative requirements, departmental policy, attachment theory, child development frameworks and research about the developmental trajectory of young children remaining in the care system for prolonged periods.

However, in this case, it is also important that the practitioner considers the individual circumstances and history of the child and values their intuitive feelings about the capacity of the birth parents to address protective concerns and their motivation to change. Good supervision is required that encourages the practitioner to consciously articulate the reasoning process behind the recommendation and to review and challenge the combination of analytic and intuitive reasoning processes.[2]

A model for thinking about how we think

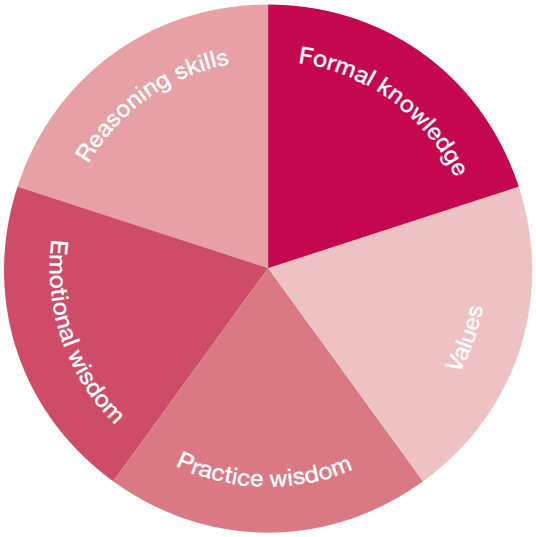
In the earlier edition of her book *Effective child protection*, Munro (2002) deconstructs expertise into the categories of knowledge and skills that child protection practitioners use when they are trying to analyse, make sense of situations and make decisions and judgements. These are:

- formal knowledge – laws, policies and procedures and theories; empirical research, evidence drawn, for example, from training and reading
- practice wisdom – folk psychology, social norms, cultural diversity; a combination of everyday skills and wisdom with enriched skills drawn from training and practice experience
- values – all practice takes place in an ethical framework including, for example, consideration of the balance of rights and needs and awareness of discrimination in all its forms
- emotional wisdom – awareness of the emotional impact of work on oneself and others and the ability to deal with this and use it as a source of understanding about behaviour of children, families, self and other professionals
- reasoning skills – ability to critically reflect on one's practice and reason from a basis of experience and knowledge; ability to understand the balance between intuition and analysis in one's own decisions; and the ability to make a conscious appraisal of risks and benefits flowing from actions (Figure 1.2).

2 The need for both types of thinking is central to Munro's (2008) book called *Effective child protection*. We recommend that those interested in this topic read her text as it provides a comprehensive exploration and contains numerous practice examples.

Figure 1.2: Effective child protection – a model

A model of knowledge and skills



Source: Munro, 2005, reproduced and adapted in Dalzell and Sawyer, 2008, p. 15

Dalzell and Sawyer (2008) utilised this model with workers in the UK to promote a greater use of analysis in assessment practice. It has been compared to listening to an orchestra:

> Clinical practice can be seen as analogous to music. There are laws of harmony which the musician must follow; the act of musical creation or interpretation is grounded in and underpinned by accepted regularities which allows it to be heard and understood by the listener. But its precise form is in no way determined by these laws, and at some times they clearly do not apply, and a new musical language may be introduced. It is likely that the effective therapist, like the accomplished musician, combines an informed understanding of principles and theories with an intuitive gift which enables her to tune in to the experiences of troubled people.
>
> (Yelloly and Henkel, 1995 p. 7)

This metaphor suggests it is possible to simply listen to the music as a whole, or to listen for particular instruments and the role they play in the overall sound. It is argued that once the listener acquires an interest in breaking down music into component parts, this tends to stay with them as a way of listening to music, so too, the practitioner can learn how to analyse practice and the process of dissecting the categories of knowledge and skills underneath what they do. This process then forms a template for future practice by encouraging clear and deep thinking.

Reflective exercise

Take a moment to reflect on how Munro's model applies to the following case studies.

Case study 1

This case study has two parts: Part 1 illustrates the application of the model at a case practice and supervisory level and Part 2 illustrates the application to a management problem, relating to structuring the service model in the best way to ensure good outcomes.

You will become familiar with the characters in the following case practice scenario, as we have used them elsewhere in the guide. What knowledge and skills will Paul need to make sense of this case? Use Munro's model categories to help you answer the question.

Part 1

Paul has been a child protection practitioner in a metropolitan response team for five months. This is his first professional job. Eleven weeks ago he was allocated the case of Joshua, a then five-week-old infant.

The child protection report came from a general practitioner (GP), who became concerned after Joshua's mother, Amy, presented at the clinic the previous day requesting prescription drugs and appearing significantly substance-affected to the extent that she nearly dropped Joshua.

Joshua's father, Michael, is an Aboriginal man who grew up in rural Victoria. He was involved with the youth justice program following convictions for car theft and breaking and entering. Amy is non-Aboriginal and her family live in Melbourne. She was briefly involved with child protection after disclosing sexual abuse by her maternal grandfather when she was aged 14. Amy's mother was disbelieving and the case was closed after Amy retracted the allegation and refused to meet with child protection practitioners.

Child protection contacted the birth hospital. The hospital had concerns about the parents, both aged 18, during the early stages of the pregnancy due to Amy's poor attendance at antenatal appointments, homelessness and Amy's admission that they used drugs, including heroin. She also disclosed that Joshua's father had slapped her across the face during an altercation over money in the first trimester. The hospital monitored the situation and provided the parents with support. Amy's attendance to antenatal appointments improved and she was stabilised on the methadone program.

Joshua was born at 37 weeks gestation and weighed 2.5 kg. He showed no obvious signs of withdrawal and was discharged from hospital after seven days. Hospital notes documented that the parents were receptive to learning parenting skills, such as bathing and feeding Joshua. Amy was linked in with a GP who prescribed methadone and her local maternal and child health nurse (MCHN).

Paul conducted the first child protection visit with another response practitioner and an Aboriginal child specialist advice and support service (ACSASS) worker the day that the report was received. The parents were temporarily staying with friends in a small, over-crowded flat. Joshua was awake and in his mother's arms. He seemed restless and cried throughout their visit.

Amy and Michael informed Paul that they had been together for over a year. The parents did not appear to be substance-affected and denied they were using drugs. They agreed for child protection to contact the GP who prescribed them their methadone. Amy explained that whoever made the report must have been mistaken in thinking she had used drugs with her being extremely tired after getting up through the night for Joshua.

Paul spoke with Amy separately and asked about family violence. She admitted previous violence but assured Paul that, because of Joshua, Michael had changed and would never harm her again. Amy revealed they did not have much support as she was estranged from her family and Michael's family lived far away. Joshua's sleeping environment was checked and the parents were provided with safe sleeping and sudden infant death syndrome information. Paul also highlighted to the parents the risks of co-sleeping and smoking near Joshua.

The parents agreed to further visits by child protection and a referral to Family Services, even though they disputed the need. They also consented to child protection contacting the MCHN. Amy admitted that she had not kept all of the MCHN appointments and Paul encouraged her to do so.

Paul and the ACSASS worker agreed that the case should remain open given Joshua's vulnerability and the high number of risk indicators. They also thought that following a thorough best interests assessment, the family would benefit from Family Services' involvement.

Since that visit, Paul has been back to the flat several times. On one occasion, Michael answered the door and said Amy was out with Joshua. He was pleasant but did not engage in conversation and said he would get Amy to contact him. This did not occur and during subsequent visits, Paul suspected the family were home but refusing to answer the door. Last week he visited again and had a door-stop conversation with Michael who became agitated and told Paul they did not need any help from anyone and to leave them alone.

After that Paul followed up with the MCHN, confirming that Joshua missed three out of six appointments. Joshua was most recently seen three weeks ago. According to the MCHN, Amy seems a timid woman who lacks confidence as a mother. The MCHN is worried about the lack of support for the family and wondered if Amy might be showing early signs of postnatal depression. Joshua seems to be meeting his milestones but has only been putting on the minimum expected amount of weight.

Paul's supervision sessions have been spasmodic, partly because the team has been understaffed and the workload is high. At his next supervision session, Paul discussed the case with his supervisor, Tony, saying he thinks they should close the case because the family does not want any involvement. He has not observed either parent to be substance-affected and Joshua seems to be fine.

Tony is taken aback at what he is hearing, particularly because Paul stressed how important it is to support the parents in caring for Joshua and that, given their backgrounds, it is not surprising that they don't want child protection or Family Services involved.

The following forms of knowledge might be used by Paul if he is to think clearly and deeply about Joshua and his family.

Formal knowledge	Knowledge about: • Legal framework – *Children, Youth and Families Act 2005* • Best interests and decision-making principles • Child protection practice requirements and considerations contained in the *Child protection practice manual* • What and how to record information • Best interests case practice model, specialist practice resources and snapshot tools • *Aboriginal cultural competence framework* • Roles and responsibilities under the Act • Ecological and systems theory • Child development theory and needs of vulnerable infants • Impact of parental substance abuse on infants • Safe sleeping practices • Survivors of sexual abuse and trauma • The dynamics of violence • Cultural factors and the history of removal of Aboriginal and Torres Strait Islander children • The impact of cumulative harm
Practice wisdom	Practice wisdom coming from: • Experience of working with children • Past experiences of working with young parents with drug problems • Knowledge of the attitudes and beliefs held by young people who have been in care • Experience in working with Aboriginal families • Other professionals that can provide valuable information
Emotional wisdom	Emotional wisdom coming from: • Awareness that reported parents are often fearful and scared – they may react angrily • Self-awareness – conscious of feeling inexperienced and vulnerable • Recognition of the risk that he may be unable to engage these parents • Emotional competence – knowing he must exercise his authority respectfully and sensitively • Recognition of the potential impact on practitioner judgement when people are hostile and not easily engaged

Values	Understanding that: • His role is to protect children from significant harm and cumulative harm • He values working in partnership with parents • He values a compassionate response to parents in stressful circumstances • He values working in a strengths based way • All children have a right to be protected from harm • He values cultural diversity and is committed to developing cultural competency • He values a child's connection to culture as healing • He must exercise his authority justly and fairly
Reasoning skills	Knowledge that: • He needs to gather more information for a thorough holistic risk assessment • He doesn't have enough understanding about what is happening to Joshua currently • He may make assumptions about why Michael has shut the door • His assumptions and that of the parents may collide and interact • His values may conflict at times • He needs to be able to generate some different explanations for what is happening • He recognises a pattern of interaction between the family and services over time • He understands that the best predictor of future behaviour is past behaviour • He understands the consequences of what he does now are highly influential for future work with the family • He knows he may need to try to engage them again • He considers taking another professional with him • He considers the value of seeking legal advice

We have generated an extensive list of our ideas to illustrate the value of the model and its application to complex, ambiguous and challenging cases. The model retains a focus on the child in the context of the family and good outcomes.

Later in the chapter, we consider how a process of supervision that draws on a reflective practice framework can help Paul to apply this diverse range of knowledge and skill, as well as aid his professional development.

Part 2

What knowledge and skills does Tony need to make sense of this situation described below? Use Munro's model to help you to answer the question.

Tony has been a senior practitioner in a response team for three months. He has previously been a practitioner in the team. He has had some experience acting in the role but has had no formal leadership professional development training yet.

In his own supervision sessions, Tony has not raised concerns about Paul's practice with the team manager. He has talked about the work he is doing to establish his credibility and getting to know the developmental needs of the two practitioners he supervises. In Tony's supervision sessions they have been focusing on staffing and managing workload issues.

In his next supervision session with the team manager, Tony starts the session by saying he is surprised and disappointed with Paul's best interests assessment in relation to Joshua. Tony wonders if Paul is in the wrong job because Paul has not talked to him before about the difficulties and how the case is going.

Due to the high number of unallocated cases and low staffing numbers, the team manager has been encouraged to promote throughput. The management team has been looking carefully at staffing, trying to find a way to increase the number of practitioners in the intake team.

Formal knowledge	Knowledge about: • Best interests and decision-making principles • Child protection knowledge and skills • Delegations • BICPM • The same formal knowledge drawn on by Paul (at least familiarity with) • Paul's stage of development as a practitioner • Paul's history of supervision • Emotional and social competence framework • Learning styles • The four functions of supervision • Roles and responsibilities of a supervisor • *Child protection practice manual* Advice number 1045 'Professional Supervision' • Supervision agreement format and supervision tools • Reflective practice framework • Adult learning principles
Practice wisdom	Practice wisdom coming from: • Previous work with new child protection practitioners • Understanding conscious and unconscious incompetence in new practitioners • Knowing that early management of problems leads to better outcomes • Knowledge that practitioners need opportunities to process feelings about difficult cases and failure to engage • Knowing that transfer of learning takes time

Emotional wisdom	Emotional wisdom coming from: • Understanding practitioner fear about getting it wrong and making a mistake • Understanding the impact of anxiety and its potential to minimise or exaggerate abuse • A capacity to think about unconscious dynamics – process reflection • Understanding possible fear of failure for a new supervisor • Recognition of a possible desire to be liked and be seen to be doing well • Recognition that as a new supervisor he understands he may be anxious in exercising authority • Understanding the challenge of friendships and boundaries in supervisory relationships • Understanding the need to manage his emotional response if he is to be helpful • Knowledge that in a collaborative culture people learn from mistakes
Values	Understanding about: • Openness • Fairness and respect • Cultural competence • Strengths-based collaborative practice • Positive expectations approach • Appropriate exercise of authority and power in supervisory role • Ability to admit mistakes
Reasoning skills	Knowledge that: • He needs to make a professional judgement about whether risk is present • He knows they don't have enough information about Joshua and his family • He recognises his assumptions about Paul's level of competence • He knows the consequences of appearing to blame or undermine Paul • He knows the consequences of not questioning Paul's assessment • He needs to facilitate a process where they think together about alternatives • He knows they need to generate some useful hypotheses about what is going on in the family

There are no right answers to this exercise. Please feel free to add your own ideas. This framework seeks to aid your capacity to analyse problems and understand the situation presented so you might make decisions about how to proceed. It illustrates the value of widening and deepening thinking as a way of avoiding simplistic responses to complex and dynamic case practice and supervisory challenges.

Case study 2

What knowledge and skills does this area manager need to make sense of this situation described below? Use Munro's model to help you to answer the question. We have made a few suggestions under each heading as a starting point.

An area manager in a rural office becomes aware that practitioners in the two response teams are becoming increasingly unhappy about the current system that guides the way they work. There are two response teams located in different population centres, serving a large geographical area with a report rate over and above the state average.

Each team is managed by a team manager and there are six positions in each team, although it is rare for either to be fully staffed.

The team members from across the two teams are on a daily roster to respond to urgent cases and to respond to unallocated cases, where urgent tasks and responses are required across their joint locations. All team members hold an allocated caseload, working with cases in the protective intervention phase in their part of the division.

According to both team managers who report to the area manager, it is not working for the joint group to rotate the urgent response function on a daily basis. Urgent response means urgent visits are undertaken by the staff member on the roster that day. Urgent follow-up is required for the cases awaiting allocation. Practitioners report that they spend a great deal of time in the car travelling from one part of the division to another.

Each team manager rotates the management function for the urgent response function on a daily basis. One of them suggests it is challenging to manage practitioners in another part of the division who they don't know as well as their own team members.

Both team managers report additional tensions with the centralised intake team, which is geographically removed from the response teams. Intake practitioners have suggested informally that they are hanging on to cases that cannot be allocated and that, of late, there appears to have been no capacity to do the urgent visits because the practitioners on the roster are busy or in court.

The team managers are jointly stating that the system has to change because of the level of discontent in their teams. The area manager is increasingly aware that the staffing budget is very tight, with money being spent on a maternity leave backfill position for a team manager.

Formal knowledge	Knowledge about: • Statistical data about volume of reports, current response times for urgent response cases, number of unallocated cases, current caseloads in both response teams and trends over time showing numbers of cases closed at intake (obtained from reports generated through Client Relationship Information System (CRIS) and the *Corporate reporting tool*) • Budgets and financial planning • Conflict management framework **What other formal knowledge might she need?**

Practice wisdom	Practice wisdom coming from: • Knowledge about the systems in place across the state – what works? • Knowledge that what might work in a metropolitan area may not apply in a rural area • Local knowledge about the context and the people • Knowledge about cases 'changing hands' and heightened risk **What other practice wisdom might she need?**
Emotional wisdom	Emotional wisdom coming from: • The value of consultation with 'experts' and 'stakeholders' • Understanding that when under persistent and relentless pressure, practitioners can lose sight of the child • Knowing individual staff and their approaches, stage of development, styles, skills and experience **What other emotional wisdom might she need?**
Values	Understanding about: • The child's best interests being of paramount importance • Collaboration and consultation with all stakeholders • Transparency **What other values are important?**
Reasoning skills	Knowledge that: • She understands the range of possible options and the consequences for each • She understands that decisions made in one part of the service structure impact on another and therefore there needs to be a system approach **What other reasoning skills does she need?**

There are a range of ways for this area manager to respond to this complex problem where there is no 'obvious right answer'. Different responses to the same scenario may well be appropriate, depending on many local and organisational factors. The value of the model is that it reinforces the notion that to be effective she will need knowledge, skills and values from across the model. The area manager will need to model thoughtful and insightful action and decision making that is tailored to the local context if she is to be effective.

In many instances leaders are able to create thinking space for themselves and resist the temptation to be reactive. However, we suggest that sometimes it requires a supervisor, leader or peer to support this reflective process. What kind of questions would help an area manager facing the above problem to ensure she considers the full range of sections in Munro's model?

We now suggest you undertake the following reflective exercise to help you consider how your thinking affects decision making.

Reflective exercise

Look at Munro's model and the case study. Reflect on your practice over the past few months.

- When you are involved in decision making about cases, do you rely on one part of the model or does it vary depending on the type of case or problem?
- What external factors impact on how you draw on the sections of the model?
- Has this reflection led you to think that you need to change the way you draw on sections of the model?

Now think about the other aspects of your work or issues you face and repeat your thinking. We suggest you look at a complex interagency situation or a supervisory challenge you are currently facing. Use the Munro model to consider what knowledge and skills are needed to help you to move forward.

As noted, it is important for all managers to think about the strengths and challenges in relation to the individual, team and organisation. By being more open to reflection themselves, all managers contribute to a culture of openness and learning (see Chapters 4 and 5). However, we must recognise that people are reluctant to take risks, appear wrong and admit to feeling anxious when the culture is experienced as blaming, shaming and negative. This is why it is so important to create a healthy culture in child protection. You may want to consider using this activity with your team as a group activity and to reflect collectively on individual approaches to practice.

The Munro model can provide some scaffolding to support thinking clearly and enhance the reflective capabilities of practitioners (see Chapter 2 on adult learning and on relational learning). It provides a foundation to help the practitioner bring their thinking process to a conscious level. It demands that those using it differentiate between the types of knowledge they are using to make sense of situations. Importantly, it requires the practitioner to consider the values that underpin their approach and decision making.

For an effective assessment, the practitioner needs to break down the information and ideas into manageable chunks and then stand back and think clearly about what the 'data' means before coming to a decision about what to do. You will also notice that the BICPM explicitly privileges the importance of synthesising the information that has been gathered and critically thinking about the meaning and context of it to inform the planning stage. The focus on analysis in the BICPM clearly points to the limitations of our knowledge and that this is a 'point in time' assessment based on the available information. Critically, the action that may be required is for more information to be gathered and then further review to occur.

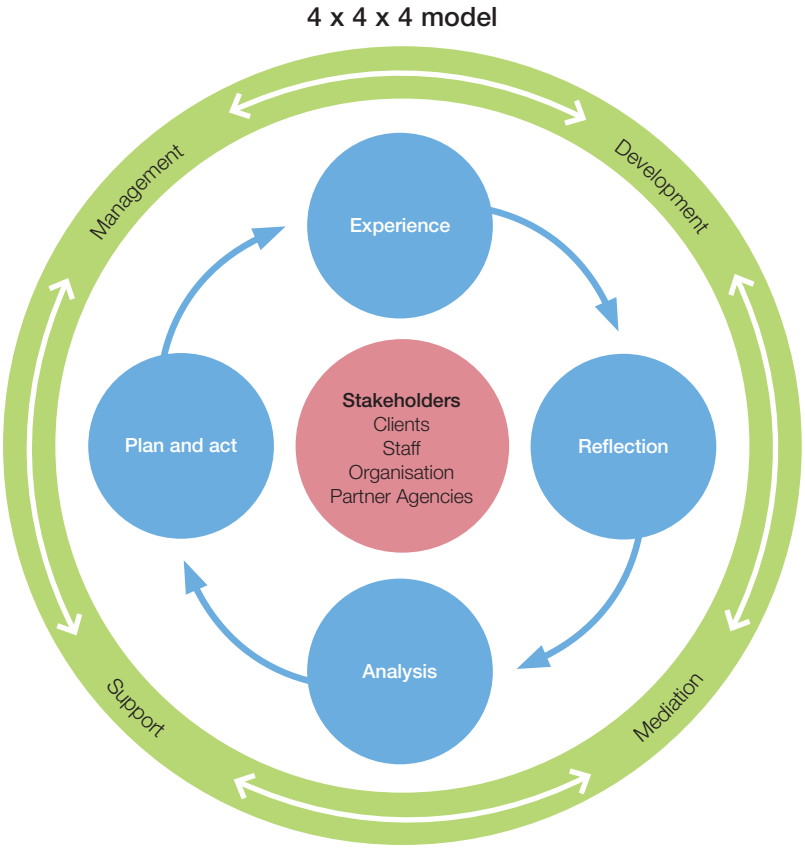
The Munro model also encourages practitioners to move on from data collection and to summarise, integrate and synthesise the knowledge that leads them to an overall formulation (Brandon et al., 2008). You may want to use the Munro model in your supervision or in a team discussion. It can be used in case presentations where the team can reflect on which parts of the model have been used in the analysis.

Promoting critical reflection through supervision

In our work with many supervisors and leaders in child and family welfare settings we have found that the Morrison (2005) 4 x 4 x 4 model of supervision (Figure 1.3) appears to translate well into the real world of practice and informal feedback suggests that it works.

This model is built around three cycles, each with four component parts.

Figure 1.3: A framework for supervision



Source: Morrison, 2005, p. 226

An integrated model provides a framework for the following.

1. Thinking about the four functions of supervision (see Chapter 2 and Chapter 4) – that is, the 'WHAT' of supervision (outer green cycle). Across time all tasks/functions of supervision will be delivered. It allows for a number of leaders to make a vital contribution to a supervisee's supervision using a well-negotiated supervision agreement (Chapter 2). This is of paramount importance where senior practitioners are supervising and all parties want to ensure that everyone understands the roles of the supervisee, senior practitioner and team manager.
2. Thinking about the four key stakeholders to supervision – the 'WHO' and 'WHY' of supervision (inner pink circle). The key beneficiaries of supervision need to be kept in mind by all practitioners, supervisors and leaders.
3. Thinking about the reflective learning cycle as the 'HOW' of supervision (middle blue cycle).

According to learning theorists such as Jarvis (1995) professional development only occurs when the learner is able to make use of experience by reflecting on it, analysing it by drawing on values, theory and research, and then developing new models for future action that are then tried out through further experience.

Using the blue Kolb learning cycle as a central framework for supervision enables all functions to be met in an integrated way, the needs of all four stakeholders to be covered and practice to be critically reflected upon.

While the model may appear to prioritise the professional development function of supervision, we assert that if used thoughtfully by the supervisor it can also meet other functions, including accountability (see Chapters 2 and 4).

It is also a model that lends itself to other applications and can be applied to the work undertaken by practice leaders and principal practitioners in their role with practitioners. It can also guide supervision practice at other levels of the organisation – area managers and deputy area managers with team managers and the supervision delivered by child protection operations managers.

Encouraging critical reflection

It is important that the supervisor understands they have an important role in assisting practitioners to critically reflect when they are applying the BICPM by:

- identifying the information they need and how it is to be sought
- developing evidence-based explanations about what is happening
- being open to different or conflicting hypotheses
- establishing a case formulation (Wonnacott, 2003).

The process through which the supervisor helps the practitioner to do this should model ‘thinking clearly and deeply’ and assist the practitioner to develop ‘critical thoughtfulness’, that is, the ability to think on practice before, during and after practice events (Holland, 2004).

The Kolb learning cycle

In Chapter 2 we discuss an adult learning paradigm, as well as transformational and relational learning in a child protection context. The role of learning is central to all the capabilities: effective leaders are both good learners and good facilitators of adult learning. They strive to create a context where learning is encouraged and supported. Morrison (2005) recognises this when he applies the Kolb learning cycle to promote critical reflection in child protection and to support adult learning from experience. He argues that the cycle should occur at each level in the child protection process: the practitioner level, the client level and the supervisory level. The four parts of the cycle focus on facts, feelings, analysis and planning (Figure 1.4).

Figure 1.4: The practice cycle and supervision cycle based on the Kolb cycle

Source: Kolb, modified by Morrison, 2005, p. 155

You may want to use this model to reflect on an example from your own experience such as learning to swim, dance or get fit. It is important to consider the affective and cognitive aspects of the experience and how these impacted on what happened.

It is, however, critical that practitioners understand that this cycle can be applied in their practice when they engage with families – trying to understand what happened, what it was like for those involved, what it meant and how families visualise the future as a result. This helps us understand the way clients make sense of the world, rather than how we think they think or should think.

We believe that all those applying the 4 x 4 x 4 model in supervision should start by thinking about its application to the 'practice story' – the client's story (Morrison, 2005).

The practice story or cycle

The practice cycle shows that good practice occurs when the practitioner:

- engages with the client and their story and identifies the stories of other people who are involved
- helps the client to identify the feelings generated by the story, and the feelings of others involved
- helps the client to consider the meaning of the story, as well as its causes, consequences and impact
- helps the client to think about how they would like the next chapter of the story to be written, and what help they need in order to move the story on (Morrison, 2005).

To illustrate the value of applying the cycle at the casework level we have included a brief case example followed by some examples of open, curious and reflective questions that a child protection practitioner may find useful in the work with Lincoln and his parents.

We have provided examples from each part of the learning cycle in order to illustrate the value of the practitioner asking questions related to the cycle's four components: experience, reflection, analysis and planning and action.

Doing this exercise can be a useful tool in supervision and case consultation and we view it as a coaching method to assist practitioners to practice asking different sorts of questions to their clients (Gibbs, 2011). Used as a coaching tool the supervisor might ask the practitioner to identify examples of different questions under each heading and then to practice asking them in supervision.

Before proceeding, a note of caution in relation to this way of presenting both the practice cycle and the supervision cycle.

- Sometimes example questions appear artificial and stilted because they are posed out of context. At this stage you are trying to think about open and curious questions that engage the practitioner and enable them to tell their story. The skill of the coach is determining what useful question they might ask next.
- This should not be understood as a checklist of questions to use with parents. We encourage you to read the material and think about the four parts of the learning cycle. Questions should be tailored to the unique circumstances of an individual client (practice cycle) and supervisee (supervision cycle). Our exercise is to promote your understanding of the importance of the four parts of the cycle: experience, reflection, analysis and planning/action at all levels.

Case study 3

Lincoln, aged four, was removed from his mother's care six weeks ago by the After Hours Child Protection Emergency Service. A passing motorist found him wandering alone in a highly distressed state at one o'clock in the morning.

His mother, Talia, was eventually located and found to have been seriously assaulted. The police assert she was prostituting herself when attacked by a client. She was taken to hospital due to her significant injuries and became abusive when a decision was made to remove Lincoln from her care. She could not suggest a suitable alternative carer and appeared not to understand how dangerous the situation had been for Lincoln.

He was placed in emergency foster care. Lincoln presented as being dirty, tired and withdrawn on the night he was placed with the family but has since 'flourished'. He has put on weight and is talking a lot more. He is currently placed on an interim accommodation order with supervised access with both parents.

Talia is 21 years old and has a history of mental illness (depression) but is currently well and no longer taking antidepressant medication. She briefly lived with Lincoln's father, Raul, who is a Sudanese refugee and 22 years old. Talia claims that Raul was physically and verbally violent towards her and this contributed to their separation.

It is believed Talia was sexually assaulted as an adolescent and has no contact with her family. She has struggled to find stable accommodation and, for many months before his removal, she and Lincoln were transient moving from refuges, friends' homes and at one time believed to be 'sleeping rough'. A number of reports have been made to child protection over 12 months alleging neglect and emotional abuse. Talia has been charged with shoplifting and has a record of minor offences.

The Children's Court ordered that Lincoln's father should have weekly contact with Lincoln, as should Talia. Raul has a criminal history involving selling drugs and assaults but denies that he was violent to Talia. At the time of the incident neither parent was assessed by child protection as being able to offer good enough care to Lincoln.

Raul and Talia have a highly acrimonious relationship and they use their separate access time with Lincoln to complain about each other. Neither agree that Lincoln needs to be in care.

First, it may be useful for you to recall the Munro categories of knowledge and skills. Make some brief notes about those that a practitioner would need to engage with Lincoln, Talia and Raul:

- formal knowledge
- practice wisdom
- emotional wisdom
- values
- reasoning skills.

This exercise may prompt you to think about the range of functions you fulfill in your role as supervisor or case manager. What knowledge and skills does the practitioner have and what may need to be developed? This links to the importance of your assessment of the practitioner.[3]

Now think about some examples of questions that a practitioner might ask either parent.[4]

Below are a few ideas under each heading that might be useful.

3 See Chapter 4 and material about assessment in supervision practice for more information.

4 You will find the BICPM and snapshot tools valuable for this exercise.

Experience questions

Remember a key task for the practitioner here is engagement, raising awareness and information gathering:[5]

- Tell me about your understanding of our involvement with your family.
- What do you need from me?
- Tell me about the night Lincoln came into care.
- What do you think I need from you at this time?
- Why do you think child protection wanted your visits to Lincoln to be supervised?
- What were the things that happened in Lincoln's life that got you (us) here today?
- What do you notice about Lincoln when you see him now?
- How has he changed over the time since he came into care?

Reflection questions

Remember a key task for the practitioner is to explore the impact of feelings and what things are like for clients including Lincoln.

- What is this like for you?
- What does all this remind you of?
- What would be helpful for you to know about Lincoln's placement?
- When professionals have been helpful in the past what did they do/say?
- What is it like for Lincoln?
- What do you think he could hear about you that would be good for him?
- When things get difficult at access what do you imagine it is like for Lincoln?

Analytical questions

Remember a key task for the practitioner is understanding, encouraging clients to think, particularly about their child.

- Can you tell me the story that resulted with Lincoln being taken into care?
- What's important for Lincoln right now?
- How do you think things are going?
- What might be the future effects on Lincoln if we go on like this?
- How do you know that?
- What do you think we are worried about?
- What are the risks for Lincoln now and in the future?
- How do you think things could be different for Lincoln?
- What do you think should happen in court?

Action, planning and reviewing questions

Remember a key task for the practitioner is planning, reviewing and evaluating.

- How can we manage this situation better for Lincoln?
- What could you do differently?

5 Note congruence with information gathering in the BICPM.

- What do we need to do now to make things better for Lincoln?
- If things continue like this what do you think is going to happen?
- Who do you think can support you so that things change?
- What do you need to know about court and the proceedings to help you manage?

A final point here is that even when a practitioner works hard to engage and form a relationship with a parent, it does not automatically lead to effective engagement and trust. Many parents will continue to be hostile in the face of child protection involvement and remain difficult to engage. An emotionally responsive and attuned practitioner will continue to struggle despite this response, managing their own emotions rather than becoming defensive or resorting to using power as a way to control the situation. They will use an authoritative balanced style of practice,[6] which is analogous to an authoritative style of parenting (Baumrind 1978 in Wonnacott, 2012, p. 74). Many parents who come into contact with child protection services struggle with being warm and responsive to their children in combination with an ability to enforce rules and clear boundaries – to be assertive without being aggressive or restrictive. It is highly beneficial when the practitioner can model this style of communication and behaviour.

Having applied the Kolb cycle at a practice level we move on to consider its use in supervision. It is important for supervisors and leaders to reflect on the way the cycle enables them to apply the BICPM framework. The Kolb cycle underpins the BICPM framework even though some of the terminology is different. Remember also that as in the Kolb cycle, the BICPM stresses the iterative nature of adult learning and effective practice – actions are constantly reviewed in an ongoing cycle of reflection and analysis.

The supervision story or cycle

The basic cycle can be used in supervision to encourage the practitioner to be more critically reflective by directly addressing the affective and cognitive aspects of practice. This is done by using well-formulated open questions. It discourages the practitioner from jumping to conclusions about the case and making decisions about what needs to happen. Further, in the busy and pressurised practice context we can all recognise a temptation to move straight from identifying a complex problem or case situation to determining the solution or way forward. Equally challenging for the time poor leader is a request from a practitioner for the answer or way forward. As much as possible effective leaders, who want to promote the development of their staff, will try to ask a few reflective questions and strive to collaboratively come to a decision about what to do next.

In his book, *Staff supervision in social care,* Morrison (2005) explains the application of his model. We encourage all readers of this guide to read Chapter 5 *Promoting reflective practice in supervision* and, in particular, we stress the value of the examples of reflective questions for supervision contained on pages 167–172.

The BICPM Summary Guide and the *Analysis and risk assessment* snapshot tool also includes useful questions to consider. As you read this part of the chapter ask yourself how you might incorporate these practice resources into your supervision as you develop analytical skills among your staff to help them think clearly and deeply about practice events.

6 See Chapter 4 for a discussion about authoritative practice and supervision.

Experience part of the learning cycle

Supervisors can help uncover what information has already been collected and by what methods by asking practitioners to recall events and to 'tell the story'. In the BICPM this is the information-gathering phase.

The supervisor will be thinking about:

- helping the practitioner to identify what they know and what they don't know
- identifying who might hold information and how this can be accessed
- working collaboratively with partner agencies – communicating effectively (see Reder and Duncan material in Chapter 2)
- thinking about the quality of the information and how information is organised such as through a genogram.

At times the supervisor will review the standard of case notes and reports, noting what information has been gathered and how it has been recorded.

In non-case-specific discussions, the supervisor helps the supervisee to describe the problem and the multiple dimensions of the situation. It is important for supervisors to be aware of the danger of proceeding straight to action and short-circuiting the learning process.

Here are some questions that might be useful for the supervisor to use with the practitioner working with Lincoln, Talia and Raul in case study 3:

- Tell me about your role with this family.
- Have we drawn up a genogram?
- What do you know about the experiences related to being a Sudanese refugee, being sexually assaulted, family violence and being mentally unwell?
- What other professionals are involved?
- Who is working directly with Lincoln to help him understand and support him? Whose role is that?
- What do we know about what others are doing with the family?
- What assessments have we got? What's missing?
- What do we know about Raul and Talia's backgrounds? How do we know that?
- What do we know about Lincoln's early life and how?

If the aim is to facilitate learning and promote thoughtful practice, attention must be given to the affective and cognitive aspects through reflection and analysis. It is here that learning takes place. In high-risk and urgent situations, it may be that solutions or decisions must be made quickly but it is then important to come back to the situation at a later date to reflect on what happened.

Reflection part of the learning cycle

In the next part of the cycle the supervisor uses well-formulated reflective questions to help the supervisee identify which emotions influence thinking and action. Reflection helps the supervisee to recognise patterns and to make links with prior experiences. This is intuitive thinking.

The supervisor will be thinking about:

- the quality and nature of the practitioner's relationship and interactions with the child and family
- how to assist the practitioner reflect on the interaction with the client and partner agencies and how this may impact on the assessment
- how to help the practitioner look for patterns and links with prior experiences – both the client's and theirs.

Here are some examples of questions that it might be useful for the supervisor to ask the practitioner engaged with Lincoln, Talia and Raul.

- How are you feeling about this situation right now?
- How do you think Lincoln understands your role? (Talia and Raul)
- Who do you remind them of? Who do they remind you of?
- What's it like working with this foster care agency for the first time?

It is here that the supervisor can encourage the supervisee to acknowledge and process emotional responses to families and others that can provide useful insights into the child's or others' experience. Without effective supervision these emotional clues may be lost to conscious awareness and remain at an unconscious level.

- When the parents start getting angry and unreasonable, what are you feeling and thinking?
- If Lincoln (Talia and Raul) were here right now what would he say access is like for him?
- What would Lincoln (Talia and Raul) say he wants you to do and how do you know?
- How do you think the foster carers are feeling?
- What is the foster care worker feeling and how do we know that?

In addition, it is extremely important for practitioners to be helped to explore whether any of their emotional responses are being contaminated or compounded by events or experiences in their own lives. If emotional responses are not recognised and processed they have the potential to distort risk or it can lead to risk being minimised (see Chapter 3). At times all of us have the potential to be affected by the work we do and for certain experiences to connect with difficult events or episodes in our lives. Supervisors have a responsibility to recognise when it might be helpful for a supervisee to access an alternative resource such as the Employee Assistance Program or personal counselling and to discuss this sensitively and openly. While managing the boundary between offering responsive/enabling supervision and personal counselling can be challenging, it is nevertheless incumbent on the supervisor to do so. The authoritative style of supervision, described and discussed in Chapter 4, directly addresses the importance of supervisors actively challenging the supervisee to explore how well they are maintaining a compassionate, emotionally attuned response, as well as addressing risk and potentially harmful behaviour by parents.

Analysis part of the learning cycle

In the analysis part of the cycle, the supervisor directly addresses the importance of examining how the supervisee is making sense of the experience. It is by asking good analytical questions that the supervisee is encouraged to think clearly about the conclusions that have been drawn and on what basis they were made.

When the supervisor reviews the case they can use it as an opportunity to think about how the practitioner has made sense of what has happened so far and that the rationale for action taken is clearly articulated. A practitioner will need to be helped to understand that this reviewing activity opens up new possibilities for useful learning and development and quality assurance, rather than being an indicator that they are not trusted. Both the supervisor and practitioner will consider the value of the case notes in providing important information for the child, who may wish to access the notes later in life under freedom of information legislation.

The BICPM helps us to consider what types of questions need to be asked. Remember: context, circularity, constraints, connectedness and curiosity. Ways this may be utilsed in leading practice is explored in more detail in Chapter 5.

If practice is to be ethical and non-discriminatory, the supervisor needs to help the supervisee to explore the dimensions of authority and power.

A core activity in effective risk assessment practice is hypothesising – assisting practitioners to develop their capacity to build, test out and discard multiple hypotheses for understanding and explaining what is happening in a family (Dalzell and Sawyer, 2008; Holland, 2004). By asking the practitioner to articulate the emerging hypotheses, the supervisor ensures the quality of the thinking behind the assessment is examined. There is considerable evidence that problems can arise in the way practitioners reason when they are making sense of complex information. Based on Munro's work (2008), Dalzell and Sawyer (2008) identify a number of common errors:

- failure to revise risk assessments – difficulty in changing minds, considering alternatives (being led down the garden path)
- discounting of earlier history
- failure to note patterns
- written evidence overlooked in preference of direct reports
- discounting contrary evidence
- being uncritical of evidence that supports the practitioner's own view.

It is therefore critical that supervisors ask questions that help to guard against these tendencies. The supervisor will be thinking about how to help the practitioner:

- develop an evidence-based hypothesis and formulation about the situation – causes, risks, protective factors, impact, ways forward
- articulate the child and carer's perception and explanation for the concerns and impact
- identify gaps in information and how to fill the gaps.

Here are some examples that may assist the practitioner working with Lincoln, Talia and Raul in case study 3.

- What have you thought so far about this family and what patterns are apparent?
- What are the critical issues for us to think about?
- Have we considered a case conference?
- Who is your client?
- What are the risks for Lincoln at this time and in relation to his future development? What theories, research and ideas help us with this assessment?
- Can you think of any other explanations for why the situation changed and deteriorated?
- I know about the things that are concerning you but what are the strengths and positives associated with this family? What are the possible protective factors?
- What assumptions are we making about each of the parents? Is there any other way of thinking about their behavior?
- What do you think the foster care worker or foster carers would say if they were here?

Action phase of the learning cycle

In the action planning part of the cycle, the supervisor helps the supervisee to use the analysis to guide what they are going to do next. This may well involve gathering more information or testing out certain hypotheses.

The supervisor will be thinking about:

- organising a family meeting
- discussing the best interests assessment, decisions and recommendations
- organising a case conference or professionals meeting if appropriate
- providing possible options if the situation changes
- supporting the practitioner if the decision involves challenging or contentious action
- live supervision.

Examples of questions to aid planning and action with Lincoln, Talia and Raul in case study 3 include:

- Given our reflection and analysis what do you think we need to do and why?
- What other options do we have?
- Who else might help us here?
- What safety issues are there and how can we manage these?
- At the beginning of our session how would you have rated your level of concern about this case? How is it now?
- What can I do to support you?

It is important to recognise that everyone has weaknesses and strengths in different parts of the cycle. This highlights the importance of supervisors understanding the learning style for each supervisee (and themselves) and recognising the importance of asking questions addressing each part of the cycle (see Chapter 2, for discussion of learning styles).

We have described the model by covering each stage sequentially. In the real world of supervision practice, it is likely that the dynamic process would move around different parts of the cycle; however, it is important that all aspects are covered.

We suggest that the examples of questions we have given for use in case study 3 illustrate that all four functions of supervision can be addressed using this model. The key to the effective supervisor/leader is that they can listen to the answer and think simultaneously about what they are learning in relation to all four functions. We also remind you here to regularly think about your practice as a supervisor/leader.

Two key self-reflective questions might be:

- Am I reflecting at all four levels on a regular basis, moving from surface to depth?
- What am I learning about this practitioner's understanding of the role and accountability, the impact of the work on them, their developmental needs and how connected they are to the organisation and system?

Individual face-to-face supervision in Victoria's child protection system is mandated through the *Child protection practice manual* Advice no. 1045. There is now significant evidence that it is an important and integral component of effective practice leading to better outcomes. The model we have described lends itself to encouraging both thoughtful and emotionally attuned practice. Our view is that supervisors can use this model to assist supervisees to attend to the various components of effective practice as outlined in Munro's model. The model validates diverse sources of knowledge. Questions drawn from a strengths-based model of supervision (McCashen, 2005), and a number of other frameworks (Hawkins and Shohet, 2006) are well positioned to strengthen the reflective and analytical capabilities of practitioners (see Chapter 2 for a range of question types).

Reflective exercise

We now apply this model of supervision in the case study we used earlier to illustrate Munro's model of effective practice (case study 1). We identified what Tony and Paul may need in terms of knowledge and skills to be effective at the case practice and supervisory level.

How could they be assisted to draw on what they already know and to progress their development further through their respective supervisors using this model? Turning first to Tony's supervision with Paul: What reflective questions could Tony ask to promote Paul's professional development at the same time as ensuring accountability for what is happening in the case? (We have made some suggestions again to prompt your thinking.)

Experience questions

- Can you describe what happened the last time you tried to visit the family?
- Can you recall what was in your mind as you arrived?
- What did Michael say when he opened the door? How did he look?
- What was different this time from the other times you have visited?
- What do you remember about his tone of voice and facial expressions?
- How does Michael's aboriginality impact on the way you see him?
- What do you recall about your reactions, expressions and non-verbal communication?
- Have you talked to anyone else about this family? What have they told you?
- Can you describe the consultation process with the ACSASS program?
- What do we know about Joshua right now?

Reflective questions

- What were you feeling about visiting that day?
- What do you think Michael might have been feeling when he saw you on the doorstep?
- If Amy had been there, what do you think she would have been feeling?
- What do you think life is like for baby Joshua? (What makes you think that?)
- What did the visit remind you of?
- What's gone well in this case? How do you know?
- Have you had this type of experience before?
- How have you used your child protection authority wisely with this case?
- Can you describe how the consultation process with the ACSASS program influenced the visit, key decisions and planning of the visit?
- What might you do differently if you were back at the beginning?

Analytical questions

- If Joshua were able to talk to us, what do you think he would want to tell us about his life right now?
- What do other people who know this family tell us about their assessment? Why do they see the family this way?
- We talk a great deal in the team about the 'authority aspect of child protection'. What does this mean to you?
- How does it apply in this case?
- What did you think your role was that day?
- What was important for you to achieve that day?
- What do you think Michael and Amy think about your role?
- How did you make sense of Michael refusing you access to the home that last time?
- What did you try that day and why?
- What is your hypothesis about what's going on here? Are there any other explanations?
- What do you think the risks are for Joshua and what makes you think this?

Planning and acting

- What are our options here?
- What are the pros and cons of each?
- What don't we know?
- How can we get that information?
- What do you think might be the best way forward to ensure Joshua's safety?
- What might happen if we go back and suggest that if we don't see Joshua, we will need to seek an order that ensures we can?

Now let's turn to Tony and his supervision. What reflective questions could the supervisor ask Tony to promote his professional development, while ensuring accountability for Paul's work with the family?

Experience

- Can you tell me briefly what happened in your last supervision session when you were talking about Joshua and his family?
- What was your plan that day in supervision?
- What did you hope to achieve in the session?
- What surprised you?
- What did Paul tell you he was planning to do that day and then what did he do?

Reflection

- Can you recall what you felt when Paul recounted what had happened?
- Can you think of a metaphor that would help us explore how you were feeling that day?
- What do you think Paul was feeling in supervision?
- What do you think Michael and Amy are feeling?
- If Paul were sitting here, what would he tell me about his supervision with you?
- What has supervision with Paul been like for you?

Analysis

- What is your hypothesis about Paul and his case practice here?
- What assumptions have you made about Paul and his knowledge and skill level?
- On what was this assessment based?
- How do you think Paul understands supervision?
- What do you think your role is as his supervisor?
- What do you think has gone well in his supervision? What has not gone so well?
- What do we know about new child protection practitioners and how they develop over time?
- How does Paul fit with these ideas?

Planning and acting

- What do you think should happen now with the case?
- Can you explain why?
- Are there any other options?
- How can I help and support you?
- What might assist Paul here?
- What could you try in supervision to help him?
- What does he need to do differently?
- What do you need to do differently?
- What other supervisory arrangements are going better?
- What's different?

All these case examples illustrate there are no set ways of approaching supervision. Your ideas may have been different. The model we have described here encourages the supervisor to help the supervisee to broaden their thinking. In many cases, the supervisor promotes practitioners' learning by asking a good reflective question. When someone struggles to give an answer, it often prompts them to realise they need more information. Asking open reflective questions provides a useful way for the supervisor to assess the supervisee's level of competence and confidence about what they are doing. It allows the supervisor to ensure they fulfil the managerial function at the same time.

During a supervision session such as the ones discussed here, the supervisor would be trying to be empathetic and supportive and, at the same time, creating an opportunity for the supervisee to be challenged and encouraged to learn through what has happened. The supervisor will need to be aware of their emotional responses and the responses of the supervisee.

We suggest you identify a supervision session in the next week when you plan to ask more open, reflective questions. After the session spend a few minutes recalling what happened and how much more knowledge and understanding you may have gained through taking a position of curiosity and interest rather than a position of 'telling' (see Chapter 2).

Encouraging thinking clearly beyond individual supervision

In the past few years there has been an increasing interest in the use of group practices to help develop critical thinking in child protection. For some the challenge of creating enough time in individual supervision to do this work has encouraged the development of a team or group method (Ruch, 2007b). For others, the learning opportunities that arise from a group process has led to this mode of supervison and consultation to be adopted across many contexts.

We suggest the team as a whole can play a useful function in providing opportunities for greater thoughtfulness. It is important that in every Victorian division, reflective practice sessions led by the principal practitioners or practice leaders now occur on a regular basis. In Chapter 5 we explore group supervision and other processes, including the benefits of engaging in more structured critical reflection practices in groups. However, we wish to emphasise the importance of organisations ensuring that this development does not diminish the importance of individual supervision. We believe both individual and group practices harness critical capabilities and one should not take place at the expense of the other. They are complementary practices. In group practices we suggest that everyone needs to be clear about the goal and purpose of the group authority, decision making and accountability relating to individual cases.

Summary

In this chapter we state the case for a sustained and embedded focus on critical reflection at every level in the child protection process. We define critical reflection and suggest its centrality to applying the BICPM into the real world of practice.

Critical thinking and decision making in child protection are influenced by emotions, values, reasoning skills, practice wisdom and formal knowledge. 'Critical reflection' means that practitioners will try to identify these influences so their practice is of a high-quality standard, fair, ethical and transparent.

We have proposed that individual relationship-based face-to-face supervision using a reflective practice approach, based on Kolb's learning cycle, has much to offer in this process. We also suggest that the cycle applies at the level of the case (the practice or story cycle) and that practitioners have much to gain by thinking about how they might use the ideas in their work with children and their families. Within child protection there are numerous roles where the capacity to lead and model critical reflection is of paramount importance.

Munro (2008) and others argue that child protection practitioners tend to rely too heavily on intuition and need to draw more heavily on formal analytical thinking, while not losing sight of the value of what can be understood through empathy and intuition. In order for there to be well-planned interventions and informed decision making in cases, it is imperative that practitioners are well managed and supported by their supervisors, who demonstrate and model 'critical thinking', drawing on diverse sources of knowledge, including critical reflection as a practice-based knowledge.

Supervision should be where the hypotheses generated from information gathering, and the inevitable blind spots and bias, are challenged. Here, practitioners also make explicit their values, assumptions, uncertainties and feelings. Providing emotionally containing supervision is imperative if practitioners are to utilise the invaluable insights that come from their emotional responses to children and parents. Practitioners who are supervised in this way will develop professionally and be better able to reflect in interactions with families.

In this chapter we briefly introduced the idea of group practices that support and enable critical reflection. In Chapter 5 we focus on groups as an important place where critical thinking can be encouraged, developed and embedded.

On a final note, it is important to reiterate that the culture of the organisation is a powerful influence, both positively and negatively, on whether adequate time and resources are given to the feeling and thinking dimensions of practice. The structure and process of reflective supervision and learning described here is a cornerstone of the *cascade effect* as described in the Introduction to this guide and explored in Chapters 4 and 5.

Leaders and supervisors can model thoughtful practice, thereby directly influencing better outcomes for children and their families. They contribute in this way to a more healthy, collaborative learning culture, but they cannot take total responsibility for it. Those at the executive and senior management level need to reflect on the part they play in the messages that permeate through the many levels of the child protection process in relation to the place of thinking and emotion, how priorities are set and how effective practice is measured (Gibbs, 2008).

References

Anderson, D 2000, 'Coping strategies and burnout amongst veteran child protection workers', *Child Abuse & Neglect,* vol. 24, no. 6, pp. 839–848.

Brandon, M, Belderson, P, Warren, C, Howe, D, Gardner, R, Dodsworth, J et al. 2008, *Analysing child deaths and serious injury through abuse and neglect; what can we learn? A biennial analysis of serious case reviews 2003–2005*, Department of Children, Schools and Families, London.

Chapman, M and Field, J 2007, 'Strengthening our engagement with families and understanding practice depth', *Social Work Now,* December 2007.

Dalzell, R and Sawyer, E 2008, *Putting analysis into assessment – undertaking assessments of need*, National Children's Bureau, UK.

Department of Human Services 2008, *Aboriginal cultural competence framework*, State Government of Victoria, Melbourne.

Department of Human Services 2011, Child Protection Workforce the Case for Change, DHS Victoria, via http//www.dhs.vic.gov.au/

Department of Human Services 2012, *Best interests case practice model*, State Government Victoria, Melbourne.

Department of Human Services 2012, Child protection practice manual Advice number 1045 'Professional supervision' www.dhs.vic.gov.au/cpmanual

Ferguson, H 2004, Protecting children in time: child abuse, child protection and the consequences of modernity, Palgrave, Basingstoke.

Ferguson, H, (2013) 'Daniel Pelka: why social workers become 'helpless' The Guardian Tuesday 24 September. Available at: http;//www.theguardian.com/society/2013/sep/24/why-social-workers-become-helpless Accessed 25 September 2013.

Gibbs, J 2002, *Sink or swim: changing the story in child protection – a study of the crisis in recruitment and retention in rural Victoria*, La Trobe University, Unpublished PhD thesis.

Gibbs, J 2008, *Managing to retain good people – what do workers need? An international perspective*, unpublished paper, Department of Human Services Conference, Lorne.

Gibbs, J 2009, 'Child death inquiries: moving beyond the rhetoric of learning children Australia', *Children Australia,* vol. 344, no. 3, pp. 9–17.

Gibbs, J 2011, Training materials prepared and delivered for child protection supervisors and managers in Southern Metropolitan Region, Department of Human Services.

Gibbs, JA 2001, 'Maintaining front line workers in child protection: a case for refocussing supervision', *Child Abuse Review*, vol. 10, pp. 323–335.

Gilgun, J 2005, 'The four cornerstones of evidence-based practice in social work', *Research on social work practice*, vol. 15, no. 1, pp. 52–61.

Goding, G 1992, Principles of family therapy, VAFT, Melbourne.

Hawkins, P and Shohet, I 2006, *Supervision in the helping professions* (3rd edn), McGraw Hill, UK.

Holland, S 2004, *Child and family assessment in social work*, Sage, UK.

Hughes, L and Pengelly, P 1997, *Staff supervision in a turbulent environment. managing process and task in front-line services*, Jessica Kingsley, London.

Jarvis, P1995, *Adult and continuing education*, Routledge, London.

Karpman, S 1968, Fairy tales and script drama analysis, Transactional Analysis Bulletin 7, vol. 26, pp.39-44.

McCashen, W 2005, *The strengths approach – a strengths based resource for sharing power and creating change*, St Lukes Innovative Resources, Bendigo.

Morrison, T 2005, *Staff supervision in social care: making a real difference for staff and service users*, Pavilion, Brighton.

Morrison, T 2008, *Understanding reflection*, teaching notes from module written for Leicester University UK School of Social Work: MSc in Leadership and Management. Unpublished material.

Munro, E 1999, 'Common errors of reasoning in child protection work', *Child Abuse and Neglect*, vol. 23, no. 8, pp. 746–758.

Munro, E 2002, *Effective child protection* (1st edn), Sage, UK.

Munro, E 2008, *Effective child protection* (2nd edn) Sage, UK.

Ruch, G. 2000, 'Self and social work: towards an integrated model of learning', Journal of Social Work Practice, vol. 14, no 2, pp. 99-112.

Ruch, G 2005, 'Relationship-based practice and reflective practice: holistic approaches to contemporary child care social work', *Child and Family Social Work*, vol. 10, pp.111–123.

Ruch, G 2007a, 'Reflective practice in contemporary child-care social work: the role of containment', *British Journal of Social Work*, vol. 37, no. 4, pp. 659–680.

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

Schon, D 1983, *The reflective practitioner: how professionals think in action*, Basic Books, San Francisco.

Siegal, D and McCall, D 2009, Mindsight at work: an interpersonal neurobiology lens on leadership, NeuroLeadership Journal, no. 2, pp. 23–34.

Stamm, B (ed) 1999, Secondary traumatic stress: self care issues for clinicians, researchers and educators, Sidran Press, Maryland.

Ward, A. & MacMahon, L. 1998, Intuition is not enough: Matching learning with practice, Routledge Publishers (London).

Wonnacott, J 2003, *The impact of supervision on child protection practice – a study of process and outcome*, University of Sussex, unpublished Master of Philosophy thesis.

Wonnacott, J 2012, *Mastering social work supervision*, Jessica Kingsley Press, UK.

Yelloly, M and Henkel M 1995, *Learning and teaching in social work: towards reflective practice*, Jessica Kingsley Publishers, UK.

Chapter 2 Engaging others

In this chapter we cover:

- cooperation and collaboration in child protection
- critical components of establishing supervisory relationships including
  - developing a shared understanding of supervision
  - sharing the responsibility for delivering supervision
  - negotiating and agreeing to a supervision agreement by
    - establishing the mandate for supervision
    - understanding the importance of past experiences
    - understanding development over time: two models for guidance
    - understanding factors which influence help-seeking in supervision
    - understanding learning styles
    - formalising and reviewing the agreement
- maintaining and sustaining supervisory relationships
  - working within a cultural competence framework
  - understanding authoritative practice
  - understanding adult learning: transformational and relational learning
  - a psychological model of communication
  - formulating questions – reflective, strengths-based and solution focussed
  - listening deeply
  - purpose and process of feedback
- responding in more challenging situations
  - getting stuck in the learning cycle
  - the bridging interview
- ending supervisory relationships
- understanding intra-agency and interagency relationships
  - interagency collaboration.

Capability: Engaging others

Engaging children, families, carers, community, service providers and colleagues by listening deeply, communicating expertly and building relationships respectful of diversity and culture.

The three capabilities within this cluster are summarised below.

1. **Communicates expertly** – listens attentively; speaks clearly and sensitively; engages others and is culturally aware.
2. **Working together** – clarifies common goals; works alongside others; brings others along and genuinely works together.
3. **Child centred, family focussed** – responds effectively to client needs and is a trusted advisor and advocate.

Introduction

In recent years, we have become increasingly aware of the value of relationship-based practice in child protection (Ruch, 2005). David Howe (2010) draws on a number of therapeutic concepts such as 'containment' and 'mentalisation' and states a strong case that child protection practitioners have a key role in assisting parents to think about and understand their children as individual beings, reduce their stress levels and, in so doing, help to keep children safe.

In Victoria the Best interests case practice model (BICPM) acknowledges that building good relationships with children, adolescents, their families, communities and services is central to effective case practice. Relationship-based practice recognises the uniqueness of each family's situation and the diverse sources of knowledge and theory that are required to make sense of their complex and unpredictable situations. It centralises the use of self as the major mechanism through which practitioners seek to help and work towards change.

Child protection practitioners need to develop their capacity to build and sustain empathic professional relationships in order to address risk and to help create change in families. Again, Howe (2010) tells us that parents who feel understood by a practitioner are likely to experience less stress and so are less likely to be a danger to their child. When practitioners engage in relationship-based practice, they require significant support to examine and evaluate their styles of practice and how they have made sense of situations. Much of this developmental learning can be done in the context of a safe and nurturing supervisory relationship.

Supervisors need to create a supervisory context that enables and ensures effective relationship building. A supervisor who assesses a pattern where a practitioner is struggling to retain a compassionate and empathic stance will need to explore this quickly and sensitively with the practitioner. The capacity of the practitioner to engage with a client to build trust and undertake a good assessment is impaired when a practitioner is emotionally disconnected. One useful explanatory framework could be that the practitioner is blocked and stuck in the learning cycle. These ideas are explored later in this chapter.

This chapter first looks in detail at how supervisors and leaders can build effective relationships with practitioners and others across the system. We draw a great deal on the renowned literature about supervision in child protection but believe that many of the same underlying principles, frameworks and processes apply equally well to the relationship between the practice leader and principal practitioners and frontline practitioners as they do to supervisory relationships. We hope that those reading this chapter who do not directly supervise staff will be able to benefit from the content by asking the question: What does this mean for me in this role?

If relationships are to be effective, supervision needs to be tailored to the needs of each supervisee and based on an accurate and agreed assessment of their capabilites, strengths and areas for development (see Chapter 4). Effective supervisors empathise with the people they supervise, thereby modelling one of the key strengths required of child protection practitioners.

The dimensions outlined in this chapter provide a map for supervisors in establishing good supervision and engaging staff in thoughtful ways. We look at early engagement in supervisory relationships through the use of the supervision agreement, and on building and sustaining those relationships so that the supervisee develops professionally over time. We suggest that a thoughtful and purposeful supervisory relationship can influence practitioners in building and sustaining positive relationships with families and achieving improved outcomes for children (see Chapter 4).

We also present a psychological model of communication (Reder and Duncan, 2003) and suggest there are five levels of influence that need to be considered by all leaders endeavouring to communicate effectively and engage others. Leaders model effective collaborative practice by demonstrating a 'communication mindset' and 'holding other professionals in mind'. We explore the values, attitudes and beliefs that reflect a position of collaborative practice (Morrison, 1998).

Collaboration and cooperation in child protection practice

Effective child protection practice is dependent on working effectively with others in the wider service system. This is a central feature of the BICPM that is used across the Child and Family Information, Referral and Support Team (Child FIRST), intensive family services and out-of-home care services. Historically, most child welfare systems across the world have struggled to find ways of achieving these successful interagency relationships, beyond individual examples of practice excellence. However, there is increasing evidence in a range of fields that effective collaboration leads to better outcomes (NAPCWA, 2002; Ruch, 2005; Torres and Margolin, 2003).

Effective collaboration and partnership building across organisations takes place at different levels and for different purposes. Horwath and Morrison (2007, p. 57) highlight these different levels from the individual to the organisational:

- *Communication* is the first level of collaboration and involves individuals talking together.
- *Cooperation* requires slightly more purposeful activity, such as working together on a case-by-case basis.
- *Coordination* or *confederation* occurs at an organisational level and is more formalised, but there are no sanctions for non-compliance.
- *Federation* or *coalition* requires joint structures and some ceding of autonomy.
- *Integration* occurs when there is a relinquishment of the old identity and a new organisation is formed.

If we consider the impact of Child FIRST partnerships and the co-location of community-based child protection practitioners, we can see that this has required agencies to collaborate at many different levels up to, and including, the level of ‘federation’ or ‘coalition’.

In this discussion, we focus on communication, cooperation and coordination at the level of case practice decision making, joint working and projects, since this is the level at which child protection leaders operate. However, we recognise that building partnerships at the level of supervisors and leaders and working well with others across agencies is diluted if there is not sufficient attention at senior levels of management to the challenges of high-level formal integration of services. These arrangements legitimise and support efforts made by practitioners and supervisors/leaders.

Establishing supervisory relationships

The supervisory relationship is 'the worker's most essential helping relationship' (Knapman and Morrison, 1998, p.17) because it enhances practice with children and families. Supervision is a means through which supervisors engage others and contribute to cultural change in the workplace (Chapter 5).

While the conversations in supervision between a supervisor/leader and their supervisor, may not always have a practice focus, these relationships are equally important to achieving good outcomes. It is through relationships built on trust, openness and confidence that the management and leadership functions of child protection are enacted.

The supervisory role is complex and demanding. To be sufficiently emotionally attuned and thoughtful, and therefore, effective, all supervisors require adequate training and ongoing supervision themselves. The powerful cascading impact of supervision when delivered effectively at every level is a key sign of a collaborative organisational culture.

What assists with engagement?

A number of steps and frameworks assist a supervisor to engage staff in reflective supervision and to develop a collaborative community of practice. While these may appear particularly important for new and inexperienced practitioners, we suggest that some aspects can be generalised across management levels. They include:

- developing a shared understanding of professional supervision
- understanding the role of others in meeting the needs of the supervisee
- using a supervision agreement.[7]

Remember that in the early stages of the relationship the key task is for the supervisor and supervisee to get to know each other.

Most often, we consider the value of a negotiated supervision agreement at the level of practitioner, senior practitioner and team manager. Our view is that all staff in a child protection program must be engaged in a supervisory relationship even though, as staff progress upwards through the hierarchy into more senior positions, their learning needs will change and the content of discussions is less directly linked to specific case practice. However, the fundamentals remain because the values of openness, transparency and collaborative practice continue to underpin these relationships.

7 Some of the ideas we discuss in relation to supervision agreements are also discussed in *Beginning practice in child protection program*, and frontline practitioners will be familiar with a number of the concepts in relation to supervision. The ideas will already be familiar to those supervisors who have participated in the Leading Practice, Leading People program. If readers would like to learn more about these ideas we would suggest reading Chapter 4 in Tony Morrison's book, *Staff supervision in social care* (2nd edition) and Chapter 2 in Jane Wonnacott's book *Mastering social work supervision* (2012).

Developing a shared understanding of professional supervision

Understanding the benefits of supervision and its meaning in child protection is one of the important steps to engaging practitioners in a collaborative learning culture. Dissatisfaction with the quality of supervision is one of the factors associated with low morale and high attrition rates in child protection around the world. This underscores the importance of clarity and agreement from the beginning.

What are the benefits of supervision?

There are four key stakeholders (Morrison, 2005) in effective supervision:

- the practitioner
- the child and their family
- the organisation
- multidisciplinary agencies involved with the family.

Traditionally, supervision has primarily focussed on enhancing practice with families, professional development and support of practitioners. Supervision also has significant implications for staff–management relations, the organisation as a whole and interagency relationships. Supervision is one important structure and process through which the organisation manages and communicates with staff. It provides upward feedback to senior managers about what life is like at the frontline and provides practitioners with assistance to understand and implement policy changes and new practice developments. The way supervision is carried out conveys much to practitioners about how much they are valued in the organisation.

It is through good supervision that practitioners are encouraged to keep other professionals 'in mind' and interagency collaborative practice skills are enhanced. The BICPM amplifies the necessity of practitioners to engage on a regular basis with other professionals. This requires practitioners to give a clear explanation of their role and function in multidisciplinary forums. It is important that all practitioners recognise the invaluable contributions other agencies can make and work to engage in collaborative relationships with professionals from different professional backgrounds. These ideas are further explored later in the chapter.

What is supervision in child protection?

The following definition from Tony Morrison is widely used in a range of community service agencies in Victoria, nationally and internationally. The Department of Human Services Child Protection definition of supervision is based on this.

> Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for clients.
>
> (Morrison, 2005, p. 32)

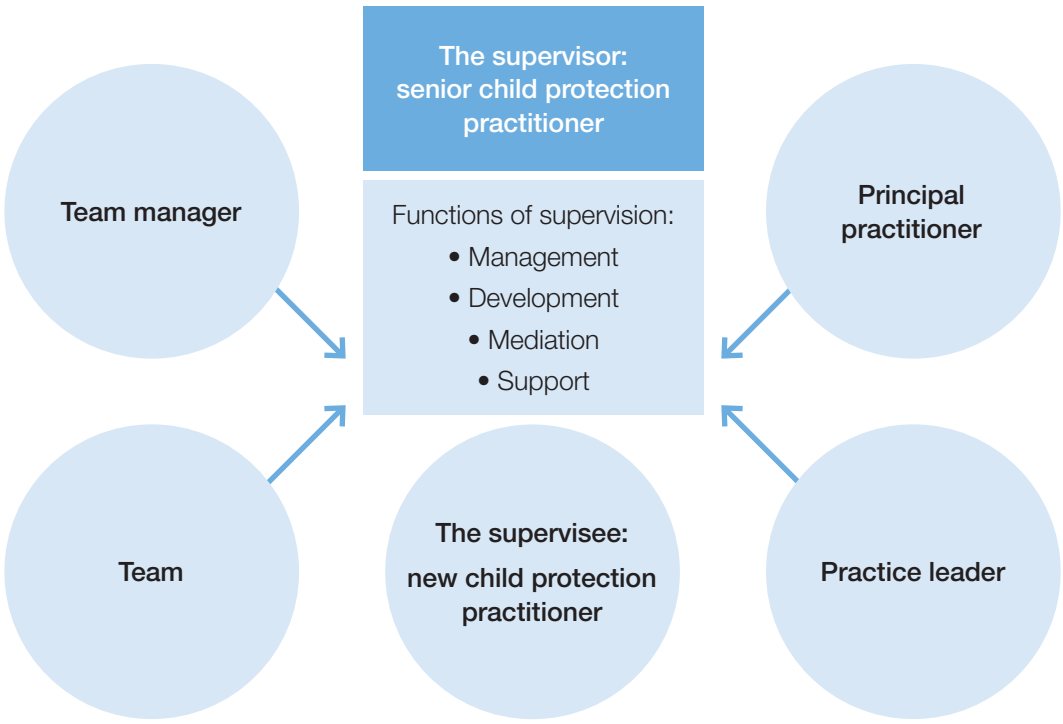
Throughout this guide we present an argument that the primary purpose of supervision is to enhance practice and outcomes for clients and that supervision must be an integral part of case practice at every stage. In Chapter 4 of this guide, Morrison's seven-factor linking model is described, where the core component of the 'chain of influence' recognises that what happens between staff at different levels in the child protection process makes its way through the chain to the practitioner–family relationship. We believe that if practitioners

are engaged in effective supervision relationships and experiences they will be able to internalise these and apply what they have learnt in their work with children and families. There are considerable overlaps between what happens in the practitioner–client domain and what happens in the practitioner–supervisor domain (Morrison, 2005).

Supervision is a shared responsibility

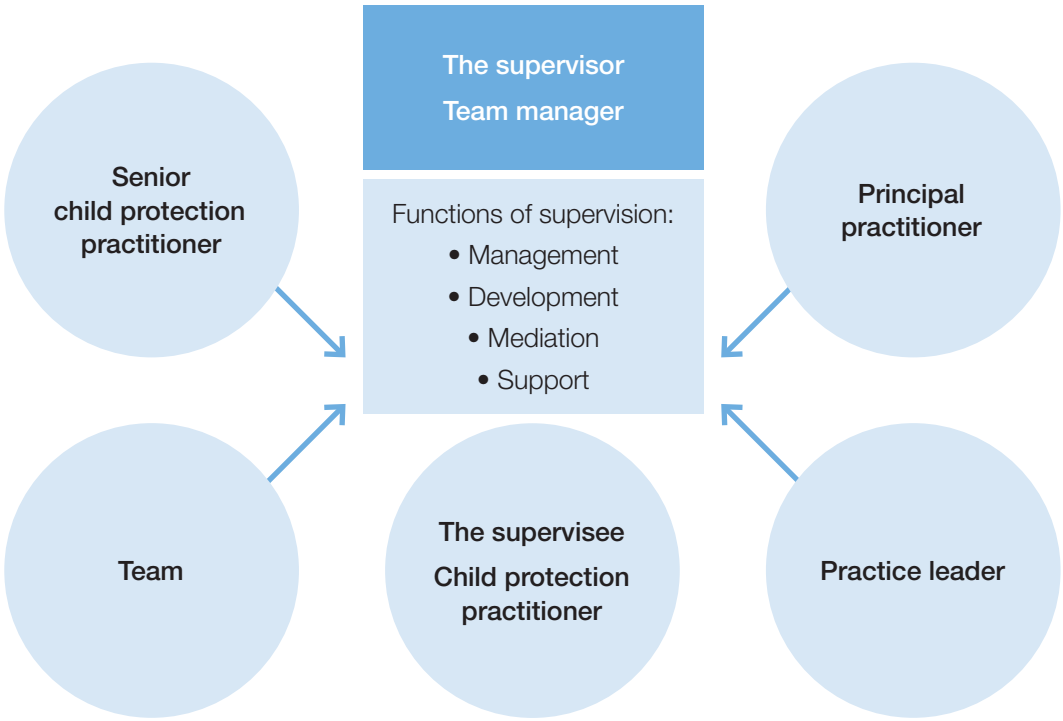
An important issue for consideration and discussion will be the other people within the organisation who will work collaboratively with the supervisee to enhance their learning. This sharing of responsibility for some of the functions of supervision is an important feature of the Victorian child protection workforce. Generally, there will be two supervisors within a team: the senior practitioner providing supervision to the less experienced practitioners (see Figure 2.1), and the team manager providing supervision to the more experienced practitioners, case practice support workers and the senior practitioner (see Figure 2.2).

Figure 2.1: A collaborative approach to delivering supervision with a senior child protection practitioner as the supervisor



Based on CWDC, 2009

Figure 2.2: A collaborative approach to delivering supervision with a team manager as the supervisor



Based on CWDC, 2009

One leader is unlikely to have the range of skills and knowledge to meet all the needs of each supervisee. At different times the supervisee may well have a particular learning need that another leader is well positioned to meet. The principal practitioner, for instance, provides practice leadership and support to practitioners dealing with highly complex and challenging cases and therefore also makes an important contribution to supervision. In particular, principal practitioners and practice leaders will contribute to the developmental, meditative and supportive functions of supervision.

In our first diagram (Figure 2.1) the role of the senior practitioner will assist the less experienced practitioners to integrate theory and practice as well as model and demonstrate their expertise through case practice. Mentoring and live supervision may feature strongly as practitioners develop over time.

In child protection, decision making may be a more collaborative activity with consultation with others when required, appropriate and useful. It will be important to clarify who carries case planning delegation and endorsement for case planning decisions.

To encourage supervisors and leaders to adequately attend to this model of collaborative supervision practice we turn to the multiple functions or tasks of supervision. In our work with child protection supervisors we have found that Morrison's (2005 pp. 41-46) four supervision function checklists have proved to be an invaluable tool to promote a shared understanding of supervision. In training we encourage supervisors to practice talking to a supervisee about each function of supervision and what is actually meant. For new child protection practitioners, having regular one to one supervision can be a new experience, particularly if they have not undertaken a placement as a student. The checklists help by breaking down each function into the tasks that are undertaken in supervision and allow for a discussion about who else might contribute to supervision and what function they are fulfilling.

Where the senior child protection practitioner is supervising staff we encourage the team manager, senior practitioner and supervisee to meet early in the arrangement to discuss how the functions of supervision will be delivered and how all parties can work together to ensure effective communication and good outcomes. We believe that this process will help to build respect, trust and confidence in the arrangement and is likely to reduce the possibility of confusion in the future.

Three specific points are important here.

- Firstly, it will be important to know who carries the delegations as set out in the legislation and policy documents and has case planning responsibility at all times.
- Secondly, the team manager has overall responsibility for the team functioning and development across time.
- Thirdly, whoever occupies the supervisor role has the overall responsibility for ensuring that all four functions of supervision are delivered.

We have included a template that may support a discussion about establishing a collaborative approach to supervision. The reader will see that we have included a few examples under each function but these are far from exhaustive. We have also allowed for a discussion about the contribution of others such as the practice leader. Another useful forum in which a supervisor can ensure that the educative and support needs of the supervisee are being met is in a positive team setting.

Template to clarify lead responsibilities

Supervision Function – tasks	Senior practitioner	Team manager	Practice leader	Team/ group reflective activities	?
Management Function: e.g. Performance management; understanding role & responsibility; case planning and decision making; daily & longer term workload management; case recording meets standards; understanding role of other agencies; formal appraisal; leave negotiation					
Support function: e.g. creating a safe climate for reflective practice and helping to explore the emotional impact of the work; exploring conflict in a safe situation; clarifying boundaries between personal & professional					
Mediation function: e.g. negotiating and clarifying the team's role and responsibilities; consultation about policy and organisational change					
Development function: Assessing the practitioner's training & assessment needs; giving and receiving constructive feedback on performance					

A copy of this template is included in Appendix A.

Reflective exercise

Think about a current supervisory relationship. Using the template consider what you would want to include in any discussion with the supervisee.

- Who are the contributors to supervision and to which function do they contribute?
- Have you identified any overlaps or sources of confusion for the supervisee?
- Importantly, ask yourself whether you consider that all relevant parties are likely to agree with your ideas. How do you know this?

After completing this exercise is there anything you need to do now which might lead to greater clarity about the collaborative nature of supervision in this situation?

A special note about authority

Issues about power and authority are central components in engaging others in child protection. In Chapter 4 we explore in detail the different types of authority and power utilised by leaders and how these can be shared between the team manager and other leaders in their work with practitioners to deliver results. To think further about the role of the senior practitioner as supervisor and how this role relates to that of the team manager, we also encourage you to look at Chapter 4. In that chapter we draw on the work of Obholzer and Roberts (1994) who usefully differentiate between authority from above (or role authority); authority from below (or professional authority) and authority from within (or personal authority).

The senior practitioner holds some role authority in so far as the team manager has delegated responsibility for individually supervising one or more practitioners in the team. It is important that all parties, including the supervisee, know and understand which leader carries specific delegations, for example in relation to case planning and decision making. Where another leader is formally supervising a practitioner, everyone must also know what information needs to be shared with the team manager and how this will be communicated.

As with all supervisors, the senior practitioner draws on their professional authority, which originates through training, qualifications and experience. Effective use of this type of authority relies on the supervisee recognising and sanctioning its value. This points to the value of an early discussion in supervision about the knowledge, skills and practice frameworks the senior practitioner brings to supervision.

There are a range of challenges that can arise for those in leadership roles; this may well be the first experience of being a supervisor for many senior practitioners and therefore their use of personal authority will need to grow across time; a senior practitioner may be acting in a role, or be promoted from within the team. In all circumstances, experiencing regular individual reflective supervision with the team manager, where issues relating to the exercise of role, personal and professional authority will be of immense importance, as is the opportunity to participate in professional supervision training.

Negotiating a supervision agreement

Research has persistently highlighted barriers to effective supervision. Most commonly, practitioners describe a gulf between the espoused policy about frequency and type of supervision and their experience of what is delivered to them (Gibbs, 2002). This emphasises the importance of supervisors discussing the expectations and responsibilities (of both the supervisor and supervisee) early and how both are going to work together. The material that is generated and agreed through this discussion forms the basis of a supervision agreement. This process builds trust and confidence early in this relationship and it also uncovers and addresses the assumptions that have been made by both parties. It is particularly useful to ensure that both parties are clear about authority roles and the line of accountability.

The process we recommended on page 56 where a senior practitioner, team manager and practitioner clarify lead roles and responsibilities in supervision is highly consistent with this approach. Indeed, the template used in such a discussion could form the basis of a subsequent supervision agreement between the senior practitioner and supervisee.

The supervision agreement can be reviewed on a regular basis.

We encourage supervisors to spend time preparing before they undertake the work with a supervisee to complete a supervision agreement. This is not a checklist and it is the quality of the discussion about key elements and the negotiating process that will mean whether it contributes any value to your supervision. There should be some differences in each supervision agreement that you complete with a supervisee.

According to Wonnacott (2012), who has built on the approach described by Morrison (2005), there are some key elements in the negotiation of an agreement including establishing the supervision mandate, and agreeing responsibilities and expectations.

We discuss some important tools that the supervisor might use with a supervisee to help build a sound foundation in the relationship and establish a useful supervision agreement that they can review on a regular basis.

Establishing the mandate for supervision, responsibilities and expectations

In the early stages of negotiating the agreement it is important that the supervisee reads and understands the *Child protection practice manual* Advice number 1045 ‘Professional supervision’ and that both parties are clear about expectations and responsibilities.

Important aspects of the agreement can be reached through exploring four key questions. Before you look at the list below, take a moment to jot down a few of your own ideas.

- What does the supervisee hope to gain and expect from supervision?

  For example, these expectations may include: having supervision in line with the *Child protection practice manual* Advice 1045; receiving effective and sensitive supervision; being encouraged to contribute to the agenda and session; having permission to express feelings; and that supervision is located within a framework of cultural competence and models anti-oppressive practice principles.

- What does the supervisee plan to contribute?

  For example: to share responsibility for making supervision work; to actively participate; to be clear and honest in seeking assistance; and to give and accept constructive feedback.

- What does the supervisor expect in supervision?

  For example: that the supervisee shares relevant information regarding cases in an open and objective manner; for supervisees to respect the confidentiality of their own supervision with peers; that supervisees prepare for, and acknowledge, issues to be dealt with in supervision; and that supervisees come prepared for supervision.

- What are the responsibilities of the supervisor?

  For example: to organise and arrange supervision as set down in the standards; to ensure supervision is given appropriate priority; to ensure that discrimination does not take place in supervision; and to acknowledge and deal with gender and power differences that might impact on supervision.

Open and frank discussion about expectations and responsibilities early in the supervision relationship means there is less chance of barriers getting in the way. Once aired and an agreement reached, it is much easier to talk about difficulties that arise later. Commonly, supervisors want to talk about lack of preparation or a difficulty about talking through feelings. Supervisees may want to raise the lack of opportunity to reflect and analyse practice experiences. The early discussion and agreement reached provides one way of clarifying what is getting in the way of good supervision and dissatisfaction or problems can be raised in a less confrontational way.

These issues are important contributors to better engagement in the early stage of the relationship; in addition, they model the potential benefits in their own work with families and other staff or organisations, and provide clarity about roles, responsibilities and expectations.

To facilitate the process of getting to know about each other and work towards a useful supervision agreement we suggest the supervisor should:

- have a supervision history of the supervisee
- understand the stage of development of the supervisee
- understand the range of factors that shape help-seeking responses
- explore preferred learning styles.

Having a supervision history

One of the most useful tools for promoting engagement early in the supervisory relationship and negotiating the supervision agreement is completing a supervisee's history of supervision. The aim of the exercise is to assist the supervisor to understand what previous supervision experiences might mean for the current relationship. (Note: The exercise is directly paralleled in the BICPM in the information gathering phase which enables the practitioner to begin to understand the past history of the child and family and the sorts of life events and experiences that have impacted on the current situation.) The supervisee is encouraged to talk about the supervision experiences they have had, and what they found useful and not so useful. This is not to find out about previous supervisors but is designed to help the supervisee to reflect on what behaviours and aspects of the supervisory style they found promoted and hindered learning. It illustrates a willingness and desire to listen to, and get to know, the supervisee.

We argue here that in order to understand the value and importance of this exercise all supervisors should complete this exercise. Some supervisors may have done this in training but others may not have. Take some private time and space to sit and reflect.

Reflective exercise

1. Write out a list of your previous supervisors. For some supervisors this will include previous managers, current mentors and coaches.
2. Beside each name, make a brief note about their impact on you. In broad terms, were they helpful or not to your development, and in what ways? Consider whether factors such as gender and race were significant.
3. Identify which aspects of their style, focus, practice, understanding, knowledge, skills, values, use of authority, empathy or any other factors impacted on you.
4. Consider how the way you were supervised impacted on:
   - your practice with children and families
   - your team and peer relationships
   - how you used supervision (or not)
   - your confidence.
5. Finally, to what extent is your current approach as a supervisor influenced by these experiences? What good models are you seeking to apply? What less effective models are you seeking to avoid?

Usually significant learning experiences involve our emotions, a change in perception and, sometimes, an influential person. These previous supervision and management experiences are powerful shapers of our current beliefs, attitudes and feelings about growth-promoting and destructive learning experiences.

Reflective exercise

- When did a practitioner last tell you something about their prior experience of supervision or management that helped you to understand them better and to know how to work well with them?
- Can you think about any examples from your current relationships with practitioners where you would like to ask them more about their earlier experiences of supervision and management?

It is our view that undertaking the supervision history exercise is of paramount importance if supervisors are to understand the responses of the supervisee as the relationship develops. Later, we discuss the range of factors that influence the help-seeking attitudes and behaviours of a supervisee. You will see that previous experiences of supervision are very important. Similarly, you can use the completion of this exercise to make links with the supervisee about the importance of information gathering in casework and in seeking to engage children and their families by using skills that you are modelling such as observing and listening deeply.

Stages of practitioner development: two models for guidance

One of the essential skills in engaging practitioners in professional supervision is assessing the level at which particular practitioners are performing and their stage of development. Traditionally, supervisory efforts have understandably focussed on meeting the development needs of the influx of new practitioners. However, the experience of supervisors confronted with new practitioners from a variety of backgrounds, plus practitioners who are broadening their skills across the whole field of protective work, suggest that supervisors benefit from knowledge about what they can expect at different stages of practitioner development.

We draw on two models, one from the United States (Salus, 2004) and another from the UK (Hawkins and Shohet, 2006) to explore ideas around practitioners' stage of development and to consider the implications this has for supervision and management needs. As with all models taken from one cultural context and applied elsewhere, it is important to take adequate account of contextual differences. For example, in Victoria, child protection practitioners are required to undertake *Beginning practice in child protection program* prior to being permitted to do certain tasks. We also know that experiences, such as changing role or team, can take a practitioner to an earlier stage of development. They will need to be supported through this developmental process, as it can be challenging for experienced practitioners to find themselves feeling less confident and capable about doing their work.

Model 1

Salus (2004) describes a four-stage model that seeks to identify the level of supervision support required by practitioners at different levels of experience and independence. It is based on practitioners moving through time and graduating from high anxiety to relative independence.

At any moment, the amount and nature of supervision provided must reflect the actual stage of independence reached by the supervisee and not be based merely on the length of time passed. For this reason we have removed this timeframe. The model is useful in considering what kind of support practitioners may need at the different stages of development.

We have adapted the fourth stage from what Salus (2004) terms the 'relative independence stage' to 'established collaborative learner stage', * to reflect a collaborative learning framework discussed extensively in Chapter 4. These four stages are summarised in Table 2.1.

Table 2.1: The four stages of a collaborative learning framework

First stage	Second stage	Third stage	Fourth stage*
A period of high anxiety	Make it or break it	Basic skills stage – good assessment skills and rudimentary intervention skills	Established collaborative learning partnership – relative independence from directive supervision

Stage 1. High anxiety

The first three to six months on the job are invariably the most difficult for child protection practitioners but also potentially the time when they learn most. Dealing with families with abusive or neglectful behaviours can cause a great deal of emotional upheaval for a new practitioner. Staff can also typically feel overwhelmed by the demands of the work and believe themselves to be inadequate for the tasks at hand. Both these factors can lead to resistance and avoidance becoming part of the practitioner's repertoire if the supervisor is unable to provide sufficient guidance and security. In order to assist the practitioner during this difficult stage, the supervisor should:

- accept and meet the practitioner's needs for both structure, support and direction, for example, by doing joint visits, attending court cases or arranging for a fellow team member to do so, and being readily accessible for briefing and debriefing
- be somewhat more directive than would be appropriate with more experienced practitioners
- provide information tools, such as standards and various manuals required to perform the work
- accept and normalise practitioners' confusion
- allow practitioners to express anxiety
- pair inexperienced practitioners with experienced staff members to provide ready access to a competent model.

Stage 2. Make it or break it

At this stage, practitioners are beginning to develop confidence in their knowledge and skills but are still vulnerable to high anxiety. Supervisors need to balance support with encouragement to be appropriately independent. This requires an understanding that practitioners will make mistakes as they struggle to apply new skills and concepts. However, practitioners can become overwhelmed by mistakes and lose confidence. This can lead them to regress to an earlier stage of development that their experience warrants. Supervisors need to:

- expect and allow some mistakes
- allow them to participate more in decision making
- help them reflect on their observations; to recognise common themes and new learning.

Stage 3. Basic skills – good assessment skills and rudimentary intervention skills

This stage is the beginning of independence as practitioners have incorporated basic knowledge and are generally able to identify gaps in knowledge and analyse errors of judgement. Thus, the supervisor can begin to allow the practitioner to take the initiative in the supervision process. Supervision will be more characterised by the supervisor initially listening rather than talking. At this stage, the supervisor is concerned with the consolidation of ability and confidence. To assist this, the supervisor's focus should be to:

- listen carefully and identify not only what is said but what is not said before asking clarifying questions
- identify developmental challenges / learning needs and discuss in relation to specific clients.

Stage 4. Established collaborative learner

At this stage, practitioners should have a good idea of what their own supervisory needs are and be able to determine much of the agenda for supervision. Although practitioners will always be subject to supervisory direction, there can be greater autonomy, and emphasis will be on the supervisor as a consultant and colleague rather than authority figure. However, the supervisor must still assist practitioners at this stage in clarifying their own professional development and identifying learning needs. They must also continue to provide a sounding board for discussion of complex cases.

Practitioners are able to appreciate and take the opportunity to use supervision as a genuinely collaborative learning partnership. They are able to use supervision to experiment with new ideas and different ways of approaching case issues (rather than sticking to rudimentary or textbook practices).

The practitioner is also able to engage in 'deeper level' and transformational learning. They understand the processes by which they learn and understand the assumptions that underpin our learning.

Model 2

Although not specific to child protection, the second model, which was developed by Hawkins and Shohet (2006) and summarised from an earlier edition in table form by Morrison (2005), is useful. The authors present a developmental model using life stage terminology – the 'childhood', 'adolescent', 'adult' and 'mature' stage. At each stage of development the focus will be different and we have opted to use the likely focus as the way to identify each stage rather than by the original terms, which are perhaps somewhat dated. The authors also attempt to identify the different tasks of the supervisor as the practitioner develops over time. The reader will find congruent material in Chapter 5. The Situational Leadership model encourages leaders to adopt a style and approach that best suits the developmental level of the practitioner.

What characterises each stage is the developing centre of focus and concern for the supervisee (Hawkins and Shohet, 2006, p. 74):

- Stage 1: self-centred – 'Can I make it in this work?'
- Stage 2: client-centred – 'Can I help this client make it?'
- Stage 3: process-centred – 'How are we relating together?'
- Stage 4: process-in-context-centred – 'How do processes interpenetrate?' (see Table 2.2).

It is important to note that in a collaborative learning organisation and community of practice, models of independent, fully autonomous practitioners do not make sense. Practitioners are supported by a learning organisational culture and are always accountable for their practice but must be supervised by a line manager. This is of paramount importance in a statutory child protection setting and is returned to in a moment when we discuss relational models of learning.

Table 2.2: Stages of development

1. Self-centred	2. User-centred	3. Process-centred	4. Process-in-context-centred
• Dependent on supervision • Anxious about being evaluated • Lack of confidence in making professional judgements • Over-focus on content, task and detail	• Fluctuates between autonomy and dependence • Over-confident versus overwhelmed • Less simplistic, engages with complexity • Tailors interventions to users • Owning the role	• Increased professional confidence • Sees wider context in which user's needs exist – 'helicopter skills' • Can generalise and reflect on learning and skills • Supervision more collaborative and challenging	• Professional maturity • Can articulate professional knowledge and insight to others • Able to supervise or teach others • Increased self-awareness of strengths and gaps
Supervisory needs	**Supervisory needs**	**Supervisory needs**	**Supervisory needs**
• Structure • Information • Mentoring and teaching • Constructive and regular feedback • Encouragement	• Freedom to test out • Space to learn from mistakes • Reflection on realities and constraints	• Freedom to initiate • Further professional development • To be stretched and challenged • Danger: boredom	• To be given wider responsibility • To have their experience utilised • Less frequent high-direction supervision • Benefit from coaching or peer group supervision

Adapted from Hawkins and Shohet, 1989, in Morrison, 2005, p. 102

The Hawkins and Shohet (2006) and the Salus (2004) models share a conceptual framework for thinking about practitioner development and the implications it has for supervision based on a staged model of development that many practitioners will recognise from life cycle theories. Life cycle theory is commonly applied in practice with children, young people and their carers.

For those readers interested in thinking further about how to tailor their style and approach to practitioners based on an assessment of their needs we direct you to material in Chapter 4 where we discuss the behavioural styles inventory and in Chapter 5 Situational Leadership.

However, in thinking about what shapes the way in which a supervisee presents in supervision and their capacity to engage in a collaborative learning process will require a more nuanced approach. Many personal, professional and organisational factors will influence individual supervisees in different ways. We have already stressed the importance of understanding the historical experiences of supervision. As with child protection clients, when we engage in relationship-based practice we need to consider the range of social and psychological explanations for what is happening. Table 2.3 summarises the range of factors that influence the attitudes and behaviours of the supervisee and should be used to complement developmental models.

Table 2.3: Factors shaping help-seeking

Socio-cultural	Organsiational / professional	Personal
Cultural rules regarding self-sufficiency and dependence	Organisational culture	Attachment style, experiences of trauma/abuse/loss
Gender, class, age and eductaion	Supervisor characteristics	Perception and experience of help-seeking and receiving
Experiences of inclusiveness versus exclusiveness	Role models Use or abuse of power and authority	Experience and attitude to authority Capacity to trust authority
Community cohesion and care	Workplace stability and support	External supports and stressors Work-life balance
Social roles and expectations Stigma and shame	Professional role, status and power Attitudes to coping in different professions	Internal expectations as a 'helping professional' Motivation and meaning of work
Access / entitlement to help Lanaguage and ethnicity	Availability of help Occupational health services	Accuracy of self-appraisal Recognising need for help, help signalling

Source: CWDC 2009 p25

As in a number of issues we discuss in this guide it is important that the supervisor takes account of personal, professional, organisational and broader socio-cultural factors when trying to make sense of behaviour, problems and challenging situations.

Here we suggest that there are factors at each level of consideration that may influence how a supervisee engages in supervision as a 'helping' relationship. Below we discuss the importance of a cultural competence framework. At the beginning stage of a relationship it is important that the supervisor and supervisee discuss differences such as gender, age and culture to ensure that these are understood as important features of the relationship.[8]

Reflective exercise

- What cultural, family and professional rules around dependence and independence have influenced you as a professional?
- How have the rules you have identified been influenced by factors such as gender, culture, religion, ability/disability or other socio-cultural factors?
- How might this framework help you as you negotiate a supervision agreement?

Understanding preferred learning styles

Supervisors need to know their own preferred learning style and to consider the individual learning style of their staff. We all have preferred styles of learning and supervisors can more effectively engage others when they know their own learning style and that of their staff. While styles vary across contexts, and individuals will vary the style they adopt according to the situation and how secure they feel in the learning context, it is apparent that people have preferences for how they learn.

8 See Chapter 4 for a discussion about sources of power and the value of managing difference.

Below we have included a brief summary based on the four learning styles identified by Honey and Mumford (1986). The reader will see the connection between these and Kolb's learning cycle, described in Chapter 1. In that chapter we indicate that for learning to occur, the learner needs to be able to engage with each part of the cycle; it is therefore important that supervisees are encouraged to modify and practise the different skills that accompany each learning style.

Reflective exercise

Read the following example to illustrate how issues might emerge when a blanket 'one size fits all' approach to learning dominates.

Two new practitioners present a senior practitioner with their first court report. The senior practitioner is someone who likes to get on and do things without 'procrastinating'. He is keen on getting quick results and feels under pressure to get new practitioners up to speed on the full range of work. He suggested they both give it a go and they can later discuss it in supervision.

One practitioner has produced a very lengthy account of everything that child protection had done in the case, organised in a chronological date format with little analysis and a recommendation that appeared poorly justified. The practitioner reported that they assumed they needed to include all the details of involvement for the court. The practitioner reports feeling 'relieved' that she has managed to get it done because it was a 'nightmare task'.

The other practitioner struggled for days to produce even a draft and finally presented a report with detailed references to legislation, departmental standards and theoretical material about children who had been neglected but little application to the subject child and family. The practitioner reported that they assumed they needed to include theory to demonstrate credibility to the magistrate. This practitioner reports being anxious that they may not have managed to refer to all the departmental policies and aspects of the Best interests case practice model.

Each practitioner is demonstrating a different learning style. The first has been able to 'act' but needs assistance to reflect and analyse the meaning of 'data' about the child and family and how it must be synthesised into a case formulation or understanding, which can then inform the recommendation.

The second practitioner has taken an analytical approach, reading and thinking about the implications of departmental procedures, processes and formal knowledge in relation to child protection practice but has not been able to connect with the actual experience of this child and family.

The supervisor might have been better to consider a range of learning activities and approaches to help both practitioners at their stage of development and different learning styles. Can you identify learning strategies that might help these individuals?

There are no right answers as to how people learn. All approaches have merit and each may suit different practitioners at different times. Practitioners can often tell you which approach or combination of approaches is most useful for them. The coach, in this case the supervisor, can put in place a range of learning approaches to strengthen weaker styles.

The four learning styles (based on Morrison, 2005) are outlined below.

1. Activists

Activists involve themselves fully and without bias in new experiences. They enjoy the here and now and are happy to be dominated by immediate experiences. They are open-minded, not sceptical, and this tends to make them enthusiastic about anything new. Their philosophy is 'I'll try anything once'. They tend to act first and consider the consequences afterwards. Their days are filled with activity. They tackle problems by brainstorming. As soon as the excitement from one activity has died down they are busy looking for the next. They tend to thrive on the challenge of new experiences but are bored with implementation and longer term consolidation. In short, activists like (Carroll and Gilbert, 2006):

- to think on their feet
- to have short sessions
- plenty of variety
- the opportunities to initiate
- to participate and have fun.

2. Reflectors

Reflectors like to stand back to ponder experiences and observe them from many different perspectives. They collect data, both first-hand and from others, and prefer to think about it thoroughly before coming to any conclusion. The thorough collection and analysis of data about experiences and events is what counts, so they tend to postpone reaching definitive conclusions for as long as possible. Their philosophy is to be cautious.

They are thoughtful people who like to consider all possible angles and implications before making a move. They prefer to take a back seat in meetings and discussions. They enjoy observing other people in action. They listen to others and get the drift of the discussion before making their own point. They tend to adopt a low profile and have a slightly distant, tolerant, unruffled air about them. When they act it is part of a wide picture that includes the past, as well as the present, and others' observations in addition to their own. In summary, reflectors like (Carroll and Gilbert, 2006, p. 45):

- to think before acting
- thorough preparation
- to research and evaluate
- to make decisions in their own time
- to listen and observe.

3. Theorists

Theorists adapt and integrate observations into complex but logically sound theories. They think problems through in a vertical, step-by-step, logical way. They assimilate disparate facts into coherent theories. They tend to be perfectionists who won't rest easy until things are tidy and fit into a rational scheme. They like to analyse and synthesise. They are keen on basic assumptions, principles, theories, models and systems thinking. Their philosophy prizes rationality and logic. 'If it's logical, it's good'.

Questions they frequently ask are, 'Does it make sense?', 'How does this fit with that?', 'What are the basic assumptions?' Theorists tend to be detached, analytical and dedicated to rational objectivity, rather than anything subjective or ambiguous. In summary, theorists like (Carroll and Gilbert, 2006, p. 46):

- concepts and models
- to see the overall picture
- to feel intellectually challenged
- structure and clear objectives
- logical presentation of ideas.

4. Pragmatists

Pragmatists are keen on trying out ideas, theories and techniques to see if they work in practice. They positively search out new ideas and take the first opportunity to experiment with applications. They return from leadership courses brimming with new ideas that they want to try out in practice.

They like to get on with things and act quickly and confidently on ideas that attract them. They tend to be impatient with ruminating and open-ended discussions and solving problems. They respond to problems and opportunities 'as a challenge'. Their philosophy is 'there is always a better way' and 'if it works, it's good'.

One of the dangers in a highly pressurised context such as child protection is that practitioners will be drawn more often to an activist style, where they learn by doing. It is important for an activist style to be balanced with reflector-style activities, such as observing more experienced practitioners carrying out an activity, and analyst-style activities, such as reading and reviewing a journal article. In summary, pragmatists like (Carroll and Gilbert, 2006, p. 46):

- to solve problems
- to see the relevance to work
- using credible role models
- proven techniques
- activities to have real-world relevance.

Learning styles are also relevant when considering the supervisory relationship – the supervisor and supervisee may have similar or different styles that effect the way they approach problems, and work more generally. There are advantages to both situations. We suggest you use Table 2.4 to identify strategies for strengthening each learning style. These can be very useful to encourage practitioners to engage in the full range of learning styles (Johansen and Gibbs, 2008).

Table 2.4: Learning styles

Learning style			
Activist	Reflector	Theorist	Pragmatist
Supervisee activity:			

Later, we discuss how each of us at times gets stuck in the learning cycle, usually as a response to heightened levels of anxiety. It is important for an effective supervisor to identify with supervisees when this is happening and to implement a plan to help them to 'become unstuck'. Equally, supervisors must be sufficiently self-aware to know when they are becoming stuck and to work with their supervisor to develop different learning approaches to aid effective progress with casework and development of practitioners.

Formalising the supervision agreement

During this early phase of engagement in supervision and the work towards formalising the agreement we also suggest that the supervisor and supervisee discuss the importance of their joint commitment to struggling and persisting with challenges that emerge and periods of time when things may appear to be going less well. We believe that this is normal for effective supervisory relationships and that there is immense potential for learning and development at these times.

One of the important issues we stress is the importance of creating a safe space where the supervisee feels able to share their emotional responses to both the work and the setting in which it takes place. While this is something that requires time and motivation to establish, it is important that at the earliest stage the supervisor acknowledges that at times the supervisee may experience discomfort and a raised level of anxiety, often about not knowing what to do or a feeling that something has not gone as well as expected. Such feelings can get in the way if they are not acknowledged. If managed well, however, these feelings can provide useful insights into the work that is being done. For the supervisee an important message is that they do not always need to have an answer. In addition, it is important to talk about difficulties that emerge in the relationship and how they can be tackled.

We have found it useful to consider the Morrison (2005) list of what contributes to effective supervision agreements. A number of these topics, such as giving feedback, are discussed elsewhere in this guide.

It should:

- be based on agency policy
- clarify purposes and tasks of supervision
- include the four functions of supervision
- include the four stakeholders of supervision
- include the frequency, location and recording of supervision
- clarify what is, and what is not, negotiable
- agree how feedback will be given
- clarify the boundary of confidentiality
- set down how the contract will be reviewed
- be written and signed by both parties.

As part of the ongoing work with a supervisee, the supervision agreement should be regularly reviewed. When at the negotiation phase this should be discussed and the frequency of review and process should be agreed.

We have included some useful questions for the supervisee based on the work of Davys and Beddoe (2010, p. 67). We suggest that the supervisor use these questions (and others), and ask the supervisee to prepare for the review of the agreement.

- Is my supervision meeting my learning needs?
- What needs to be added or removed from the agreement?
- What have I learnt during this period?
- How has this made a difference to my work?
- How has supervision helped me to learn?
- What do I like about supervision and what don't I like?
- What feedback do I want to give?
- What feedback do I need?
- What are my current goals and how should they be documented in the new agreement?

Prior to the review the supervisor should prepare for the session and be thinking about the progress that has been made since the agreement was made. This is a useful opportunity for the supervisor to reflect on how helpful they have been as a supervisor.

It is important that supervisors seek feedback from the supervisee. Feedback is discussed below but a word of caution if you ask for feedback, you need to be able to listen to what the supervisee tells you and to consider what it means for your relationship and for the agreement you have made.

In Chapters 1 and 4 we refer to Joshua and his family, the allocated practitioner, Paul, and his supervisor, Tony. We are going to use these same characters to focus on the supervisory relationship. In this exercise we are not focusing on the case material.

Paul has been in the response team for five months. He has completed Beginning practice in child protection program. For the first two months Paul's team was without a team manager and there were a series of acting arrangements. Tony, a senior practitioner, has been his supervisor for three months after he was promoted from within the team.

Recently, there were some problems with Paul's case practice when he was unable to gain access to a family involving a young Aboriginal infant and concerns about the parent's history and substance abuse. Paul tried to visit the family on a number of occasions and then recommended that child protection close the case because the family did not want any ongoing assistance.

During the supervision sessions after this incident, Paul said he was taken aback when the infant's father shut the door in his face and shouted at him because he had been very low key and had taken a strengths-based approach, valuing their achievements as young parents. He asks Tony if he could show him how to manage the angry parents, so that they understand he was there to help.

Tony talks to his supervisor about his supervision of Paul. He realises that Paul rarely asks him any questions and that he appears to just get on and do his work. Paul may have 'slid under the radar because he has been busy'. Tony assumed Paul was engaged with the family and had been visiting regularly.

Tony agrees in his supervision that he should focus on establishing a supervision agreement but that he also needs to get to know Paul and more about his stage of development, practice strengths and learning needs.

Reflective exercise

- What strategies could Tony use to help Paul to understand his role in child protection?
- How might Tony explore their mutual expectations of supervision?
- What might Tony want to talk about in relation to the care and control function of practice and supervision?
- How might Tony make use of a cultural competence framework in supervision and case practice?
- What might he need to understand about his current stage of development?
- What might he consider about Paul's apparent learning style?
- What sort of areas would he want to negotiate in a supervision agreement with Paul?
- What reasonable expectations might Tony take to his supervision with the team manager?

Maintaining and sustaining effective relationships

Having established the relationship following a period of engagement it is important that the supervisor continues to work collaboratively to sustain and maintain a useful partnership. The following section of this chapter seeks to assist you to consider the contributions you make by focusing on your style and approach.

Culturally competent leadership and supervisory practice

Cultural diversity is an important issue for a supervisor to consider early in the supervising relationship. The exercise of authority and power in supervision is also discussed in Chapter 4 and we suggest this material is considered alongside that. All staff are expected to work within a culturally competent professional framework and, in particular, to be familiar with the *Aboriginal cultural competence framework* (Department of Human Services, 2008).

Effective supervisors, therefore, need to lead the discussion about diversity and to demonstrate a willingness to learn how to be helpful. 'As supervisors we model how to encourage another person to tell us what we need to know in order for us to be helpful to them' (Rapp, 2000, p. 96). Quite apart from the major cultural differences related to ethnicity, gender, race and religion, sexuality and even class, there are small and significant differences that can be important factors to consider in supervision:

> Culture is a means whereby the infinite complexity of the world is reduced to a manageable simplicity. It provides a map that guides us in how to see, what to believe, what to value, how to behave, how to think about ourselves. One's culture provides off-the-shelf answers to some of life's most complex problems and dilemmas. Culture also provides a means whereby one effortlessly belongs to a group, and derives security and purpose from such belonging.
> (Minas and Slove, 2001, p. 475)

In recent years, we have become more aware of the importance of culturally competent practice and care. Aboriginal cultural competence is a key facet of the Victorian BICPM. Child protection practice must address children's safety, stability and development needs, which incorporates a lens of culture alongside that of age, stage and gender. It is equally important that leaders apply this lens to working with staff, many of whom come from non-dominant cultures.

A collaborative learning culture values difference and recognises the importance of thinking about socially structured power and how this impacts at every level of the child protection process (Morrison, 2005). Consider, for example, an Indigenous child protection practitioner whose family includes members of the Stolen Generation, working in a team where all the other practitioners are non-Indigenous. What might it mean for that Aboriginal practitioner to be in an authority relationship with you, over and above the issues faced by non-Indigenous supervisees?

The capacity to critically reflect on power relations, and what they mean, entails self-reflection and the capacity to limit one's own cultural bias (Department of Human Services, 2008). It is vital that supervisors think about how systemic racism and structures impact on practitioners who report to them and model cultural competence with the specific intent of influencing case practice with children and their families.

Reflective exercise

Consider one of your staff members.

- What do you need to know about this supervisee's cultural differences in order to have a good working relationship with them and to be helpful to them?
- How can you recognise different assumptions, norms and attitudes?
- How can you safely talk about these differences?

Supervisors and leaders need to consider the impact of their own cultural assumptions – whether they are of the dominant culture or a minority culture. How, for example, does being a woman/man, heterosexual/homosexual/bisexual, young/older, culturally and linguistically diverse (CALD)/Australian born, impact on how you experience and undertake your role? In Chapter 3, we discuss the influences on thoughts and behaviours, and in Chapter 4 we explore cultural competence. The discussion in those chapters may assist in thinking about the cultural and other influences on a leader and the way these may impact in positive or negative ways on practice.

Authoritative supervision practice[9]

In addition to a culturally competent framework, a supervisor needs to be consciously aware of how they exercise authority. In Chapter 4, we stress the importance of staff in a statutory setting, understanding the different sources of authority (see Obholzer and Roberts, 1994). Authority from within, or personal authority, evolves over time and is crucially linked to past experiences. In that chapter we also discuss the concept of an authoritative style of supervision in some depth and how this models an authoritative style of practice. Authoritative supervisors are 'clear about the standards required from the practitioner and are able to use the supervisory relationship to provide an environment where, in the spirit of collaboration, practice can be openly and honestly explored, critically appraised, and the support given to facilitate practice improvement' (CWDC, 2009, p. 31).

It is important that supervisors and supervisees share their understandings about what authority means in the relationships and the parallels in practice situations. This may well raise issues relating to boundaries and friendships. For example, successfully managing the transition from team member to supervisor, or team manager to area manager, requires conscious reflection on how the new relationships with others can be negotiated and managed, while being mindful of lines of accountability, prior and current power dynamics and, in some cases, existing friendships.

The transition from team member to leader is characteristically difficult for most staff and may highlight issues of power and authority not previously experienced with colleagues (Gibbs, 2002). In this guide we have recommended relationship-based leadership; however, that is not the same as being 'friends' or 'equals'. Indeed, effective and transparent use of authority is a prerequisite for this kind of leadership. Difficulties with this area are not reserved for new leaders; power dynamics are present in all supervisory relationships.

9 In Chapter 4 we discuss more fully the authoritative style of supervision.

Cahn, cited in Cousins (2004, p. 177), observes that 'while supervisors often see themselves as having relaxed, collegial attitudes, they were often seen by supervisees as admired teachers, but also as feared judges'. She goes on:

> We are kidding ourselves if we pretend that power differences either do not matter or have been overcome. People learn in childhood that there are certain risks involved in being honest with people in authority – especially when negative feedback is possible.
> (Cahn, cited in Cousins, 2004, p. 177)

Effective leaders cannot rely solely on role authority and must be able to demonstrate professional authority and personal authority. This is discussed later in this chapter when we consider the use of authority in collaborative interagency relationships.

Reflective exercise

- Can you recall an example where you or one of your staff moved to 'the other side of the fence' (Gibbs, 2002) and was promoted from within the team or office?
- What steps did you or they take to manage the new authority relationships?
- What did you learn from this experience?

Models of learning

The supervisor needs to develop skills in relation to the educative function. We have said that understanding our respective learning styles is important, but we also need to understand *how* supervisees learn and develop.

There are a number of frameworks for this and the implications this has for supervision. Below is a list of principles about adult learning that have been adapted by Morrison (2005) from work done in the 1980s by the UK Further Education Unit. We suggest that you start by reflecting on the extent to which these or similar ideas underpin current supervisory and management experiences, both as a supervisor and supervisee.

Adults learn best when they:

- move from dependency to collaboration
- make use of their own experiences and have these valued as a contribution to problem solving
- reflect upon the experience in a positive and safe climate, where openness, trust and commitment are modelled by the supervisor
- learn from problems and activities rather than abstract subjects
- are involved in negotiation, take responsibility and set goals
- focus on moving from analysis of a particular experience to general principles
- acknowledge the importance of process as well as task
- make use of the non-verbal, the underlying and the unexpected
- are enabled by learning facilitators and learning partnerships, not teachers
- value emotions as sources of information and intelligence.

In this chapter we consider related frameworks. We first look at the concept of 'transformational learning' (Carroll, 2008) and suggest that the role of the supervisor is to assist practitioners to develop complex ways of reflecting and learning, that is, to learn how to learn. In addition we have added some material about relational learning as this appears resonnant with our material on relationship-based supervision.

Transformational learning

Current definitions describe supervision as a 'learning intervention.' It is recognised that there are different levels of learning, from the concrete to the more abstract and complex. These different levels of learning are described by Hawkins and Smith (2006):

- Level 1: Skills and competencies
- Level 2: Performance and capability, which involves the ability to use a skill at the right time, in the right way and in the right place
- Level 3: Developmental learning is somewhat longer term and refers to thinking and acting more holistically, integrating both the professional and personal
- Level 4: Transformational learning is the evaluation of old mindsets and mental maps, which involves coming to new ways of perceiving things, and connecting more to the bigger picture.

Carroll (2008) argues that supervision has an important role to play in assisting practitioners towards transformational learning. We have argued in Chapter 1 that reflection assists practitioners to develop the ability to see patterns in new knowledge and to generalise from these new learnings. This is sometimes called 'deep level' learning and is also akin to transformational learning, as described by Carroll:

> Reflection leads to different forms of learning all of which are the appropriate domain of supervision. The deepest form of learning used in supervision is transformational learning which combines both personal and professional learning. In transformational learning, supervisees critically reflect not just on their own experience, but the way they construct that experience. In doing so, they open themselves to new mental maps or meaning-making frameworks that help interpret their experience, learn from it and go back to their work with new insights and new behaviours. This is supervision at its creative best.
>
> (Carroll, 2008, p. 44)

He goes on to describe stages of transformational learning. These can be seen to relate, in part, to a practitioner's development as described earlier in this chapter but, as he points out, they are dependent on the capacity to reflect:

> Critical reflection allows us to become aware of how we come to our learning and knowledge, puts us in touch with our 'blind spots, deaf spots and dumb spots', brings to the fore conversations we do not have with ourselves and lets us get in touch with our own integrity and authenticity.
>
> (Carroll, 2008, p. 43)

The stages of learning Carroll (2008, p. 43) identifies are:

- Stage 1: Downloading – We see what we already know. We think as we have always thought. New knowledge and information confirms what we previously knew.
- Stage 2: Noticing outside of ourselves – We take a stance away from ourselves and can observe what disconfirms our theories, frameworks and models.
- Stage 3: Awareness and 'making sense of' – We open ourselves to new ideas, theories and frameworks. We use empathy to understand from other people's perspectives. We listen deeply and 'dialogue with integrity', allowing the new to influence what is already in our lives.
- Stage 4: Critical reflection – We begin the process of considering, sifting, thinking through, connecting, discussing and making meaning while recognising the meaning-making processes of others. Generative dialogue opens the possibility for learning organisations, collective practice wisdom and collaborative communities of practice.
- Stage 5: Transformational learning – We understand the processes by which we learn. We understand the assumptions that underpin our learning. We understand the contexts in which our learning and meaning-making takes place.

Reflective exercise

Think of one of the staff you supervise.

- What stage do you think they are at in relation to their learning?
- What sort of learning does your supervision practice support and facilitate?
- How can you use the stages of transformational learning in your supervisory practice?

Relational learning

One potential weakness of staged theories of development is that they tend to value independence and autonomy as a predictor of a competent and mature professional. Nye's (2007) work on relational learning offers an alternative model more in line with relationship-based practice and relationship-based supervision because it suggests that we learn in relation to others rather than through a separate process.

Nye (2007) draws on Vygotsky's work on learning theory, proposing a framework involving three related processes.

- Internalisation – the learner needs to 'take in' external social processes (this is a concept we draw on in a number of places in the guide – see in particular Chapter 3). This can often be an unconscious process and points to the value of a supervisee being exposed to a range of learning situations in the team and organisation.
- Scaffolding is a process that occurs rather like tutoring and mentoring where knowledge and skills are passed from one person to another. Scaffolding experiences can be offered to a supervisee by many besides the supervisor, including practice leaders. The 'tutor' engages with the supervisee, illustrates that the task is possible, breaks up the task into manageable components and highlights the emerging competence of the supervisee as they acquire mastery.

- The zone of proximal development is the place where learning occurs. The supervisee starts in the comfort zone where they know their actual level of development and skill level but in order to reach their potential development they need to take some risks and collaborate in a scaffolding process with the more competent supervisor/coach/senior practitioner.

Reflective exercise

- How well do you scaffold for the practitioners who you supervise?
- Who offers you scaffolding?

Understanding communication

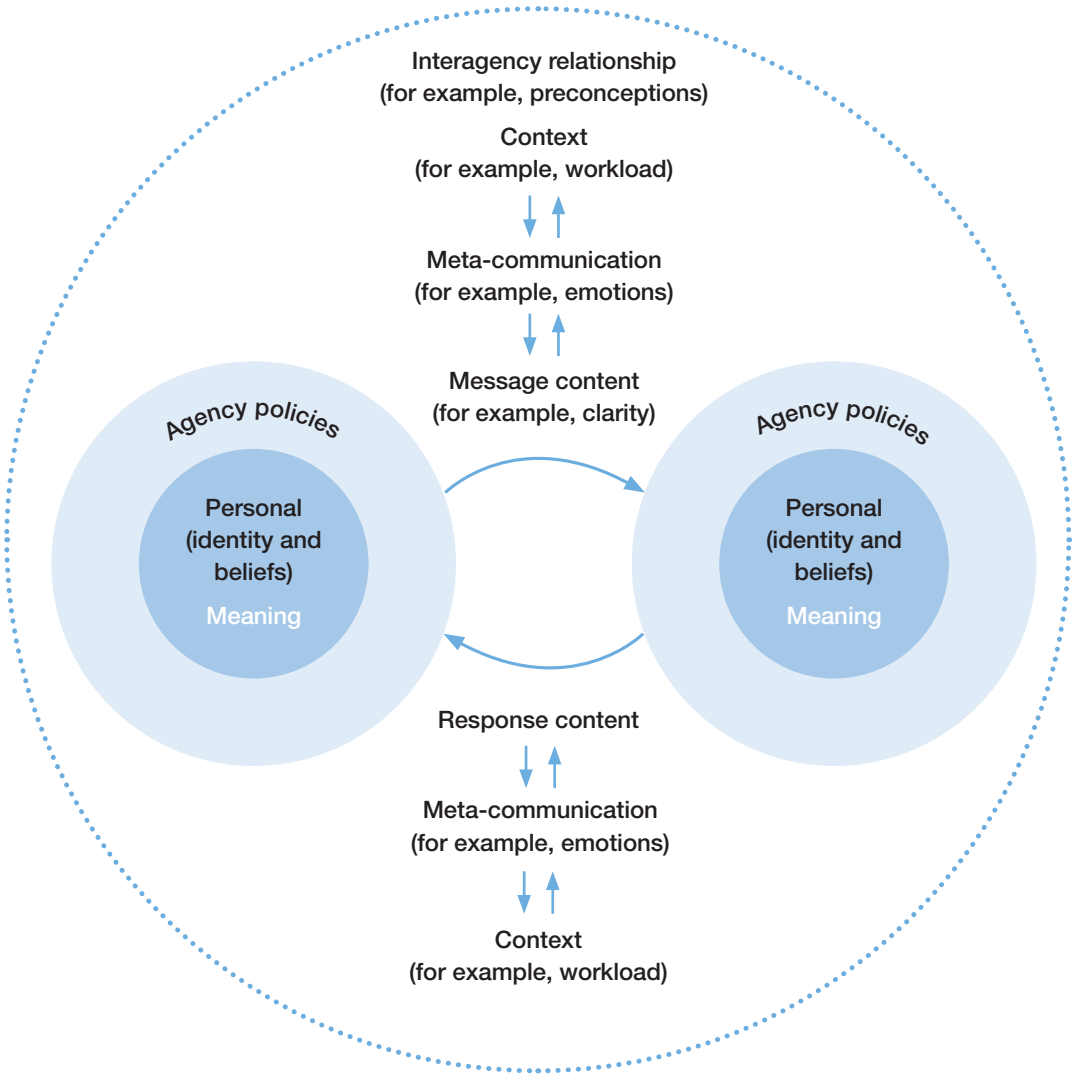
Good communication is an essential prerequisite for building and maintaining purposeful supportive relationships. Issues relating to poor communication within and between agencies can be particularly problematic in a child protection context. Reder and Duncan (2003) propose a very useful model for understanding communication in child protection; intrinsic to this is the supervisor, who has a lead role in helping practitioners to develop a 'communication mindset' and skills of communicating effectively (see Figure 2.3). This is a useful model for supervisors to think about their communication with others within the agency and across agencies.

While communication is normally understood as a process by which information is transferred from the sender to the receiver, for it to be effective communication the information must also be understood as it was intended. Reder and Duncan (2003) maintain that events seen in serious case reviews and child death inquires illustrate how catastrophic it can be when practitioners located in different agencies and from different professional backgrounds fail to pay sufficient attention to the 'meaning' behind what is actually said and agreed to verbally, either face to face or over the telephone, or what is meant in written correspondence or sent in email communications.

The interpretation of the intended meaning is critical, but there are many interpersonal factors in the sender and receiver that can obscure or distort the meaning of information. These of course include non-verbal communication, such as the tone of voice, facial expression and body language, but also more subtle factors that may not be as readily observed.

Child protection practice frequently involves communicating data or information; however, this is not a neutral action. The cognitive and affective dimensions of practice are so important that practitioners must also be consciously aware, as senders and recipients of communication, that it is the means by which people convey their feelings about themselves and their experiences. 'Information' in this sense encompasses feelings, attitudes, beliefs, intentions and desires, and, if these are not correctly interpreted in the communication process, it can be highly problematic.

Figure 2.3: Multilevel influences on inter-professional communication



From Reder and Duncan, 2003, p. 85

Reder and Duncan's (2003) multilevel approach to communication examines the interpersonal factors that shape the meaning that each person attributes to what is given and received. They suggest that the context in which communication takes place colours how information is understood. To be effective, each piece of information that is communicated must be considered at five levels:

1. content – clarity and content of the information
2. meaning – interpretations, value judgements, personal beliefs or assumptions that either party places on the information or each other's professional status and credibility
3. meta-communication – emotions affecting the sender or receiver
4. context – organisational pressures influencing the sender or the receiver
5. history – experiences of previous communication between the parties.

Practitioners need to be encouraged to monitor for mutual understanding and to evaluate information they are given, both in terms of the content and meaning. Receivers of a message must be able to hypothesise what facts, thoughts or concepts are being sent to them and the meaning they infer must coincide with the meaning that was intended (Reder and Duncan, 2003, p. 87).

Reflective exercise

- Can you recall any examples where people in the work context have misunderstood what you said or had a different understanding of what was agreed?
- How did you make sense of what happened?
- Can you identify at which level of influence the problem arose?

Supervision is an ideal opportunity for practitioners to review how well they communicate to, or receive information from, others by thinking systemically and 'holding in mind' other professionals who are relevant to the case or issue. Supervisors have important roles to play in asking reflective questions that encourage practitioners to think about how they have made sense of situations and what has been said to them by others (Reder and Duncan, 2003). Being asked to reflect also acts as a model through which they can gain greater confidence and skills in asking reflective questions to families and other professionals.

It is important that supervisors recognise that what they ask, and how they ask it, helps to shape and influence the information they are given by practitioners in supervision. Because of the authority and the power emanating from their role, it is possible that the supervisee will answer questions put to them but, if the right question is not asked, vital information may be lost.

We ask questions for different purposes: to gather facts, to seek another's view, to clarify meaning, and so on. In addition, no question is neutral; simply by asking, it suggests who or what information we think is important and this sends a meta-communication to the recipient. Questions can also be asked in ways that are collaborative, curious, reflective or solution focussed. Alternatively they can be blaming, judgemental or critical. We discuss these different types of questioning in the next section.

Supervisors and leaders need to be able to formulate and use a varied repertoire of reflective questions to encourage thoughtfulness and professional development of staff. One of the key tasks for the supervisor/leader in chairing planning meetings, involving staff from across agencies, is being able to ensure different perspectives are heard, demonstrating reflection and thoughtfulness and drawing the discussion towards an agreed plan of action that is based on clear, transparent and coherent decisions. To do this well, supervisors/leaders must be able to use themselves in 'collaboratively authoritative' ways (Dwyer, 2003) and be emotionally attuned and socially competent (see Chapter 3).

Asking effective questions

In this section, we look at different types of questions stemming from a number of practice approaches. The capacity to formulate questions to promote critical reflection means being able to maintain a position of curiosity and motivation to help others find a way forward rather than give instruction.

It is important to remember when considering the use of effective questions that we should be aware of cultural differences when speaking with all staff. A major step in cultural competence is being aware of one's own cultural influences and how these are similar to and different from another person's culture (Department of Human Services, 2008). As a supervisor and leader, self-reflection is a critical cross-cultural skill to limit the influence of one's own cultural bias, particularly in formulating questions.

One of the essential skills for effective supervisors and leaders is that they are able to ask useful questions to promote thoughtfulness, problem solving, professional growth and critical analysis. Morrison provides four sets of open-styled questions, (2005, pp. 167–172) based on each part of the reflective learning cycle, that can be adapted for use in many situations including team supervision.

Osmond and Darlington (2005) provide additional examples of reflective questions and techniques that the reader will find useful. In both sources, the dominant paradigm is that, with sufficient persistence from both the practitioner and the supervisor, the practitioner can often make sense of situations themselves and find a way forward in complex situations. Adult learners do not learn deeply if they are always told what things mean and what they must do next.

Here are some of our ideas about reflective questions that promote working together to make sense of situations (adapted from Gibbs, 2005). An example of a mother will be used.

Reflective exercise

Think of a question to understand a person's values:

- If you are 'being respectful' to the mother, what would it look like or what would you be doing?

Think of a question to help a practitioner appreciate something from another person's perspective:

- I am wondering why you think she may have decided to return home that night?

Think of a question to help a practitioner appreciate another person's values:

- Let's think about why that may have been important to her.

Think of a question to explore how a practitioner came to that view:

- I'm really curious to understand the sorts of things you were thinking about when you assessed him as uncooperative.
- What other explanations might there have been?
- What reasons were there for discarding that idea?

The stance of curiosity

In emotionally laden contexts where values and principles about what is right or wrong are strongly held and where issues of safety are prevalent, we often feel the need to convince others of our point of view. For example, if a child discloses sexual abuse we need the child to be believed and supported by a parent or, if a family needs counselling and support to meet the needs of their children, we need the local family support agency to accept the referral.

In these circumstances it is easy to get caught up in battles as we try to convince an uncertain parent that the abuse has really happened, or an overworked agency that they must take the referral. We can find ourselves doing more talking than listening and making more statements than asking questions. However, at these times, adopting the stance of curiosity may be more useful.

The stance of curiosity is more than a questioning style – it is an ethical stance and a way of using oneself. It is based on the understanding that there are multiple ways of understanding events and attributing meaning. It also allows us to avoid polarising debates and battles for control. It assumes that we all come to conclusions and hold opinions based on our own process of meaning-making and that engaging others requires us to understand their unique process of attributing meaning (Dwyer, 1999; Hughes, 2008). This does not mean that we agree with them, or that in ethical issues all opinions are equally valid.

If we go back to the example of the parent who is struggling to believe a child's disclosure, we may do better to resist the temptation to just tell them what they should think, rather a stance of curiosity would encourage us to understand their viewpoint. Why do they struggle to believe? How have they made sense of the situation? What would happen if they did believe? This process helps us understand their point of view and the reasons underlying it but, paradoxically, it also helps clarify this view for themselves and opens it up for re-examination as they begin to articulate it to us (Dwyer, 1999).

The stance of curiosity therefore requires that we try to understand the other person's viewpoint without trying to change that view. We really understand it when we can say to ourselves, 'I get why she thinks that, even though I don't necessarily agree with her'. We may find we do agree with the view or we may begin to identify the constraints that might lie beneath the viewpoint, be it fears, values, beliefs, misunderstandings and so on. This can then allow a more respectful discussion about the different viewpoints.

The need to adopt a stance of curiosity can often be seen in case discussions when some participants may draw conclusions based on their own taken-for-granted assumptions. When these comments start to creep into the conversation, or when a practitioner is not able to understand the perspective of another player in the case, the supervisor needs to encourage greater curiosity.

Child protection leaders have the role of modelling curiosity in interactions with staff and encouraging a stance of curiosity among others, which can be practised in team discussions or individual supervision. The stance of curiosity and 'not knowing' is also useful in conducting serious case reviews or preparing for child death reviews (Gibbs 2009). This helps elucidate the 'local rationality' (Munro, 2005), that is, how things looked at the time, and assists practitioners to stand back and interrogate their own thinking and practice in a non-defensive way.

Reflective exercise

- In a team case discussion or individual supervision, ask one person to role-play someone they are having difficulty understanding.
- Have other members of the group (or the supervisor) practise asking respectful questions from a stance of curiosity. Continue until the person feels they understand the other.
- If any questions assume an answer or attempt to change the other person's point of view, they must be rephrased until they are simply curious.
- Debrief by discussing what it was like for each participant and what they learnt about themselves and the other person.

Strengths-based questions

In supervision, strengths-based questions assume that reflecting on what works is a neglected source of learning. We often focus on the negative and what is not working. By asking about exceptions to the problem and identifying when things are working well, solution-focussed or strengths-based questions highlight and expose new possibilities in the families we work with and also our staff.

Consider the following examples of strengths-based questions in relation to you as a developing supervisor.

Reflective exercise

- Think of an effective supervision session that you facilitated with one of your practitioners. Briefly describe it.
- What made you an effective supervisor in this session?
- What qualities and skills did you call upon in this session?
- Where have you gained those qualities and skills and how long have you been using them?
- How do you develop your strengths and skills as a supervisor?

McCashen (2005, p. 141) describes the following five steps in one application of a strengths-based approach. When faced with a problem in supervision, the supervisor might adopt these steps, which is consistent with a reflective practice approach but consciously focuses on strengths.

- Issues are clarified and described in concrete terms.
- A picture of the future is developed and goals are set.
- Strengths and exceptions are identified.
- Additional resources are identified as necessary.
- A plan of action is developed. Before finishing, the supervisor and supervisee would agree on how the agreed action would be reviewed and evaluated.

Solution-focussed questions

You will be familiar with brief and solution-focussed practice as applied to case practice and child protection through the work of people such as Peter de Jong and Kim Insoo Berg (2002) and others (for example, Turnell and Edwards, 1999). Broadly, this approach is a constructivist approach that views troubles and solutions as socially constructed realities portrayed by the use of language. The language adopted by families is often dominated by problems. This, in turn, affirms the problem-saturated view of themselves and their lives; this is replicated in behaviour that is consistent with this problem-saturated view.

Change can occur when families are assisted to notice the things they are already doing that are working and are encouraged to do more of these 'solutions'. Supervisors can also draw on solution-focussed thinking and questions to assist supervisees learn.

As at the practice level, the emphasis is on establishing a relationship through which the supervisee is supported to find their own way forward. However, it is worth keeping in mind the stages of change model discussed in Chapter 4. Not all supervisees will feel ready or even feel it is appropriate or necessary to take action.

As with the stage-matched interventions discussed in Chapter 4, the supervisor needs to assess their responses to the stage of readiness displayed by the supervisee. Solution-focussed models try to address this same issue where the supervisee might be compared to the 'customer' (Berg and Miller, 1992), who is ready to 'buy' what might be discussed in supervision. The supervisee here is ready to own the difficulty, wanting to solve or act on the issues or be ready to work on it.

Thomas (1994) describes the underlying principles of solution-focussed supervision:

- It is not necessary to know the cause or function of a complaint in order to resolve it.
- Supervisees know what is best for them.
- There is no such thing as resistance.
- The supervisor's job is to identify and amplify change.
- A small change is all that is necessary.
- Change is constant and rapid change is possible.
- Supervision should focus on what is possible and changeable.
- There is no right way to view things.
- Curiosity is indispensable.

Here are some examples of some useful solution-focussed questions for use by leaders and supervisors (based on McVeigh, 2005).

- Please describe the strengths, skills and knowledge that you will bring to supervision.
- What have you found helpful in previous supervision relationships?
- In this session what is the most important issue for us to focus on?
- What goals would you like to focus on?
- What is important about these goals for you?
- How will you know when you have reached these goals or are happy with your achievements?
- What would be different if this problem was no longer part of your work?

- If you came to me tomorrow and said, 'My problem is gone', how would I know? What would be different?
- What is one small step you have taken in resolving an issue since we last spoke in supervision? Let's explore that more.
- Let's look at how things are going with that problem you brought to the last supervision session. If zero is complete failure and 10 is complete success, where would you put yourself? (Draw it on a piece of paper.)
- What would have to happen for you to move onto the next step?
- Where would you like to be on this scale?
- Tell me a time in your professional or personal life when you overcame a problem.
- When a problem has been reduced in size ask, 'What are you doing to make the issue less troublesome?'
- What can you keep doing to keep this issue well into the 'not troublesome' category?
- How did you know what to do with that particular case or situation? How can you use this again with other situations or cases?

Listening deeply

Effectively communicating does not only involve asking questions, it also requires the art of listening deeply. This means that leaders can listen to what is said, as well as recognising and understanding the emotion being expressed. This is at the heart of reflective practice and applies to relationships at all levels. Child protection practitioners need to be self-aware and sensitive to the factors underlying their own and others' behaviour and emotions if they are to notice damaging or dangerous patterns of cooperation, such as disguised compliance (Brandon et al., 2008).

At the next level in the child protection process, it is equally important that supervisors be aware of others' feelings, needs, perceptions and concerns. Supervisors must be able to empathise and look through the lens of the other person. This is important at the individual level with supervisees, but also at a collective level with teams and across multidisciplinary groups.

An important aspect of listening deeply involves recognising what is below the surface and attending to what is not being said, as well as the overt message. Deep listening promotes dialogue, listening to how something is said, listening for emotions, listening to what is not said, understanding deeper meaning, building community and connection, and creating space for reflection.

Reflective exercise

Think about the place of deep listening in your work and consider the following questions.

- How would you rate yourself as a listener?
- What are your strengths and weaknesses in listening?

Think of the people you supervise.

- How do you think they would they rate your listening skills? (Remember most leaders think they are better listeners than others may perceive them.)
- Would you be willing to ask those you supervise how they would rate you?
- Are there differences in ratings? What would account for these differences?

Role models for deep listening

- Who are some deep listening role models in your life?
- What can you learn from them?

Think of a relationship that you have had in the past with your own supervisor, mentor or coach where you have felt they have listened deeply to you.

- What was the experience like for you?
- How did you know they were listening deeply?
- What is it that made this a deep listening experience? What was the result of the deep listening?
- How can you practise what you have learnt from your own experience?

Constraints to deep listening

Listening is one part of the communication dynamic. In a busy child protection office there are many constraints to deep listening. Can you reflect on what gets in the way of deep listening for you? Consider what factors are associated with it. In Reder and Duncan's (2003) psychological model of communication, constraints identified include:

- being overwhelmed by the job
- conflicting responsibilities
- conflicting emotions
- being new to the job
- not taking the time
- not recognising or minimising the importance of the issue
- prejudging the situation
- taking sides
- not wanting to be unpopular
- rigidly sticking to a particular solution or answer even if it is shown not to work
- settling for a quick, short-term solution, even if it may cause long-term problems
- sweating on the 'small stuff' and missing the 'important stuff'.

The consequences of these failures of deep listening can be dire. It is generally true that deep listening is easier with practitioners (or families) who are more similar to ourselves (professional training, personality and communication styles, cultural backgrounds, life experiences).

Reflective exercise

- Which practitioners do you find harder to listen to?
- How do you know that your listening has been affected?
- Do you feel: irritation, impatience, frustration, boredom, resentment that they are demanding, you want to avoid them, you can't remember things about them?

Despite the importance of deep listening, the literature, and sometimes our own experience, indicates that leaders find it difficult to hear bad news, dissent, warnings and problem signs, and that employees are often afraid to speak up (Edmondson and Munchus, 2007). When open and honest communication is discouraged within the organisation this results in:

- the leader's or in-group's views being accepted as sacrosanct – no questions asked
- employees secretly disagreeing but failing to dissent against the group consensus
- employees being told not to rock the boat or make waves
- employees who speak-up being viewed as troublemakers.

Purpose and process in feedback

In Chapter 4, we discuss the value of feedback as a way to promote learning while recognising the danger that, for some supervisees, the process has come to be associated with problems in their practice, perhaps even 'being told off'. Earlier in this chapter, we have again stressed the importance of talking about how feedback will be given as part of negotiating the supervision agreement and during the review process. An example might be that a supervisor agrees to enable a supervisee to provide an assessment of their performance before being given feedback in supervision. Additionally, a supervisor might agree that before proceeding to give feedback they will ensure that the supervisee is aware of what is going to happen and is given a chance to prepare. Through the discussion about the importance of providing feedback, a supervisor and supervisee might agree to direct observation of practice though a joint home visit or meeting attendance. Undertaking live supervision can be highly effective but must be well negotiated and understood by both parties as one useful way to enable feedback to be given that will enhance learning.[10]

A number of years ago Joe Luft and Harry Ingham (1973) developed a model for self-awareness called the Johari window. Despite the passage of time, we believe that their model continues to provide supervisors with a framework to talk to supervisees about the importance of feedback. Below, we have suggested a way of understanding a specific application to supervision (Gibbs, 2005). Here, the four panes of the Johari window represent different aspects of practice, some of which are known to the practitioner and some of which are not (see Table 2.5).

In this discussion, we conceptualise feedback as primarily seeking to promote growth and development of supervisees by helping them to become consciously aware of what they are doing well and less well. One of the aims of supervision is to increase the 'open space' or 'arena' in the window below. In this space, supervisees are aware of what they know and the limitations of their knowledge and skills; they are consciously competent or consciously incompetent and are able to develop professionally as they gain greater knowledge about their strengths and weaknesses. Reflective practice and well-prepared and timely feedback support the supervisee's learning and the open space increases.

10 Live supervision as a learning tool is discussed in Chapter 5.

Table 2.5: The Johari window applied to feedback in supervision

	You know about this	You don't know about this
Other people know this about you	**Open (arena)** This can be 'conscious competence' – we know what we do well and what we need to develop. Or 'conscious incompetence' – we know what we don't know. Feedback supports growth of this pane.	**Blind** This is about the supervisee's skills, style and ability that others see in practice but that the supervisee doesn't recognise. It can be 'unconscious competence' as well as areas needing development – 'unconscious incompetence'. Providing feedback in this pane enables the supervisee to gain self-knowledge and self-awareness. This reduces the blind pane and grows the open pane, which is a key benefit of supervision, coaching and mentoring. It promotes growth and development.
Other people don't know this about you	**Hidden** This can be about feelings or challenges that we don't let other people know about. Self-disclosure can grow the open box.	**Unknown** This may be skills and talents that we have not yet discovered. It can also contain material that is below the surface, at an unconscious level. Reflective practice and critical reflection aid a reduction in the size of this pane.

Adapted from Gibbs, 2005

Feedback to broaden the open pane

Feedback is an important aspect of supervision and constitutes part of reviewing the supervision agreement. Giving feedback is a process that can be done well or badly. To do it well, leaders need to be well prepared and attend to process as well as content.

We suggest that the supervisor must spend some time preparing for feedback. The following reflective questions, adapted from Carroll and Gilbert (2006, pp. 72–73), may aid this process:

Reflective exercise

- How can I create an environment that is conducive to a practitioner receiving the feedback I want to give?
- How much time is required to talk the feedback through?
- Have I got a space and time that will be uninterrupted?
- Is the purpose of giving feedback clear to me as the supervisor and to the supervisee – that it is about enhancing the learning of the supervisee to deliver the best outcomes to children?
- How can I prepare the practitioner to hear what I want to say?
- Have I established a good supervisory relationship with a clear supervisory agreement that talks about feedback?
- In gathering a history of supervision with the practitioner, what do I already know about factors that assist or get in the way of them receiving feedback?
- Am I clear about what I want to say?
- How am I feeling about giving the feedback?
- What would stop me from giving the feedback?
- How open am I to reviewing my feedback in light of the discussion?

Hawkins and Shohet (2006, p. 135) outline a framework for giving effective feedback. The CORBS model advocates that it is:

- Clear – supervisors should avoid being vague and faltering, which will increase anxiety in the receiver and not be understood.
- Owned – the feedback is your perception and not a fixed 'truth'.
- Regular – feedback should be given often.
- Balanced – feedback should be given about things that are going well and less well.
- Specific – feedback should not be too general but behaviour-focussed.

Reflective exercise

Think about a recent occasion when you gave a supervisee feedback.

- How clear was the message?
- Did you meet all the aspects of CORBS?
- Did you consider the practitioner's preferred learning style?
- Were there cultural and diversity factors that needed to be considered in the feedback?
- Did you give the feedback in the way you discussed in the supervision agreement?
- How did the supervisee respond to the feedback?
- Did you check what you intended to say was heard?

Responding to more challenging situations in supervision

Getting stuck in the learning cycle[11]

Effective supervisors adopt a positive-expectations approach and believe that supervisees want to do a good job. The values that underpin supervision mean that supervisors approach more challenging and entrenched performance problems with a belief that most practitioners can still change what they are doing if they understand what needs to be different and are supported through a change process. The key is often an existing relationship of influence where the supervisor is paying attention to the practitioner's emotional needs, their self-esteem and level of confidence.

When done well, negative feedback can result in improvement. This guide has strongly advocated for early recognition and response to issues and challenges. Ignoring an issue does not lead to change! Above all, effective supervisors know that in the majority of cases the barriers to effective practice and meeting standards are context-related and very rarely relate solely to the practitioner's level of attitude, skill and knowledge.

Earlier in the chapter we described the four learning styles based on the Kolb cycle of adult learning. We stressed that learners need to be able to engage with all four parts of the cycle: experience, reflection, analysis and planning or acting. It is not enough to have a learning experience, adults need to be able to reflect on its emotional dimension and to think about how they made sense of it before they can use the experience to progress their learning.

If learners simply experience issues and apply solutions they will not learn and develop over time. Rather, these solutions are likely to become mechanistic and 'cookbook recipes' referred to as 'short-circuiting', which fail to take into account changed cultural, social and situational contexts. Before proceeding further, we suggest you review the discussion of the Kolb learning cycle as applied to supervision, which is in Chapter 1.

We all have a preferred learning style and, therefore, may need to develop other parts of the learning cycle that we find more challenging.

In child protection, the pressure and urgency of the work can encourage practitioners to act with too few opportunities to feel and think. A key role for a supervisor is to look for opportunities to encourage practitioners to take the time to reflect and analyse. Many of the children and parents with whom child protection practitioners engage have experienced trauma and multiple disruptions and losses in their lives. The inherent anxiety and emotionally intrusive nature of the work means that all practitioners must be well supervised and supported.

It is inevitable that we will all get stuck at certain points, often when the organisational context is unsafe, unsupportive or unpredictable. Supervisors can begin to see a pattern of behaviour or difficulty emerging that suggests practitioners have got 'stuck' in responding to experiences in particular ways. Morrison (2005) suggests that when we become stuck in unhelpful and repetitive patterns of behaviour we have found a way to manage anxiety, information overload and to reduce complexity and uncertainty. These often unconscious, unhelpful strategies serve a purpose and those trying to help therefore need to try to understand the range of factors which may be contributing to getting stuck or blocked.

11 We encourage you to read more about this explanatory framework, which involves applying attachment theory to supervision (see Morrison, 2005, pp. 185–243).

The effective supervisor is able to stand back and look at their own cycle and how they may be stuck and apply the same thinking to practitioners who they manage or supervise. This means finding a way to help practitioners to reach their potential for learning and development, as well as helping them recognise when they are stuck in the learning cycle, which impacts negatively on their work.

Morrison (2005) describes a practitioner whose learning style is:

- balanced – where thinking, feeling and actions are integrated
- stuck in feelings – own feelings dominate, thinking suppressed and actions driven by feelings
- stuck in analysing – thinking dominates, feelings suppressed and actions driven by rigid or proscriptive thinking
- stuck in action – action dominates, feelings projected onto others, thinking suppressed
- stuck in experience – paralysed and overwhelmed, leading to shutting down or disconnection from feelings, thinking and action.

At the beginning of this chapter we suggested that one way of explaining what has happened when a practitioner appears to have lost their compassionate stance with clients is that they have become blocked in one part of the learning cycle. This can result in compromised action and impaired thinking and feeling about people and complex situations. In an extreme case of being blocked in experience it can lead to burnout.

Reflective exercise

Reflect on a time when you were blocked in one part of the learning cycle.

- Describe your behaviour.
- What did other people see?
- How did it affect your capacity to do your work?
- What helped you to get 'unblocked'?

The effective supervisor needs to find a way of encouraging a stuck practitioner to engage in other parts of the cycle. The material presented in Chapter 1 about learning styles will assist you. For example, a practitioner stuck in feelings needs encouragement to think and to analyse. You may ask such a practitioner to read an article, summarise what it says and then talk to you in supervision about how it might be applied in a particular case.

In the following examples, the practitioners' behaviour might be explored drawing on this framework.

John qualified as a social worker seven years ago and is currently undertaking a part-time Masters by coursework. He has been in child protection for four years and enjoys supervising social work students on placement because he finds it stimulating to relate theory to practice.

John works in the long-term team and shows no interest in moving across functions or into a supervisory role. In his supervision, he can be hard to pin down and tends to generalise about what he has been doing and what is happening on his cases. He loves to talk about structural issues and is good at talking to the team about the interesting structural theories he is studying at university. Newer and younger members of his team are very respectful of John and his knowledge.

When his supervisor asks him to talk about specific children on his caseload, his responses are quite superficial and he quickly talks about how often he has seen the child and that he is making sure he does the job according to the guidelines. When more creative options are suggested in supervision he is often dismissive and says that 'we should stick to the recipe'. John describes himself as a 'departmental person'. At times when his supervisor has said a child on his caseload needs one-to-one work and an opportunity to explore their situation, John says 'that is therapeutic work and should be done by a therapist'.

Reflective exercise

- Where is John stuck in the cycle?
- What does this mean for his capacity to be reflective, to engage with families and to plan for future work?
- What ideas do you have for working with him in supervision to help him become unblocked?
- What reflective questions might you ask him to encourage his capacity to talk about how a child is feeling?

Jane is 42 years old and has been working in child protection for four years. She studied social welfare as a mature-aged student and this is her first job since graduating. Jane is also a single parent with three teenage children so she is used to managing a lot of responsibilities in her life. She is a conscientious practitioner and usually has a large caseload and will often take on additional responsibilities when her colleagues are sick or on leave.

As a result of being overly busy, she is often late for meetings or for her supervision sessions because she has had to attend to 'urgent' issues. In supervision, she has described herself as working intuitively and often has difficulty articulating a clear plan for cases. She generally has difficulties managing all the different aspects of her job and her case notes are often behind. However, she goes out of her way to organise support services for families and finds herself helping out families and doing things for them when they seem stuck and powerless to help themselves. When her supervisor attempts to clarify Jane's responsibilities, priorities and boundaries she responds that she does not want professional, bureaucratic barriers to get in the way of assisting the families she works with.

Reflective exercise

- Where is Jane stuck in the learning cycle?
- How is this likely to impact on her capacity to reflect, think and plan?
- What ideas do you have for working with a supervisee like Jane?
- What reflective questions might you ask her to encourage her to think about how she can use theory and research to better understand what is happening in her cases?

Pat is one of the practitioners in the team who has been working the longest in child protection. She has not been particularly engaged in the Child FIRST changes and team members are aware she has been making cynical and pessimistic comments. This is reflected in her approach to families too, in that she is pessimistic about any possibility that families may make real changes in caring for their children.

Her case plans reflect premature recommendations for permanent placement away from birth families. She is also reluctant to undertake any collaborative case planning with other agencies that are also working with children on her caseload. On the occasions when Pat attends meetings with other agencies, she can deflate the case discussion with comments that any changes that the family is making cannot be trusted to last. In team meetings she seems to be demoralised and disengaged and it is difficult to get her to participate, or to be involved with any new initiatives or ideas. When her supervisor makes the observation that Pat seems burnt out, she replies that she is waiting to take her long-service leave next year.

Reflective exercise

- Where is Pat stuck in the learning cycle?
- How is this likely to impact on her ability to reflect, think and plan?
- What ideas do you have for working with supervisees like Pat?
- What reflective questions could you ask Pat to encourage her to think about the role of other services in the families she works with?

Nicky is 26 years old, has been in child protection for two years and has previous experience and education in disability services. She is a quiet member of the team. Her approach to families is sensitive and gentle.

Her supervisor notes that she has been having particular difficulty in working with families where sexual abuse is involved. In supervision, she has spoken extensively about the intense emotions that sexual abuse cases evoke for her.

Nicky frequently identifies with the victim and gets overwhelmed with her feelings of anger towards both the perpetrator and non-offending parent for failing to act protectively. Consequently, Nicky has difficulty closing these cases and having difficulty taking on new cases. When her supervisor raises this issue with Nicky, she says she does not want to let down the young person or, in other words, disappoint or abandon victims like their families have.

Reflective exercise

- Where is Nicky stuck in the learning cycle?
- How do you think this is likely to impact on her capacity to engage with families, think and plan?
- What ideas do you have about working with supervisees like Nicky?
- What reflective questions could you ask Nicky to encourage her to think about the various functions of supervision?

If you utilise these ideas, you will be able to pick up on problematic patterns of behaviour quickly. This means you can intervene to assist a practitioner before there is a need for formal processes under the performance management guidelines. This is a separate process and not covered in this guide. However, if practitioners are managed and supervised effectively these challenges are likely to be addressed early.

The bridging interview

In most cases an effective supervisor will be successful in establishing a workable and productive relationship of influence with a practitioner. However, in a few cases practitioners are unable to reach or maintain the required standard of work. Sometimes it appears that, over time, whatever has been tried by the supervisor has not worked. A pattern of behaviour has emerged that cannot be allowed to continue unchecked. Early intervention is as important in cases of underperformance as it is in child protection practice. Further, underperformance on the part of one practitioner can have an effect on the rest of the team when morale suffers and additional demands are placed on others. In a collaborative learning culture everyone needs to see that underperformance is addressed because standards are important and everyone is expected to strive to achieve better outcomes for children. Conversely, if staff perceive a failure to respond to underperformance, it gives a message that in this culture achieving high standards is optional and poor-quality work is acceptable (Scragg, 2009).

We know that managing entrenched and persistent poor performance is extremely challenging for supervisors who have chosen a helping profession and want to believe that in time everyone can improve. On top of this it can be isolating and likely that the supervisor will question their own level of competence. However, while acknowledging the importance of treating all staff with compassion, dignity and respect, it is vital that supervisors retain a clear focus on the impact of underperformance on the child and family. To do this effectively you will need the expertise of others, such as your own supervisor and a human resource officer, and the support of your peers. In this small number of cases, the supervisor may decide to utilise a bridging interview (Quick, cited in Morrison, 2005, p. 236).

As the name implies, this structure is valuable as a stepping stone from the usual process of supervision into formal performance management procedures, which are not covered in this guide. We also suggest that a supervisor should not use this specific model without talking first to their supervisor and, if agreed appropriate, consulting with a human resource officer. It should be noted that in many human service organisations the bridging interview encompasses a letter outlining the areas of concern. While not part of any formal disciplinary or performance management process, a bridging letter does seek to ensure that the supervisee understands and is clear about what behaviour change is needed.

Before undertaking the interview, the supervisor must prepare well and be clear about what behaviour is concerning and the standard that is not being met. As suggested above, it is important to reflect on any organisational constraints and whether it is reasonable to expect that the practitioner has the required knowledge and skills to reach the standard. In addition, the supervisor should assess issues related to vicarious trauma and burnout to ensure the practitioner has had an opportunity to discuss any of these issues underlying the behaviour (see Chapter 3).

An important reflection must be about the current pattern of supervision and whether the supervisee has been adequately supported to perform work according to the standard.

In Chapters 4 and 5 we discuss some different strategies to promote learning and development, such as live supervision, coaching and mentoring. The effective supervisor will review what they have tried and what else may work to improve performance. It is also useful to remember the limitations inherent in an autocratic style of supervision and trying to impose change on people has limited success.

> If you directly confront resistance in someone who is relunctant to move, you may simply push them into an entrenched position.... Coaching can move people forward in a less confronting, more internally motivating way.
> (Greene and Grant, 2003, p.80)

Even when there are no further options to explore and it has been decided that a bridging interview is required, an effective supervisor will maintain a positive expectations approach and be open to hearing information that may suggest their current assessment needs to change.

The following structure for the bridging interview is based on Morrison (2005, p. 239):

- State the problem – similar to giving feedback, the supervisor must describe specific behaviour and give examples of behaviours or practice that need to change.

  As I recall we agreed in our last supervision session that you would complete the court report on James and the case notes on the family by last Monday. Have I got that right?
- Listen – it is important that supervisees are given a chance to tell the story from their perspective. The supervisor needs to listen deeply and try to assess how the supervisee perceives the situation and feels about what is happening.
- Consider extenuating circumstances – while listening it is important to reflect on what might be contributing to the continuation of the problem. Remember to think at the the level of the individual, practice, supervision, team, organisation, system and wider structural level.

  For example, have you asked them to do something they don't have the knowledge and skills to undertake?

  Is there a personal problem?

  Is the practitioner overwhelmed with anxiety about getting it right?

  What organisational changes might be impacting on their capacity to do the task?
- Look for desired alternatives.

  If it is a 'capability' problem:

  – Change systems or targets.
  – Provide time, technical assistance.
  – Provide training or access to an employee assistance program.

If it is a ‘disinclination’ or ‘motivation’ issue:

- Discuss the context to the decline in motivation.
- Adopt a curious and coaching style to explore times when the practitioner is more motivated and what is different about those times.

- Design an action plan – ensure that the plan is concrete, visible and within a set timescale with a review date. Clarify responsibilities and tasks.
- Check the practitioner’s perception of the agreement – do not assume understanding unless you have checked. Ask the practitioner to state what has been agreed.
- Follow through – improving performance takes time.

Your aspiration is to change certain attitudes or behaviours and you must, therefore, follow up on the interview. If change occurs, you have both succeeded and you should celebrate success. If not, it may be important to move into a formal underperformance management process.

Ending supervisory relationships

We agree that while a significant focus has been on establishing supervisory relationships, there is too little emphasis on ending these relationships (Davys and Beddoe, 2010). There are many parallels here with the importance of recognising the significance of a change of practitioner at the practice level.

Earlier we talked about the importance of a supervisor understanding the supervisee's supervision history and what past experiences of supervision have meant. This points to the value of the supervisor and supervisee spending time reviewing and honouring the period of time they have worked together, even if this is a short time. In some cases the relationship holds deep and painful moments in the supervisee's professional development (Davys and Beddoe, 2010, p. 68).

Changes in supervisor can occur frequently within child protection and in an unplanned way given the nature of the work and the demands on the program. We believe that it is important in as many situations as possible that both parties, but in particular the supervisee, are given an opportunity to react to the change and to come to terms with the consequences.

The discussion previously about reviewing the supervision agreement may provide some useful ideas about how to structure such a discussion. We also suggest that consideration should be given during this 'ending' discussion to the sharing of information with the new supervisor. In many cases it may be useful for the existing and new supervisor and supervisee to meet to discuss the practitioner's progress. The current supervision agreement may provide a focus for this discussion.

Effective interagency work and communication

In the remaining part of this chapter, we broaden our thinking about how leaders sustain and maintain effective relationships both within the agency and with workers across the service system.

We suggest that having a sound understanding of effective communication and, in particular, a 'communication mindset' (Reder and Duncan, 2003) is vital to engaging others. This is a psychological approach to communication, suggesting that a great deal of effort must go into interpersonal relations and processing incoming and outgoing information in order to ensure meaning. 'Information' includes feelings and thoughts; there are also a number of individual, collective and contextual influences that can impede understanding:

> ... successful communication requires a degree of reflectiveness, since both parties need to be aware of influences and must monitor them. In that sense it can be regarded as a mindset, a framework that helps organize the meaning given to every message content and all interprofessional encounters.
>
> (Reder and Duncan, 2003, p. 94)

It is well established that effective interagency collaboration is required to deliver good outcomes for children; however, it is also well recognised that this is often difficult to achieve (NAPCWA, 2002). Horwath and Morrison (2007) address the challenges of collaborative practice between agencies and identify five levels to describe the range of working together arrangements: communication, cooperation, coordination, coalition and integration of services.

Placed on a continuum, each of these levels represent a move towards what is required to promote low-level to high-level collaboration. Child protection leaders have the responsibility to ensure mid-range collaborative endeavours.

While the success of these endeavours may to some extent be dependent on the structures and processes put in place by senior management to formalise integration of services, these represent the most extensive collaborative effort between services and are only one aspect of the day-to-day collaboration required.

Consider, for example, the *Working together strategy* (Department of Human Services, 1999) that attempted to improve the partnership between Victoria's mental health, drug and alcohol, youth justice and child protection services. The strategy focussed on a number of levels within the system, from departmental collaboration down to case-based practice. At the level of interagency collaboration, leaders in all services had a central role in interpreting and negotiating what the strategy meant in practice. As the strategy report noted:

> Leaders can ensure a client-centred focus, empower others to create innovative solutions, and model a willingness to work together rather than blame one another for challenges and problems. Leaders have a fundamental role in managing the perception among their staff that service cooperation is essential to good results for clients by showing that all efforts to overcome barriers are valued.
>
> (Department of Human Services, 1999, p. 19)

Effective leaders at all levels of the organisation do not do this by ignoring potential conflicts and avoiding differences, nor do they become caught up in polarised debates that exaggerate and accentuate these differences (Rubin, 1997). Rather, leaders have a role in engaging their own staff around the benefits of collaboration and dealing directly with constraints that exist in their own team and organisation. Primary among these is developing trust.

Torres and Margolin (2003, p. 5) drew together the proven strategies and tools to enhance interagency collaboration and argued that 'organisations that successfully work together have typically achieved three things: high levels of trust, serious time commitment from partners, and a diminished need to protect their turf'.

Child protection leaders experience first-hand the constraints to collaboration within their own organisations and from others, but also often deal with the consequences of a lack of effective collaborative practice, such as an increased risk of serious incidents. They can, therefore, be highly motivated to ensure collaboration but can also be influenced by experiences or perceptions of how well people were able to work together in the past (see Reder and Duncan, 2003).

It is important to recognise that contextual factors, such as a heavy workload, lack of supervision or expertise, differences in conceptual or practice frameworks and organisational culture, will all interfere with communication within and between agencies, leading to impaired collaboration. In the struggle to survive anxiety-provoking situations, any actual differences between groupings of people needing to collaborate together within the child protection network can become exaggerated. The failure to put in place structures and processes that assist these groups of people to express feelings, doubts and uncertainties leads to defensiveness, denial and blame. It is not uncommon for agencies to become highly controlling, rigid and lacking the capacity to jointly manage risk.

A key point is that any dysfunctional relationship that arises from these largely unconscious processes has an impact on the child and family.

> Rather like the child whose world is mediated though the quality of relationships between parents, so the experience of vulnerable families in the child protection process is mediated through the modelling of interagency relationships and behaviour. One cannot feel safe as an airline passenger whilst witnessing the crew arguing amongst themselves, or worse providing conflicting accounts of what is happening and what to do when the plane is in trouble.
> (Morrison, 1998, p. 134)

The previous reform agendas in child protection practice reinforces that working together and collaborating effectively is of paramount importance. It is the responsibility of leaders to ensure they communicate well with professionals from other disciplines and agency contexts. They need to model for practitioners a capacity to work effectively with other agency workers on a case-by-case basis and on projects. They need to plan and implement clear structures and processes that support working together and where respective roles and responsibilities are articulated, understood and respected. They need to ensure there are safe forums in which everyone can share their feelings of doubt and uncertainty.

Morrison (1998) describes some contrasting positions taken by leaders and whole agencies in relation to working collaboratively. The positions reflect different beliefs, values, and perceptions of power relations and of the value of difference. If leaders are able to reflect on the values and attitudes that influence their own approach to working collaboratively, they model this for practitioners, who then reflect on how well they work with families. Morrison (1998 p129) describes the following approaches:

- A paternalistic position – assumes an expert position and 'you need me or us'; collaboration is a benefit to be conferred on others.
- Strategic/Adversarial position – assumes a 'them and us', win or loss struggle and collaboration means 'be cautious' or we lose out; territorial behaviours are evident.
- Play-fair position – collaboration stems from a belief in social justice and fairness, involves others to be more effective. Difficulties arise, however, in managing conflicts of interest between, for example, parents' rights and children's needs.
- Developmental position – collaboration stems from a therapeutic position of working and learning together, reflects a psychological model of growth and development, people are prepared to be open about the struggles and 'mistakes' as well as 'successes'.

Reflective exercise

Think about a service or agency in your area that you experience difficulties in collaboration:

- On a scale of zero to 10, how committed you are to collaborative interagency working? (zero not at all, 10 being totally committed)
- What does this mean for the children and families you serve, you, your team and the agency?
- Can you think of a metaphor that describes your current experience of working together with agencies across the service system?
- What does your metaphor tell you about different relationships and experiences?
- Thinking about power relations (for example, boundaries, territory, responsibility) can you summarise your experience?
- Thinking about difference (for example, values about children and families, views about authority and parental involvement, children's rights and needs) can you summarise your experience?
- Are there any reflections here about what might promote a change in relationships?

In relation to your team:

- What would your team say about current interagency relations?
- Can you think of examples of collaboration that are working well? Why do you think this is the case?
- Can you think of a situation where collaboration is working less well? Can you think why this might be the case?
- Can you identify strengths in your team in relation to enhancing collaborative practice?
- What barriers are there?
- What can you do about these?

Summary

Engaging others in child protection demands that supervisors and leaders give sufficient time and attention to establishing early, positive relationships of influence. We have suggested that supervisory relationships with practitioners can benefit from drawing on the values and theoretical underpinnings of relationship-based practice.

At the beginning of the relationship it is important that supervisees understand the importance of supervision and that there is a shared understanding about what it involves. The Victorian child protection workforce enhances the potential for sharing the responsibility for providing the four functions of supervision. We have provided ideas about how this can be properly negotiated and formalised among the relevant leaders and, importantly, the supervisee.

A negotiated supervision agreement is an important tool at the early stage in the relationship, and a significant part of this chapter is dedicated to this process. We suggested a number of activities that can underpin the negotiation of an agreement and stress that it is not a tool or checklist. It requires a supervisor to plan for a number of conversations that provide possibilites for engagement in the relationship but, importantly, to minimise the range of problems that can occur later.

To engage effectively with practitioners, supervisors and leaders should clarify respective expectations and responsibilities in the relationship. Particular attention must be given to the authority inherent in the relationship and the exercise of power. Supervisors need to take account of the practitioner's stage of development, preferred style of learning and what they bring to the relationship from past experiences. Understanding the range of factors that influence the help-seeking behaviour of all of us is important. We suggest that discussing potential challenges in the future is an important step to laying the foundation for an open and trustworthy relationship. While we have provided one example of a supervision agreement we suggest that the agreement should be individualsed to the needs of each supervisee. Formalising and reviewing the agreement is important, as is the ending of a supervisory relationship.

This chapter also looked at specific aspects of maintaining and sustaining effective relationships of influence. Importantly, we have talked about the style and process adopted by the supervisor who can model a culturally competent and authoritative style through this role. We suggested that the effective supervisor needs some knowledge about how adults learn and in this edition we have included new ideas about relational learning that complements our emphasis on relationship-based practice and relationship-based supervision.

The capacity to ask effective questions and to think deeply are fundamental prerequisites to engaging others. We discussed reflective questions, strengths-based questions and solution-focussed questions. Thinking deeply means being able to listen to what is said but also being able to demonstrate high levels of emotional attunement and competence.

In particular, we have examined the purpose and process of giving effective feedback as a way of encouraging professional development. We have argued that effective supervisors will recognise problems and challenges early and strive to work collaboratively with supervisees to bring about change.

We suggested that at times of heightened anxiety people can get stuck in the reflective cycle and engage in repetitive and less than helpful patterns of behaviour. They need support to move to another part of the learning cycle and find another way of approaching learning. This framework should be considered for applicability to a particular practitioner prior to using a bridging interview approach. The supervisor may need to undertake a bridging interview only in rare situations where a more entrenched pattern of concerning behaviour has developed and standards are not being reached or maintained.

We described a psychological approach to effective communication as a way of supporting relationships at every level of the process – family, practitioner, supervisor, interagency network. It was argued that a model like this prioritises the processing of information to ensure shared meaning. Five levels of influence were identified, all of which need to be considered when we are trying to communicate well.

We have asked you to reflect on your values and beliefs about working with others across the service system. We suggested four positions that reflect different attitudes and beliefs about working together. As supervisors and leaders you need to identify the strengths and barriers to working well together and look for opportunities to enhance effective collaboration.

References

Brandon, M, Belderson, P, Warren, C, Howe, D, Gardner, R, Dodsworth, J et al. 2008, *Analysing child deaths and serious injury through abuse and neglect; what can we learn? A biennial analysis of serious case reviews 2003–2005,* Department of Children, Schools and Families, London.

Berg IK and Miller, SD 1992, *Working with the problem drinker: A solution-focused appraoch*, Norton, New York.

Carroll, M 2008, 'Supervision and transformational learning', *Psychotherapy in Australia*, vol. 14, no. 3, pp. 38–45.

Carroll, M and Gilbert, MC 2006, *On being a supervisee*, PsychOz Publications, Melbourne.

Childrens Workforce Development Council (CWDC) 2009, *Supervision guide for social workers*. Newly Qualified Social Workers Pilot Programme, viewed <http://www.cwdcouncil.org.uk/nqsw/pilot-programme>.

Cousins, C 2004, 'Becoming a social work supervisor: a significant role transition', *Australian Social Work*, vol. 57, no. 2, pp.175–185.

Davys, A and Beddoe, L 2010, *Best practice in professional supervision. a guide for the helping professions*, Jessica Kingsley, London.

de Jong, P and Berg Insoo, K 2002, *Interviewing for solutions* (2nd edn), Brooks/Cole, Canada.

Department of Human Services 2012, Child protection practice manual Advice number 1045 'Professional supervision' www.dhs.vic.gov.au/cpmanual

Department of Human Services 1999, *The working together strategy – a quality improvement initiative involving mental health, protection and care, drug treatment services and juvenile justice*, State Government of Victoria, Melbourne.

Department of Human Services 2008, *Aboriginal cultural competence framework,* State Government of Victoria, Melbourne.

Department of Human Services 2012, *Best interests case practice model*, State Government Victoria, Melbourne.

Dwyer, J 1999, *Grief, trauma and the familial ideal: some Australian women's response to incest*, unpublished PhD thesis, The University of Melbourne.

Dwyer, J 2003, *Managing the effects of working with trauma*, unpublished workshop notes.

Edmondson, VC and Munchus, G 2007, 'Managing the unwanted truth: a framework for dissent strategy', *Journal of Organizational Change Management*, vol. 20, no. 6, pp. 747–760.

Gibbs, J 2002, *Sink or swim: changing the story in child protection – a study of the crisis in recruitment and retention in rural Victoria*, La Trobe University, unpublished PhD thesis.

Gibbs, J 2005, *Supervision in community care*. Curriculum developed for postgraduate subject in postgraduate certificate in complex community care, La Trobe University, Melbourne.

Gibbs, J 2009, 'Child death inquiries: moving beyond the rhetoric of learning', Children Australia Vol 34, No 3, pp. 9- 17.

Greene, J and Grant, A 2003, *Solution-focused coaching* Momentum, UK.

Hawkins, P and Shohet, I 2006, *Supervision in the helping professions* (3rd edn), McGraw Hill, UK.

Hawkins, P and Smith, N 2006, *Coaching, mentoring & organizational consultancy: supervision and development*, Open University Press, Maidenhead.

Holloway, E 1999, 'A framework for supervision training'. In: Holloway, E and Carroll, M (eds) *Training counselling supervisors*, Sage, London.

Honey, P and Mumford, A 1986, *Using your learning styles*, Honey, Berkshire.

Horwath, J and Morrison, T 2007, 'Collaboration, integration and change in children's services: critical issues and key ingredients', *Child Abuse and Neglect,* vol. 31, pp. 55–69.

Howe, D 2010, 'The safety of children and the parent–worker relationhip in cases of child abuse', *Child Abuse Review*, September–October 2010, pp. 330–341.

Hughes, D 2008, Workshop presentation, Take Two Berry Street, 29 August.

Johansen, B and Gibbs, J in conjunction with Professional Development & Quality Assurance Branch, NSW DoCS 2008, *Practice coaching training workbook & resource kit*, Department of Community Services, Sydney.

Knapman, J and Morrison, T 1998, *Making the most of supervision in health and social care – a self-development manual for supervisees*, Pavilion, Brighton.

Luft, J and Ingham, H 1973, *The 1973 annual handbook for group facilitators*, University Associate Publishers, California.

McCashen, W 2005, *The strengths approach – a strengths based resource for sharing power and creating change*, St Lukes Innovative Resources, Bendigo.

McVeigh, J 2005. In: *Professional supervision training package*. Learning and Development Department of Community Services, New South Wales.

Minas, H and Slove, D 2001, 'Transcultural refugee psychiatry'. In: Bloch, S and Singh, BS, *Foundations of clinical psychiatry* (2nd edn), University Publishers, Melbourne.

Morrison, T 1998, 'Partnership, collaboration and change under the Children Act'. In: Adcock, M and White R. (eds), *Significant harm* (2nd edn), Significant Publications, UK.

Morrison, T 2005, *Staff supervision in social care: making a real difference for staff and service users*, Pavilion, Brighton.

Munro, E 2005, 'A systems approach to investigating child abuse deaths', *British Journal of Social Work*, vol. 35, pp. 531–546.

National Association of Public Child Welfare Administrators 2002, *Bringing systems together: a report from NAPCWA's Symposium*, APHSA, USA.

Nye, C 2007, 'Dependence and independence in clinical supervision', *The Clinical Supervisor*, vol. 26, no. 1, pp. 81–98.

Obholzer, A and Roberts, VZ (eds) 1994, *The unconscious at work: individual and organizational stress in the human services*, Routledge, UK.

Osmond, J and Darlington, Y 2005, 'Reflective analysis: techniques for facilitating reflection', *Australian Social Work*, vol. 58, no. 1, pp. 3–14.

Rapp, H 2000, 'Working with difference: culturally competent supervision'. In: Lawton, B and Feltam, C (eds), *Taking supervision forward: inquiries and trends in counselling and psychotherapy*, Sage, London.

Reder, P and Duncan, S 2003, 'Understanding communication in child protection networks', *Child Abuse Review,* vol. 12, no. 2, pp. 82–100.

Rubin, H 1997, *The princessa: Machiavelli for women*, Bloomsbury, London.

Ruch, G 2005, 'Relationship-based practice and reflective practice: holistic approaches to contemporary child care social work', *Child and Family Social Work,* vol. 10, pp.111–123.

Salus, MK 2004, *Supervising child protective caseworkers*, Child Abuse and Neglect User Manual Series, US Department of Health and Human Services, Administration on Children, Youth and Families Children's Bureau Office Office on Child Abuse and Neglect, Washington DC.

Scragg, T 2009, *Managing at the front line – a handbook for managers in social care*, OLM Pavilion UK.

Thomas, FN 1994, 'Solution-orientated supervision: the coaxing of expertise', *The Family Journal: Counselling and Therapy for Couples and Families*, January, vol. 2, pp. 11–18.

Torres, G and Margolin, F 2003, *Collaborative primer: proven strategies, considerations, and tools to get you started*, HRET, viewed <www.childwelfare.gov/systemwide/service/collaboration/related.cfm>.

Turnell, A and Edwards, S 1999, *Signs of safety: a safety and solution orientated approach to child protection casework*, WW Norton, New York.

Wonnacott, J 2012, *Mastering social work supervision,* Jessica Kingsley Press, London.

Chapter 3 Managing oneself

In this chapter we cover:

- preparation for reflective exercises
- self-management and awareness
- the relevance of neuroscience to leadership
  - resilience and positive emotions
  - emotional intelligence in child protection
  - the role of emotion in decision making
  - influences on thoughts and feelings
  - burnout, vicarious trauma and compassion fatigue
- supportive leadership, wellbeing and resilience
  - competency and survival modes of learning
  - the role of compassion satisfaction
  - ideas for self-care.

Capability: Managing oneself

Managing oneself involves becoming aware of our own biases, assumptions, thoughts and feelings. It involves being comfortable with ambiguity and demonstrating mental and emotional control to ensure the best outcomes are implemented successfully.

The three capabilities within the cluster are summarised below.

1. **Self-management and resilience** – is aware of one's own thoughts and feelings; is aware of the impact of actions and manages emotions.
2. **Mental agility and change** – modifies approach through feedback; is open to change; continually improves performance.
3. **Building networks** – identifies key individuals and groups; builds rapport with networks; builds relationships for strategic advantage.

Introduction

People with a high level of personal mastery live in a continual learning mode. They never 'arrive'. Sometimes language, such as the term 'personal mastery' creates a misleading sense of definiteness, of black and white. But personal mastery is not something you possess. It is a process. It is a lifelong discipline. People with a high level of personal mastery are acutely aware of their ignorance, their incompetence, their growth areas. And they are deeply self-confident. Paradoxical? Only for those who do not see the 'journey is the reward'.
(Senge, 1990)

Effective child protection leaders need to master a range of skills and concepts but, just as important, is the need to master or manage oneself. The capacity to think critically and reflectively in the midst of a high-pressured and stressful context requires not merely mental aptitude, but also an ability to manage emotions and interpersonal dynamics, and to be both adaptive and decisive, as required. However, child protection takes place in a context where ambiguity is high, decisions are emotionally and ethically laden, there is strong public and political pressure and a sense of ongoing urgency (Morrison, 2008).

Atkinson-Consulting! (2008) argue that an effective leader in child protection must have developed the capacity to understand and manage the affective and cognitive aspects of practice and have the emotional competence and skills to help others do the same. Further, an effective leader understands that a common defence mechanism is to avoid and minimise difficult feelings; this can affect risk assessments and, therefore, heighten the risk to children. As we have noted elsewhere in this guide, reflective practice is reliant on an exploration of experience, thoughts, feelings and behaviours (see Chapter 1). In order to undertake this exploration we need to understand:

- influences on the way we experience our thoughts and feelings in child protection practice
- how effective leaders learn to manage these thoughts and feelings; indeed, what it means to 'manage oneself'
- processes that contribute to positive and negative emotions and how these may be reflected in behaviours and relationships.

Preparing for the reflective exercises in this chapter

The exercises in this chapter require the reader to be reflective about emotional material that may raise strong feelings. We all bring with us experiences that may make us sad, vulnerable, ashamed, angry or, alternatively, happy, relieved, proud, joyful, thankful, and so on. Many of us have adverse life experiences and these have often contributed to our resilience, compassion and sensitivity as practitioners (Morrison Z, 2008; Morrison T, 2009).

For the exercises in the reflections, we suggest you not choose highly emotionally laden experiences. The exercises are not designed to distress, but sometimes thinking can evoke painful memories. Before beginning, think about what you will do if painful or distressing feelings arise – who can you talk to? What might get in the way of talking to these people (this person)? Do you need to formalise someone else to talk to (for example, a counsellor or supervisor)? What brings you comfort and pleasure? Plan to do these afterwards. Notice any feelings that arise and note these. Develop a self-care plan, as suggested at the end of this chapter, before you start this part of the guide.

Critical concepts in managing thoughts, feelings and relationships

Emotions can be negative or positive and can lead to behaviours that are helpful or not. As research in the field of neurosciences has demonstrated, negative feelings such as fear can lead to the impulse to fight or flee (Perry, 2006). On the other hand, theorists from the field of positive psychology argue that positive emotions, like gratitude or contentment, expand cognitive flexibility, increase behavioural choices and increase wellbeing (Fredrickson, 1998). Child protection is both an emotionally demanding and rewarding experience. Often the demands and the rewards sit side by side, or even run counter to each other; for example, confronting a parent about the abuse of a child is emotionally distressing in all circumstances, yet the confrontation may be the first step towards establishing safety and hope for the child and family. At every level of intervention the emotional impact of the work needs to be understood and managed. And at each level of the system the practitioner is managing not just their own feelings but is responsible for helping others manage theirs. Child protection practitioners help families manage their feelings of distress, failure, anger, fear; senior practitioners and team managers help child protection practitioners do the same; area managers support team managers; and principal practitioners and practice leaders are often supporting people at a number of levels of the system.

In exploring these issues this chapter draws on a range of theoretical frameworks and disciplines including: counselling, psychotherapy and social work; the concepts of ‘emotional intelligence’ and resilience; and ideas from the neurosciences (Fredrickson, 1998; Goleman, 1998; Morrison T, 2005; Ringleb and Rock, 2008; Saakvitne and Pearlman, 1996; Woskeff, 1999).

Some orienting thoughts on neuroscience, emotions and leadership

Neuroscience has had a significant impact on child protection practice; the work of Herman (1997), Perry (2006), Shonkoff (2007), Siegal (1999) and others has enhanced our understanding of the relationship between trauma and attachment and the impact of maltreatment on the developing brain. In particular, it is now well understood that the brain responds to a perceived threat by activating the 'fight/flight/freeze' response, and that this inhibits cognitive functions associated with more complex analytical and developmental tasks. However, understanding how the brain responds to threat and the importance of social connection to human development is not only important to case practice; these ideas have more recently been applied to the workplace in an emerging field known as 'neuroleadership' (Rock, 2009).

While there is a risk that these concepts can be oversimplified in the rush to develop a new frontier in organisational psychology, there is substantial benefit to be gained from considering the role of neuroscience in helping us understand workplace behaviour. Those writing in this field have emphasised that human survival is dependent on two basic drives – the drive to avoid danger and the drive to maintain connection to other humans – and have argued that these are present and operating at a non-conscious level within the social context of the workplace. Brain scan experiments have demonstrated that the experience of social exclusion activates similar parts of the brain to those experienced during physical pain. Rock (2009) argues that the workplace is a context in which humans may experience a sense of connection to others or, alternatively, be perceived by the limbic system as a threat. Rock argues:

> … the brain experiences the workplace first and foremost as a social system… (It) equates social needs with survival; for example, being hungry and being ostracized activate similar neural responses… The threat response is both mentally taxing and deadly to the productivity of a person…. (It) impairs analytic thinking, creative insight, and problem solving: in other words, just when people most need their sophisticated mental capabilities, the brain's internal resources are taken away from them.
>
> (Rock, 2009, p. 3)

Similarly, Siegal and McCall (2009) have applied Siegal's (1999) concept of 'interpersonal neurobiology' to the workplace and leadership. They note that four areas crucial to effective leadership – problem solving and decision making, self regulation, collaboration with others and facilitating change – all require 'a well-honed middle prefrontal cortex' (p. 27), leading them to coin the term 'leading mind'.

In addition to these concepts, the work of positive psychology has noted that emotions are not all the same, and that a research focus on negative emotions such as fear has led to the neglect of more positive emotions that may be equally important to human development and wellbeing. In her 'broaden-and-build model of positive emotions', Fredrickson (1998) notes that the fight/flight response is associated with survival, and action is therefore required to be instantaneous and without thinking. However, she argues that positive emotions have the opposite effect; rather than narrowing down the possible actions they appear to open up new possibilities; that is, 'many positive emotions prompt individuals to discard time-tested or automatic (everyday) behavioural scripts and to pursue novel, creative and often unscripted paths of thought and action' (p. 3). For example, she argues that the feeling of joy creates an urge to be 'playful, unscripted, exploratory, imaginitive', all behaviours that are connected to developing new skills.

Similarly with other positive emotions such as 'interest', 'contentment' and 'love', she noted that each of these lead to an individual broadening their outlook and also contribute to cohesion through strengthening social bonds. These positive emotions 'appear to share the feature of building an individual's personal resources, ranging from physical resources to intellectual resources to social resources. Importantly these resources are more durable than the transient emotional states that led to their acquisition' (Fredrickson, 1998, p. 4). She cites substantial empirical evidence for her conclusions including research on creativity of people experiencing manic states, a range of experiments that showed people experiencing positive emotions demonstrated greater flexibility and creativity in thinking tasks, and research that showed children performed learning tasks better when recalling positive emotional experiences.

The work of Fredrickson and others (Fredrickson, 1998; Fredrickson and Branigan, 2005; Garland et al., 2010) has demonstrated that the experience of positive emotions can:

- expand cognitive choices and flexibility
- build physical and emotional resilience that can be used ongoing
- contribute to social cohesion and connection
- undo the lingering effects of negative emotions.

These ideas have direct relevance to child protection practice on many levels. First, as will be explored throughout this chapter, emotions are of central importance to working with vulnerable children and families; and while managing the emotional impacts of the work is a complex and challenging task, senior practitioners who can achieve this at their level of action contribute to the same processes being passed down the 'chain of influence' to achieve good outcomes with children and families (Morrison, 2005) (see Chapter 4). Second, workforce wellbeing, effectiveness and retention are all related to providing supportive and effective leadership (Cotton, 2012). Supportive leadership includes treating staff with respect, being accessible and approachable, encouraging staff to take initiative, being reliable in times of pressure, seeking involvement of staff and understanding their problems, addressing staff concerns and modelling organisational values (Cotton, 2010). The concepts discussed in the remainder of this chapter will assist supervisors and leaders in child protection to identify and understand emotions, to contribute to a psychologically safe work environment that minimises the activation of the threat response, and to promote positive emotional engagement.

Emotional intelligence in child protection leadership

The role of emotions in management and leadership has received increasing attention recently, as research has demonstrated the importance of relational models of management. The concept of 'emotional intelligence' (EI) by Goleman (1998) and others is a useful conceptual framework for understanding the role of emotions in organisations.

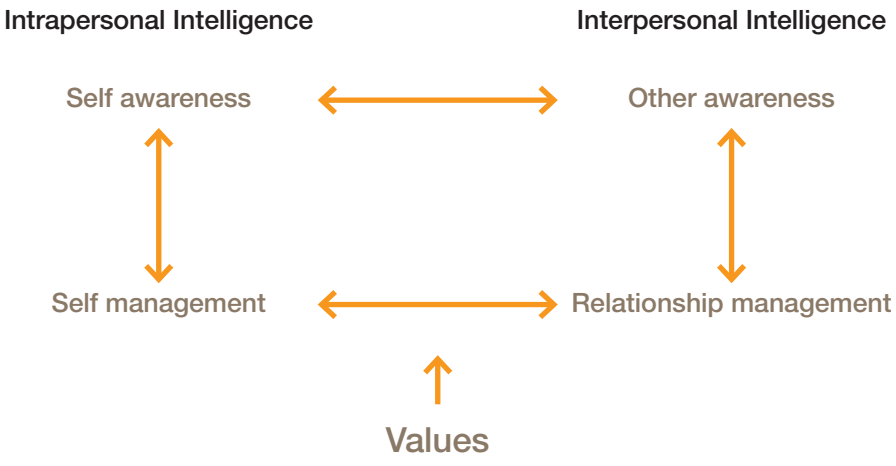
Some authors dislike the use of the term 'intelligence' with its connotations of IQ and prefer to use 'competency' (for example, Morrison, 2008). However, the concept is differentiated from cognitive intelligence and, while the debates about terminology are important, the framework remains useful. Goleman (1998), building on the work of Salovey and Mayer (1990), proposed that:

- Individuals can increase their EI through developing insight and through training.
- IQ accounts for 10 to 25 per cent of variance in job performance and career success.
- EI accounts for between 50 and 70 per cent of variance in job performance.

Goleman's definition of EI is:

> Being able to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one's moods and keep distress from swamping the ability to think; to empathise and to hope.
>
> (Goleman, 1996, p. 34)

Morrison (2006, p. 8) argues that 'EI is not an end in itself; it is [a] means to enrich thinking, action, service delivery and outcomes'. We argue throughout this guide that the emotional and cognitive resources required in child protection work makes it imperative that leaders have a high capacity to understand and utilise emotions. Most authors writing about EI agree that the competencies fall into two intrapersonal domains – self awareness and self management – and two interpersonal domains – awareness of others/empathy and relationship management. The diagram below illustrates the Emotional Intelligence Paradigm and the arrows show the interrelationships and connectedness that exists between the four domains.



(Morrison, 2007, pp. 245)

It is important for us to think about the values and beliefs about ourselves and others that influence the competencies. In Chapter 2 we discuss the factors which shape help-seeking. How important is it for us to be seen to be independent and coping by others? What are our beliefs about others and their capacity to manage stress and the emotional impact of the work? How do we see ourselves as a help seeker and help giver? These ideas which also relate to attachment theory are explored in many places in this guide. The Emotional Intelligence Paradigm provides a useful language through which we can think about our own strengths in relation to emotional attunement.

Below are the more specific capabilities that fall within each domain. The reader will be struck by the similarity to those which emerged through the work of Atkinson-Consulting! (2008) and indeed the structure of this guide around the *Child protection capability framework*.

1. Personal competence – these capabilities determine how we manage ourselves

Self-awareness: knowing one's internal states, preferences, resources and limitations

- Emotional awareness: recognising one's emotions and their effects
- Accurate self-assessment: knowing one's strengths and limits
- Self-confidence: a strong sense of self-worth and capabilities

Self-management: managing one's internal states, impulses and resources

- Emotional self-control: keeping disruptive emotions and impulses under control
- Transparency: displaying honesty and integrity; trustworthiness
- Adaptability: flexibility in adapting to changing situations or overcoming obstacles
- Achievement: the drive to improve performance to meet inner standards of excellence
- Initiative: readiness to act and seize opportunities
- Optimism: seeing the upside in events

2. Social competence – these capabilities determine how we manage relationships

Social awareness: understanding another's perspective

- Empathy: sensing others' emotions, understanding their perspective and taking an interest in their concerns
- Organisational awareness: reading the currents, decision networks, and politics at the organisational level
- Service: recognising and meeting follower, client or customer needs

Relationship management: using awareness of other's emotions to guide one's actions and words to positively direct behaviour

- Inspirational leadership: guiding and motivating with a compelling vision
- Influence: wielding a range of tactics for persuasion
- Developing others: bolstering others' abilities through feedback and guidance
- Change catalyst: initiating, managing and leading in a new direction
- Conflict management: resolving disagreements
- Building bonds: cultivating and maintaining a web of relationships
- Teamwork and collaboration: cooperation and team building

Taken from Goleman et. al. 2002.

In the next chapter we talk in more detail about working towards effective outcomes through influence rather than through using your formal role authority and formal power. Here, we draw the reader's attention to the capabilities under relationship management. For many leaders reading this guide, it is your capacity to work collaboratively with others in order to deliver results, even though you may not line manage these staff, that is fundamental to your effectiveness. On a daily basis you are trying to work through relationships, motivating others, giving them constructive feedback, and influencing and guiding the direction of their work. We encourage you to complete the following exercise with this in mind.

Stengthening emotional competence – reflective exercise

Consider the practice activities listed in column 1. We have left spaces for you to add any that apply to your role that we have missed. Our list provides suggestions only and can be modified to apply to your role. Look at the above descriptions of the capabilities which fall into each of the four EI domains. Now rate your level of competence for each of the four domains for each practice activity. It might help you to recall a recent occasion when you undertook this practice activity.

Practice Activity	Self-Awareness Rate your level of competence for each practice activity 0-5 (0 – very low, 5 very high)	Self-Management Rate your level of competence for each practice activity 0-5 (0 – very low, 5 very high)	Social Awareness Rate your level of competence for each practice activity 0-5 (0 – very low, 5 very high)	Relationship Management Rate your level of competence for each practice activity 0-5 (0 – very low, 5 very high)	Based on the ratings in the first four columns give an overall (average) EI rating for each practice activity 0-5 (0 – very low, 5 very high)
Assessment of staff					
Involvement of staff in decisions					
Supervision					
Live supervision					
Case consultation					
Coaching/ mentoring					
Team meetings					
Staff welfare issues					
Feedback to staff					
Working with other DHS staff (internal colleagues)					
Working with other agency/ service network staff (external colleagues)					
Conflict resolution					

A copy of this template is included in Appendix B.

Moving Forward: Look at the audit you have completed. What do you notice about your ratings for each of the four domains (look down each column)? What do you notice about your overall ratings for each practice activity and your EI rating? Now decide on one practice activity which is a priority for practice improvement.

Answer each of the following questions using the space below:

- Why is emotional competency important to this activity?
- What would the difference be if you were more emotionally competent?
- What first two steps can you do to improve the activity?

PRACTICE ACTIVITY

Adapted from Gibbs (2013)

Influences on thoughts and feelings

There are many influences on how we think and feel; in working with people in distressing life circumstances, we will focus on four primary influences:

- what we bring with us, including our personal and professional experiences
- our interaction with individuals and systems around us
- the nature of the work and its impact on our lives
- characteristics of the workplace.

Influence 1: What we bring with us

Practitioners come with a wealth of unique life and professional experiences, whether a new graduate or a practitioner of many years experience. Some of these are detailed below.

1. Professional training and identity

This includes: the values, theories, assumptions and practices that underpin the profession; the ideas and concepts to which we were exposed in training; the beliefs about the world and how it operates; professional experiences; our history of supervision and belonging in the workplace; and the 'fit' between the professional and personal 'self'.

These experiences often provide practitioners with a map for interpreting the world in which we work; they not only help us make sense of things but also influence the direction of our interventions. Values and basic beliefs are less likely to change than theoretical concepts and frameworks that may be updated according to new information and models. However, some models will be seen as having a better 'fit' with our underlying values and assumptions, or between professional identity and the role performed in the work.

2. Our significant life experiences

We all bring experiences from our family of origin: class and culture; the things that happened, good and bad; the stories we tell about ourselves; the roles we played; the predictable patterns of interaction; the unstated rules about how the world works; the sense of self that we internalised growing up; our experience of school and peers; the places we've worked and the people we have worked with; our experience of relationships, intimacy, friendship; the many things that contribute to our sense of self; and our current relationships, families and demands.

These significant experiences are formative and influence many of the basic templates by which we engage with the world. There is evidence that our own attachment style and internalised 'map of the world' influence a range of aspects relevant to leadership and the workplace. How we experience relationships with others, as well as internal processes of self-regulation are both related to our attachment experiences.

Many practitioners, including those in the helping professions, have experienced adverse life experiences. Overcoming these can build resilience and provide an important internal resource (Wolgien and Coady, 1997). In addition, personal experiences of help-seeking can impact on practitioner attitudes (positively or negatively) and this, in turn, can impact on relationship building with families (Morrison, 2008).

3. Our individual characteristics, resources and vulnerabilities

We also bring our unique combination of individual characteristics that form part of our experience of the world. These include temperament, gender, race, class, sexuality, faith/religion, age, abilities and disabilities; how these are experienced in day-to-day life; the messages we take from them; and the way others respond to us as a result of these. As practitioners we need to consider how these interact with our work and the way they may both constrain or assist us in our interactions with colleagues, families and other organisations. We also need to consider how differences in these characteristics may be experienced. The role these may play in supervision is discussed in more detail in relation to 'diversity' in Chapter 5.

Reflective exercise

This exercise will take you about 20 minutes. We recommend you do it when you have time to think and to notice the thoughts and feelings that arise. If difficult feelings arise during this exercise, remember to use your self-care plan as discussed in the introduction.

Look at the three areas above: professional identity, our significant life experiences and individual characteristics. Choose one of the areas for this exercise. Imagine you are writing a profile on yourself that explains how this area has influenced you as a child protection leader. What would be the important things to notice?

To assist this reflection you may want to consider the following.

- *Professional identity and training*: When and why did you choose your profession? How well did or does it 'fit' for you? What values are important to you in your profession? What are the major influences on you in your practice? Where do these come from? What ideas or techniques could you not do without? How do others react to you when they find out what you do – how does this impact on you? If you could change one thing about your work what would it be? What does this tell you about yourself?
- *Family of origin*: Who was in your family? What was it like being a child in your family? How is this similar to, or different from, the children and families you serve? How was conflict managed in your family? How was support, approval and disapproval or criticism conveyed in your family? Who were the powerful people and how was power managed? What difficult, annoying patterns do you get into when you are in your family environment? What is the thing you most enjoy about your family and what do you least enjoy? What are your family's greatest strengths? What would you most like to change? How do you think your family most influences your work now?
- *Important experiences and events*: What was it like being at school? How do you see yourself as a friend, partner, parent, colleague? What are the best things that have happened to you? What are some difficult things that have happened to you? What do you think you have learnt about yourself from these things? Are you ever reminded of these things in your day-to-day work? How do you manage these reminders and what impact do they have on your leadership style?

Reflective exercise (continued)

- *Individual characteristics:* What do you think are the unique influences on your sense of identity? What individual strengths and vulnerabilities do you have? How do you see yourself being similar to, or different from, your colleagues? The families you work with? What adjectives would you use to describe yourself as a child? Adolescent? Now? How would you like to describe yourself in the future? How do you think families experience you?

Influence 2: Our interactions with individuals and systems around us

In the day-to-day work of child protection management we form relationships with many individuals and organisations. The nature of these relationships may be helpful or an impediment to good outcomes. Aspects of this are discussed in Chapter 2. In this discussion we focus on the importance of self-reflection and awareness and the role of the leader in cultural change.

Effective leaders at all levels, are able to reflect on their thoughts and feelings and the way these impact on themselves and others, including relationships with supervisees, peers and other organisations; they actively seek to influence the establishment and maintenance of a reflective organisational culture. Possible contributors to relationship dynamics between individuals and within, and between, organisations are detailed below.

1. The organisational culture

The organisational culture forms a central condition of practice. The literature confirms that it is the dynamic interaction between organisational culture, leadership and process that, in combination, leads to good outcomes for children and families.

Work culture is defined by Atkinson-Consulting! (2008) as the atmosphere or climate of an organisation and what it feels like to work there.[12] The culture of the organisation needs to be one that is supportive and developmental in focus. It needs to provide clarity of purpose, a focus on change and positive outcomes through relationship-based practice, opportunities for professional growth and reflection, and to take care of staff in the difficult work they do (Atkinson-Consulting!, 2008).

The empirical evidence is that all leaders have an essential role to play in contributing to a work culture that enhances the conditions for effective practice, and therefore good outcomes for children and families (Wilson, 2009). At an organisational level, failure to adequately contain and utilise feelings, including distressing feelings such as anxiety, leads to a compromised learning environment. As Morrison notes:

> In this environment anxiety is seen as unprofessional, a sign of weakness or not coping. As a result uncertainty is suppressed through flight or flight mechanisms... The absence of fora where feelings and doubts can be safely expressed leads to defensiveness and a resistance to reflect on practice.
>
> (Morrison, 1997, p. 22)

12 The issue of organisational culture is discussed in detail in Chapters 4 and 5.

The role of the supervisors and leaders in influencing cultural change in child protection is discussed in detail in Chapter 5. In acknowledging and understanding their own feelings and making space for others to do so, leaders can contribute to a supportive culture and a collaborative learning environment where practitioners can take appropriate risks and reflect on their practice, utilising all sources of information, including emotional material.

Reflective exercise

Take a few minutes to think about your current workplace.

- How are emotions expressed?
- Which emotions are OK to be expressed, discussed and valued?
- Are there any that are not?
- How does this get played out?
- What role does emotion play in decision making? Is this recognised?
- Which emotions do you find easiest to manage in others? Which do you find more difficult? Why do you think this is?

2. Transference and counter-transference issues

In thinking about emotions in the exercise above, you may have begun to think about particular people or particular emotions that you experience as difficult. There are many reasons for this, but one contributor may be the presence of transference and counter-transference. These are commonly talked about in the counselling field and seen as an inevitable part of therapeutic relationships. When working in intense relationships, such as that of child protection practitioner and supervisor, these same dynamics can arise (Morrison, 2005).

Transference refers to the feelings from past events or relationships that are projected onto the current relationship by families (or the supervisee); for example, the power dynamic in supervision may trigger unresolved issues related to family of origin. The person then responds as though they are in that previous relationship. Supervisors, of course, also bring their own transference issues and need to be aware of the feelings and relationship dynamics from the past that may be triggered for them in their work relationships. Counter-transference refers to the feelings and behaviours evoked in the supervisor by the supervisee's transference. The supervisor then responds accordingly.

Consider the following example. *One practitioner noticed a difference in how she managed her feelings when she became a senior practitioner. She found that she became anxious and frustrated with her staff's expression of distress and felt unsupported by her own supervisor. On reflection, she realised that the increased responsibility as senior practitioner had tapped into difficult issues that she had in her own family. She had always felt responsible for her younger brother and sister. She experienced her own parents as unable to adequately support her and her siblings. The experience of being responsible for her staff had triggered these unresolved issues and they began to play out in her relationships with her staff and team manager.*

A reflective stance allows the senior practitioner to note the feelings they experience in the interaction and the way this invites them to behave. These can be difficult issues to talk about in a line-management relationship, since they touch on personal experiences. Senior practitioners and team managers, in particular, have an important role to play in establishing a culture where an overlap between personal experience and work dynamics is normalised and not seen as pathology or inexperience. The effective leader can model a willingness to acknowledge that our own 'buttons' may get pushed in the work we do, as well as appropriate boundary setting in relation to how far these issues are discussed or dealt with through the work context (Heifetz et al., 2009).

Ideas for exploring the emotional impact of the work

A difficult issue for supervisors is deciding how far to discuss personal issues with supervisees. It is generally useful to consider this in the contracting stage of supervision (see Chapter 2). During this process an effective supervisor can normalise the fact that the work is emotionally laden and often challenges us in personal ways. The following questions are examples that may assist in exploring this area.

Because the work we do is personally challenging and highly emotional, we often find it touches personal issues for us (adapted from Dwyer, 2003):

- What supports do you find you need when work is difficult or personally challenging?
- How do we know when the work is touching personal issues for you?
- How would you like to deal with this in supervision if it happens for you?
- Do you have a clear sense of how your work and life influence each other? If so, what do I need to know to support you better? If not, what would help you gain a clearer sense of that?
- If I thought the work might be touching issues for you, would it be OK for me to raise it? How would you like me to do that?

You can see that these questions are collaborative in nature – they suggest the task of making sense of the personal–work nexus as a joint responsibility but one where the practitioner has lots of choices. They do not necessarily mean that the supervisor needs to know the details of the supervisee's personal life, but they do encourage the supervisee to consider what that will mean to supervision. These questions also normalise the experience and provide an opportunity to plan for how this may be attended to. Later in this chapter we discuss the role of a 'self-care plan', which may also assist supervisors to discuss these issues appropriately with staff.

Reflective exercise

Think about a relationship or person that you find difficult.

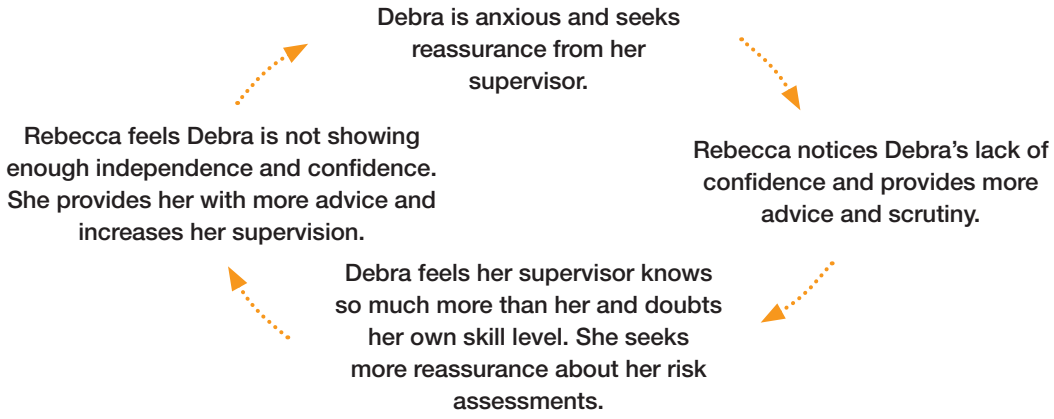
- What feelings does this interaction arouse in you?
- How do you find yourself behaving in this relationship?
- What do these feelings and this interaction remind you of in terms of other relationships?
- If your supervisor was going to discuss these issues with you, how would you like them to do that?

3. Patterns of interaction

In forming relationships we all participate in predictable patterns of interaction. These allow us to carry out our daily relationships and activities in a predictable way. These may be helpful or unhelpful but usually arise in rather innocuous ways. They tend to be circular and recursive with a predictable outcome and usually the patterns are adapted to new ways of interacting as required.

However, sometimes a pattern of interaction can become stuck and become a problem in itself. The pattern of interaction may begin as a reasonable response to a situation, but it then becomes difficult to respond in more flexible ways. At these times effective supervisors need to stand back and look at how they may be contributing to these stuck dynamics. They can also help others stand back and identify how the difficult feelings and thoughts about the work lead us all to become stuck in unhelpful patterns of interaction. Consider the following example.

Debra is a new child protection practitioner. She is somewhat anxious and lacking in confidence. Her supervisor, Rebecca, is a senior practitioner in a busy team with several new staff. She is working hard to encourage new practitioners to develop the necessary skills to be independent but is worried that their inexperience may lead them to make poor risk assessments. The following pattern begins to emerge between Debra and Rebecca:

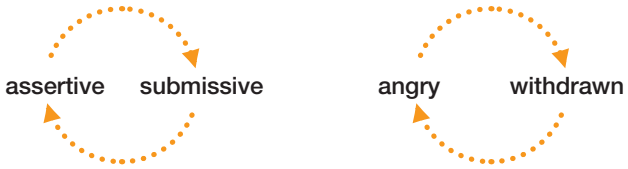


When you look at this pattern, neither Debra nor Rebecca is 'wrong' or 'to blame'. It is like 'the chicken and the egg' – it's difficult to see where the pattern first began. Was Debra anxious, or did Rebecca offer advice and scrutiny? It has simply become a 'vicious cycle', where the action intended to stabilise the situation has actually become part of the problem (Goding, 1992). Each was responding appropriately, but the pattern that formed between them eventually became 'problem maintaining' (Watzlawick et al., 1974).

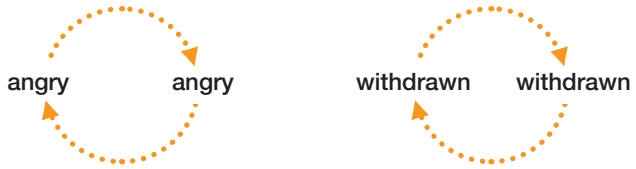
Rebecca responded to Debra's lack of confidence by providing more scrutiny and advice, which further eroded Debra's confidence and she invited even more support. By looking at the pattern we can identify where they are stuck and start to consider how we may help them get unstuck. If we can interrupt the pattern of interaction by doing something different to the usual 'steps in the dance', we can find new ways of interacting around the problem. What would you have done to avoid or break this pattern? (You may want to refer to Chapter 5 for some ideas about the learning cycle and Chapter 3 for an exploration of learning styles.)

There are two kinds of patterns that people often get stuck in – complementary and symmetrical:

1. **Complementary** interactions – where one person's behaviour complements (or is related to but is the opposite of) the other. For example:



2. **Symmetrical** interactions – where the behaviour of each person mirrors the other. For example:



Being in a complementary or symmetrical response is not a problem in itself; in fact, if someone is angry, being conciliatory or submissive may be the appropriate thing to do in that moment. However, it is not difficult to imagine that if we always respond to anger with submission or conciliation, then the person may never have to address their angry behaviour. Alternatively, if we always respond with angry or confronting behaviour, it too could escalate out of control.

Both a complementary or symmetrical response can escalate or become stuck and could therefore be unhelpful. In these instances interrupting the stuck patterns is recommended. When caught up in complementary cycles of interaction, it can be helpful to go symmetrical in order to alter the pattern. Conversely, when caught in symmetrical patterns it can be helpful to go complementary. These need to be done thoughtfully, of course, with consideration given to the potential consequences of the response.

If we return to the senior practitioner, Rebecca, and practitioner, Debra, in the earlier example we can see they were caught in a complementary cycle: Debra being increasingly helpless and lacking in confidence and Rebecca being increasingly helpful and expert. If the senior practitioner is going to break this pattern she may consider stepping out of this role. While she obviously would not want to become 'helpless', she may acknowledge how overwhelming it feels to be the child protection practitioner in this case and adopt a collaborative stance to help Debra reflect and identify her own expertise. During supervision it might be beneficial for Rebecca to try to enhance her level of connectedness with Debra by adopting a warmer, more open-minded stance. She could also highlight Debra's strengths, providing feedback on observable behaviours that will enhance Debra's confidence.

We have used the concept of patterns of interaction and cycles in many ways throughout this guide, including discussion of learning cycles and reflective practice processes. These are not conflicting paradigms; when used together they provide a range of strategies, tools and concepts that supervisors can utilise to lead their staff. These concepts are also familiar to supervisors through the Best interests case practice model (BICPM), where practitioners

are encouraged to consider patterns of interaction within families and between themselves and families. The same dynamic applies to each link in the 'chain of influence' (Morrison, 2005) from child protection practitioner to team manager to principal practitioner, and between child protection staff and other organisations.

These ideas also apply to interagency dynamics. It is not uncommon to see organisations stuck in unhelpful patterns, as they each do their best to meet the needs of vulnerable children and families. Services become polarised, each feeling the other does not understand their position. However, becoming involved in blaming only exacerbates the problem and tends to see people become further entrenched in their part of the interaction. It is useful at these times for a leader to sit down with staff, to write up the pattern of interaction that is occurring between the different services and to consider how they may interrupt the stuck pattern.

These dynamics can also occur between colleagues, within or across teams, or between different leaders within child protection. Consider the following example of the principal practitioner and team manager who were involved with a case and became stuck in an unhelpful pattern.

Mark is a new principal practitioner. He has a background in mental health services and is consulted on the case direction for a complex case involving a mother diagnosed with a personality disorder. The team manager, Soraya, is worried that because Mark does not have a child protection background he may not appreciate the risk issues for the children. For his part, Mark feels that Soraya does not value his input and is overly cautious about the mental health issues. This is based on a previous experience when they disagreed about whether a child should be returned to a mother who was depressed. The following pattern begins to emerge between Mark and Soraya:

Mark tries to 'educate' Soraya about the mental health issues. Soraya emphasises the risks to the children in the past.

Mark feels Soraya is not noticing the changes the client has made and tries to reassure her that the mental health concerns are being dealt with.

Soraya feels Mark is minimising the risks in the past and not focusing enough on the children's needs. She reminds him of the seriousness of the mother's problems and the impact on the children to date.

As you can see, Mark and Soraya are involved in an escalating pattern where each is becoming polarised in their position; each believes the other is not valuing their expertise. There are many ways each of them could break this pattern. It only takes one person to step out of the shared 'dance' to change the dynamic. For example:

- One of them could notice the pattern and comment on it; 'Let's step back for a minute. I think we are getting stuck here. Let's brainstorm the vulnerabilities, pattern and severity of harm, likelihood and the strengths and protective factors on the whiteboard together and see what we think.'
- Soraya could be curious with Mark about why he is feeling confident at this point. What does he think has changed? What impact does he think that will have on risk? What would make risks escalate again?

- Mark could show Soraya that he appreciates her knowledge about risk. What does she think are the major concerns? How would she know if things were heading in the right direction? What safegaurds does she think are needed?

Reflective exercise

Consider a recent interaction that you observed or participated in that you thought was unhelpful. See if you can write down the steps of the interaction cycle. If you were going to interrupt this cycle, what could you change about your part in the interaction?

Influence 3: The nature of the work and its impact on our lives

A significant determinant of the feelings and thoughts we experience at work is related to the nature of the work we do. It is well recognised that working in child protection is very stressful, crisis-driven and often traumatic. Some sources of stress relate to the vulnerability of the children and families we work with, the volume of the work, the public perception of the role, the hazardous nature of the work, bureaucratic processes, the level of support available and the interface with home stressors (Anderson, 2000). Research into the impact of this kind of work has demonstrated that practitioners suffer burnout, vicarious trauma and compassion fatigue.

Burnout, vicarious trauma and compassion fatigue

Burnout is defined as 'a syndrome of emotional exhaustion, depersonalisation of clients, and feelings of reduced accomplishment' (Anderson, 2000, p. 840). In researching burnout and coping in the child protection workforce, Anderson (2000) noted that it is: more common among child protection practitioners than among other social workers; usually associated with younger, less experienced practitioners and those who over-identify with families; and associated with workplace factors such as inadequate supervision and bureaucratic processes.

In addition to burnout, being exposed to trauma in the lives of the child protection families can have a cumulative detrimental impact on practitioners themselves; this is known as vicarious trauma (Rosenbloom et al., 1999), secondary trauma (Stamm, 1999) or compassion fatigue (Figley, 1999). Child protection practitioners are familiar with the cumulative impact of adverse experiences on the families they work with; indeed, this understanding forms a fundamental part of assessing children's wellbeing under the BICPM. However, practitioners tend to be less aware that, just as children exposed to ongoing neglect or trauma suffer cumulative harm, they also suffer from the cumulative impact of their work.

Working with traumatised children and adults can lead practitioners to question basic frameworks, values and beliefs about the world, such as fundamental beliefs about the nature of humankind or the world as a safe place. The work can also lead to feelings and behaviours similar to the experience of traumatised people operating from the 'fight or flight' response.

It is not uncommon for practitioners to find themselves thinking a lot about work or having thoughts and feelings triggered by things outside work. Feeling overwhelmed by day-to-day demands, practitioners may become avoidant of some families or situations, or hyper-vigilant about issues of safety. Alternatively, they may disassociate from their feelings and not be able to readily use these to assist them to assess risk.

Practitioners may experience any of the following:

- anxiety, depression
- de-personalisation
- feeling overwhelmed by emotions – anger, guilt, despair, fear
- increased irritability, frustration
- low energy, low self-esteem
- increased sensitivity to violence and abuse, for example, on television
- avoiding situations and people perceived as dangerous
- intrusive dreams or thoughts, sleep problems
- feeling distrustful of other people, relationship problems
- substance abuse (Morrison, 2007).

In workshops looking at the vicarious trauma of their work, child protection practitioners have identified a range of impacts, including feelings of sadness and anger, isolating themselves from their social networks, fear for their own children, changes to their sense of trust in others, lack of interest in normal activities, increased use of alcohol, and avoidance of some families or situations (Dwyer and Miller, undated). Burnout and vicarious trauma is not due to a failure on the part of practitioners, rather they result from engaging in an empathic way with traumatised people (Anderson, 2000; Saakvitne and Pearlman, 1996).

Sometimes child protection practitioners directly witness injuries, self-harm or high-risk behaviours, sometimes it is indirect in the form of reports or disclosures. At times they are also direct victims of assaults, threats and abuse and may fear for their own safety (Humphreys and Stanley, 2006). Supervisors who may not directly interact with the children and families, but are constantly exposed to the stories, reports and consequences of the trauma, are not immune from these effects. They bear a high level of responsibility for protecting children and are susceptible to experiencing these adverse effects in the same way as those practitioners having direct contact with children and families.

The organisational support offered has been found to be highly significant in protecting people from the effects of burnout and vicarious trauma. In relation to vicarious trauma, Zoe Morrison (2008) has highlighted the role of the workplace in alleviating this by:

- ensuring appropriate and diverse caseloads
- providing effective supervision
- providing debriefing
- providing staff and peer support
- ensuring safety and comfort in the workplace, including a comfortable room for breaks and personable décor
- building a workplace culture that normalises the risks of vicarious trauma (Morrison, 2008).

In addition, self-care processes have been found to be helpful. For this reason we advocate making self-care plans on a regular basis. At the end of this chapter a self-care audit (Dwyer, 2002) is provided to assist in reflecting on current stressors and planning ways to manage these, as well as some ideas to assist with self-care planning. We advocate that supervisors do a self-care plan and encourage their staff to do the same. It may not be necessary for practitioners to discuss the details of their audit since this may be too personally revealing for some; however, the reflection on what the audit tells them they need to do for self-care is a useful point of discussion in supervision.

Reflective exercise

Look at the self-care audit at the end of this chapter. Spend some time reflecting on the themes and begin to make a self-care plan for the next three months.

Influence 4: Characteristics of the workplace

In talking about 'managing oneself' there is a danger that the role and responsibility of the workplace is overlooked. This guide is clear throughout that the organisation is the context in which child protection practice occurs. The level of support and quality of supervision provided in the workplace can mediate the emotional impact of the work. Negative impacts of the work commonly fall within four main domains (Ross, Lonne and Darlington, 2009):

- Work stress – experienced as excessive pressures or demands
- Burnout – feelings of emotional exhaustion and reduced accomplishment
- Trauma – the direct experiences of threatening events that overwhelms coping ability
- Vicarious or secondary trauma – trauma that is not directly experienced but is encountered when engaging empathically with a client who has experienced

In discussing these issues there is often a polarisation around who is responsible for managing such impacts – the organisation or the worker? (Dwyer, 2011). However as Andrew and Krupka (2012) note, understanding the impacts of our work needs to take into account the individual, organisational, social, political and economic contexts.
We want to make it clear that the implicit message throughout this guide is that both the organisation and the individual worker have a role in ensuring the health and wellbeing of staff. The organisation has statutory and moral responsibilities, and as we have highlighted, leaders have an important role in contributing to the development of a workplace culture that ensures best outcomes for clients and the wellbeing of staff. However, individuals have responsibility for participating meaningfully in processes such as supervision that are designed to enhance their practice, but which also help mediate the negative impacts of the work; and have a role in practicing self care strategies.

This interconnection between the organisation, team and individual is evident in the research by Anderson (2000) in her study of child protection practitioners in the United States. She found those who were able to express emotions about the work experienced less emotional exhaustion, a factor associated with burnout. She concluded that, 'Social support, especially the support of one's colleagues and supervisor, has been identified as 'the coping strategy' which offers the strongest preventative of burnout in child welfare workers' (Anderson, 2000, p. 841). Senior practitioners, team managers, practice leaders, area managers, child protection operations managers and principal practitioners are vital in

contributing to a culture that recognises and legitimises the emotional burden of the work and in providing processes to support practitioners.

Conversely, Tony Morrison (1990) describes the 'professional accommodation syndrome' (his adaptation of Roland Summit's child abuse accommodation syndrome, 1983) to explain the damaging effects of an insensitive and pathologising response to the distress experienced by practitioners. He argues that it takes courage and strength for a practitioner to talk about and share the painful effects of the work on them and they are likely to experience secondary stress leading to denial, accommodation and retraction, if faced with a blaming or critical response within the agency. All leaders can lead this cultural change by talking about vicarious trauma as a normal part of work and by promoting and practising good self-care strategies. In our opinion, all staff should be encouraged to undertake self-care plans and actively attend to these in supervision, including leaders themselves.

These four areas of influence on the thoughts and feelings of child protection leaders are not mutually exclusive, rather they form a multi-textured influence where at any time one area or another can be more powerful. At all times, however, effective leaders need to adopt a stance of reflection. They should consider: 'Why do I think and feel what I do? How does this lead me to act? Is this how I want to act in this situation?' In discussing the role of analytical and intuitive thinking in child protection practice, Munro (2008) acknowledges the role of 'emotional wisdom' as a source of knowledge and skill, as is discussed in Chapter 1. This needs to be differentiated from 'emotional burnout' or 'emotional burden' as a source of action, and this can only be done by having an emotional awareness of the impact of the work on self and others.

Read this case example and answer the questions that follow.

A Child and Family Information, Referral and Support Team (Child FIRST) agency has been working with a family of a single mother and four children aged 12, eight, and twins, aged four. The mother's previous relationships involved serious family violence towards her. The two eldest children were sexually abused by her previous partner, who is the father of the twins. His whereabouts are currently unknown. There is a suspicion that the mother has her own history of sexual abuse, though she has not acknowledged this. Six months ago the two eldest children were found by an after-school carer to be sexually touching each other. The children were referred to a local agency specialising in problematic sexual behaviours.

The mother saw this as 'curiosity' and 'play' but has reluctantly taken the children to every appointment. However, the agency is concerned she has not acted on the advice they have given her about setting boundaries with the children. They are concerned that the eight-year-old is at risk from her older sister, though there have been no direct disclosures about this. However, the eight-year-old continues to draw explicit sexual pictures and has told her therapist she likes to 'cuddle' her sister and sleep in her bed. The 12-year-old has been very withdrawn in therapy and has denied that she ever touched her sister in any sexual way.

The treating agency made a report but, when questioned, both children and the mother have denied the girls sleep together. Child protection has indicated it can take no further action and the treating agency should continue to see the family in therapy. The coordinator of the treating agency called a meeting where she threatened to withdraw, saying they could not provide therapy to the children if they were not safe. Child protection has maintained it has no grounds for further action. After the meeting, the manager of the service contacted the area manager requesting a further meeting and indicated they will be withdrawing if no further assistance is provided from child protection.

Reflective exercise

- Considering the influences on thoughts and feelings discussed in this chapter (patterns, vicarious trauma, work context, emotional nature of the work), what do you think is the underlying cause of 'stuckness' between child protection practitioners and the family services team?
- If you were the team manager or practice leader asked to consult on this case, what would the major difficulties be for you?
- What ideas would you have for managing these powerful emotions within and between the professionals involved?

Supportive leadership: promoting wellbeing and resilience

Much of this discussion has related to the stresses associated with child protection practice. However, we must also remember that practitioners continue to undertake effective, emotionally rewarding and remarkably inspiring practice with families and children. Studies suggest 30–50 per cent of practitioners in child protection and related fields suffer vicarious trauma (Bell 2003; Conrad and Kellar-Guenther, 2006; Cornille and Meyers, 1999). However, as Russ, Lonne and Darlington (2009) point out, this means that 50–70 per cent of practitioners in child protection do *not* suffer those ill effects and most child protection practitioners continue to operate effectively and to be satisfied in their jobs. Some practitioners demonstrate and develop resilience in the face of this adversity (Russ et al., 2009). Indeed, when asked to consider why they stay in the job, experienced practitioners tend to acknowledge the sense of achievement and commitment they experience. Figley refers to this as 'compassion satisfaction', in contrast to the 'compassion fatigue' associated with the traumatic impact of the work (Figley, 1995). Figley has developed a questionnaire to test compassion fatigue and compassion satisfaction. This is subject to copyright and is not included in this guide; however, the questionnaire is available online and can be printed out at no cost at <www.justdoiteasy.com>. We encourage supervisors and practitioners to complete the questionnaire and use this for planning and reflection.

Child protection supervisors have a direct role in building resilience and health in the workplace. Cotton (2010) describes occupational health as 'balancing and optimising both performance and wellbeing imperatives' and demonstrates that these are linked; since health and performance (or outcomes for clients) are both dependent on positive workplace morale, which in turn is enhanced by effective leadership:

- 'Higher levels of morale increase resilience and buffer employees against the impact of organisational stressors.
- A significant decline in morale is a key driver of psychological injury and counterproductive work behaviours.
- Levels of morale are strongly influenced by supportive leadership and the quality of work team climate' (Cotton, 2010).

This is good news for team managers and senior practitioners since they can directly influence the morale of their teams and work groups, even when other 'organisational stressors' (such as workloads) may not be ideal (Hart et al., 2010). This evidence from the field of occupational health makes sense when the broader evidence about relationship-based practice discussed in Chapter 2 is considered and when the learnings from neurosciences are applied to the workplace. Just as children's development is optimised by providing a safe environment and attuned care giving, it appears that similar processes may be involved in providing supportive leadership in a healthy workplace culture. Siegal and McCall (2009, p. 27) cite research demonstrating that the 'transformational leadership' style correlates with a 'secure attachment style'; that there are similarities between highly effective leadership and providing a 'secure base'; and that 'those with secure attachment styles are more often perceived by others as the emerging leaders'.

Again, Morrison and Wonnacott's (2010) seven-factor model discussed in Chapter 4 helps explain this: the work of child protection is relational and promoting wellbeing and resilience at every level requires similar relational qualities. It is notable that the qualities required of a caregiver in promoting secure attachment are similar to those identified in effective leaders. This is captured in the directions to parents in the attachment enhancement program

known as 'Circle of Security' (Cooper et al.,1998), as well as in Cotton's (2012) advice to effective leaders, which is outlined in Table 3.1. These can be summarised as: the need to be emotionally attuned; the need to be predictable, clear and appropriately boundaried; a capacity to manage one's own distress; noticing and celebrating success; taking an appropriate developmental view that recognises and celebrates achievement (Dwyer, 2012).

Table 3.1: The importance of attachment theory at a practice and leadership level.

Advice to caregivers to promote secure attachment by 'Circle of Security' (Cooper et al., 1998)	Advice to effective leaders by Cotton (2012)
Always be bigger, stronger wiser and kind: • Whenever possible follow the child's need. • Whenever necessary take charge. In providing a secure base and a safe haven that helps children learn and grow: • Support their exploration. • Watch over, protect, assist and enjoy with children as they explore the world. • Be there and welcome them back. • Provide comfort, help understand and make sense of their feelings and delight in them. As children grow and develop they will explore further afield and tolerate greater independence and autonomy	Promote the four key drivers of motivation and wellbeing in staff: • empathy – listen; know their challenges, aspirations and motivations, delegate appropriately; provide practical support • clarity – help staff understand their roles and responsibilities; be clear about standards and expectations • engagement – promote teamwork, discussion and collaboration; involve staff in decision making; develop shared goals • learning – recognise efforts; give good-quality feedback; provide constructive development and learning opportunities. Provide supportive leadership by: • keeping a finger on the 'team pulse', making an effort to get to know staff, using active listening skills, encouraging and being open to feedback; role modelling.

Adapted from Dwyer, 2012

Caregivers (and leaders) are never attuned and available 100 per cent of the time. They make mistakes, are busy, and misunderstand or juggle competing needs. However, predictable, reliable attunement with periods of being 'out of synch', followed by a process of 'relationship repair' (Tronick, 2007) is the pattern that promotes secure attachment. Indeed children develop resilience through this pattern since they learn to self-soothe, knowing that a break in the pattern of attunement does not mean a break in the relationship and that it will be followed by repair and restoration. Leaders in child protection will have moments of being 'out of synch' with staff or colleagues. So long as this occurs in the context of a respectful and predictably reliable and supportive relationship, and there is appropriate relationship repair, the practitioners will be able to develop resilience (Dwyer, 2012). Furthermore they will be able to demonstrate the same skill and relationship with their clients, many of whom never experience repair of a relationship.

Reflective exercise

Think about a practitioner who has recently consulted with you or you have supervised. Considering the discussion about the role of supportive leadership:

- How did you show support to the staff member?
- What impression would they have of how you view them and their work?
- In what ways did you demonstrate Cotton's (2012) four drivers of motivation and wellbeing outined in the table above – empathy, clarity, engagement and learning?

Mental agility: The role of emotions in decision making

Thinking and feelings have traditionally been seen as dichotomies – wildly different and contradictory in nature. Indeed, emotion is seen as the less reliable, undisciplined little sister of thinking. However, as the neurosciences have clearly demonstrated, there is substantial evidence that emotions and cognitive processes are intimately connected, that emotions play an important role in decision making, and that using both emotional and cognitive sources of information and analysis are important if we are to make effective decisions.

Morrison (2009) has explored this issue in some detail. He cites research demonstrating that the presence of emotion can enhance the processing of information: subjects asked to view a distressing movie had greater recall of the content of the movie when they were allowed to attend to their emotional responses than those asked to suppress them. Since processing of information, much of which is emotionally laden, is vital to the task of child protection, it follows that usefully attending to feelings assists thoughtful analysis and assessment. He goes on to argue that the 'research suggests that the boundary between feeling and thinking, and the oft-heard call for the removal of emotions from so-called objective or professional decisions, needs reassessment' (p. 12). The evidence from the neurosciences that certain emotions may trigger limibic arousal, which leads to action-without-thinking, further underlines the importance of noticing, processing and managing emotional content. The research evidence that emotions contribute to effective practice has demonstrated:

- expanded and creative thinking
- the ability to make links between different sources of information
- greater flexibility in negotiations
- improved assessment and diagnostic skills (Morrison, 2009).

Being aware of intense feelings, understanding and managing them, are vital to practitioners at every level of practice. Consider for example, a practitioner who expresses a sense of fear in relation to a home visit. A leader who does not understand or value emotional information may react by stopping practitioners from conducting home visits to the family or even insist the practitioner 'toughen up'. An emotionally competent leader would explore what the emotion may relate to and utilise it to inform risk assessment. Does the fear indicate a real risk to safety that the practitioner is consciously or

unconsciously picking up? Is the fear related to feelings being triggered that belong to the practitioner, such as a previous experience of violence? Is the practitioner detecting fear on the part of the client? Any and all of these may be the case, and an appropriate, considered response can only be developed when these possibilities are considered and assessed. A failure to adequately process and consider the meaning of the emotional content leads to a reactive rather than responsive outcome.

Although emotions are present in decision making (even if unacknowledged) in the face of overwhelming feelings, it is common for practitioners to attempt to suppress or avoid feelings. Emotionally intelligent leaders are able to understand, process and use their own emotions effectively and assist others to do the same (Heifetz et al., 2009). The role of feelings has been discussed at length in other chapters (see in particular the importance of reflecting on feelings in the Kolb learning cycle – Chapter 1). In Chapter 1 we also discuss feelings that arise from what Munro (2008) calls 'intuitive thinking'. But to make adequate use of these, leaders need to be able to differentiate the meaning of feelings that may arise in the course of the work.

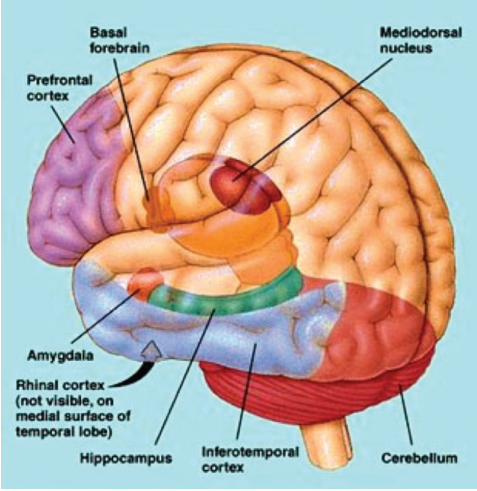
Chapter 2 includes discussion about the 'stuck learning cycle'; being overwhelmed emotionally makes it difficult to reflect and to use all aspects of the cycle – feelings, analysing and action. A practitioner who is overwhelmed emotionally may become stuck in the feeling part of the cycle or, alternatively, may avoid this part all together and get stuck in action or analysing. The same is true for leaders. If leaders are going to make sense of others' stuckness they need to recognise it in themselves. In this discussion we look at:

- competency and survival modes of learning
- the practice of mindfulness in managing stress and distress
- a self-care audit and self-care plans.

Competency and survival modes of learning

This chapter has already outlined some of the relevant concepts arising from neurosciences. In this discussion we apply these ideas to supervision and consultation. Solomon and Siegal (2003) have highlighted the major *integrative function* of the middle prefrontal cortex in linking various parts of the brain functions to each other (body-proper, brainstem, limbic circuits and cortex). In short, the prefrontal cortex is a kind of manager in the brain that integrates thoughts, feelings and memories (see Figure 3.1). As noted, the activation of the middle prefrontal areas is crucial for many of the emotional intelligence and critical reflection practices we discuss in this guide. Restoring emotional calm and mindfulness facilitates this brain integration; however, trauma and chronic stress activates the limbic system into a threat response – a persistent flight, fight and freeze mechanism.

Figure 3.1: Regions of the human brain



Source: Seneff, 2009

Solomon and Siegal (2003) highlight the functions that the middle prefrontal cortex integrates:

- *body regulation:* balance of the sympathetic (accelerator) and parasympathetic (brakes) branches of the autonomic nervous system
- *attuned communication:* enables us to tune into others' states and link minds
- *emotional balance:* permits the lower limbic regions to become aroused enough so life has meaning, but not too aroused that we become flooded
- *response flexibility:* the opposite of a 'knee-jerk' reaction, this capacity enables us to pause before acting and inhibit impulses, giving us enough time to reflect on our various options for response
- *empathy:* considering the mental perspective of another person
- *insight:* self-knowing awareness; the gateway to our autobiographical narratives and self-understanding
- *fear extinction:* GABA (an inhibitory neurotransmitter) fibres project down to the amygdala and enable fearful responses to be calmed
- *intuition:* being aware of the input of our body, especially information from the neural networks surrounding the intestines (a 'gut feeling') and our heart ('heartfelt feelings') enables us to be open to the wisdom of our non-conceptual selves
- *morality:* the capacity to think of the larger good and to act on these prosocial ideas, even when alone, appears to depend on an intact middle prefrontal region.

Carroll (2008) applied these ideas to supervision and described practitioners as functioning in 'competency' or 'survival' modes. Competency mode refers to that manner of functioning in work and supervision where neural integration is evident in thoughts, feelings and behaviours. Clearly, good supervision practice has a critical role in helping practitioners to remain in competency mode. On the other hand, when practitioners are feeling chronically stressed, overwhelmed, suffering vicarious trauma or are burnt out, they are more likely to operate in survival mode. Supervisors need to recognise their own mode of operating and to assist in creating the conditions that allow their staff to operate in a competency mode.

Reflective exercise

- How would you recognise when you, as a supervisor, are functioning in survival mode?

Survival-mode functioning	How does it affect practice?
Surviving the moment	Rigid thinking
Just getting through	Restricted learning
On heightened alert (hyper-vigilance)	Reactive emotional responses
Overwhelmed	Difficult to have reflexivity
Chronically stressed	Self-absorbed
Numb	Compassion fatigue
	Unempathetic

- How would you recognise when you, as a supervisor, are functioning in competency mode?

Competency-mode functioning	How does it affect practice?
Maintaining balance	Think about and plan for the future
Good support and connection to others	Able to reflect on practice
Good self-care practice	Use imagination and creativity
Good supervision	Response flexibility
Restoring emotional self-regulation	Dialogue
Mindfulness practices	Resilience and robustness
	Learn in transformational ways
	Able to be empathic
	Emotional balance
	Insight
	Attuned communication
	Think in moral and prosocial ways

- How can you assist practitioners to recognise when they are functioning in survival and competency modes?
- What assists practitioners to maintain or restore competency modes of functioning?

In the beginning of this chapter we noted the work of Barbara Fredrickson (1998; 2010) in relation to positive emotions and their role in building resilience. She has demonstrated that positive emotions enhance creativity and expand complex thinking, thereby preventing tunnel vision; and have physiological effects (more rapid return to baseline heart rate) that not only assist immediate self-management, but also contribute to longer term improved health outcomes by minimising stress (in Cotton, 2012). Child protection is a highly politicised context where practitioners often feel they cannot win. Media portrayals of child protection practice are rarely positive and stories of harm prevented or good outcomes for children are unlikely to make it to the nightly news. Child protection supervisors and leaders are often at the frontline of dealing with the political sensitivities of a case, as well as determining the best action for the children and families concerned. Practitioners often feel good outcomes will not be noticed, but adverse outcomes result in incident reports and reviews. While these are important mechanisms in monitoring practice, ensuring standards and assisting in reflective practice, they may add to the experience of supervisors and leaders feeling overwhelmed and unsupported.

Principal practitioners, practice leaders and team managers are often asked to contribute to a case that is particularly challenging; that is where people are feeling stuck or where there has been an adverse event. In these circumstances it can be easy to just focus on what is not working. However, effective leadership also requires the ability to notice what is working and to take a solution orientation at the same time as recognising difficulties (Turnell and Edwards, 1999). The need to acknowledge and celebrate good practice is also recognised at the organisational level, with the annual Victorian *Good practice* publications and the Child Protection and Robin Clark awards.

We have discussed solution-focussed supervision in Chapter 2. In this chapter we provide a reflective exercise that can assist practitioners to notice positive emotions and outcomes, even in difficult circumstances, and can provide opportunities for enhanced reflection and internalisation of learnings.

Reflective exercise

(Adapted from Dwyer and Vivekananda, 2002)

Consider an experience at work that you found challenging but that was ultimately successful in outcome.

- What was it about the issue or event that you found difficult?
- In what way did it challenge you?
- How did you judge whether it was ultimately successful?
- What personal strengths and qualities did you have to draw on?
- On reflection, what does this tell you about yourself in relation to the work you do?

(An extension of this exercise could include sharing these stories with colleagues, followed by a process of feedback on what the story told others about the person, and even what do the combined stories tell the team about themselves.)

Mindfulness and self-care: attending to possibilities

The practice of self-care strategies and mindfulness are effective ways that practitioners can contribute to their own wellbeing. Saakvitne and Pearlman (1996) recommend that self-care strategies should aim to achieve balance *within* work life and *between* home and work life. They suggest strategies incorporate the physical, psychological, emotional, spiritual and workplace domains of life. They and others recommend the practice of 'mindfulness', ensuring that you stay present in the moment and available to the inspiration, comfort and joy of daily life. Siegel (2007, p. xiii) notes there is strong evidence that the practice of mindfulness 'creates scientifically recognized enhancements in our physiology, our mental functions, and our interpersonal relationships' and that mindfulness can be practised in many forms from the formal (meditation, tai chi, yoga, prayer) to the informal (reflection, thoughtfulness and attunement to others).

In this discussion, we emphasise the importance of attending to the world available to us through our five senses and the opportunities this brings to find sources of comfort, pleasure and balance. Some strategies for self-care require restructuring of our daily lives and the development of new habits. But mindfulness is a practice that can be learnt and utilised in any minute of any day. In workshops on work stress and vicarious trauma, participants most often complain that they would like to practise better self-care, but they just don't have time! Well, the good news is, the practice of mindfulness can take, literally, no extra time at all.

One of the authors discovered this for herself with the help of her two-year-old son. After a busy day and contemplating the stresses of her work while supervising her son playing in the bath, she was shocked by a bucket of water thrown in her face. Her first response was to reprimand her child. However, the look of expectant delight on his face, waiting for Mummy to join in the 'game', instantly brought her back to ground. While she had been thinking about her work, her child had clearly noticed that she was not really present and needed to be reminded!

This realisation led her to notice the many times when she was not really present to her child or herself in her daily life – a bit of a shock for someone who considered herself a pretty attuned parent! When she decided that she was now going to practise being aware and present whenever she was with her children, she began to really notice the pleasure of bath time: the smell of her toddler's skin before and after the bath, the texture of his cheeks and hair, the sounds of the water splashing and the sound of his voice as they sang 'Rubber Ducky'. This required no more time than she had previously given to bath time, but she discovered a number of improvements for herself and her children. The children were less demanding of attention, she felt more relaxed and happier and found the daily tasks of childcare were not only fun, they seemed to make the demands of the day less overwhelming.

Mindfulness also includes noticing thoughts and feelings without judging and reacting to them. For example, making a mistake may lead to feeling embarrassment followed by the thought, 'I can't do this job'. Engaging with this thought and feeling can easily elevate distress, making it more difficult to think clearly, lead to negative and defeating thoughts and a greater sense of not being suited to the job. However, if the thought is simply noticed and not judged, it can be allowed to simply pass, like a scene through a car window, while the journey continues.

Reflective exercise

Think about the last meal you ate. How aware were you of the smells, sounds, feelings and images you encountered? How much were you 'in your head' and how much were you attuned to the possibilities around you?

Think about your five senses. If you re-enacted that meal:

- What would you hear around you as you ate?
- What could you see?
- What would you notice in your body – at the level of touch and feelings?
- What was the texture, flavour and colour of the food?
- What difference would it make to you to be mindful during this meal?
- If you were going to make the meal as enjoyable and comforting as possible, without going to significant effort, what would you do the same and what would you change?

Ideas for self-care

There are many ways to begin taking care of ourselves and each other. It is generally recognised that self-care needs to encompass the physical, emotional, psychological, spiritual and workplace dimensions of our lives (Saakvitne and Pearlman, 1996). In exploring this issue we are mindful of the criticism by Andrew and Krupka (2012, p.42) that, "The language embodying the concept of 'self-care' assumes both individual responsibility and the possibility of an individual solution to our increased workplace demands … (And that) people have begun to say things like *'I should take better care of myself '*, and *'I should have taken a holiday earlier this year'*. What was once a pleasure has become an expectation. Something we do, not for ourselves as people, but for our workplace capacity".

Self-care is not an alternative to a healthy workplace culture, nor should it replace management of workloads and work-based stressors; but a culture of self-care which is reflected at every level, contributes to the development of a broader culture that recognises and attends to the emotional aspects of the work.

The following suggestions for self-care are drawn from ideas offered by participants in workshops run by one of the authors of this guide (JD) and from a resource booklet by Saakvitne and Pearlman (1996). Use these as a starting point for thinking about what brings you pleasure and comfort.

Physical self-care

- Eat regularly and healthily.
- Have appropriate medical and dental checkups.
- Walk the dog, pat the cat.
- Get enough sleep and in a proper routine.
- Indulge with comforting physical touch – facials, massage, sex, cuddles.
- Wear clothes in styles and textures that make you feel good.
- Dance, sing, run or walk.
- Get or stay fit.
- Plan simple, healthy meals that bring you pleasure.
- Take a few minutes at the beginning or end of each day for 'me' time, such as reading the paper.

Psychological self-care

- Change your clothes when you get home.
- Make a list of things for tomorrow before you leave work – so you don't need to remember anything.
- Make a rule about what time you finish or start work. Stick to it!
- Keep a journal.
- Read things unrelated to work; join a book club or share books with a friend.
- Watch movies that make you feel good.
- Attend counselling or therapy.
- Practise self-reflection and mindfulness.
- Say 'no' to extra demands.
- Say 'yes' to opportunities for growth.
- Try new hobbies.

Emotional self-care

- List people who make you feel good and make a date to see them.
- Cry when you need to.
- Notice who, and what, makes you laugh. Do more of it!
- Make a list of as many things as you can think of that bring you pleasure or comfort – plan to do one each day.
- At the end of each day, notice one thing you did well.
- Play and be with children.
- Take social action in a form that makes you feel potent – donate, write letters, join protests.

Spiritual self-care

- Practice reflection and mindfulness.
- Spend time in nature – go to the park, watch the sun set.
- Find a spiritual connection to others – through community, a club, faith.
- Sing.
- Pray, meditate.
- Listen to music.
- Read inspiring literature.
- Contribute to your community in some way unconnected to work.

Workplace or professional self-care

- Take regular breaks at meal times.
- Schedule your holidays and make plans to look forward to.
- Get to know your colleagues.
- Share mealtimes or breaks.
- Discuss vicarious trauma and how other people cope.
- Organise a lunchtime walk group.
- Balance your case load and vary tasks as much as possible.
- Request supervision.
- Make your work space comfortable.
- Do professional development in an area where you can improve your skill or knowledge.

Self-care audit and self-care plan

Self-care doesn't just happen, especially for those who are used to taking care of others. It needs to be planned for, valued and continually reasserted. All child protection supervisors and leaders are well placed to lead the cultural change required to make self-care a workplace expectation. The self-care audit that follows was developed to encourage practitioners to reflect on the sources of distress associated with their work and to provide a basis for planning appropriate self-care strategies to address these (Dwyer, 2002). The audit and plan can be printed and done as part of supervision. Practitioners could be encouraged to check in every six months or so, to see how they are managing the impact of their work. First do the audit yourself, then make a self-care plan to address the major issues that arise in the audit.

Self-care audit

(Adapted from Dwyer, 2002)

Working with traumatised children can have both positive and negative impacts on practitioners. Developing appropriate self-care strategies is one way of limiting the negative impacts. This audit assists in identifying areas that may enhance or undermine self-care. It draws on the range of areas identified in the literature as being pertinent to managing potentially negative impacts. For the purpose of self-reflection, take time to go through the following list. On a separate piece of paper, answer each question as honestly as you can.

Reflect on your current work context

- How long have you been working in child protection or with other traumatised children?
- What opportunities for variety do you have in your work?
- What are the kinds of traumatic and distressing stories or experiences you are exposed to?
- What feelings do you have about the families you work with?
- What kind of support and supervision do you receive?

Reflect on your own life experiences

- Have you had difficult experiences in your own life?
- Are these similar to or different from those of the families you work with?
- How often does your work remind you of your own life experiences?
- In what ways has your life been different from their lives?
- What effects, both positive and negative, do you think your own experiences currently have on your life?
- What are the positive and negative ways this may impact on your work?

Reflect on your current life circumstances

- What stressors do you currently experience in your life?
- How do these impact on you?
- Which of these are likely to diminish, and which may be more enduring?
- Do any of these connect to aspects of your work and, if so, in what way?
- In your current circumstances, what brings you pleasure and comfort?
- Who are the people in your life who are good for your spirit and wellbeing?
- Who are the people in your life who add stress and distress?
- Who and what are your major supports?

Reflect on your coping style

- What coping strategies do you currently use in managing stress and distress?
- Which of these are potentially problematic for you?
- Does your approach to problem solving assist you in managing stress?

Considered together, what are the sources of stress and comfort that arise in each of these areas? Based on these reflections, begin to consider what would need to go into a self-care plan that covers the immediate, short term and long term:

- On a daily and weekly basis, what are the things you need to do or not do to keep balance in your life?
- On a monthly and regular basis, what are the things you need to do or not do?
- Who do you need to spend more or less time with?
- In the next six months, what long-term changes or strategies do you need to develop to limit the impact of your work on your life?

Self-care plan

(from Dwyer, 2002)

In the next __ months I will make self-care a priority in my life because:

Not taking care of myself has the following impact on my life:

When I take good care of myself I notice:

The following people, places or activities bring me pleasure and comfort:

My strategies and plans for self-care (in both the personal and professional realm) are:

- On a daily, weekly or fortnightly basis I will:

- On a regular basis I will:

- In the next three to six months I will:

A copy of this template is included in Appendix C.

Summary

In this chapter, we have explored the importance of managing our own emotions and assisting others to manage theirs. We highlighted the importance of emotional intelligence and the influences on how we experience our thoughts and feelings including formative professional and personal experiences, the impact of vicarious trauma and the organisational culture in which we work and the interactive patterns in which we participate. The role of the supportive leader in contributing to a positive relational work context was discussed and ideas from neurosciences applied.

We then examined the concept of survival and competency modes of learning and the role of the prefrontal cortex in integrating thoughts, feelings and memory and we suggested that effective self-care planning was a key to maintaining balance and managing the emotional stress of the work. We recommended the practice of mindfulness as one way to begin to build in daily experiences of comfort and pleasure and to counteract the emotional stress associated with child protection work. We highlighted the role of all supervisors and leaders in contributing to a cultural and relational context that recognises the emotional impacts of the work and builds in protective mechanisms to support practitioners at all levels.

References

Anderson, D 2000, 'Coping strategies and burnout among veteran child protection practitioners', *Child Abuse and Neglect*, vol. 24, no. 6, pp. 839–848.

Andrew, S, and Kupka, Z, 2012, The Politics of Self-Care, *Psychotherapy in Australia*, Vol 19, no 1, November

Atkinson-Consulting! (2008), Development framework for child protection frontline managers: capabilities, foundation knowledge and skill, and work culture, Department of Human Services, Melbourne.

Bell, H 2003, Strengths and secondary trauma in family violence work', *Social Work*, vol. 48, no.4, pp. 513–522.

Carroll, M 2008, Advanced Supervision workshop notes, Melbourne.

Conrad, D and Kellar-Guenther, Y 2006, 'Compassion fatigue, burnout and compassion satisfaction among Colorado child protection workers', *Child Abuse and Neglect*, vol. 30, pp. 1071–1080.

Cooper, J, Hoffman, K, Marvin, R and Powell, B 1998, Circle of Security, viewed August 2008, <www.circleofsecurity.org>.

Cornille, TA and Meyers, T 1999, 'Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors', *Traumatology*, vol. 5, no. 1, pp. 15–31.

Cotton, P 2010, *The role of leadership and climate in reducing workers compensation risk*, viewed< .

Cotton, P 2012, *Building individual and teamwork resilience*, Presentation to the Department of Human Services, 13 June 2012, workshop notes.

Department of Human Services 2012, *Best interests case practice model*, State Government Victoria, Melbourne.

Dwyer, J 2002, *Promoting self care through supervision: self care audit and plan*, unpublished workshop tools.

Dwyer, J 2003, *Managing the effects of working with trauma*, unpublished workshop notes.

Dwyer, J 2012, *Managing people: the neurosciences, attachment and leadership*, unpublished workshop notes.

Dwyer, J and Miller, R (undated), *Compassion fatigue and child protection workers*, workshop notes.

Dwyer, J and Vivekananda, K 2002, *Managing vicarious trauma*, unpublished workshop notes.

Figley, C 1995, *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*, Brunner/Mazel Psychological Stress Series, USA.

Figley, C 1999, 'Compassion fatigue: toward a new understanding of the cost of caring'. In: Stamm, B (ed) *Secondary traumatic stress: self care issues for clinicians, researchers and educators*, Sidran Press, Maryland.

Fredrickson, B and Branigan C 2005, 'Positive emotions broaden the scope of attention and thought-action repetoires', *Cognition Emotion,* May 1: vol. 19, no. 3, pp. 313–332, viewed September 2012, <www.ncbi.nih.gov/pmc/articles/PMC3156609>.

Fredrickson, B 1998, 'What good are positive emotions, review of general psychology', September, vol. 2, no. 3, pp. 300–319, viewed July 2012, <www.ncbi.nih.gov/pmc/articles/PMC3156001>.

Frederickson, B. (2010) Positivity: Groundbreaking Research & Release your Inner Optomist and Thrive. Oneworld: UK.

Garland, E, Fredrickson, B, Kring, A, Johnson, D, Meyer, P and Penn, D 2010, 'Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotions dysfunctions and deficits in psychopathology', *Clinical Psychology Review*, November, vol. 30, no. 7, pp. 849–864, viewed August 2012, <www.ncbi.nih.gov/pmc/articles/PMC2908186>.

Gibbs JA (2013) 'Leadership Development Workshop notes for the DHS Central After Hours Leadership Group. 4 and 18 March & 15 April 2013.

Goding, G 1992, *Principles of family therapy*, VAFT, Melbourne.

Goleman, D 1996, *Emotional intelligence: why it can matter more than IQ*, Bloomsbury, London.

Goleman, D 1998, *Working with emotional intelligence*, Bloomsbury, London.

Goleman, D, Boyatzis, R and McKee, A 2002, The new leaders: transforming the art of leadership into the science of results, Little, Brown, London.

Hart, P, Caballero, C and Cooper, W 2010, *Understanding engagement: its structure , antecedents and consequences*, viewed <http://www.sacsconsult.com.au/downloads/IAMB%20Madrid%20Paper%20(20100307%20ph).pdf>.

Heifetz, R, Grashow, A and Linsky, M 2009, 'Becoming and adaptive leader: see yourself as a system', *Harvard Management Update*, May 2009, vol. 14, no. 15, pp. 1–6.

Herman, J 1997, Trauma and Recovery: The aftermath of violence from domestic abuse to political terror, (2nd edn), Basic Books, USA.

Humphreys, C and Stanley, N 2006. *Domestic violence and child protection: directions for good practice*, Jessica Kingsley, London.

Johansen, B and Gibbs, J in conjunction with Professional Development & Quality Assurance Branch, NSW DoCS 2008, *Practice coaching training workbook & resource kit*, Department of Community Services, Sydney.

Morrison, T 1990, 'The emotional effects of child protection work on the worker', *Practice,* vol. 4, no. 4, pp. 253–271.

Morrison, T 1997, 'Learning, training and change in child protection work: towards reflective organisations', *Social Work Education,* vol. 16, no. 2, pp. 20–43.

Morrison, T 2005, *Staff supervision in social care: making a real difference for staff and service users*, Pavilion, Brighton.

Morrison, T 2006, *Emotional intelligence* – from workshop article.

Morrison, T 2007, 'Emotional intelligence, emotion and social work: context, characteristics, complications and contributions', *British Journal of Social Work,* vol. 37, pp. 245–263.

Morrison, T 2009, *Attachment and the role of emotion in effective services*, workshops notes, Ivanhoe.

Morrison, T and Wonnacott J 2010, Supervision: now or never recaliming reflective supervision in social work, viewed <www.local.gov.uk/c/document_library>.

Morrison, Z 2008, Feeling heavy: vicarious trauma and other issues facing those who work in the sexual assault field, *ACSSA Wrap*, No 4.

Munro, E 2008, *Effective child protection* (2nd edn), Sage, UK.

Perry, B 2006, 'Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: the neurosequential model of therapies'. In: Webb, NB (ed) *Working with traumatized youth in child welfare*, Guilford Press, New York.

Ringleb, A and Rock, D 2008, The emerging field of NeuroLeadership, *NeuroLeadership Journal*, Issue 1, viewed <www.NeuroLeadership.org>.

Rock, D 2009, 'Managing with the brain in mind', *Strategy and Business*, no. 56, Autumn.

Rosenbloom, DJ, Pratt, AC and Pearlman, LA 1999, 'Helpers' responses to trauma work'. In: Stamm, B (ed) *Secondary traumatic stress: self care issues for clinicians, researchers and educators*, Sidran Press, Maryland.

Russ, E, Lonne, B and Darlington, Y 2009, 'Using resilience to reconceptualise child protection workforce capacity', *Journal of the Association of Social Workers*, vol. 62, no. 3, pp. 324–338.

Saakvitne, K and Pearlman, L 1996, *Transforming the pain: a workbook on vicarious trauma*, WW Norton, New York.

Salovey, P and Mayer, JD 1990, 'Emotional intelligence', *Imagination, Cognition, and Personality*, no. 9, pp.185–211.

Seneff, S 2009, Is ADHD caused by insufficient dietary fat? viewed 6 December 2012, <http://people.csail.mit.edu/seneff/adhd_low_fat_diet.html>.

Senge, P 1990, *Peter Senge and the theory and practice of the learning organization*, viewed June 2009, <infed.org/thinkers/senge/html>.

Shonkoff, J 2007, The science of early childhood development: closing the gap between what we know and what we do, Centre on the Developing Child, viewed, <nccp.org/projects/files/event_download>.

Siegal, D and McCall, D 2009, Mindsight at work: an interpersonal neurobiology lens on leadership, *NeuroLeadership Journal*, no. 2, pp. 23–34.

Siegel, D 1999. *The developing mind: toward a neurobiology of interpersonal experience*, Guilford Press, New York.

Siegel, D 2007, *The mindful brain: reflection and attunement in the cultivation of well-being*, WW Norton, New York.

Solomon, M and Siegel, D 2003, *Healing trauma: attachment, mind, body, and brain*, WW Norton, New York.

Stamm, B (ed) 1999, *Secondary traumatic stress: self care issues for clinicians, researchers and educators*, Sidran Press, Maryland.

Tronick, E 2007, *The neurobiology and social-emotional development of children and infants*, WW Norton, New York.

Turnell, A and Edwards, S 1999 *Signs of safety: a solution and safety approach to child protection*, WW Norton, London and New York.

Watzlawick, P, Weakland, J and Fisch, R 1974, *Change: principles of problem formation and problem resolution*, WW Norton, New York.

Wilson S 2009, 'Leading practice improvement in front line child protection', *British Journal of Social Work,* vol. 39, pp. 64–80.

Wolgien, C and Coady, N 1997, 'Good therapists' beliefs about the development of their helping abilities: the 'wounded helper' paradigm revisited', *Clinical Supervisor*, vol. 15, no. 2, pp.19–35.

Woskeff, V 1999, *The therapeutic use of self: counselling practice, research and supervision*, Routledge, London.

Chapter 4 Delivering results

In this chapter we cover:

- contributions to a collaborative learning culture – the *cascade effect*
- the seven-factor model – process and task (based on Morrison and Wonnacott, 2010)
  - understanding roles and functions
  - role security – effective use of authority and authoritative supervision
  - using emotional competence and empathy – creating relationships of influence
  - accurate observation and assessment – encouraging practitioner development
  - partnership and power – understanding and valuing difference
  - planning – promoting competence and developing shared plans
  - working collaboratively to learn and develop
- delivering results at a business level – applying the same frameworks.

Capability: Delivering results

Delivering results by working in a highly effective way that focuses on the best interests of the child and on achieving positive, long-lasting outcomes for children and families.

The four capabilities within this domain are summarised below.

1. **Operating efficiently** – manages own time and workload; balances competing priorities; plans flexibly.
2. **Co-creating success** – achieves good child outcomes; invites and values input; offers assistance to colleagues.
3. **Business operations** – uses technology effectively; applies business systems to operational environment; demonstrates financial and political nous.
4. **Delivering program improvements** – harvests ideas and innovations from others, identifies opportunities and barriers, improves program outcomes.

Introduction

> The extent to which social workers are able to delve into the depths to protect children and explore the deeper reaches and inner lives of service users ... is directly related to how secure and contained they feel ...They can only really take risks if they feel they will be emotionally held and supported on returning to the office, that their feelings and struggles will be listened to.
>
> (Ferguson, 2011 p. 205)

In the Introduction to the guide we briefly describe a *cascade effect,* which operates through the multiple levels in the organisation suggesting that what occurs at one level in the child protection process impacts elsewhere in the system, and most importantly on what happens to children and families at the frontline of practice. We argue that delivering optimal results for children and families is integrally related to the way practitioners experience the organisational context and culture and the way they are managed by their supervisors and leaders.

Other chapters in the guide explore important aspects of the way a self-reflective leader in child protection works through well-established and trustworthy relationships with practitioners to critically reflect on the problems, cases and complex situations that dominate their working lives and demand ethically sound, justifiable and well-reasoned action.

This is one of two chapters that seek to extend your thinking in relation to the contribution all managers make to a collaborative learning culture; and can be positively and negatively influenced by culture. We describe and interrogate the values, behaviour, style and processes that provide this critical link between the practitioner and client domain and the practitioner and leader domain. So, how does this *cascade effect* work?

At every level the supervisory relationship is one key conduit of the *cascade effect*.

Morrison and Wonnacott (2010) developed a seven-factor model to demonstrate and explain the link between supervision provided to practitioners and outcomes for children and families. Here we apply this model more broadly than supervision to other management and leadership processes and across a whole range of levels in the organisation. As you engage with the material, you will notice that this also applies in situations where a leader may be in a specialist consultative or coaching relationship with a practitioner.

We suggest that all managers directly influence the delivery of good outcomes for children through the conversations that they have with practitioners, their values, their style and the reflective processes they model. Further, in a statutory child protection setting the impact on frontline staff of the way managers use their authority and power cannot be overestimated, as practitioners struggle to undertake the care and control functions inherent in their role. Here, we explore further the importance of leaders reflecting and thinking about how they draw on different sources of power; and how they are perceived by others who may not report to them through a formal authority relationship. We suggest that all staff have the capacity to directly contribute to the culture of the organisation both in a functional and dysfunctional way, lending further support to the important link with results and outcomes.

Engaging in activites relating to budgeting, technology and policy development may seem to require different knowledge, skills and processes than those needed for leading people and directing practice; however the ideas, frameworks and concepts we present are equally important to delivering results in both spheres of management. Indeed, in the *cascade effect* the manner in which business-oriented activities are enacted is a significant contributor to organisational culture.

Contributions to a collaborative learning culture – the *cascade effect*[13]

Recent research and social work literature has seen the quality of the practitioner–client relationship emerge as integral to client outcomes (de Boer and Coady, 2007; Howe, 2010; McKeon, 2000; Munro, 2011; Wilson et al., 2008). American research examining the relationship between the number of practitioners involved with children and their families, and length of time in care, has shown that children who have multiple practitioners spend longer periods in care, and that higher practitioner turnover is associated with lower family reunification rates (Flower et al., 2005; Ryan et al., 2006).

Research about what clients value also consistently shows the importance of relationship based practice (de Boer and Coady, 2007; McKeown, 2000). In a similar way, the relationship between practitioner and supervisor is also powerful for change (Goleman and Boyatzis, 2008). While this is true for all organisations, it is particularly pertinent to a child protection context; this is recognised in the Best interests case practice model (BICPM) which is underpinned by a clear commitment to relationship-based practice.

It is well established that if supervisors can model clear, insightful and empathic relationships with practitioners, these same practitioners are far more likely to be able to adopt the same underlying values and skills with the families they work with. Similarly, positive outcomes for children are strongly related to the supervisor's reflective supervisory style (Wonnacott, 2003).

Morrison and Wonnacott's (2010) seven-factor model demonstrates the way this relationship between supervisors and practitioners impacts on client outcomes. In earlier versions of the model Morrison (2005) had six links in the chain and this appeared in the first version of this guide. Coaching was subsequently added as a new seventh link in the chain (CWDC, 2009, p. 12). Here, we have used the most recent version but renamed the seventh link 'Working collaboratively towards learning and development'.

Figure 4.1 shows therefore that there are seven links in the outcome chain, each consisting of processes and behaviours that together contribute to a collaborative and accountable practice context. Later in the chapter we describe each of these links and provide operational examples of how all leaders can incorporate these values and behaviours for practitioners. Morrison's adapted seven-factor model refers to the relationship between supervisors, practitioners and clients. However, as noted, the same chain of influence can be seen to operate at the level of a supervisor (often a senior practitioner or team manager) and their supervisor (the team manager or area manager), even when their dialogue does not have a direct client focus. It is also true at the next level between the area manager and their supervisor, the child protection operations manager. Principal practitioners, practice leaders and community-based senior practitioners also have considerable potential to model an effective process in the work they do across the child protection program and system. This is represented in the further adaptation of the Morrison and Wonnacott model (2010).

13 Before you read this chapter we encourage you to review the diagram on page 2 of the Introduction where we illustrate the *cascade effect*.

Reflective exercise

To encourage you to consider whether this way of thinking makes sense to you we begin by asking you to undertake a quick reflective exercise.

Think back to a time when you worked directly with children and families. Rate the extent to which you think the **quality** of the supervision you received affected your practice.

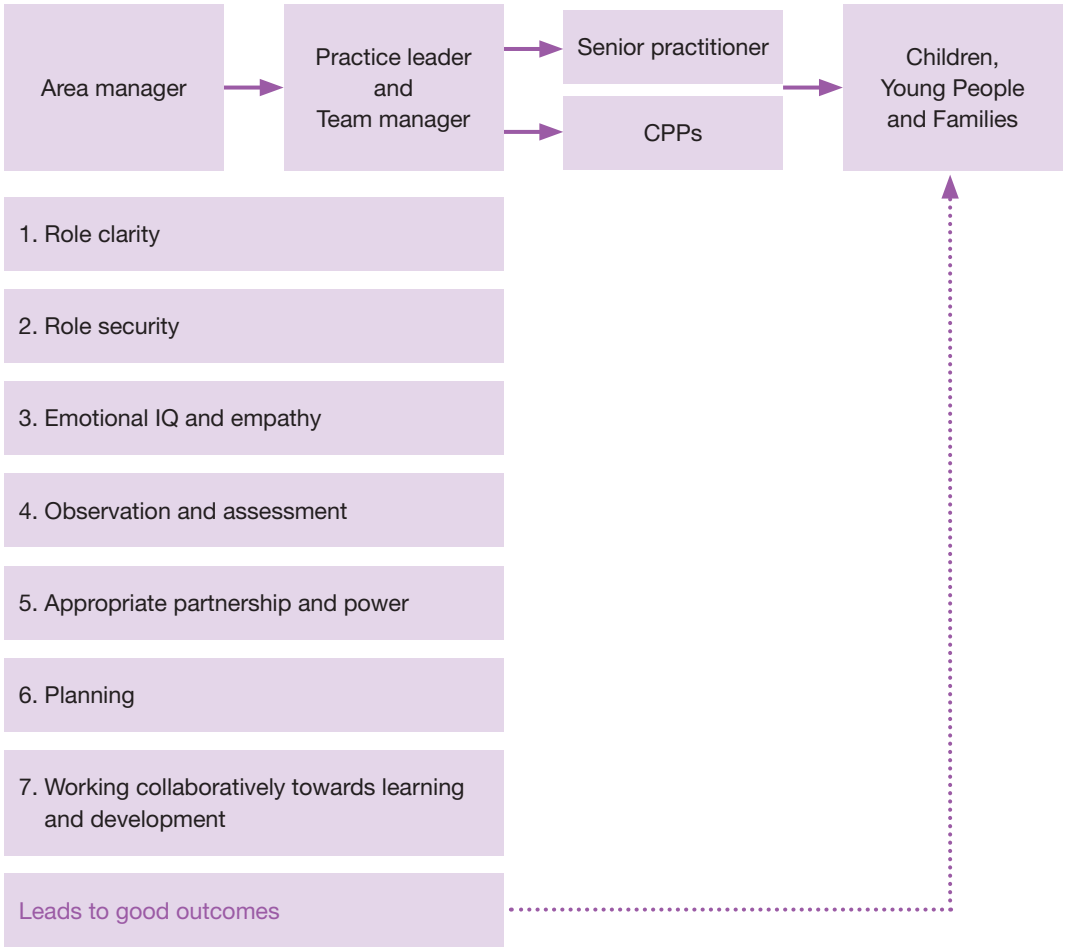
1 = my supervision had little impact on my practice

5 = the quality of my practice with children and families (either good or bad) was strongly related to the way I was supervised.

Now try to determine what factors influenced your rating.

Figure 4.1: Seven-factor model

Linking management and supervision with client outcomes – adaptation of the seven-factor model (based on Morrison and Wonnacott, 2010).



Adapted from Morrison and Wonnacott, 2010

In this way, we see influence cascading through every level in the structure and process of supervision and management throughout the child protection program. Each supervisor and leader has the capacity to use these processes positively in shaping attitudes, values and approaches to their work with staff. Conversely, they also have the potential to impact negatively if the processes are poorly managed or neglected.

This complex and dynamic process involves more than just 'modelling'. It needs to be understood at a deeper level as conceptualised by psycho-dynamic and systems theory, and is sometimes referred to in the literature as a 'parallel' or 'isomorphic' process. Leaders draw on this body of knowledge for making sense of complex case situations and the same ideas can be applied in intra- and inter-organisational relationships. A fuller description and application of these in child protection is a central focus in Chapter 3.

Unlike many other organisations, child protection staff at every level occupy roles that involve the exercise of authority and power. Supervisors are at the interface between the managerial and professional systems and between the practitioner and the organisation (Bunker and Wijnberg, 1988, in Richards et al., 1990, p. 13). They occupy an uncomfortable position of 'the meat in the sandwich', with sometimes competing and conflicting demands and messages coming from both above and below (Gibbs, 2002).

Child protection supervisors directly manage the core business of the agency by ensuring that child protection work is completed, risk is addressed and that the intervention into the lives of children and their families complies with legislation, procedures and standards. However, supervisors must also support practitioners and enable them to develop professionally in assuming greater self-efficacy and competency in practice. A central component of the supervisory role is to facilitate a practitioner's understanding as to how power and authority are reconciled, so that practitioners experience an appropriate balance between organisational accountability and performance monitoring, and attention to professional development and empowerment (Bogo and Dill, 2008).

Supervision delivered by leaders at each level of the organisation, from child protection operations manager to the practitioner, can be understood as a key process through which these organisational, professional and personal objectives are brought together. For child protection practitioners, direct practice with families forms a significant focus of supervision. For the next levels up, through senior practitioners and team managers, the focus is less directly on the case practice but is still related to the core business of delivering good outcomes – through managing staff, allocating resources, developing partnerships and implementing reforms. The process of supervision, carried out through a safe, honest and trusting relationship, is as important at this level as it is to direct practice, though research suggests it is sometimes provided in ways that do not meet the needs of these staff (Gibbs, 2002).

Establishing a safe and effective supervision relationship at each level of the workforce contributes not only to individual good practice for that particular supervisee, it forms part of the culture of the workplace. It forms a model for how practitioners build and utilise effective relationships with clients as they strive to establish relationships where they, too, must be able to reconcile tensions between care and control functions, between assessing risk and capacity, as well as working collaboratively and promoting strengths.

The chain of influence, from our elaboration of the Morrison and Wonnacott model, operates from the top of the organisation downwards. Supervisors and leaders need to experience similar relationships with their senior managers and be given opportunities to explore the complex and conflicting aspects of their role if they are to be effective. While the content of the supervisory focus is different for staff at different levels, the processes are the same. Supervisors are accountable for the practice of practitioners, including controversial decisions and cases where it appears things have gone badly. They have to assess practitioners' capabilities and competence, recognise and respond to problematic practice and set limits and boundaries around what is acceptable behaviour by practitioners (Bogo and Dill, 2008). These can feel like onerous responsibilities fraught with ambiguity and tension, particularly when considered alongside the values of working collaboratively and in partnership to co-create success.

Practitioners quickly become acculturated into an organisation, meaning that, through observation, modelling and personal experiences, practitioners develop a set of 'organisational beliefs and expectations that guide their interpretation of organisational stimuli, the decisions they make and the behaviour in which they engage' (Hemmelgarn et al., 2006, p. 75). Such mental representations are extremely powerful for influencing their behaviour so that the way they experience relationships with supervisors will, to a significant extent, shape how they behave with clients. This also means that there is interconnectedness between how people experience the exercise of power and authority at each level of the organisation (Gibbs, 2008).

Psycho-social theory allows us to see that it is not just individual people who are impacted by anxiety and change but also groups and whole institutions.

Groups of practitioners may also replicate and mirror the same powerful, problematic dynamics where feelings are off-limits and fear abounds, resulting in a compromised organisational culture (Menzies-Lyth, 1988). These are largely unconscious processes but are readily recognisable in the way organisations reflect the same chaotic, conflictual, crisis-driven approach to problems that families exhibit.

A workplace culture that promotes learning recognises that feelings of anxiety, uncertainty and ambiguity abound when relationships are unequal and involve the exercise of authority (Kemper, 2000 in Morrison, 2007). Indeed, 'Anxiety runs like a vein throughout the child protection process' (Morrison, 1997, p. 196). These powerful feelings need to be acknowledged and contained. A healthy and open organisational culture: prioritises the recognition and management of individual and collective feelings of anxiety; values creativity and innovation; encourages staff to question accepted ways of doing things; and conceptualises 'mistakes' as an opportunity to learn.

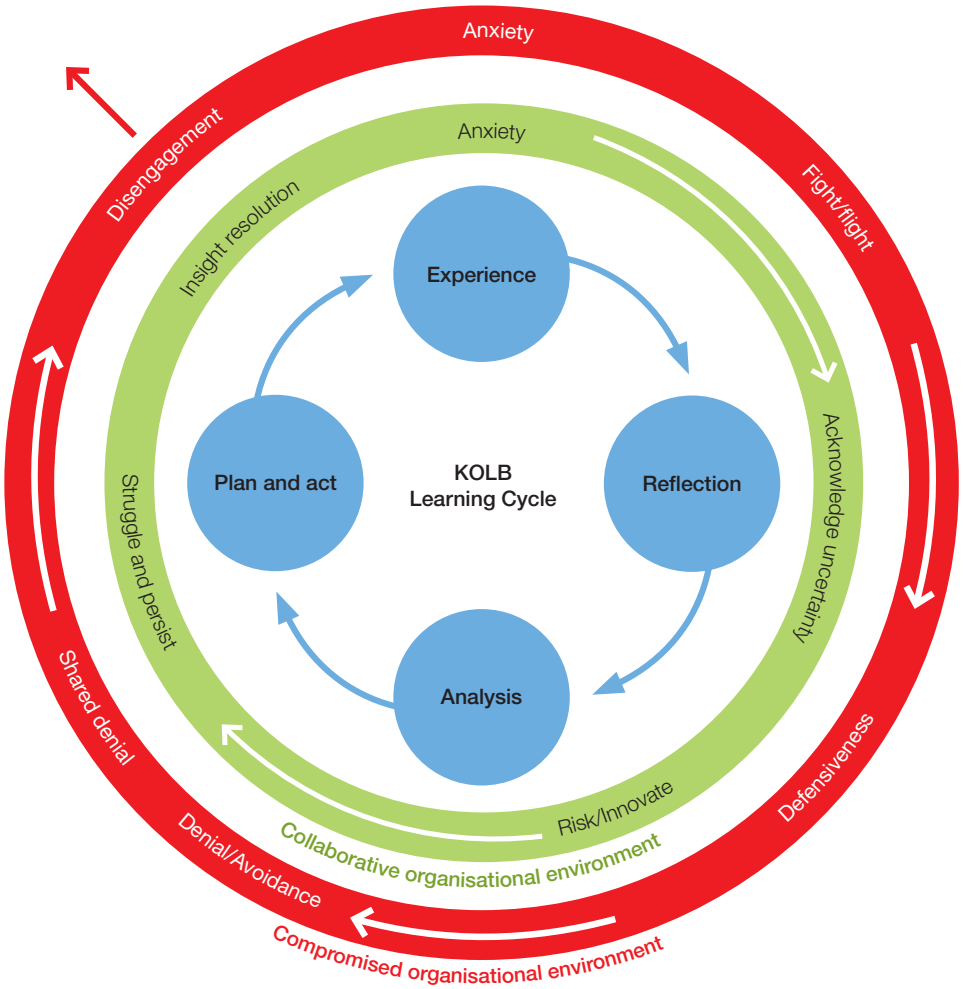
In this culture people take adequate time to critically reflect and take appropriate risks in order to be creative and innovative. They do not fear that they will be blamed if things do not go well, yet can take an appropriate level of personal responsibility for their practice. A key feature of this culture is the notion of 'struggle and persist'. Rarely in a context as demanding, complex and uncertain as child protection, are there easy solutions and ways forward. Effective leaders can hold a position of not knowing and despite external pressure to act can resist this pressure to be reactive. As much as possible they take time to critically review and assess how best to proceed before acting.

Figure 4.2 illustrates the link between the Kolb learning cycle (blue cycle) which underpins many models of critical reflection, supervision, the BICPM and other adult learning activities, and the importance of the organisational culture in which these processes take place. It also allows us to see the supervisors and leaders as important contributors to culture though the processes and style they use. These staff are of course impacted upon by the culture of the organisation and need to be able to demonstrate high levels of self-awareness and reflexivity.

Ruch says that for organisational containment to be realised 'it must be implemented in the context of containing, thoughtful managerial relationships which act as containers for the anxieties that practice and organizational uncertainty generate' (Ruch, 2007, p. 675).

The healthy reflective culture we describe above is represented by the green cycle.

Figure 4.2: The collaborative and compromised cycles



From Vince and Martin, 1993 in Morrison, 2005, p. 68

In contrast, an unhealthy culture, represented by the red cycle, is one where feelings are suppressed and uncertainty is responded to as a failure or weakness in the practitioner or supervisor. The fear of being criticised or blamed for problems encourages people to adopt coping mechanisms such as denial, blame, avoidance and projection. Anxious practitioners may resort to relying on procedures and power as a way of creating a sense of certainty and knowing what to do. Supervisors may resort to a more autocratic style of supervision and management. These dysfunctional processes, when not understood and managed, can ultimately result in heightened or dilution of risk when it is applied at case practice level with a child and family.

We assert that these dysfunctional processes can be interrupted, and that all leaders have a significant role in forming the chain of influence. Good modelling by leaders of thoughtful and reflective processes in both individual and group forums makes a vital contribution to a healthy collaborative culture. Most importantly, this leads to program improvements and to better outcomes for children and families who are located at the base level in the *cascade* process.

While supervisors and leaders cannot and should not take responsibility alone for the culture of the organisation, they do have some potential to influence upwards, often by holding a position of responding or managing a complex situation in a manner that reflects a thoughtful and emotionally attuned healthy response, rather than being pulled or pushed into a reactive response.

An example could be the importance of respectfully stating a case to a more senior manager that a different response or course of action might be preferable and lead to better outcomes. Often a supervisor has greater access to knowledge about a situation and the likely effects on people and events below them. Relationships up and down the organisation involve differences in authority and power and trying to influence upwards can create an increased level of anxiety. Recognising the importance of listening to the people who report to you, involving them in decision making and being able to be corrected are important characteristics of collaborative leadership at every level. If all managers understand their role and capacity to influence what happens upwards and downwards through the *cascade effect* the culture is more likely to remain a collaborative healthy one.

The seven-factor linking model – process and task

To assist staff to think about what they would be doing in this chain of influential relationships, we describe each of the seven factors in the adapted Morrison and Wonnacott model[14] and provide illustrative operational examples. The first three factors – role clarity, role security, use of emotional intelligence and empathy – set a climate of openness and collaboration, in order that the supervisor can gain an accurate assessment of the supervisee. The remaining four factors relate to the development of the practitioner – undertaking accurate observation and assessments, forming partnerships and managing power, planning to promote competence and growth and working collaboratively to promote learning and development.

1. Understanding role and function

Practitioners and supervisors thrive when they are clear about organisational expectations and responsibilities. We all need to understand our role and it is important that the organisation has a well-articulated management structure and clarity in relation to functions of the role, the delegations people hold and procedural guidelines. While legislative requirements and associated guidelines direct child protection practice, other structures seek to aid practice and should act to provide boundaries and work context for everyone.

Given the significant levels of anxiety, uncertainty and ambiguity generated by child protection work, supervisors help to create a work context that is as safe, predictable and as supportive as possible. Setting a collaborative climate for structures, such as supervision, team meetings, case consultations and discussions is vital, just as practitioners must strive to set a similar climate for working in partnership with parents and other services.

Supervision provides practitioners with an experience and understanding of collaborative learning partnerships. Supervision is a *relationship* to reflect on both the personal and professional dimensions of child protection work, not merely a series of administrative *tasks*. Steps to establishing the supervisory relationship include the following:[15]

14 See note above relating to our modification of the Morrison and Wonnacott model.

15 See Chapter 2 on establishing supervisory relationships.

- A shared understanding about the meaning of 'supervision', the rationale for supervision and the way it will be carried out in child protection should be established. Supervisors must be clear about the separate, but complementary, four functions of the supervisory role (see Department of Human Services, 2007, p. 2). In the literature, these are often referred to as the management, professional development, supportive and mediation functions of supervision (Morrison, 2005; Pritchard, 1995; Richards et al., 1990). In Chapter 1 we explain Morrison's 4 x 4 x 4 model of supervision. This model encourages the integration of all four functions of supervision (the 'what' of supervision), through the use of the reflective practice cycle (the 'how' to do supervision – see Chapter 1), and keeping in sharp focus the key stakeholders of supervision (the 'why' and 'who' – the beneficiaries of supervision – see Chapter 2). In Chapter 2 we recognise that in the Victorian child protection workforce it is not only the team manager who supervises practitioners; the senior practitioner can hold a key supervisory role in relation to less experienced staff. We highlight the importance of the three parties – supervisee, senior practitioner (supervisor) and team manager thinking together about authority, power and decision-making.
- Practitioners need to understand what it means to be supervised in child protection. It is a process through which the organisation *ensures* the work gets done and practitioners are *enabled* and supported to do it.
- Supervisors and supervisees need to understand that both parties have responsibilities and it is through a relationship of trust and confidence that the growth and development of the supervisee will take place.

When practitioners develop clarity about their role, including their responsibilities within the supervisory relationship, this can link to the next level down in the chain of influence (client or practitioner). Trotter (2006) demonstrated this parallel process in his research into the department's child protection program. When child protection practitioners reported that their supervisors made use of role clarification skills in supervision, supervisees reported they were more likely to spend time talking with families about the reason for their involvement and to clarify their role.

Trotter also suggested that when the supervisors used other skills with supervisees, such as collaborative problem solving, they were more positive about their supervision and were also more likely to use these skills with their clients. While the area manager position is not normally associated with direct case practice supervision, this group of managers must offer effective supervision to the team managers who report to them. Research data shows this has often been found to be problematic, with team managers reporting poor experiences of one-to-one supervision (Bogo and Dill, 2008; Gibbs, 2002).

We suggest in Chapter 2 that it may be useful for all supervisors and leaders to use the functions checklists (Morrison, 2005) to clarify their respective roles and responsibilities, as well as other contributions to the particular supervision of practitioners. Talking about role and function is also critical to the capacity of specialist positions to contribute to good outcomes for children. An important dimension of practice for these groups of leaders is the way child protection practitioners come to understand the boundary between the role and responsibilities of the child protection team manager and those in other important consultative roles, such as the practice leaders and the community based senior practitioners. In particular, clarity regarding decision making in relation to risk and case planning is fundamental to good outcomes.

Any confusion in the mind of the practitioner is not only undesirable but may impact on outcomes. These senior and consultative positions are key conduits for practice improvement and change. The capacity for these leaders to demonstrate new ways of working with complex cases and for informing further expansion and program developments is immense, but only if all stakeholders are clear about their role and function. The reader is encouraged to look at the template to clarify lead and responsibilities in Chapter 2, page 56 which provides an idea about how to structure such a discussion.

2. Role security – effective use of authority

Understanding the dimensions of authority

The use of authority is integral to child protection practice. It is therefore, no surprise that we consider it integral to the supervisory relationships. If supervision practices are to comply with the Department of Human Services' code of conduct and its values, this complex dimension of the task needs to be consciously considered, just as it must be in practice with the families we work with.

Practitioners and supervisors in child protection all need to feel secure in their role and therefore must understand the authority that is invested in each position. Research has consistently shown that it is managing and feeling comfortable with the authority component of the supervisory role that most challenges new supervisors (Hawkins and Shohet, 2006). Similarly, it is often the authority role in child protection that most worries new practitioners.

Supervisors at each level need to establish a safe and trusting relationship with supervisees so that these sensitive and challenging aspects of what they are doing can be shared and resolved. Supervisors should also ensure that supervisees are working in a culturally safe workplace. The supervisor should be mindful of cultural practices and beliefs of staff that are of Aboriginal or Torres Strait Islander descent, or from a culturally and linguistically diverse (CALD) background (see Chapter 2). At each step in the process, practitioners must have an opportunity to explore dilemmas and anxieties associated with the authority component of the work. A useful framework for assisting supervisors to reflect on their feelings about the authority they hold and how others perceive their use of authority is provided by Obholzer and Roberts (1994), who talk about authority from above, below and within:

- Authority from above, or role authority, is the authority conferred on the supervisor by the organisation so they can do the work and carry out the responsibilities of the role. This means that the supervisor has some control over people and resources.
- Authority from below, or professional authority, comes from a demonstrated level of competence gained from training, qualifications or experience. This authority is seen and recognised through practice therefore those below (supervisees) must accept and sanction this type of authority. Problems can occur when supervisees are reluctant or resistant to accept the professional authority of the supervisor, who may not yet be seen as having 'earned their stripes'.
- Authority from within relates to how we feel about, experience and express our personal authority. Our personal authority evolves over time and is linked to past experiences. For this reason it is critical that supervisors reflect on the relationships they have experienced with authority figures and what those relationships have meant to them.

Problems arise for new supervisors when they are not given an opportunity to explore confusion and anxiety stemming from role insecurity.

Obholzer et al.'s typology of authority roles could also be used to clarify a practitioner's understanding and feelings about their statutory role. At the case practice level, the link in the chain is formed when the practitioner experiences clarity and confidence about undertaking the statutory role. As a result, practitioners are in a better position to instil confidence and to gain the trust of families (Morrison, 2005).

Practitioners in consultative roles require clarity about the interface with the team manager's role. The authority carried by this group of consultative leaders relates more to professional authority or authority from within. This means that child protection practitioners and their supervisor must recognise this group as having particular expertise and clinical knowledge that can contribute to good outcomes. The value of these consultative roles depends on this understanding and the agreement of all stakeholders, so their involvement in cases complements, rather than complicates or blurs, decision making and good practice.[16]

The drama triangle that originates from transactional analysis theory can be used to describe dysfunctional interactions that revolve around three psychological positions: victim, rescuer and persecutor. This triangular dynamic can be generated in groups of people where 'there are tensions and conflicts over power, vulnerability, responsibility, and between maintaining the status quo or change' (Morrison, 2005, p. 285).

Applied here, the positions could be adopted by practitioners, senior practitioners, team managers and consultative practitioners as a way of managing conflict, confusion and conscious or unconscious perceptions of each other. Following are some examples to illustrate the dangers of a lack of understanding and agreement about role, function and authority:

- Supervisor to practitioner: *There is no point in us talking to the practice leader about that case. She's already given her advice. I think we are starting to get somewhere now. The father is starting to engage a bit with you.* (Feeling vulnerable, the supervisor moves into a rescuer role.)
- *I am really concerned about the case planning here. I may only be the practice leader but I'm thinking something else needs to be done. I'm going to talk to the area manager.* (The practice leader feels vulnerable and adopts a persecutor role.)
- *I'm feeling I can't win. I don't know who I'm supposed to talk to. If I talk to my supervisor it looks like I don't understand the importance of getting some clinical advice. If I talk to the practice leader it looks like I don't understand how serious the risks are.* (The practitioner feels persecuted and retaliates by going into the victim role.)

To guard against the impact of such dysfunctional dynamics and the ensuing interactions it is vital that stakeholders engage in early conversations about roles, functions, and authority and power relations.

16 This issue is discussed fully in Chapter 5, which contains several tools and exercises to assist in teasing out the role and authority associated with the consultative positions.

Reflective exercise

- In your current position (for example, senior practitioner, team manager, practice leader, area manager) can you think of examples from your own experience or from others where leaders have struggled with managing the authority role?
- How was this evident? What implications were there for clients or colleagues?
- What might have helped avoid this confusion?

In the introduction to this chapter we stressed the importance of leaders thinking about their style of engaging with others. We have included two useful reflective frameworks here. The first specifically looks at the style of the child protection supervisor and how this impacts on case practice outcomes for children and families. The second provides a more general framework in order to assist all leaders consider how they can influence change and professional development of staff when they may not necessarily hold formal authority and power. Both require the leader to reflect on the same two dimensions of behaviour – how demanding they are of others and how responsive they are to others.

Understanding style – the authoritative supervisor

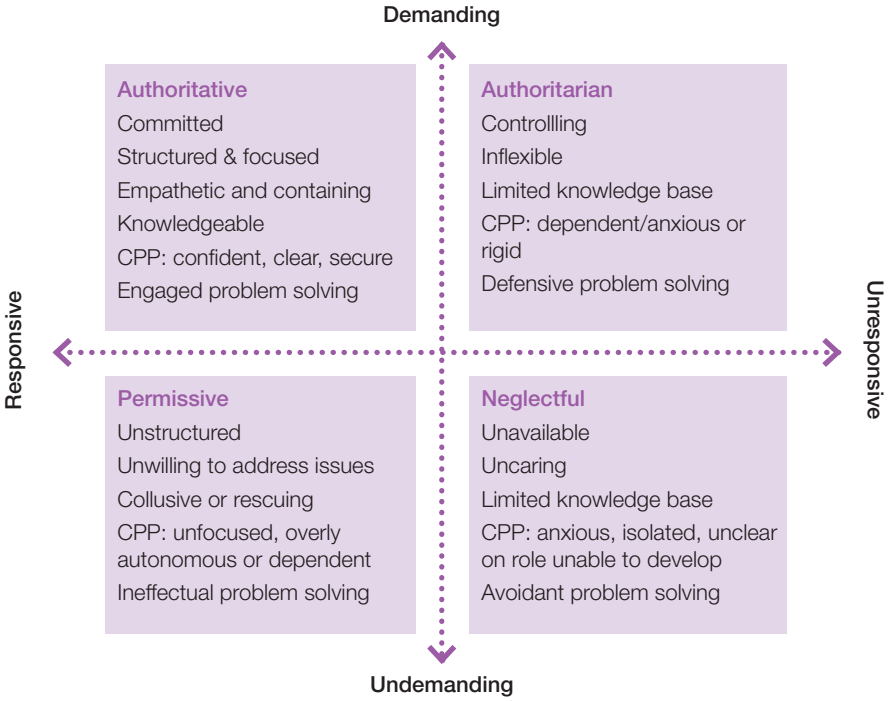
Wonnacott (2012), whose work in relation to supervision is drawn upon in a number of places in this guide, has applied the Baumrind typology of parenting styles to help explore the impact of particular supervision styles on the practitioner. She outlines the four types of parenting according to the degree that the parent facilitates warmth and loving attachments and clear expectations, boundaries and roles:

- authoritative or 'tough love'
- authoritarian
- laissez faire or permissive
- disengaged or neglectful.

The importance of this way of thinking is that it links the supervisory style, the practitioner response and the potential outcomes for children and families (CWDC, 2009). Before describing the range of possible styles adopted by the supervisor it is important to state that a range of factors shape the supervisory style and the response of the supervisee (see Chapter 2). We have highlighted the critical importance of the organisational culture in which supervision occurs and what it says about the value of relationships and reflection. The wider systemic context is also important, given the level of media scrutiny and government-driven change. This points to the importance of the quality of the supervision delivered to all leaders and the capacity shown by senior managers and executive staff to establish the organisational conditions through which the authoritative style can flourish.

In Figure 4.3 the styles are applied to the supervision relationship and the potential responses from the practitioner outlined.

Figure 4.3: Supervision style and outcomes for case practice



Source: CWDC, 2009, p. 55.

Based on her work with supervisors in the UK, Wonnacott suggests that the authoritative style where there is a balance between having high expectations and being supportive or responsive is likely to have a positive impact on outcomes. Of course, this way of thinking is paralleled in practice where an effective child protection practitioner is able to be clear with parents about expectations and boundaries and at the same time show empathy and understanding. At the levels of authoritative case practice and authoritative supervision there is engagement with the emotional content of communication.

Wonnacott discusses the many challenges to the authoritative supervisory style and the reasons why all supervisors may on occasions be pushed or pulled along the continuums of 'demand' and 'response' with few major implications for practice. However, she does discuss 'neglectful supervision' as the least promising style being on the outer limits of competent supervision.

To assist the reader to consider the value of the authoritative style of supervision we suggest some private reflection.

Reflective exercise

- How well am I managing to retain an authoritative style of supervision?
- What range of factors lead me to be pushed or pulled across the boundaries into the other styles?
- How much am I 'telling' versus 'coaching' and working together reflectively in supervision?
- Have I provided sufficient space for supervisees to talk about the power differential that is inevitable in supervision and what that means for our relationship?
- How well am I focusing on facilitating this supervisee's learning and development?
- In what circumstances can I imagine delivering autocratic or permissive supervision?

Understanding influence as a leader – behaviour style

The organisational and management literature also highlights the need for effective leaders to influence and create change in others, even when they may not hold formal authority and, in short, when they cannot require or tell people what to do. The usefulness of working through influence, rather than relying solely on formal authority and power, is further highlighted when we think about negative outcomes from a reliance on the autocratic supervisory style (see above) and when we apply a model of change that suggests that if real change is to occur, people need to be motivated and believe that change is worthwhile rather than imposed on them (see Prochaska and DiClemente, 1982 later in the chapter).

Bolton and Bolton (1996), Cox (2010) and Darling and Walker (2001) all suggest that effective leaders need to think about two behavioural dimensions that are critical to influencing results without formal authority. Firstly, the level of assertiveness (or directiveness) is the degree to which one's behaviours are seen by others as being forceful or directive. Secondly, responsiveness is the degree to which one is seen by others as showing his or her emotions or demonstrating awareness of the feelings of others (Bolton and Bolton, 1996). These two dimensions of behavioural response translate to four behaviour and communication styles – the analytical or process style; the driver or action style; the expressive or ideas style; and the amiable or people style.

Analytical/process style

Combines a high level of emotional self-control with a low level of assertiveness. Tends to take a precise, deliberate, and systematic approach to their work. Usually gather and evaluate much data before acting. Generally industrious, objective, and well-organised workers.

Style Traits:

- I put forward proposals and suggestions
- I present clearly and calmly
- I propose solutions
- I use facts to support my ideas
- I am systematic and logical
- I argue against opposing points of view

Driver/action style

Blends a high level of emotional self-control with a high degree of assertiveness. Task-oriented people who know where they are going and what they want. Get to the point quickly and succinctly. Are typically pragmatic, decisive, results oriented, objective and competitive. Usually independent, willing to take sound risks, valued for their ability to get things done.

Style Traits

- I say exactly what I want
- I make clear my demands and expectations
- I am impatient
- I offer to make a deal
- I commit to do something in return for demands
- I am willing to give something in order to get something

Amiable/people style

Combines higher than average responsiveness with a comparatively low level of assertiveness. Tend to be sympathetic to the needs of others, often quite sensitive to what lies below the surface behaviour of another person. Most likely style to use empathy and understanding in interpersonal problem solving. Their trust in other people may bring out the best in their clients, friends and colleagues.

Style Traits

- I share information about my personal feelings
- I express my hopes & fears
- I ask for help when uncertain or confused
- I test understanding of what others have said
- I ask questions to seek more information
- I draw others out to fully understand their concerns

Expressive/ideas style

The most flamboyant behavioural style. Integrates a high level of assertiveness with much emotional expression. Tend to look at the big picture, often take a fresh, novel approach to problems. Willing to take risks to seize opportunities. Love of fun, use of humour and spontaneous ways often lift the morale of colleagues. Tend to decide and act quickly.

Style traits

- I identify common goals & values
- I establish common ground with others
- I emphasise areas of agreement
- I communicate optimism and enthusiasm
- I share my ambitions and dreams
- I focus on future possibilities

Combines material from Bolton & Bolton (1996); Cox (2010);Darling and Walker (2001)

Leaders have preferences across these styles and there are numerous questionnaires in the literature that will help you identify your preferences (see Bolton and Bolton, 1996 and Cox 2010). Importantly, all styles have a place in effective leadership – the success of the leader is in being able to draw on them all and to flexibly adapt their behaviour to suit the context and the preferences of those with whom we interact. There are also limitations associated with an over reliance on one style over the others. Cox (2010) advocates for leaders knowing their preferred style and thinking about that of others as a way of identifying the influencing arena or the environment in which the leader operates.

Reflective exercise

What style do you typically use? How good are you at flexing your style to others who may have a different style preference?

Take a moment to listen to yourself when you next communicate with a professional who does not report to you but wants to consult and seek assistance.

- Do you use a mix of styles?
- What do you notice about the positives and negatives of a particular style?
- What do you notice about their style and approach?
- How successful were you in conveying your views or position during the discussion?
- How successful were they in conveying their views or position during the discussion?

Next repeat this exercise when you next communicate with your senior manager or someone who is more senior in the organisation.

We suggest that the capacity of the leader to make this assessment and to flex their behaviour style appropriately is closely related to the interpersonal dimensions in the EI paradigm (see Chapter 3). We also note that there are strong cultural differences in style preference. When the reader is thinking about what broad cultural factors impact on style, including personal, professional, organisational and broader socio-cultural factors we suggest you look at Table 2.3. in Chapter 2, page 65 which summarises the factors which influence help-seeking behaviour. Many of these same factors apply here and should be incorporated when you consider its usefulness in practice.

Finally, a note of caution – it is important to stress here that we are talking here about behaviour *styles* and *preferences* and we stress the danger of labelling people in a discriminatory manner when attributing one of the four styles as a descriptor of that person.

3. Using emotional competence and empathy to create relationships of influence

The role of emotional competence in leadership and management is now well established (Heifetz et al., 2009; Goleman, 1998; Morrison, 2007). In Chapter 3, we highlight the importance of those working in child protection being highly competent in managing their own and others' emotions. Chaper 5 explores emotional intelligence in relation to leadership and we recommend that you refer to this material as well.

Since child protection practice is a highly charged and emotional context, it is of even greater importance that managers create a safe context for talking about doubts, uncertainty and the emotional impacts of the work (Morrison, 2005). Practitioners at all levels need to know they can talk about 'mistakes' and learn from these; this is not possible if they think they will receive an unsympathetic or blaming response. We suggest you review Figure 4.2 which depicts the components of a healthy, functional collaborative culture (green cycle).

Bennis (cited in Bielaszka-Du Vernay, 2009, p. 11) highlights the role of supervisors in ensuring that inevitable mistakes do not lead to a culture of blame. He advocates that when things go wrong, the effective supervisor asks, 'What did I contribute to this mess?' This encourages a shared responsibility and a systemic view of 'failure'. He goes on to say, 'The goal is not to blame but to understand. Accepting failure is pretty easy; to understand is the hard part'.

This is not so easy to do in a context where 'failure' may have severe consequences for the health and safety of children. The most severe of these outcomes can be injury or death. The supervisor has a particularly important role in these circumstances when reflection on practice is required at a formal level, but also to assist in managing the emotional impact and to create meaning from the unusually complex events. Practitioners cannot do this if they are emotionally unsupported or if they do not trust that the events will be explored respectfully for the learnings they hold.

How supervisors handle complaints, briefing documents, incident reports, child death inquiries and case reviews will be an influential context for how frontline staff experience these processes. Staff who feel emotionally unsupported or blamed will be defensive and will be unable to reflect on the important learning that comes from these processes; in contrast, adopting a compassionate stance, as well as recognising the learning that arises from adverse outcomes, will contribute to a reflective and accountable workplace. An emotionally competent supervisor ensures that important learning occurs while supporting staff through that process.

Modelling this way of being and responding assumes particular importance when a client or professional makes a complaint about someone or something. While recognising how anxious a practitioner might feel and thinking about how to support them through the process, an effective supervisor must strive to ensure that the client experiences being heard and understood. A skilled response by a supervisor can increase the potential for the client to be satisfied with the response and re-engage with intervention. A reactive, even punitive response to a client may heighten feelings and escalate the complaint. Further, it represents a lost opportunity for modelling good practice for practitioners.

In many instances practitioners may not be consciously aware of their feelings and it is only through reflective questioning in supervision that these are recognised and processed. Child protection practitioners have to engage with people who are highly distressed and emotionally fragile; supervisors have to engage with staff who may also be stressed and vulnerable. At every level they need assistance from emotionally attuned and competent leaders. This can be done in individual supervision but also in team forums.[17]

At every level in child protection, unrecognised and unprocessed emotions emanating from the work can distort and contaminate risk. Supervisors need to elucidate and contain these emotions to enable decision making. Compassionate responses from supervisors can lead practitioners through the difficult process of reflecting on these difficult emotions and, in turn, assist practitioners to use themselves in purposeful ways with their families.

It must be stressed that compassion is different from empathy and that empathy alone is not sufficient to this task. Empathic identification is derived from imagining what another's experience may be, based on our own experience. Casement (1985, in Woskeff, 1999, p. 213) argues that this can limit people 'to seeing what is familiar' rather than developing 'an openness to, and respect for, feelings and experiences that are quite unlike their own'. A compassionate stance from a supervisor helps form a partnership with the practitioner to understand their own feelings and the meaning of these in the work undertaken.

4. Accurate observation and assessment – encouraging practitioner development

Effective supervisors and leaders encourage the development of practitioners. By creating and being able to sustain positive relationships with practitioners, supervisors and leaders assist professional development. As anxiety and the level of risk in child protection practice is often high, practitioners at all levels can be reluctant to delegate decision-making responsibility or take up that responsibility. This points to the importance of the supervisor working to establish an accurate, collaborative assessment of the supervisee's strengths and areas for development.

We suggest that there are a number of ways in which the structure, processes and dimensions of assessment provided by the BICPM parallel those undertaken by supervisors as they engage together with the supervisee in a collaborative process of undertaking a holistic and evolving assessment and planning for future development (Gibbs, 2011).

The important dimensions of stability, culture, development and safety are equally important for a supervisee. As the practitioner does with the child, the supervisor must also attend to the 'safety' needs of a supervisee by providing a safe space to reflect and learn. Practitioners affect and are affected by the children and families with whom they work and they need to reflect on this if 'safety' needs are to be addressed at each level in the process. It is important for the supervisor to assess for cultural safety and to be thinking about power relations at each level – the case, practitioner, supervisor, team, agency and inter-professional network.

17 In Chapter 3 we discuss the way that feeling states link to cognitive processes. We highlight the importance of recognising and using feelings to inform assessments and decision making. This discussion should be read in conjunction with that section.

Professional development is a strong focus in supervision, with the supervisor paying attention to the practitioner's understanding of role and responsibility, their expectations, level of competency, history of prior relationships and capacity to feel secure in relationships of authority.

Practitioners need to be engaged in a range of relationships in order to flourish personally and professionally. Supervision is a shared responsibility in child protection with the additional clinical expertise offered by the practice leaders and principal practitioners. Stability is an issue for practitioners, who must feel connected to the organisation and have an understanding about where they fit. This is part of the mediation function of supervision. It is of paramount value for supervisors to understand the organisational and interagency factors that could be contributing to performance difficulties if and when they arise because this mitigates the danger of adopting only an individual blaming approach (CWDC, 2009).

Being culturally aware, managing difference (for example, age, gender, race) and looking at the practitioner's stage of development are important components of assessment in supervision. We return to the important issue of managing power and difference below.

Reflective exercise

To encourage you to consider the value of assessment in supervision we have included some questions that may help. Consider a person you are supervising or who is coming to you for consultation.

- How well does this person understand your respective child protection roles?
- Have you worked hard enough to gather information that helps you understand this person (see Chapter 2, learning styles questionnaire, supervision history)?
- Who else is there that might be able to help develop and support this person?
- Have you considered whether this person feels culturally safe in this relationship? (see below)
- How much does this person feel able to tell you about what they don't know and what is worrying them?
- Are you listening emotionally at the level of this person, the case, the team, the agency and the other agencies?
- Are you listening for factors at the level of this person, the case, the team, the agency and the other agencies that may be contributing to underperformance? (Gibbs, 2011)

To gain new skills and develop new capabilities, practitioners require a safe learning environment, but they also need opportunity to take on new and more complex tasks. This requires supervisors to delegate appropriately. Supervisors often have difficulty delegating tasks but can also be critical of direct reports who are reluctant to make meaningful decisions. '(D)elegation requires letting go of perfection and relinquishing control. It is very difficult for some people to let go, but being an effective leader absolutely requires it' (Goldsmith, 2009)

However, delegation should not be an end in itself. Goldsmith (2009, p. 11) suggests that the 'goal should be to delegate more effectively, rather than to delegate more frequently'. In Chapter 2, we discuss ways of assessing practitioner development. In this discussion we consider ways to invite collaborative reflection on these issues in supervision. Goldsmith

provides a number of pertinent questions that could easily be incorporated into supervision and help both parties decide whether delegation is done well:

- Are there areas where I need to delegate more to you?
- Are there areas where I need to get more involved or provide more help to you?
- Do you ever see me doing things that I don't need to be doing?
- Can I let go of some of my work and give it to you?

Reflective exercise

- If your supervisor asked you these questions, how would you answer?
- What does this tell you about your own development and about how your supervisor might see your development?
- If you asked one of your staff these questions, how do you think they would answer?
- What would have to happen for you to have this conversation with your staff?

5. Partnership and power: understanding and valuing difference

The issue of authority in the child protection role has already been noted, but the dimension of power is more complex than this. Power is 'the ability to implement the rights of authority' (Coulshed, 1990). It involves thinking about how you as a leader get things done through your staff. It requires you to think about the types of power available to you as a leader and the ways in which others perceive and experience your use of power. As you read the material which follows about the sources of power drawn upon by the leader, we encourage you to bear in mind the material above relating to behavioural style preferences (Bolton and Bolton, 1996) and supervisory styles (Wonnacott, 2012). There are considerable overlaps here.

French and Revans (1959) detail the sources of power, and while their work is not new, we continue to find it useful:

Formal/position/ legitimate power – similar to the concept of role authority. This legitimate source of power comes from the position that the leader holds in the hierarchy of control and authority in the organisation. Some leaders do not hold this source of power. However, if you hold formal/position power you cannot deny this or abdicate responsibility. The impact of ignoring or denying position power in child protection is dangerous.

Coercive power – the ability to punish and reprimand, often based on fear. It is perhaps the least respected form of power and can be associated with threatening, bullying and dictating. Sometimes the fact that others believe you command coercive power is enough to influence. All leaders should be particularly mindful about the use and consequences of this source of power.

Resource/reward power – the use of valued resources as a way of influencing and the ability of the leader to give and take away praise, resources, funding and promotion. Using this source of power can be perceived by others negatively. It is important for leaders using this type of power to think about the idea of 'fairness'. Ask yourself whether others perceive your decisions about for example annual leave as being made fairly and equitably.

Information power – means to give (positive) or restrict (negative) or filter access to information which is needed by others. As technology has advanced many more people at all levels in the organisation are able to access information that may in the past have had restricted access.

Association or connection power – means having access to influential people and networks inside and outside the organisation. With the greater commitment to inter agency and collaborative approaches to work in child protection, front line practitioners have greater capacity to access this source of power, which may in the past been restricted to more senior managers.

Expert power – this comes from someone's skill, knowledge and expertise. Similar to the idea of professional authority this power is granted by the receiver who gives up some of their power to the leader when they comply with this form of power. It is usually seen as a positive source of power as it derives from respect for someone's skill, knowledge and expertise by another. A cautionary note, - if a leader claims to be an expert in an area and is later found not to be, that leader risks losing credibility and respect.

Personal power – comes from your personal characteristics, charisma and the trust and respect others have for you. Similar to personal authority this source of power resides in the leader and not in the role.

According to Cox (2010) getting results without access to formal authority requires that the effective leader maximises their use of personal power, including drawing on expert power and association power. He suggests that leaders who strive to deliver results without holding formal authority will do well to develop and demonstrate to others: sound interpersonal skills, flexibility and adaptability, commitment to the cause, respect and trust in others, a sound knowledge base and expertise and finally access to a wide network of connections.

Reflective exercise

Think about staff that you seek to influence without the use of formal authority and power – perhaps in a consultative role. Recall a recent interaction.

- What sources of power did you draw upon?
- What source of power did they consider you were using? How do you know this?
- What happens when staff ignore your advice?
- How do you feel and think?
- What do you do?
- How helpful is this response and can you identify another that might work more effectively?

Another important way of thinking about power is in terms of socially structured power differences, such as class, gender, religion, race and disability, whose impact must also be understood at all levels in the child protection process. These differences impact on the lives of families and on the practitioner–client relationship and, as we have noted above, are evident in supervisory and managerial relationships. In each part of the process, critical reflection seeks to ensure adequate consideration is given to power and how it is experienced. If the dimension of power is not considered, there is a danger of relationships being collusive or punitive. Consider the following two situations.

Scenario 1

An area manager is concerned about the difficulties a team manager is having with her team. The team manager has been struggling with a young male practitioner who dominates team discussions. The other team members, who are female, have complained to the team manager but never assert themselves. The team manager feels frustrated by this and has noticed their anger towards the male practitioner. The area manager has a choice to make whether he pursues the conversation about gender with the team manager.

Scenario 2

A female practitioner is talking in supervision to a male team manager about an experience she has had with some parents on a contact visit. Angry about what child protection is doing, the parents repeatedly refer to the practitioner as a 'lesbian bitch'. The practitioner reports this in a matter-of-fact way. The team manager has a choice to make about whether he pursues the conversation about sexuality and discrimination.

Reflective exercise

- What are your thoughts about these two situations? What might you have decided to do and why?

The issue of cultural sensitivity and cultural competence is central to frontline child protection practice. Similarly, leaders must always strive to improve and build their cultural competence in the work they undertake with staff. Cultural competence is:

> ... a set of behaviours, attitudes and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations.
> (Tong and Cross, 1991, p. 12 in Department of Human Services, 2008)

A collaborative organisational culture values difference, and managers at every level need to think about what it means for practitioners from non-mainstream cultures to be located in authority relationships, such as in supervision. Likewise, a supervisor from a non-mainstream culture managing staff from the dominant culture must strive to remain culturally sensitive to any issues arising in this relationship. Just as at a case practice level, it may be that a unique approach is needed and effective supervisors will be willing to create safe opportunities to talk to staff about this and to seek advice.

An important part of creating safety is through negotiating a supervision agreement. Valuing diversity and working in a culturally competent way is an integral component of this process. This allows practitioners to consider and discuss 'non-discriminatory practice' and to be explicit about how authority and power are exercised. Supervisors and their staff need to be open about the cultural differences and consider how concerns will be addressed. Supervisors can contribute to this by demonstrating high levels of self-reflection, including becoming consciously aware of their own cultural biases and how these influence their management and supervisory practice.

Recognition of cultural rights of children is a central tenet of the *Children, Youth and Families Act 2005*, the *Child Wellbeing and Safety Act 2005* and the BICPM. Child protection practitioners are more likely to demonstrate cultural sensitivity and competence in their practice when they experience a work context that is explicit about and respectful of cultural diversity. This requires more than filling out cultural plans for children, or abiding

by the Aboriginal Child Placement Principle. It requires teams and individuals to be deeply reflective about diversity and the way we all participate in oppressive practices. It should be an integral component of the supervisor's assessment of each supervisee.

Brown and Bourne (1996, p. 48) suggest an 'anti-oppressive' approach, which encompasses a culturally competent approach, can be promoted in supervision by:

- acknowledging differences in power, both of formal position and of identity
- creating a climate where it is safe to explore values, assumptions and attitudes in relation to issues of gender, race, age, sexual orientation, disability, class, religion or nationality
- discussing issues of coercion and choice in the relationship
- recognising limitations in the relationship
- identifying other sources of support
- ensuring there is a framework for disagreements and concerns
- discussing how feedback will be given and received.

Reflective exercise

Part 1

If you are not from a minority group, imagine you are, or imagine you are from one that is different from your own (for example, you might imagine you are of Aboriginal or CALD background, have a disability, are homosexual or are from a minority religion). Think about your workplace and the daily ways of operating (for example, the conversations that occur, the physical surrounds, the style of communication). What would it be like for you? In what ways would you feel you belonged? What difficulties might arise? What adjustments would you have to make?

Part 2

Considering the discussion in this section:

- What are your ideas about how you can demonstrate a commitment to working in partnership and to culturally competent practice?
- Can you recall an occasion when you did this well?
- How did you know it went well?

Ideas for difficult conversations

In training and consultative exercises with supervisors, participants often highlight the challenge of raising issues and having difficult conversations with supervisees. The following general points may be helpful.

- Early in relationships of influence, acknowledge the potential for issues to arise that can lead to ambivalence and anxiety.
- Discuss and agree how challenges and issues will be raised by both parties during the negotiation of the supervision agreement.
- Discuss the challenges of taking a reflective practice stance that may involve change and giving up familiar and accepted ways of doing things for both parties.
- Reflect on what trust, openness and honesty mean in the relationship – early recognition of issues and persistent efforts to assist one another to manage differences and change behaviour.

- Recognise your need to practise providing feedback and allow yourself time to develop your confidence and competence in this aspect of work.
- Seek out support and guidance from your supervisor – talk about the challenges you are facing as they emerge.
- If issues persist over time and an unhelpful pattern of interacting or practitioner behaviour has developed, use frameworks such as the 'cycles of interaction' in Chapter 3 and 'getting stuck in the learning cycle' and the 'bridging interview' (Morrison, 2005), which are discussed in Chapter 2.
- Recognise what is your responsibility and what you can influence but also acknowledge that, in some instances, it may be necessary to seek advice from your local People and Culture Branch about performance management processes.

Supervisors must also take responsibility for raising concerns with their manager if they believe they are not getting what they need from this relationship of influence. Covey (2004) stresses the importance of supervisors being proactive and identifies the value of positive language in responding to challenging situations. A change to a dissatisfying relationship is unlikely if a supervisee thinks 'I can't do anything about my supervision. That's the way my supervisor is. They can't change'.

The emotionally competent supervisor, having acknowledged that this is a difficult conversation to have, is more likely to comment to their supervisor, 'I don't think I'm getting as much from this relationship as either of us would like. I'm wondering if we can go back to our supervision agreement and talk about our expectations again'. This may be all the senior manager needs to be brought to conscious awareness that further work might maximise the value of the relationship for them both. In some cases this conversation could even lead to a joint decision for the supervisee to access some mentoring, consultation or coaching from another source.

6. Planning: promoting competence and professional development

Contemporary views of leadership stress the importance of relationship building, emotional competence, thoughtful delegation and developing a workplace culture that encourages learning and invites participation (see Chapter 5). An accurate assessment of each supervisee that highlights strengths and capabilites as well as areas for improvement and growth is as important in supervision as it is in practice. The chain of influence recognises the importance of planning based on this assessment and understanding in the supervisory relationship, and the role this plays in ensuring ongoing development on the part of practitioners. We ask you to recall the section above on having an accurate assessment of the practitioner's level of development.

Furthermore, when the supervisor and supervisee (at every level of the organisation) are able to work together to develop an appropriate plan for supervision, the frontline practitioner in turn will strive to collaboratively develop a plan with families. While a case plan is used in direct practice, a supervision plan is the structure through which supervisors promote competence and undertake these processes with staff. We suggest some ideas for a new practitioner based on the SMART framework that may assist you in planning with a supervisee the goals for their next supervision session (Box 4.1).

Box 4.1: Planning tool

Initial assessment:

- What's the current level of performance in the areas being considered?
- What does current performance look like – provide concrete examples (what do I know about their work and how)?
- What are the barriers or challenges impacting on this aspect of work (knowledge, skills, developmental stage, motivation, time, personal factors, organisational, socio-cultural)? (see Chapter 2)
- What is the required performance standard (capability)? Does the practitioner have access to this understanding?
- What would improvements look like? What would constitute a good result/outcome?

The ideas in Chapter 2 about transformational and relational learning may assist here.

A formula:

$$\frac{\text{Current level of performance}}{\text{Required level of performance (BICPM and capability model)}} = \text{'The skill gap'}$$

SMART goals:

To be effective, goals need to be SMART:

Specific
Measurable
Achievable
Realistic
Time-bound

Goals need to be framed in terms of what the practitioner is aiming to achieve:

For example: *To apply the BICPM assessment to the Smith case and to practice gathering the information I need, organising it and therefore be able to work with my supervisor to analyse and plan.*

Avoid framing goals in the negative:

For example: *Stop coming to supervision expecting my supervisor to tell me all the answers.*

Creating SMART goals

Specific

Stated in clear, concise terms and with enough detail about how the goal can be achieved.

Vague = *To be better at using the BICPM.*

Specific = *To identify what information is needed, know how to get it, gather it from the Smith family, mental health service and schools and so on.*

Measurable

Outcome measures need to be included in the goal. The supervisor and supervisee need to determine how progress will be monitored.

'I will come give my supervisor a genogram, eco map and written information using the key domains as soon as possible and before supervision'.

Achievable

Goals should be clear, concise and achievable within the timeframe.

Avoid having too many goals – this can be overwhelming and lead to failure.

Realistic

Goals need to be a 'stretch' but not so much of a stretch that they cannot be met and as a result the supervisee becomes more anxious. Can the goal realistically be achieved in the time available / the current circumstances / the developmental stage of the work?

Time-bound

Timescales need to be agreed at the beginning of the process – when goals are identified and agreed.

Adapted from Jones and Murphy, 2007

7. Working collaboratively to learn and develop

Supervisors play an important role in ensuring supervisees are provided with a range of opportunities to further develop practice skills. Learning new skills can occur through co-working, observation and feedback (live supervision), coaching, mentoring and modelling, as we have mentioned a number of times in this guide. The effective supervisor understands how adults learn and will have ideas about the range of activities that promote learning and development. You will find the material in Chapter 2 useful here.

Just as a practitioner may use a problem-solving approach, feedback, teaching and coaching with clients, so the supervisor may draw on these techniques in supervision. Live observation, properly planned for and understood by the supervisee, is a useful technique that can be used by supervisors and practice leaders (see Chapter 5). Peer group learning forums such as case discussions and group consultations are part of a healthy and collaborative team.

Mentoring and coaching skills have much in common with supervision skills but these three processes are different activities and the relationships between the people may be quite different. Some of the skills used in both coaching and mentoring such as asking insightful and effective questions and deep-level listening are part of the toolkit of an effective leader. One of our concerns is that at times leaders may not always be clear about the differences between these strategies. For this reason we have provided you with some definitions. Throughout this guide we have encouraged an open and transparent discussion about role authority and formal power in all relationships of influence.

What is mentoring?

'Mentoring involves a relationship between a more experienced and less experienced colleague, where the more experienced person helps the other to develop her skills and knowledge within the workplace. This is different from supervision in that the mentor is not accountable for the practice of the colleague, and the agenda is negotiated, but primarily led by the mentee' (Wonnacott 2012, p. 172).

What is coaching?

'Coaching ... is a way of helping healthy people to develop effectively in the workplace. In an ideal world everybody would have a coach, someone to act as a reflective mirror and who can be "on their side" to work in a focussed way on developing new skills, addressing challenges and generally assisting with performance issues. Coaching is no more complicated than that' (Jones and Murphy 2007, p. 5).

In its purest form coaching is a collaborative process – a relationship based much more on equality. Coaching requires less 'telling' and requires a collaborative, 'non-directive' approach.

There is a scientific basis for coaching being effective. When people solve an issue themselves, the brain releases a rush of 'feel good' neurotransmitters. Therefore, asking pertinent questions to support practitioners to come up with their own solutions is far better than lecturing and giving advice (Rock and Schwartz, 2006), which also fits well with reflective practice.

Mentors develop the practitioner whereas coaching helps practitioners to learn to develop themselves. This means that these two relationships can be quite different to supervision, which by its nature involves authority and power and as such is an 'unequal relationship'.

Practicing in supervision – skill development

A common struggle for supervisors as they engage with practitioners is to move beyond the accountability and checking functions of supervision into the more managerial and developmental functions. Here we provide a short example of an exercise that seeks to illustrate how in one exercise or activity the supervisor can apply an integrated model of supervision (Box 4.2). This enables the supervisor to address the accountability function yet at the same time focus on learning and development.

Box 4.2: Activity – applying an integrated model of supervision

(based on CWDC, 2009)

Aim: To promote the critical reflection capability of the practitioner

1. Ask the child protection practitioner to read the four levels of reflection (see Ruch definitions and explanation in Chapter 1).
2. Choose a case where the practitioner feels unsure about what is happening or a complex problem has arisen.
3. Have a discussion with the practitioner, drawing on all four levels of reflection. These will be used in any order in the discussion.

Example: The practitioner wants to talk about a visit that did not go as well as they would have liked.

- Practical reflection – Why am I finding it so hard to talk to this child?
- Technical reflection – What do I do with all this information and history I've got? (clarify BICPM and expectations)
- Process reflection – Why am I feeling so anxious about this child when I see her? (Where do these feelings originate?)
- Critical reflection – How am I understanding what is going on in this family? (values, assumptions about clean homes, this child's cultural system)

After the activity/discussion ask the practitioner about what they may have learnt and how they might use this approach in the future.

Understanding how to achieve change in practice

In training many child protection supervisors raise the issue of how best to assist the people they supervise, and possibly how to have an impact upon supervisees' attitudes to the work, motivation, behaviour and practice skills. We have already discussed negotiating a plan for supervision and below we provide useful ideas about feedback. We also think that supervisors need to have an understanding of the change process if they are to be able to work collaboratively with staff, at an individual and group level.

The stages of change model (Prochaska and DiClemente,1982) has been applied to organisational change (Prochaska et al., 2001) and to supervisors' motivation to learn through leadership development activities. Supervisors may well be very familiar with these ideas as this model of change can be applied in case practice as an engagement and assessment tool with families (Horwath, 2001). In addition, many of the drug and alcohol services utilised by child protection use this same model.

The model is built on the premise that change is a matter of balance and that people change their behaviour when there are more motivational forces in favour of change than against. People will only be able to commit to change at the point where the benefits or advantages from the change are overwhelmingly evident. In thinking about applying this model in an organisational setting, effective leaders need to be able to work collaboratively to increase practitioners' motivation to change.

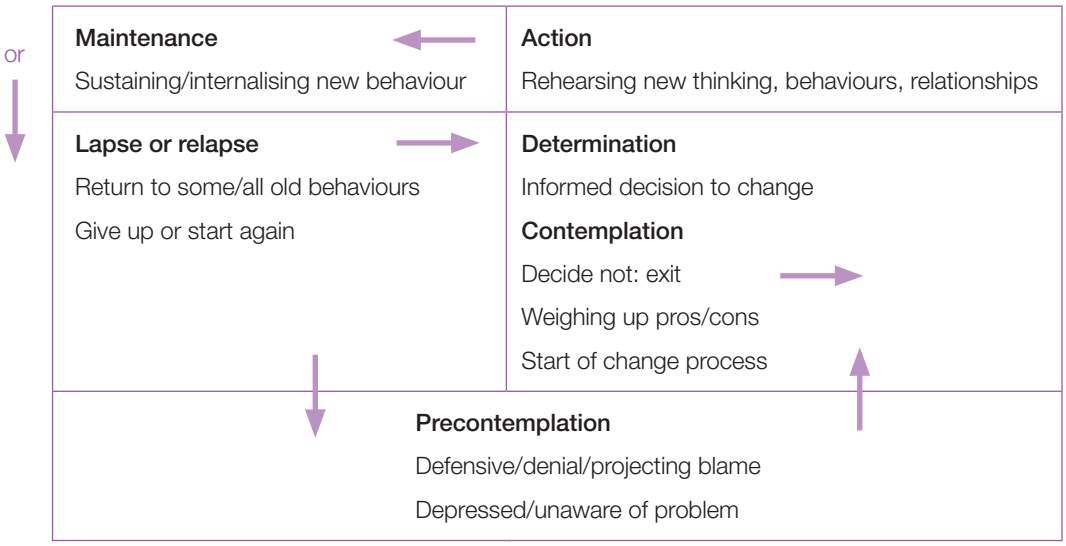
In a survey of 400 organisations, Deloitte and Touche (1996) found that employee resistance to change was the number one reason why organisational change initiatives fail. In many instances resistance results from too little attention to the sorts of inititaives that will assist in implementing change and inadequate preparation of the people who are going to experience the change. The empirical data indicates that the stages of change can be applied by leaders in a practical way to:

- reduce resistance
- increase participation
- reduce dropout rates
- increase change progress among employees.

Prochaska et al.'s (2001) research demonstrates that 'stage-matched' interventions are more effective than 'action-oriented' interventions when implementing organisational change. In the original *Stages of change* research, people were found to progress through five stages when modifying any sort of behaviour, either on their own or with formal intervention (see Figure 4.4).

1. Precontemplation stage – people not intending to take action within the next six months. It is estimated that at any one time, a significant proportion – 40 per cent of a population group – will be at this stage. When forced to take immediate action, precontemplators are likely to see change as imposed.
2. Contemplation stage – people intending to take action within the next six months. This group comprises another 40 per cent. This group is more aware of the benefits of change but are also aware of the costs, which include time, energy, fear of failure, giving up habits, fear of the unknown and the hassles of learning a new skill.
3. Preparation (determination) stage – people intending to take action in the next 30 days. Only 20 per cent of a group will be at this stage. This group can see the need for change and is convinced of the benefits of new behaviours, systems or processes. This group can be excellent role models for others in a team who are more cautious or reticent.
4. Action stage – people who have made overt changes less than six months ago. Change efforts can fail however, when shortcuts are taken early in the change process or people are pressured into taking action before they are adequately prepared.
5. Maintenance stage – people who have made overt changes over six months ago and practitioners are sustaining the changes and new ways of working. The main risks for relapse are in times of distress, crises, conflicts and unexpected consequences of change.

Figure 4.4: Comprehensive model of change



From Prochaska and DiClementi, 1982.

Prochaska and colleagues argue: 'If only 20 per cent of employees in an organisation are prepared to take action, it should come as no surprise that a majority of action initiatives fail. People in pre-contemplation and contemplation stages are likely to see change as imposed and can become resistant if forced to take action before they are prepared. When the majority of staff are in pre-contemplation and contemplation organisations need to prepare their employees by creating the conditions for change' (Prochaska et al., 2001, p. 249).

The 'decisional balance' is an important step for mobilising movement in any change process. It consists of weighing the pros and cons of any anticipated change. The relationship between stage of change and the ratio of pros and cons for each stage of organisational change has now been replicated in a number of settings:

- the cons of change outweigh the pros in the precontemplation stage
- in contemplation, the pros and cons are roughly the same
- in the preparation stage, the ratio of pros and cons start to switch over
- in the action and maintenance stages, the pros outweigh the cons.

Prochaska et al.(2001) argue that the dominant paradigm of change has been an action paradigm and that leaders tend to be particularly action oriented; they react with impatience and frustration when their employees are not prepared to follow immediately.

However, practitioners in the precontemplation stage are likely not to perceive a need for a change initiative because, from their perspective, there is not enough benefit from the planned change. They may be right. Not every change that management proposes is wise. A leader working with the stages of change requires empathy for where practitioners are at and leadership responses or strategies need to be individualised and matched to the practitioners' readiness to change. If a stage-matched change management response fails to increase the perception of the pros of changing, then leaders need to either adjust or sometimes abandon the change initiative. Where it's clear that the benefits of change outweigh the cons, practitioners will be ready to take action.

Case example: creating change through stage-matched responses

Let us now look how stage-matched responses can apply to an example. In this example, we will illustrate how a supervisor might try to implement a culture of reflective practice in the team or in the practice of one individual supervisee using stage-matched interventions (Prochaska et al., 2001). Stage-matched responses by leaders also allow all staff the opportunity to participate in the change process, even if they are not prepared to take action.

Stage-matched responses are shown to reduce resistance, reduce stress and reduce time to implement change and accelerate movement towards the action stage.

1. Identify pros for change

The first step would be to thoroughly explore the implications of changed practice with an individual or team. Help people to weigh up the pros and cons of the particular strategy you want to implement. People may come up with some of the following pros for developing reflective practice in their work.

Examples:

- It helps me to learn from my practice.
- It gives me a chance to think about what I am doing.
- It allows me to share with others what I am doing.
- It helps me to be more involved in developing my practice or work.
- It enables me to know that I am working effectively with families.
- It helps me to focus on what is important, rather than being crisis-driven all the time.

2. Cons of change

Next, it would be important to carefully elicit from people all the cons against developing a reflective practice framework in child protection work.

Examples:

- I don't have the time.
- I have too many things to do.
- What I do is intuitive.
- I have a lot of experience already.
- It is wanky, social work rubbish.
- It is just another management tool.
- What difference is it going to make to the families I work with?

When the pros for engaging in reflective practice outweigh the cons, people will move into the preparation stage of change, that is, they are ready to engage with reflective practice strategies within the next six months.

3. Preparing to take small steps

Stage-oriented intervention may involve getting people to be more curious about considering reflective practice and thinking about actually engaging directly with reflective practice in the next month.

Examples:

- Draw a Munro model (see Chapter 1) of your sources of knowledge for a particular case.
- Talk to someone you respect to find out more about how they think about their practice.
- Identify three ways you could use supervision to enhance your reflective practice.

4. Taking action-oriented steps

This involves people taking more action-oriented steps and engaging in more goal-oriented behaviours.

Examples:

- Read an article on reflective practice.
- Attend a course and put into action three goals.
- Get someone who feels confident about reflective case practice to make a presentation.
- Identify one example where you used reflective practice in the past four weeks.

5. Maintaining change

Once people have taken steps to implement more reflective practice strategies, the maintenance stage involves anticipating and addressing expected or unexpected issues. Leaders need to stay curious about what may be behind a reluctance to change and encourage people to go back to the decisional balance and develop new action plans.

Examples:

People may report:

'The more I reflect on my practice, the more others (supervisor or families) will expect of me.'

'I have been too busy to undertake any reflection on my practice.'

Together, leaders and the people they work with may need to come up with new strategies to maintain reflective practice as a priority in child protection work. New resolves can be identified and marshalled to maintain reflective practices.

Examples:

'If we prioritise regular supervision, it gives me regular time to engage in reflective practice in my work.'

'Reflective practice gives my work more purpose and meaning, which is helpful in staying balanced and reducing stress.'

Feedback and evaluation[18]

Though integral to the role of supervisor and leader, providing feedback can be fraught with difficulties for all involved. For many, 'feedback' means criticism or raising issues about problematic practice or behaviour. However, receiving feedback can be a useful and critical foundation of adult learning. Talking about prior experiences of feedback and what it has meant for supervisees should be an integral component of engagement and development of the supervision agreement.

18 As this is such an important aspect of supervision and other management practices we have also covered this topic in Chapter 2.

Feedback should be a two-way process – all participants (including clients) should provide and receive feedback. However, it is important to distinguish between feedback and evaluation. Evaluation involves comparison against competency standards and often occurs in formal performance reviews. This is called 'summative evaluation' and, while important, does not represent the bulk of the supervisor's feedback, which is done through 'formative evaluation'. This is the ongoing feedback that is targeted at the person's level of ability, developmental needs and learning goals.

Ideally, feedback has a positive impact on the practitioner's motivation to increase the likelihood that a positive behavioural change or re-occurrence will happen. Feedback aims to assist the practitioner to learn from what they have done and to plan for future work. When well done, it is balanced and stresses process and progress, as well as providing challenges (Bernard and Goodyear, 2004).

Feedback provides information on observable behaviour and the effect that behaviour has on others. Bernard and Goodyear (2004) describe three content types of feedback:

- confirmatory – the practitioner should continue to behave in this way
- corrective – the practitioner should change their behaviour
- reflective – the behaviour can be held up and examined for learning.

The primary purpose of providing feedback is most often to facilitate learning and to assist the practitioner to develop professionally. This includes reflecting on what went well, as well as areas for improvement.

Goleman and Boyatzis (2008) highlighted the way emotional context colours the experience of feedback. They cite research demonstrating that negative feedback 'accompanied by positive emotional signals – namely nods and smiles' was better received by practitioners than positive feedback that was 'delivered critically, with frowns and narrowed eyes' (p. 76).

The group that received positive feedback accompanied by negative signals reported feeling worse about their performance than the group that received negative feedback but with positive emotional signals (Goleman and Boyatzis, 2008, p. 76). As they summarised it: 'The delivery was more important than the message itself ... If leaders want to get the best out of their people, they should continue to be demanding but in ways that foster a positive mood in their teams' (p. 77).

Carroll and Gilbert (2006, pp. 69–70) help break this down further. They outline five dimensions that leaders need to consider and plan for when giving feedback:

- The **what** – what do I want to say?
- The **how** – how do I do it?
- The **emotions** – emotional barriers are the main obstacles inhibiting the exchange of feedback.
- The **when** – when is the right moment?
- The **where** – where is the right place?

Reflective exercise

- What is your current process for giving feedback to staff? How well does it work?
- How do you get feedback from your supervisor?
- How do you give feedback to your supervisor? How well does this work for you?
- Is there anything you would like to change?

In Chapter 2, we outline a psychological model of communication that assists in giving feedback well. Drawing on Reder and Duncan's (2003) model, we highlight several levels in the communication process where misunderstandings occur, including the emotions being experienced by both the sender and receiver of communication.

Just as reviewing progress is important at a case practice level, management and supervisory practice should also be evaluated in an ongoing way. There should be an agreement at the beginning of the relationship about how the supervision agreement will be reviewed and updated to take account of professional development and growth. However, the review of relationships of influence must be two-way. In doing this, supervisors not only learn more about their supervisee's perspective and hopefully about themselves but also model receptiveness to feedback to their staff.

Supervisees and practitioners lower down the chain of command can be reluctant to provide constructive feedback to their 'boss'; it is therefore important to invite opportunities to do so and to develop a culture where constructive feedback is part of relational practice. Assuming there will always be parts of supervision that are working well and other aspects that can be improved, encourages a relaxed approach to feedback. The following questions can be used to elicit supervisees' perceptions of the supervisory process and relationship. These questions are phrased in a way that emphasises the joint responsibility for making supervision effective and the collaborative nature of the relationship:

- What things are working well for you in supervision and what things do you think *we* could improve?
- In thinking about the four functions of supervision (managerial, development, support and mediation), which do *we* do well? Which do *we* need to improve?
- How well has supervision suited your learning style?
- What frameworks and knowledge have been most helpful for your learning?
- How well do *we* manage disagreements, uncertainty and difficult conversations?
- How can *we* tell if we are meeting your supervision goals?
- If you were going to advise somebody on how to get the best from me as a supervisor, what would you say?
- If you were going to advise somebody on how to get the best from you as a supervisee, what would you advise?
- How helpful, or unhelpful, has the feedback been?
- As your supervisor, what areas of your practice do you think I know well? What areas do I need to know more about?
- What areas of challenge has supervision been most helpful with?

Bringing it together

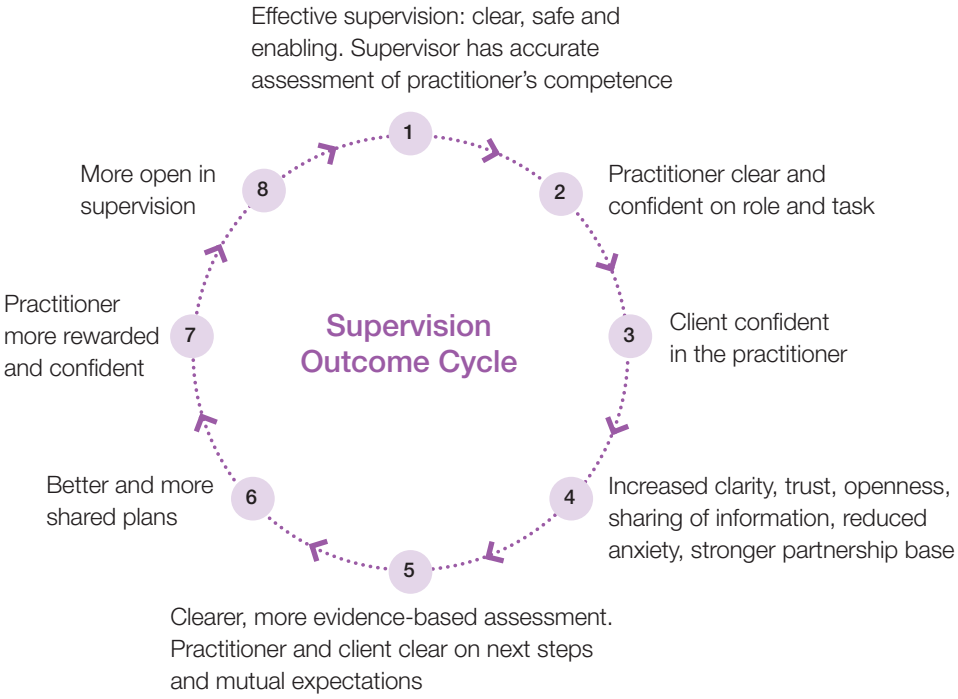
The supervision outcome cycle

In Chapter 1 we present the Kolb learning cycle as a foundation for a relationship-based model of critically reflective supervision and problem solving. We suggest that it lends itself particularly well to work in the complex and emotionally intrusive area of child protection, where it is imperative that the supervisor helps the supervisee to connect with the cognitive and affective aspects of experience, as well as describing what happened.

The reflective framework is a useful one for practice, as practitioners try to engage with the story about the family and what it has been like for them (see Chapter 1). The quality of the assessment of a child's best interests depends on the practitioner's capacity to get an accurate picture of the child's current experience and life, the quality of their relationships with carers and others, and the strengths and weaknesses in the broader system. It is in supervision that the practitioner can be helped to move on to the analysis of that information by encouraging them to think about their case from evidence-based knowledge, research and theory to reach an assessment.

If the supervisor has been able to establish a collaborative relationship with the supervisee, together they can make good decisions and better plans for the work ahead. Morrison (2005) suggests that a positive supervision cycle leads to better outcomes for clients. Conversely, compromised supervision results in poor outcomes and heightened risk to children. Figures 4.5 and 4.6 illustrate the ways in which supervision can directly impact on outcomes for children. We suggest you take some time to study them and reflect on the relevance to your work.

Figure 4.5: Supervision outcome cycle



Adapted from Morrison, 2005

Figure 4.6: Compromised supervision cycle

Adapted from Morrison, 2005

Reflective exercise

- Recall a situation where the process of supervision made a positive difference to the outcome in a case or work issue. How did supervision make a difference?
- Can you recall a situation where, on reflection, you can see that if the practitioner had received more effective supervision the outcomes may have been different? What makes you think this?

Reflective exercise

In order to promote learning we are using the same case study that we introduced in Chapter 1. Here, however, we ask you to think about Tony's (the supervisor) assessment of Paul (the supervisee) and to hypothesise about what might have happened at the level of case practice and in supervision. We have asked some reflective questions that may assist you in this exercise.

To address our suggested questions you will need to think about how well the following dimensions of the seven-factor model have been addressed:

- role clarity
- role security
- emotional competence and empathy
- accurate observation and assessment
- partnership and power
- planning
- working collaboratively to promote learning and development.

Paul has been a child protection practitioner in a metropolitan response team for five months. This is his first professional job. Eleven weeks ago he was allocated the case of Joshua, a then five-week-old infant.

The child protection report came from a general practitioner (GP), who became concerned after Joshua's mother, Amy, presented at the clinic the previous day requesting prescription drugs and appearing significantly substance-affected to the extent that she nearly dropped Joshua.

Joshua's father, Michael, is Aboriginal and grew up in rural Victoria. He was involved with the youth justice program following convictions for car theft and breaking and entering. Amy is non-Aboriginal and her family live in Melbourne. She was briefly involved with child protection after disclosing sexual abuse by her maternal grandfather when she was aged 14. Amy's mother was disbelieving and the case was closed after Amy retracted the allegation and refused to meet with child protection practitioners.

Child Protection contacted the birth hospital. The hospital had concerns about the parents, both aged 18, during the early stages of the pregnancy due to Amy's poor attendance at antenatal appointments, homelessness and Amy's admission that they used drugs, including heroin. She also disclosed that Joshua's father had slapped her across the face during an altercation over money in the first trimester. The hospital monitored the situation and provided the parents with support. Amy's attendance to antenatal appointments improved and she was stabilised on the methadone program.

Joshua was born at 37 weeks gestation and weighed 2.5 kg. He showed no obvious signs of withdrawal and was discharged from hospital after seven days. Hospital notes documented that the parents were receptive to learning parenting skills, such as bathing and feeding Joshua. Amy was linked in with a GP who prescribed methadone and her local maternal and child health nurse (MCHN).

Paul conducted the first child protection visit with another response practitioner and an Aboriginal child specialist advice and support service (ACSASS) practitioner the day that the report was received. The parents were temporarily staying with friends in a small, over-crowded flat. Joshua was awake and in his mother's arms. He seemed restless and cried throughout their visit.

Amy and Michael informed Paul that they had been together for over a year. The parents did not appear to be substance-affected and denied they were using drugs. They agreed for child protection to contact the GP who prescribed them their methadone. Amy explained that whoever made the report must have been mistaken in thinking she had used drugs with her being extremely tired after getting up through the night for Joshua.

Paul spoke with Amy separately and asked about family violence. She admitted previous violence but assured Paul that, because of Joshua, Michael had changed and would never harm her again. Amy revealed they did not have much support as she was estranged from her family and Michael's family lived far away. Joshua's cot was checked and the parents were provided with safe sleeping and sudden infant death syndrome information. Paul also highlighted to the parents the risks of co-sleeping and smoking near Joshua.

The parents agreed to further visits by child protection and a referral to Family Services, even though they disputed the need. They also consented to child protection contacting the MCHN. Amy admitted that she had not kept all of the MCHN appointments and Paul encouraged her to do so.

Paul and the ACSASS worker agreed that the case should remain open given Joshua's vulnerability and the high number of risk indicators. They also thought that following a thorough best interests assessment, the family would benefit from Family Services' involvement.

Since that visit, Paul has been back to the flat several times. On one occasion, Michael answered the door and said Amy was out with Joshua. He was pleasant but did not engage in conversation and said he would get Amy to contact him. This did not occur and, during subsequent visits, Paul suspected the family were home but refusing to answer the door. Last week he visited again and had a door-stop conversation with Michael who became agitated and told Paul they did not need any help from anyone and to leave them alone.

After that Paul followed up with the MCHN, confirming that Joshua missed three out of six appointments. Joshua was most recently seen three weeks ago. According to the MCHN, Amy seems a timid woman who lacks confidence as a mother. The MCHN is worried about the lack of support for the family and wondered if Amy might be showing early signs of postnatal depression. Joshua seems to be meeting his milestones but has only been putting on the minimum expected amount of weight.

Paul's supervision sessions have been spasmodic, partly because the team has been understaffed and the workload is high. At his next supervision session, Paul discussed the case with his supervisor, Tony, saying he thinks they should close the case because the family does not want any involvement, he has not observed either parent to be substance-affected and Joshua seems to be fine.

Tony is taken aback at what he is hearing, particularly because Paul stresses how important it is to support the parents in caring for Joshua and that, given their backgrounds, it is not surprising that they don't want child protection or family services involved.

- How well does Paul understand the role and function of a child protection practitioner? What leads you to say this?
- What feelings might he have about the case?
- Can you speculate about Michael and Amy's feelings about child protection involvement? How well do they understand what Paul is doing?
- What issues might there be about the exercise of authority and power for Michael and Amy, and Paul?
- Adopting a framework of cultural competence, what might be important issues to consider?
- What understanding might Paul have of supervision?
- How might Tony be feeling?
- How does Tony appear to have made sense of Paul's risk assessment and practice?
- What other explanations are there?
- If you were Paul's supervisor, how might you want to proceed with exploring supervision and your future role?
- Can you identify any ways in which it may be helpful for Tony to work with Paul to assist his learning and development?

We are now going to ask you to read the next part of the story with more information about what is happening in supervision. We would like you to further hypothesise about what has been happening at these three levels: (1) case practice, (2) Paul's supervision with Tony, and (3) Tony's supervision with the team manager.

Consider this supervision case study in relation to the dimensions of role clarity, role security, emotional competence and empathy, accurate observation and assessment, partnership and power, planning and working collaboratively to learn and develop.

Tony has been a senior practitioner of a response team for three months. He has previously been a practitioner in the team. He has had some experience acting in the role but has had no formal leadership professional development training yet.

In his own supervision sessions, Tony has not raised concerns about Paul's practice with the team manager. He has talked about the work he is doing to get to know the practitioners in his team better. In his supervision sessions they have been focusing on staffing and managing workload issues.

In his next supervision session with the team manager, Tony starts the session by saying he is surprised and disappointed with Paul's best interests assessment in relation to Joshua. Tony wonders if Paul is in the wrong job because he has not talked to him before about the difficulties and how the case is going.

The team manager (who supervises Tony) has been managing the workload of a vacant team manager position for two months. Due to the high number of unallocated cases and low staffing numbers, the team manager has been encouraged to promote throughput. The management team has been looking carefully at staffing, trying to find a way to increase the number of practitioners in the response team.

- How well does Tony appear to understand the multiple functions of being a supervisor in child protection?
- What component of supervision appears to have dominated and what may have been missing?
- What has this possibly meant for the information provided for the risk assessment in terms of the child, parents, history and service system?
- Can you speculate about how Tony is managing the authority component? What might be happening in his relationship with his team?
- What assumptions might Tony have made about Paul?
- What alternative explanations are there?
- What work might Tony's supervisor have undertaken in his supervision that would have helped Tony?
- How might Tony's supervisor be feeling?
- What assumptions might the supervisor have made about Tony's developmental level?
- What do you suggest needs to happen and why?

This exercise seeks to promote your thinking about the importance of influential relationships and processes at every level in the child protection process. An important final consideration here for an effective leader is what situations such as this one mean for organisational learning. It is important to consider what factors influence problematic interactions beyond those at the level of individual clients and staff. How would you describe an organisational culture in practice at every level is likely to flourish?

Before moving on, we suggest you spend some time thinking about the people you supervise in light of the seven-factor linking model.

- What connected with you in relation to your current supervisees?
- Are there any things you might like to do in supervision in the light of your reflections?

Delivering results and 'business operations'

In this last section of the chapter we explore the importance of applying the *cascade effect* more broadly than at a case practice level when the supervisor is perhaps more obviously able to see the connection between their values, behaviour, style and process and that of frontline practitioners and their clients.

We argue that supervision and leadership activities relating to more business-oriented results still involve people skills and the way these activities are understood and approached has considerable potential to impact broadly on the organisational culture. Many of the same frameworks we have used in this guide should be applied when the problems or challenges faced by the supervisor relate to budgets, resources or policies. Summarising, it is how the supervisor approaches, thinks and undertakes these tasks and activities that will make the difference in relation to achieving a good result or outcome.

The framework for critical reflection described in Chapter 1 can be readily applied to those aspects of delivering results called 'business operations' in the *Child protection capability framework*. These include demonstrating 'political nous' and developing 'compelling arguments' to address problems within the system. This kind of strategic thinking can feel, for some new supervisors, as though it is a whole new language and world to master. However, there is a role for both analytic and intuitive thinking in these activities and, when properly applied, Munro's model (see Chapter 1) can be just as useful.

Political nous, for example, often comes with time and experience in the role – this is tacit knowledge learnt intuitively from seeing what works and how to operate successfully at this level in the organisation. Being able to present a compelling argument and understanding the business requirements of the Department of Human Services also comes with time and experience but demands learning more formal technical knowledge that can be applied to particular issues and situations.

At the interface between supervisors and practitioners, supervisors are ideally positioned to understand the imperatives from both 'sides'. They are acutely aware of the demands on child protection practitioners and local services, they know the emerging issues in relation to particular client groups, and they manage the practice issues facing practitioners at the coal face. They are equally aware of the current strategic directions of the organisation, of the policy and budget context in which the program is currently operating, and of the local and broader implications of events that are occurring. While this middle position can feel uncomfortable it also holds strategic possibilities. These issues are discussed further in Chapter 2.

Effective leaders at this level understand the importance of keeping their more senior managers informed of issues that may need to be managed at a higher level, or situations where risks may escalate; however, they are also mindful of not overwhelming senior managers with unnecessary detail or behaving as though their own expertise cannot be trusted. They thoughtfully consider who needs to know what and why, and then what is the best way to provide this information. Should it be in the form of a briefing document, a requested meeting, a discussion in supervision?

Munro's (2002) model of knowledge and skills presented in Chapter 1 can assist a supervisor to decide what kind of knowledge they are relying on to draw conclusions, and what kind of knowledge their supervisor needs to understand the issues appropriately. In considering this, it is also important for the supervisor to consider the learning style of

the senior supervisor. How do they like information given to them? How does this fit with their own style or with the requirements of the task? What may need to be adapted or emphasised to fit the senior manager's style or the requirements?

Reflective exercise

Consider a hypothetical area with high practitioner turnover. The intake, investigation and response areas are particularly prone to lose practitioners quickly. This has put significant pressure on team managers to 'act down' at times. In the past, the area manager has sought agreement from the child protection operations manager to use agency practitioners to supplement the permanent staff group. This has proved unsatisfactory as the agency has sent inexperienced practitioners who do not have a satisfactory understanding of child protection legislation, policy or divisional operational processes. As these staff are not protective interveners there are limits to what tasks can be given to them.

The area has a university nearby where social work is offered as a four-year degree course with a third-year entry point for graduates. The area manager has noted that in the past two years very few graduates from the university have applied for jobs in the program. The area manager wants to write an issues paper for her supervisor that sets out the problem, emerging issues and suggests possible ways forward.

Use Table 4.1 to jot down your ideas about sources of knowledge you would draw on if you were the area manager and going to write an issues paper that sets out the problem, the implications and possible ways forward.

Table 4.1: Sources of knowledge

Issue-based knowledge including at case practice, local context and broader systemic level	
Formal knowledge	For example, knows there is no agreement with the university about student placements.
Practice wisdom	For example, knows the best way to recruit social work practitioners is through offering placement options.
Emotional wisdom	For example, knows agency staff have less commitment to staying than permanent appointments.
Values	For example, values and models openness and honesty about problems.
Reasoning skills	For example, knows they need to develop a longer term strategy rather than short-term reactive responses.

The area manager needs to consider how to write an issues paper setting out the problem, drawing on all parts of the model but presenting a sound business case for strategies to tackle the problem that are both short term and longer term in nature.

Before starting to write the paper the area manager might consider these helpful preparatory questions:

- Who else might you want to consult with while you are preparing and writing the issues paper?
- What would be the headings you would use in an issues paper?
- What are the implications of the current situation for case practice and outcomes for children?
- What specific divisional or local context issues are relevant here?
- What broader systemic issues are relevant here?
- What is a short-term strategy to tackle the problem? (For example, the area manager might suggest talking to the agency about her needs or looking at some mentoring for inexperienced practitioners.)
- What is a long-term strategy to tackle the problem? (For example, the area manager may suggest meeting with staff at the university to talk about maximising placement options and teaching input from the department.)

Your ideas for responses to the above questions should illustrate that the effective leader must be able to consider issues from a number of different levels in the child protection process. Locally, a serious problem can be indicative of a much broader systemic, even international problem, as in this case. However, there are also case practice implications that the leader will need to identify as well. Of greatest importance is the skill of being able to approach problems with a multilevel perspective.

Now we ask you to consider another aspect of writing this issues paper and presenting your argument for short- and long-term strategies. How can you ensure the likelihood of your proposals being accepted? You need to think about your supervisor and how best to convince them with your well-reasoned and structured paper.

To help think about this you may want to imagine you are a supervisor at a higher level than you – child protection operations manager, assistant director, divisional director – who is going to read the paper setting out the issues.

- *What* would you need to know if you were that person?
- *Why* would you need to know it or not know it?
- *How* would you need the information given to you?

You might now like to repeat this exercise using other examples from your experience.

How the area manager uses capabilities related to 'delivering results' will be important; however, like all the capabilities discussed in this guide, does not stand alone. To astutely and sensitively manage issues, the area manager needs to form relationships of influence, engage with stakeholders at all levels of the system (see Chapter 2), and ensure that a high level of emotional awareness informs the response (see Chapter 3). In this case it would be unhelpful to simply detail the problem – the area manager has the local knowledge and political nous to know there is significant merit in engaging with both the agency and the university as a means to changing the situation.

A further example

To finish this chapter we have included some material relating to time management. We would argue that all managers have a key role to play in modelling good time management and in this way influencing the organisational culture and what it has to say about 'time' and 'busyness'.

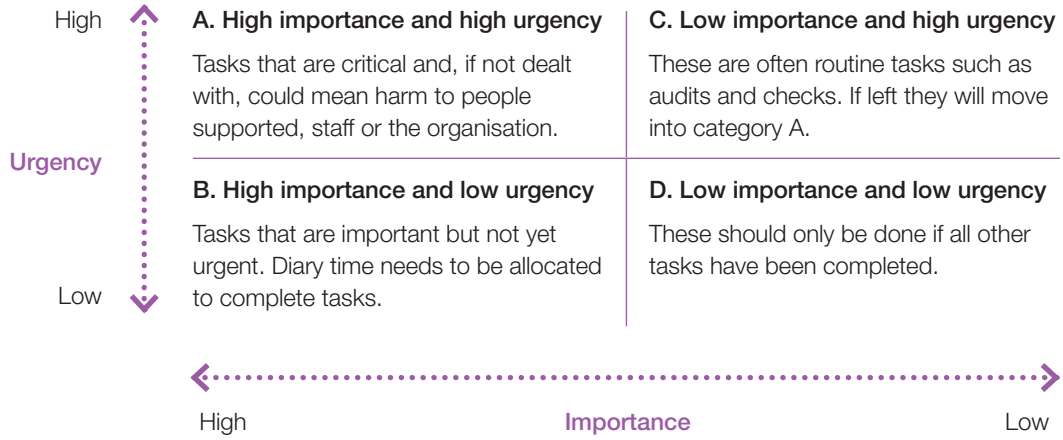
Child protection is a highly pressured environment. To ensure leaders remain thoughtful, they need to manage their time and cope effectively with the demands, rather than becoming overwhelmed. The stress associated with a pressured work environment can be contagious. A leader needs to make sure they are not a source of stress, support others under pressure, encourage a low-stress environment and attend to the sources of stress (SCIE, 2009).

To complement the ideas that follow we also suggest that you review the explanatory framework of 'being stuck or blocked in the learning cycle' (Morrison, 2005), which you will find in Chapter 2. All of us have the potential to be stuck in action when we are facing high demands, complexity and increasing levels of anxiety. We can lose the capacity to feel and think because our coping strategy has become one based on action alone. It is important to stop at times such as this and consider what range of factors may be contributing to this unhelpful strategy. In many instances we will need the help of others to undertake this reflective activity and to plan how to respond in a more useful way.

Tasks can be understood according to where they sit on the urgency or importance continuum. Figure 4.7 provides one way of conceptualising and ordering these competing priorities. While much of child protection work can seem to be high on both accounts, careful consideration can help identify those tasks that are more urgent and important and to direct energies to ensure other tasks do not move into that category.

A tension for supervisors occurs when there are conflicting demands from above (for example, to allocate cases) and from below (protect me from overwhelming workloads). In addition, a context of reform can increase stress because staff may be struggling with learning new ways of doing tasks. Supervisors have an important role in helping staff re-evaluate workloads and decide priorities in changing workplace circumstances, such as during prolonged staff vacancies or reassignment of roles. The importance or urgency grid can be helpful in this process.

Figure 4.7: Urgent or important grid



From Social Care Institute for Excellence, 2009

We suggest that the grid can be a helpful tool to use when you are facing competing and conflicting demands on your time.

We also ask you to reflect on the impact of how you manage your time – what model of time managment do your staff see.

We have found it useful to think about the importance of your staff seeing your time managment skills as they are learning from you, but in addition we believe there is a link here with organisational culture and what it has to say about 'being busy' – what value is placed on a practitioner who always appears to be 'in action' in contrast to those whose preferred learning style is more analytical or reflective? This links to the collaborative and compromised cycles we describe above.

To finish we suggest a short exercise about time.

Reflective exercise

Recall an occasion when practitioners heard you talk about having too much to do or when you were under significant pressure, anxious and behaving as if you were 'stuck in action' (see Chapter 2). If you cannot think of a direct example, draw on an experience when you saw a colleague doing this.

- If you were a child protection practitioner watching, what might they think or say about your time management skills and impact on the team/office?
- If you were a parent or child watching you what might they think or say?
- What is the culture of your team/office in relation to time management?
- What impact does the culture of time management have on individual practitioners, team members and the office?
- How do you contribute to this culture?
- Is there anything that you would like to do differently that might influence this cultural practice about time management?

Summary

Managerial relationships assume significant importance in the context of the turbulent child protection environment. Contributing factors include changes to policy, legislation and funding, restructuring, demands for greater accountability and the inherently challenging nature of the work. In many ways, an experience of a clear, thoughtful and containing model of management is the buffer against the effects of turbulence and anxiety for child protection practitioners at every level of the organisation (Gibbs, 2008).

This chapter is about one of the key models drawn upon throughout this guide – the *cascade effect.* We present an argument here that all managers have considerable capacity to influence the organisational culture and to be influenced by it through a *cascade effect* that operates up and down the levels in the child protection system. Relationships, critical reflection and emotional intelligence (topics presented in other chapters) are key aspects of this *cascade effect* but here we have drilled down to some specific conversations, values, styles, processes and behaviours that provide the explanation for the link with results or outcomes for children and families. In this particular setting, how leaders use their authority and power provides an important template for practitioners at the frontline of practice and therefore has an impact on outcomes for children.

We described and explored a collaborative culture, stressing how it promotes learning and development and the important contributions made by managers in the way they feel, think and act.

We have described in detail Morrison and Wonnacott's adapted seven-factor model, suggesting that it can be understood to apply beyond the client–practitioner and practitioner–supervisor domain. If we want to deliver results the seven-factor chain directs us to what is important at every level – role clarity; role security; emotional competence and empathy; accurate observation and assessment; partnership and power; planning to promote competence; and working collaboratively to learn and develop.

This chapter contains some suggestions about activities and exercises that supervisors can use with a practitioner to plan and work collaboratively for learning and development.

Viewed as a *cascade effect*, we also argued that collectively many aspects of the organisational culture relate to how practitioners experience their interactions with supervisors on a daily basis. In turn, practitioners are likely to draw on these positive or negative experiences when they engage and interact with children and their families. We have argued that supervisors might apply the same theories and frameworks we have used in this guide when they carry out some of their more business-oriented activities. We suggest that the purpose of more business-oriented activities is still to achieve good outcomes for clients and that it is important for the culture of the organisation that there is resonnance at every level in how people feel, think and behave in order to achieve effective results in whatever they are doing.

References

Bernard, J and Goodyear, R 2004, *Fundamentals of clinical supervision*, Allyn & Bacon, Boston.

Bielaszka-Du Vernay, C 2009, 'Avoiding the mistakes that plague new leaders: an interview with Warren G Bennis', *Harvard Management Update*, vol. 14, no. 5, pp. 9–11.

Bogo, M and Dill, K 2008, 'Walking the tightrope: using power and authority in child welfare supervision', *Child Welfare*, vol. 87, no. 6, pp.141–157.

Bolton R. & Bolton DG (1996) People Styles at Work Making Bad Relationships Good and Good Relationships Better. Amacom NY.

Brandon, M, Belderson, P, Warren, C, Howe, D, Gardner, R, Dodsworth, J et al. 2008, *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–2005*, Department of Children, Schools and Families, London.

Brown, A and Bourne, I 1996, *The social work supervisor*, Open University Press, London.

Carroll, M and Gilbert, MC 2006, *On being a supervisee*, PsychOz Publications, Melbourne, pp. 69–70.

Children's Workforce Development Council (CWDC) 2009, *Guide for supervisors: early professional development,* viewed <www.cwdcouncil.org.au>.

Coulshed V. (1990) Management in Social Work. London BASW/MacMillan.

Coutu,D 2009, 'Why teams don't work', *Harvard Business Review,* May 2009, p. 100.

Covey, S 2004, *The 7 habits of highly effective people – powerful lessons in personal change*, Free Press, New York.

Cox, G. (2010) Without Authority The New rules of organisational influence. Bookshaker UK.

de Boer, C and Coady, N 2007, 'Good helping relationships in child welfare: learning from stories of success', *Child and Family Social Work,* vol. 12, pp.32–42.

Darling J & Walker WE (2010) Effective conflict management: use of behavioural style model. Leadership and Organisational Development Journal Vol 22 Issue 2 pp230-242.

Deloitte and Touche 1996, *Executive survey of manufacturers,* viewed <www.dtcg.com/research>.

Department of Human Services 2012, *Best interests case practice model*, State Government Victoria, Melbourne.

Department of Human Services 2008, *Aboriginal cultural competence framework,* State Government of Victoria, Melbourne.

Ferguson, H 2011, *Child protection practice,* Palgrave Macmillan, Basingstoke, UK.

Flower, C, McDonald, J and Sumski, M 2005, *Review of turnover in Milwaukee County Private Agency Child Welfare ongoing case management staff,* Milwaukee Country Department of Social Services (Mimeograph), Milwaukee, WI, viewed <http://legis.wisconsin.gov/lc/committees/study/2008/SFAM08/files/turnoverstudy.pdf>.

French J. & Revens B. (1959) The bases of Social Power In D. Cartwright (Ed) Studies in Social Power. Michigan US Ann Arbor.

Gibbs, J 2002, *Sink or swim: changing the story in child protection – a study of the crisis in recruitment and retention in rural Victoria*, La Trobe University, unpublished PhD thesis.

Gibbs, J 2008, *Managing to retain good people – what do workers need? An international perspective*, unpublished paper, Department of Human Services Conference, Lorne.

Gibbs, J 2011, Training material developed for work in the Department of Human Services, Southern Metropolitan Region, State Government of Victoria, Melbourne.

Goding, G 1992a, *Principles of family therapy*, VAFT, Melbourne.

Goding, G 1992b, *The history and principles of family therapy*, A monograph published by the Victorian Association of Family Therapists.

Goldsmith, M 2009, 'How can I become better at delegating?' *Harvard Business Review*, May, p. 11.

Goleman, D and Boyatzis, R 2008, 'Social intelligence and the biology of leadership', *Harvard Business Review*, vol. 86, no. 9, pp. 74–81.

Hawkins P and Shohet, I 2006, *Supervision in the helping professions* (3rd edn), McGraw Hill, UK.

Horwath, J 2001, *The child's world – assessing children in need*, Jessica Kingsley, UK.

Heifetz, R, Grashow, A and Linsky, M 2009, 'Becoming an adaptive leader: seeing yourself as a system', *Harvard Management Update*, May, vol. 14, no. 5, pp. 1–4.

Hemmelgarn, AL, Glisson, C and James, LR 2006, 'Organizational culture and climate: implications for services and interventions research', *Clinical Psychology: Science and Practice*, vol. 13, no. 1, pp.73–89.

Howe, D 2010, 'The safety of children and the parent–worker relationship in cases of child abuse and neglect', *Child Abuse Review,* vol. 19, no, 5, pp. 330–341.

Jones, J and Murphy, P 2007, *An introduction to coaching for the health & social care sectors*, Pavilion, UK.

Karpman, S 1968, Fairy tales and script drama analysis, Transactional Analysis Bulletin 7, vol. 26, pp.39-44.

McKeown, K 2000, *A guide to what works in family support services for vulnerable families*, Department of Health and Children, Dublin.

Menzies-Lyth, I 1988, *Containing anxiety in institutions: selected essays*, Free Association Books, London.

Miller, W and Rollnick, S 1991, *Motivational interviewing*, Guildford Press, London.

Morrison, T 1997, 'Emotionally competent child protection organisations: fallacy, fiction or necessity? In: Bates, J, Pugh, R and Thompson, N (eds), *Protecting children: challenges and changes*, Aldershot Arena, UK.

Morrison, T 2005, *Staff supervision in social care: making a real difference for staff and service users*, Pavilion, UK.

Morrison, T 2007, 'Emotional intelligence, emotion and social work: context, characteristics, complications and contribution', *British Journal of Social Work*, vol. 37, pp. 245–263.

Morrison, T 1996, 'Partnership and collaboration: rhetoric and reality', *Child Abuse and Neglect*, vol. 20, no. 2, pp.127–140.

Morrison, T and Wonnacott J 2010, Supervision: now or never recaliming reflective supervision in social work, viewed <www.local.gov.uk/c/document_library>.

Munro, E 2002, *Effective child protection* (1st edn), Sage, UK.

Munro, E 2008, *Effective child protection* (2nd edn), Sage, UK.

Munro, E 2011, *The Munro review of child protection: Interim report, The child's journey,* viewed 10 February 2011, <http://www.education.gov.uk/munroreview/downloads/Munrointerimreport.pdf>.

Obholzer, A and Roberts, VZ (eds) 1994, *The unconscious at work: individual and organizational stress in the human services*, Routledge, UK.

Pritchard J 1995, *Good practice in supervision statutory and voluntary organisations*, Jessica Kingsley Publishers, London.

Prochaska, J and Di Clementi, C 1982, 'Transtheoretical therapy: towards a more integrative model of change', *Psychotherapy Theory, Research and Practice*, vol. 19, no. 3.

Prochaska, JM, Prochaska, O and Levesque, DA 2001, 'A transtheoretical approach to changing organisations', *Administration and Policy in Mental Health,* vol. 28, no 4, March.

Reder, P and Duncan, S 2003, 'Understanding communication in child protection networks', *Child Abuse Review*, vol. 12, no. 2, pp. 82–100.

Richards, M, Payne, C, with Shepherd, A 1990, *Staff supervision in child protection work*, National Institute for Social Work, UK.

Rock D and Schwartz, J 2006, *The neuroscience of leadership,* viewed <www.strategy-business.com/webinars/webinar/webinar-neuro_lead>.

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

Ryan, JP, Garnier, P, Zyphur, M and Zhai, F 2006, 'Investigating the effects of case worker characteristiscs in child welfare', *Children and Youth Services Review*, vol. 28, pp, 993–1006.

Social Care Institute for Excellence (SCIE) 2004, Leading practice series, 5.0 Managing yourself, viewed, <http://www.scie.org.uk/publications/index.asp>.

Trotter, C 2006, *Helping abused children and their families*, Allen and Unwin, Sydney.

Tuckman, B 1963, 'Developmental sequence in small groups', *Psychological Bulletin*, no. 63 pp. 384–399.

Wilson, K, Ruch, G, Lymbery, M and Cooper, A 2008, Social work: an introduction to contemporary practice, Pearson Harlow, UK.

Wonnacott, J 2003, *The impact of supervision on child protection practice – a study of process and outcome*, University of Sussex, unpublished Master of Philosophy thesis.

Wonnacott, J 2012, *Mastering social work supervision*, Jessica Kingsley Press, London.

Woodcock, M 1989, *Team development manual* (2nd edn), Gower Publishing Company, USA.

Woskeff, V 1999, *The therapeutic use of self: counselling practice, research and supervision*, Routledge, London.

Chapter 5 Leading and inspiring

In this chapter we cover:

- leading within a collaborative learning culture
  - representing the values and beliefs of a collaborative culture
  - appropriate use of authority
  - being emotionally attuned
  - managing difference
  - providing leadership in times of change
  - situational leadership model
- leadership style and supervisory process
  - emotionally intelligent leadership
- leading a practice culture
  - applying the Best interests case practice model to leadership activities
  - live supervision
  - leading practice within a group context
    - leading teams
    - case conferencing
    - a process for reflective group supervision.

Capability: Leading and inspiring

Leading and inspiring others to strengthen their professional ability to deliver the best possible results for each child.

The two capabilities within this domain are summarised below.

1. **Developing others** – guides others; encourages reflection and challenge; coaches others and fosters a climate of learning and reflection.
2. **Inspires others** – creates deeper meaning and value; provides clarity in the face of change; shares an inspiring and positive future.

Introduction

Services which are most effective are those where frontline practitioners are supported in a clear managerial framework and where they are encouraged to develop 'reflective practice'. There is a clear and positive relationship between the quality of services and an effective management structure. The only way of delivering improved care services and delivering public sector reform is by involving the people who are going to deliver it – engaging with frontline staff, listening to them and service users.

(DoH/SSI, 2003 p. 5–6, cited in Morrison, 2009a)

Leaders demonstrate the capabilities of 'developing others' and 'inspires others' by contributing to a collaborative learning culture, a term used by Morrison (2005) and based on the work by Vince and Martin (1993). The development of this learning culture is, however, not solely the responsibility of leaders, it requires a commitment to learning at every level of the process, including at senior management level (Gibbs, 2008). Such a learning culture promotes a willingness to learn from mistakes and to remain open to creative new possibilities (SCIE, 2004). We encourage you to review the material included in Chapter 4 where we describe and explore both a collaborative and compromised organisational culture. This chapter builds on those concepts, exploring in depth the role of the leader in contributing to collaborative practice and a functional work culture.

The research evidence is increasingly clear – improving the quality of services and achieving better outcomes for children and their families is integrally related to how well practitioners are managed and supported within the organisation (Glisson, 2007; Glisson and Hemmelgarn, 1998; Hart et al., 2010; Poertner, 2006; Yoo et al., 2007). It is no surprise then, that Atkinson-Consulting! (2008) found that knowledge and skills, important as they are, cannot in their own right, predict high levels of effectiveness.

Effective child protection practice requires that practitioners experience their work environment as supportive and the organisational culture as one that holds continual learning and development as a priority. The same applies to partnerships with other organisations: the kind of respect and treatment shown to other players in the service network will influence outcomes for children at the frontline. It is the role of managers at all levels to have clarity about, and demonstrate commitment to, the values and beliefs underpinning the core business of the agency and to rigorously apply these to their work with others.

The terms 'manager' and 'leader' need a brief exploration here. People often adopt a polarised view of these two descriptors, with a common differentiation suggesting 'managers' focus on processes and procedures, structures, and outcomes – the 'business' of the organisation – while leaders focus on motivating, inspiring and harnessing people – the human side of the business. However, we reject these dichotomies in a context like child protection; a manager needs to both inspire people and manage processes to ensure successful outcomes for children and families. While the emphasis of their role may be on more management or people functions, this capability framework is based on the understanding that managers and leaders in child protection require an integrated set of capabilities that are both person-centred and outcome-oriented. Cotton (2012) and Cotton and Hart (2003) demonstrate the importance of managers possessing both management and leadership skills through their contribution to workplace climate.

Leading within a collaborative learning culture[19]

Historically, a great deal of focus has been placed on establishing policies, procedures and structures in child protection to ensure good intra- and interagency working. However, there is increasing evidence that the impact of these will be distorted and diluted if practitioners are working in unfavorable organisational cultures featuring depersonalisation, a lack of role clarity, diminished job satisfaction, and an absence of cooperation and support.

Given that child protection work is high risk, unpredictable and complex, practitioners need to be:

- clear and confident in their role
- feel secure in managing their statutory responsibilities
- feel valued by the organisation
- well trained for the work.

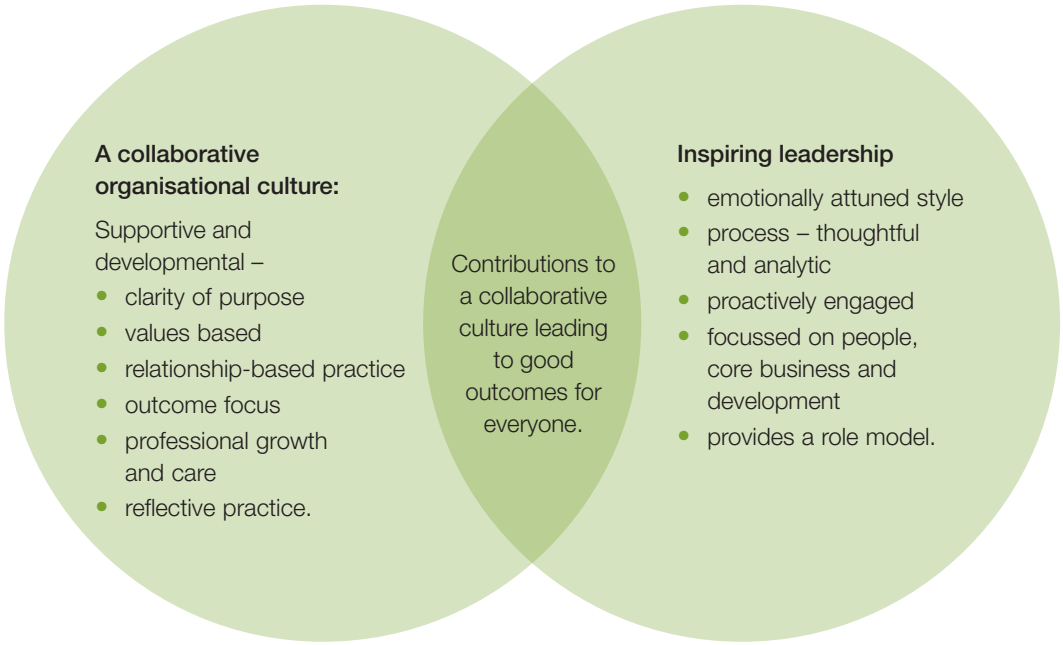
In this chapter we suggest that all managers make a highly significant contribution to a collaborative learning culture through their style of leadership and supervision and through the application of thoughtful and analytic processes in the way they engage with, and support, practitioners. This is not a one-way influence of course, a collaborative learning culture underpins effective leadership through encouraging reflection and learning at all levels of the organisation (see Figure 5.1). Conversely, unfavourable work cultures foster anger and frustration, which is projected onto others, resulting in tense and problematic relations, and contributing to poorer outcomes for children and their families.

Work culture is defined by Atkinson-Consulting! (2008) as the:

- atmosphere or climate of a work environment
- perception of how it feels to work in the organisation, within a particular team or for a specific supervisor
- ideal operating environment required to provide a sustainable, highly effective work climate that optimises the team's potential to do its best work.

19 See Chapter 4 where we describe a collaborative and compromised organisational culture.

Figure 5.1: Collaborative learning culture



Based on: Two-way relationship between leadership style, process and a collaborative learning culture (Gibbs, 2008).

Reflective exercise

Take a moment to think about the 12 most important things that keep you engaged and motivated in your work as a child protection supervisor or leader.

The chances are that your fundamental organisational needs revolve around purpose, meaning, clarity, development and connection – all critical factors we have covered in this guide. After extensive analysis Gallup researchers identified 12 critical factors that contribute to practitioners' productive motivations, engagement and outcomes (Wagner et al, 2006).[20] In summary, these factors refer to practitioners:

- having clear expectations about their roles and responsibilities
- having the basic material resources to undertake work
- having regular opportunities to utilise their talents, strengths and aptitudes
- receiving feedback and recognition for good work and progress
- having a supervisor who shows interest in their professional and personal development
- having a say and having their opinions taken into account
- feeling that their role is important to the organisation
- having a commitment to the work group in order to undertake quality work
- having a sense of connection and someone in the organisation to confide in.[21]

---

20 The exact questions are copyright but can be found on the *Gallup Management Journal* website at <http://gmj.gallup.com>, and can be explored in greater detail in Wagner and Hartner (2006).

21 These are consistent with Cotton and Hart's findings in relation to the key drivers in staff motivation and wellbeing (Cotton, 2012; Cotton and Hart, 2003; Hart et al., 2010), which are also discussed in this chapter and Chapter 3.

All child protection managers have a critical role in creating and shaping this type of work culture that positively influences accurate assessment, effective decision making and sound intra- and interagency relationships.

The complex, uncertain and anxiety-provoking nature of child protection work means the organisational culture needs to promote reflective practices that allow for the emergence of new knowledge and ways of doing things. It also means that supervisors and leaders endorse practices that question assumed ways of doing things and recognise that, at times, people get things wrong. In the past few years this type of culture has often been summarised as constituting a 'learning organisation'. The qualities of a learning organisation are that it:

- values reflection, learning and professional development
- encourages processes that support people to 'feel' and 'think' as well as 'act' (see Chapter 1)
- endorses and encourages 'thoughtfulness' and reflective practice as a way of learning
- values evidence-based formal theories but also legitimises intuitive and tacit knowledge, often called practice wisdom.

> Learning organisations have strong cultures and promote openness, creativity, and experimentation among members. They encourage members to acquire, process and share information, nurture innovation and provide the freedom to try new things, to risk failure and to learn from mistakes.
>
> (SCIE, 2004)

One of the criticisms of the organisational literature is that descriptions like the one above tend to be generalised statements and constitute a broad description of what an excellent organisation might look like (Mumford, 1995). For child protection settings it is important to be more specific and we encourage you to think about ways in which a culture can encourage behaviour and practices that lead to the continuous development and growth of practitioners. Mumford (1995, p. 15) uses a learning pyramid, which we utilse to operationalise what learning means at each level. A learning organisation is at the top of a pyramid sitting on the foundational levels of group, one-to-one and individual learners (Figure 5.2).

Figure 5.2: Pyramid of learning within organisations

The different ways of learning have the following attributes:

- Individual learner – commitment to personal reflection or reflection in action (reading this guide).
- One-to-one learning – commitment to face-to-face learning (supervision, mentoring, live supervision, consultation, coaching).
- Group learning – commitment to the team, or unit learning – professional development activities in groups (group supervision, reviews, group reflection practices, attending the child protection professional development opportunities).

At every level of the pyramid the values, beliefs and attitudes reflect an openness, commitment and contribution to learning how to better deliver effective services. In addition, there is a commitment to strong feedback loops through each of the levels. The list below, adapted from Morrison (2005), describes the features of a collaborative learning environment in child protection as featuring:

- central concern for the needs of children and families
- feelings are acknowledged and utilised to explore problems
- difference is valued and explored
- roles are clear
- practitioners show a sense of identity and belonging
- there are strong feedback loops up and down
- staff show an ability to take appropriate responsibility
- staff demonstrate care for each other
- practice issues are brought to supervision
- power issues and relations are examined
- theory and research are used to assess practice
- difficulties and issues are addressed
- staff are keen to improve practice
- action from decision-making forums are implemented and followed up
- supervision sessions are attended.

You will immediately recognise that many of the above features take central place in this guide and are consistent with the Gallup research material about what motivates practitioners. It is of particular note that the most important purpose of the organisational culture is to keep a primary focus on children and families (see Chapter 4).

Being culturally competent is extremely important in a healthy culture where difference is valued and power relations are understood and explicitly named. In this kind of culture, the complexity and irresolvable nature of some problems are acknowledged. Managers at each level need to establish a culturally safe and trusting relationship with supervisees so that the sensitive and challenging aspects of the work can be shared and resolved. Learners are encouraged to try new ways of working and to develop innovative solutions. Mistakes, though guarded against, are recognised as providing opportunities to learn.

Learning alliances (Holloway and Carroll, 1999) need to be formed at each level of the pyramid. In previous chapters we have talked about the role of critical reflection, and explored individual supervision and group reflection processes. Later in this chapter we look further at team processes as one level of learning and the ways that leaders of practice may contribute to opportunities to form learning alliances with individuals and groups in child protection practice.

How managers influence work culture

It is important for staff in a leadership role to understand the dynamic processes that promote dominant work cultures and how their own values, beliefs and behaviours can be so influential. In Chapter 3, we explained mirroring or parallel process as an unconscious process where the emotional dynamics of families or other people we work with get reproduced or imported into other relationships. In Chapter 4, we talked about how groups and whole organisations can collectively come to an unconscious agreement about how to manage painful and anxiety-provoking work. Faced with conflict and distress both individuals and groups of individuals can deny, minimise, blame, project or rationalise feelings that have the potential to overwhelm us.

In a collaborative learning culture, the dangers of these potentially unhealthy processes are recognised and guarded against. Managers actively shape and influence a collaborative culture by finding ways through supervision, and other forums, to allow practitioners to bring feelings to a conscious level and process them effectively.

In sharp contrast, managers can contribute to a compromised organisational culture by failing to provide forums in which uncertainty, ambiguity and difference are explored. Instead, the reality of the work is managed through unhelpful and unhealthy responses based on blame and denial. Problems can be minimised and there can be a singular focus on surface-level, superficial solutions such as a procedure or policy (see Chapter 1). Effective leaders who show a high degree of self-awareness and social competence are in a better position to manage the toxic, contagious and unhealthy dynamic processes dominating compromised organisational cultures (see Chapter 4).

Reflective exercise

Use a team meeting to talk to your staff about the features of a collaborative organisational culture and the healthy management of anxiety.

- Look together at the learning pyramid and identify what factors support the recognition, exploration of feelings, anxiety, uncertainty and appropriate risk taking at each level of learning.
- Identify what you might do to strengthen this aspect of your work together.

Effective leaders can influence the development of a collaborative learning environment through the following mechanisms :

- how they enact the values, beliefs and attitudes consistent with a collaborative learning culture
- the appropriate use of authority
- being emotionally attuned
- the way they manage differences and conflict
- providing leadership during change.

These are explored in the next section, with some exercises provided to assist reflection.

1. Representing the values, beliefs and attitudes of a collaborative learning culture

In this section, we want to emphasise the critical importance of the values, beliefs and attitudes that impact significantly on people's behaviours and decisions to promote a healthy learning culture. We know that practitioners quickly become acculturated and it is important that they experience, from the very outset, managers at every level being committed to core values and beliefs, such as respect for others, transparency, culturally competent practice and commitment to supervision.

Reflective exercise

Can you identify the values, beliefs and attitudes that would support a collaborative learning culture?

We have included an attempt by St Luke's Anglicare to specify those beliefs that support a strengths-based approach. These may help you.

- All people have strengths and capacities.
- People can change.
- Given the right conditions and resources, people's capacity to learn and grow can be harnessed and mobilised.
- People change and grow through their strengths and capacities.
- People are the experts on their own situation.
- The problem is the problem; the person is not the problem.
- Problems can blind people from noticing and appreciating their strengths and capacity to find their own solutions.
- People have good intentions.
- People are doing the best they can.
- The power for change is within us.

(McCashen, 2005, p. 9)

2. Appropriate use of authority

In the child protection context it would be safe to assume that most people want to do a good job and effective leaders have a role to play in identifying what is getting in the way. Effective leaders understand that it is often factors in the organisational context that are contributing to problematic practice. At times, difficult situations result from the interplay of individual, organisational and team factors. This is as true for challenges with practitioners' practice as it is for work with families. (See Chapters 4 and 2 for more detailed discussion about exercising authority and power and the use of an authoritative style.)

In a positive work culture people will feel they are being treated fairly and consistently. It is important, therefore, that supervisors and leaders reflect on the way they exercise authority. Relying solely on *role* authority, rather than in combination with *professional* and *personal* authority, can lead to a misuse of reward or coercive power. Practitioners will look for transparency in decision making and ethicality, meaning they are treated with respect and dignity.

Examples of bias and favouritism in terms of appointments to jobs, however logical they may appear to those who make the decision, can lead to enormous resentment and distrust in the culture. We have already mentioned the importance of practitioners being encouraged to question accepted ways of doing things and giving permission to talk about mistakes and things that did not go well. Effective leaders set the tone for this by being prepared to acknowledge when they get things wrong and by being transparent about their decisions.

Reflective exercise

- Talk to your team about their perceptions of the way decisions are made in the organisation.
- Draw parallels with practice and how families perceive decision making related to their case plans.
- Look for ways in which you can be more transparent in the processes you use.

3. Being emotionally attuned

Understanding and managing one's own and others' emotions is pivotal to being an effective leader. This means being able 'to develop and maintain practice that is self-aware and critically reflective' (Training Organisation for Personal Social Services, cited in Morrison, 2009b). Evidence-based research from health and human services has clearly shown the link between emotional intelligence and expert practice. In particular, Benner's research on competence and expertise in nursing practice in America identified that in acute medical or care situations, expert nurses had a level of anticipatory, observational, analytical and interpersonal patient care skills that were care enhancing and, at times, life-saving (cited in Morrison, 2006). Goleman's research showed that cardiac patients, nursed by staff with depressed mood, had a mortality rate four times higher than expected (Goleman et al., 2002).

It is also apparent that as you move up into leadership and supervision roles, the intrapersonal skills and interpersonal skills become even more important than technical and cognitive skills. Goleman (2000) argues that what distinguishes outstanding

performing leaders are their capacities around emotional intelligence and social intelligence (see Chapters 2 and 3). For leaders and supervisors, it is estimated that 85 per cent of competencies are in the emotional and social intelligence realm (Cherniss and Goleman, 2001).

In the child protection context, Schorr's (1997) research also underscores the importance of leaders having high levels of social competence and the capacity to assess the competence level of staff. Schorr (1997, p. 9) suggests that one of the seven attributes of highly effective child and family welfare programs is that they are managed by competent and committed individuals who show a willingness to:

- experiment and take risks
- tolerate ambiguity
- gain the trust of key individuals at every level in the process, in particular frontline practitioners
- respond to demands for evidence of results
- work collaboratively with staff
- allow practitioners discretion in their frontline practice.

4. Managing difference and conflict

Differences are not inevitably a problem. Indeed as Munro (2002; 2008) has pointed out, inviting alternative views can enhance the ability of teams to make critical decisions. However, differences can become problematic when they lead to persistent conflict or when an agreed view to guide practice cannot be established. There is significant evidence that problematic teams and interpersonal conflicts (as distinct from 'differences') arise in organisations that do not have the cultural characteristics discussed above. These characteristics are consistent with what Cotton (2012) calls the four cultural pillars of the team environment: empathy, clarity, engagement and learning. This is not surprising since his work is based on empirical research in a range of Australian public and private sector organisations and has shown that these four elements underpin effective team performance. He describes these in the following way:[22]

- **Empathy** is reflected in supportive leadership. This is the extent to which supervisors and leaders listen to staff, and understand their challenges, aspirations and difficulties. They build trust and confidence. This understanding influences decisions and is reflected in the way they support and communicate with staff.
- **Clarity** relates to role, responsibility, expectations and goals. This is based on two-way communication between leaders and staff relating to tasks, standards, day-to-day issues, and how their roles relate to the broader objectives.
- **Engagement** is reflected in teamwork, participative decision making and goal alignment. It relates to the way staff participate in professional debates and decision-making and problem solving.
- **Learning** relates to feedback and staff development. It is reflected in recognition of effort, constructive critique and focussed developmental opportunities. It should come from colleagues day to day and is formed by leaders who encourage professional debate, feedback and support.

22 These are also discussed in Chapter 3.

In managing conflict, leaders need to determine what is healthy difference and debate, and what is destructive conflict. Cotton (2012) warns that incivility – low-level behaviours such as rudeness and disregard for others – are precursors to more serious behaviours that arise when these characteristics are not present. Moreover, leaders have a central role in modelling the behaviours and expectations of the desired culture, clarifying expectations of accepted behaviours, and proactively managing issues as they arise.

Effective leaders therefore encourage debate and difference when it is healthy, respectful, directed to the goals and tasks of their role. When it is rude, disregarding others or counterproductive, leaders need to use their skills to explore reasons for the conflict, including their own role in setting cultural expectations, and ensure these do not lead to new norms of behaviour that sanctions counterproductive team conflict (Cotton, 2012).

Morrison (2009a) proposes a tripartite framework for managing differences within and between organisations that involves regulating or harnessing difference, or building consensus. Table 5.1 combines Cotton's (2012) four pillars of the team environment and the three mechanisms for managing difference identified by Morrison (2009a) to explain the way these might assist an effective leader to manage conflict.

Table 5.1: Managing differences in a collaborative learning environment

Approach to difference	Leadership behaviours representing the four pillars of team environment			
	Empathy	**Clarity**	**Engagement**	**Learning and development**
Harness	Acknowledge the difference Explore and understand the reasons behind the differences	Be clear what the differences are about and how they contribute to goals Explore how to utilise them Be clear about role and responsibility	Value the differences Encourage exploration and discussion	Explore what learnings they reveal What do they tell us about our practice, team, organisation?
Regulate	Acknowledge the differences and the feelings about them	Clarify expectations Make a clear decision Ensure the decision is implemented	Explain the impacts Clarify decisions Note consequences	Identify and attend to areas of learning and development Monitor outcomes
Build consensus	Understand what underlies each position Assist in developing respect for each position Explore the impact of the differences	Develop a shared understanding of the issues Clarify decision making and expectations	Explore the pros and cons of difference positions Consider the consequences of each Enlist agreement	Identify learnings Agree on evaluation of outcomes Plan processes for further development

Reflective exercise

Think of an issue of difference you have encountered in your team, in a care team, or between child protection and another organisation.

- Do you think the difference is valuable or destructive? Why?
- Using the table above, consider how you would approach the issue if you were going to harness, regulate or build consensus.
- What would determine which of these you may choose?

The discussion above assumes that the leader is outside of the conflict, but in many circumstances several levels of a team, unit or organisation(s) may be involved. Victorian child protection leaders are frequently involved directly in practice, and practitioners may have multiple lines of guidance in relation to a case; while there are clear lines of authority in decision making (with more people contributing to case direction), there is greater potential for differences to lead unwittingly to conflict. This discussion explores some of the ways a reflective leader may avoid these pitfalls.

A primary aim of the structure of the Victorian child protection workforce is to provide practitioners, particularly beginning practitioners, with the support and development needed to deliver better outcomes for vulnerable children and young people. It aims to 'change a hierarchical approach to decision making and encourages the input of many minds beyond reference to status and seniority'. The clearly desirable nature of this goal obscures the complexity of the task. Kadushin and Harkness (2002) warn that with more egalitarian or team-focussed decision-making processes, 'the problems of organisational coordination and communication can be even more intensified, making the functions of supervision especially important' (p. 457). This is, therefore, not an alternative to effective supervision as discussed throughout this guide but provides frontline practitioners with additional sources of support, development and guidance.

The multiple aims of enhancing outcomes for clients, developing skills and capabilities in the workforce and utilising skills available from a variety of sources, are intimately connected. To do these well, child protection leaders need to be mindful that changing to a less 'hierarchical approach to decision making' paradoxically requires an even greater level of clarity about authority and power. The creative strength of the Victorian child protection workforce – developing a context where multiple minds are brought to bear on decision making – is also the source of one of its primary challenges; senior practitioners, team managers, practice leaders, area managers and principal practitioners need to be mindful of the potential for conflict. The risk of playing out chaotic or disempowering parallel dynamics that reflect those of the clients is ever present, as discussed in a number of other chapters.[23] These can be avoided by every leader in the system taking an emotionally intelligent and relational approach to colleagues in the practice hierarchy and upholding the principles of a collaborative learning culture.

The Best interests case practice model (BICPM) lists five areas of analysis (or five C's) that are familiar to practitioners. The five C's could also be used in analysing the source of conflict or unhelpful dynamics around case practice and other organisational and team processes. Together with the assumptions of a collaborative learning culture, they provide a non-blaming way of reflecting on these processes (see Box 5.1).

23 We explored some of these issues in Chapter 3 in relation to patterns of interaction, mental agility and emotional intelligence; Chapter 2 and Chapter 4 where we discussed the authoritative style of supervision.

Box 5.1: Reflective tool – applying the five C's to practice dynamics

Circularity

- Including yourself in the picture, what are the patterns of interaction between the major participants involved in the conflict? Write out a typical cycle of interaction that occurs, including what people are thinking and feeling and how they react.
- How does this pattern repeat over time? Is it just in this case/instance, or is it part of an ongoing pattern?
- How have you tried to 'fix' the problem? Has this inadvertantly become part of the difficulty?
- If you were going to change your part in the interactive 'dance', what could you do differently?
- Have you considered which is the appropriate response – harness, regulate or consensus – and have you enacted this in an engaging, clear, empathic and developmental manner?

Constraints

- What gets in the way of a better outcome – individual, relational, organisational?
- What are the values, beliefs, views and underlying the issues?
- What happens when things are working well?
- How is this different from when things are not working well?
- If the problem did not exist how would you (collectively) be managing things differently?

Connnectedness

- What are the things you have in common with the others involved?
- What are the shared values, wishes, beliefs and perceptions?
- What is working well in the case/issue?
- How might the dynamics between you and others be reflecting problematic dynamics at another level of the system – above or below?

Curiosity

- How well do you understand the views and experience of others involved?
- If you put yourself in their shoes can you understand their view? If not, what do you need to know to really understand it?
- Can others be encouraged to adopt a position of curiosity rather than conflict? What would they discover?

Context

Consider the organisational structure in the Victorian child protection workforce:

- Where do you sit in the structure?
- Who are the people above, below and beside you?
- What potential role conflicts or role confusions could arise for you?
- What might the implications be for the practitioner? For the family?

5. Providing leadership in a time of change

Leaders need to support child protection staff in meeting the daily requirements of their roles within budget and according to the parameters of the task; this requires effective management and what is known as 'transactional leadership'. During periods of organisational change requiring cultural and role adaptation, leaders need to provide 'transformational leadership'. According to Kotter (1990) leaders within a complex organisation undergoing change, require the capacity to:

- establish direction by developing a vision of the future, often a distant future, along with strategies about how to achieve the vision
- align people whose cooperation may be needed by communicating the direction
- creating coalitions that understand the vision and are committed to it
- motivating and inspiring by keeping people moving in the right direction, despite the major political, organisational and resource barriers, by appealing to them as people with needs, values and emotions.

Situational leadership model: assessing practitioners' autonomy

In the previous section, we highlighted the immense value of being emotionally attuned and able to draw on high levels of emotional and social competence. Effective supervisors and leaders cannot, however, rely solely on intuition and 'what feels right'. They also need to be able to articulate and demonstrate the use of formal theory and knowledge. Effective supervisors and leaders are analytical and thoughtful about what situations mean and about how best to respond to them. Process frameworks are useful here. As one example, we offer 'situational leadership', which assists in making judgements about the pace of learning. Chapter 4 describes another model for bringing about change in work practice. These analytic tools aim to encourage leaders to think about problems and challenges and plan ways forward based on formal knowledge. Applied sensitively and empathically to individual and unique situations, they contribute to a collaborative work culture.

Situational leadership (Hersey and Chevalier, 2000; Hersey, Blanchard & Johnson 2013) is a useful model for assessing practitioners' Performance Readiness.

The two major dimensions of Performance Readiness are *ability* (in other words, their demonstrated knowledge, experience, skills) and practitioners' *willingness* (in other words, their motivation, commitment, confidence) in undertaking their specific work responsibilities.

Together the dimensions of ability and willingness interact to guide the appropriate level of task (direction) and relationship (support) behaviours that leaders need to provide to practitioners. Both direction and support exist on continuums. This framework assists the supervisor to work with the practitioner towards greater autonomy.

Direction involves telling practitioners:

- what to do
- how to do it
- where to do it
- who else to involve.

It also involves applying frameworks, knowledge, policies and procedures.

Support involves:

- engaging practitioners in dialogue and conversation
- actively listening to practitioners' thoughts, feelings and experiences
- providing feedback
- providing encouragement and recognition of efforts.

As you think about your task as a supervisor to provide appropriate levels of direction and support to individual learners at their stage of readiness, we remind you to recall the material in Chapter 4 on your style as a supervisor (Wonnacott, 2003) and the four behavioural and communication styles inventory (Bolton & Bolton, 1996; Cox 2010). These four styles provide you with a way of thinking more formally about your preferred style based on the same dimensions – assertiveness (giving direction) and responsiveness (support). As you think about the individual learner and the approach they require from you, you also need to consider your preferred style and recognise that you may need to flex to meet the requirements. Importantly, the style you adopt and model for the learner will be internalised and is likely to have an impact on their interactions with children and families.

Practitioners' readiness exists on a continuum ranging from low to high, with readiness at level 1 being the lowest and readiness level 4 being the highest level of readiness to undertake specific work responsibilities. At the lower levels of readiness learning is more leader-directed and as the learner moves through the readiness continuum it becomes more self-directed.

Readiness level 1:

This indicates the lowest level of readiness where practitioners are unable (through experience or skill), unwilling or insecure. New practitioners can often fall into this category of lacking sufficient knowledge, skills and experience to undertake the work. They also may be very anxious or insecure about their capacities and competence. Take Mandy as an example:

Mandy is a new graduate, having undertaken a psychology major at university. In training and supervision she is usually quiet but appears interested. Mandy worries she doesn't know enough about child protection work and is cautious about expressing her thoughts in case she says or does the wrong thing in front of her work colleagues and in front of you, as her supervisor. She takes lots of notes and listens attentively to others and to you when being given directions.

While negotiating her supervision agreement, she tells you that she prefers to learn by watching and listening to others. As she talks about her supervision history you learn that she has had shame-based learning experiences, which make her cautious about failing in front of others.

Supervisor's response:

- Provide high support and high direction.
- Provide structured induction, training and learning situations.
- Provide training, mentoring and possibly coaching from experienced practitioners.

We believe it is important to assume that people usually want to do their best; so it is usually helpful to start from the premise that the learner is insecure and unsure about the task – possibly fearful about sharing their lack of knowledge and skills with you. However,

on occasions it might emerge that the learner at readiness level 1 lacks commitment and motivation. In Chapters 2 and 3 we talked about the benefits of 'curiosity' as a way of exploring issues and it can be useful to adopt a position of curiosity to understand the lack of motivation and commitment; and possibly to engage a practitioner. In other circumstances a more assertive, directive style may be required. In either response, as a leader, you need to draw on your emotional and social intelligence capabilities. If you adopt a style that is too autocratic you risk the learner perceiving you as demeaning and attacking. The effective leader will be thinking about how to guide, direct and positively reinforce improvements so that the learner is more likely to become more confident in the task and to be motivated to learn and grow.

Readiness level 2:

New practitioners may begin with a higher level of readiness when they are enthusiastic and confident about their ability to learn the job but also know that there are capabilities, knowledge and skills they need to acquire quickly. Take the example of Lisa:

Lisa is a mature-aged graduate with a social work degree, having put herself through university as a single parent. She is keen and enthusiastic to learn and actively applies what she is learning from her prior placement experience and her own personal experience to her current work context. She relishes learning experiences, takes appropriate risks with her practice and asks lots of relevant questions when she has difficulty understand something.

Supervisor's response:

- Provide structured induction and training.
- Provide lower levels of support and high direction.

Readiness level 3:

The practitioner with this level of readiness is able to acquire and learn the skill or capability but becomes apprehensive or anxious when they start to do it on their own. Also, novel situations may raise levels of anxiety. Experienced practitioners can sometimes fall into this category when they are required to learn new competencies or capabilities. They may hide their anxieties or fear they will be discovered to be inadequate. They can appear reluctant to change their practice to meet new policies or procedures in the department:

Andrew has worked in child protection for four years. He considers himself to be one of the more experienced practitioners on the team. He is usually very vocal about the good work he is doing with families and new practitioners hold him in awe of his knowledge. You notice he is reluctant to adopt a new assessment framework. From his supervision history you know he has a belief that his views do not count in important decision-making processes. He tends to be the 'devil's advocate' whenever a new procedure is being implemented and has a tendency to complain, which is irritating. As a supervisor you have found it useful to spend supervision time listening to his concerns, validating important ideas and the knowledge and skills he possesses.

Supervisor's response:

- Provide high levels of support and coaching and low direction.
- Provide peer group support to normalise anxiety.
- Validate knowledge and experience.
- Provide peer consultation.

Readiness level 4:

This is the highest level of readiness where practitioners are able and willing to do the job and are confident in their ability to do it. They know how to ask for support and direction when they need it. They know what they need to learn to get the job done. This is every supervisor's dream practitioner – they are both confident and competent.

Supervisor's response:

- Provide appropriate levels of support and coaching with direction as required.
- Peer support and team supervision are very helpful.

Reflective exercise

Applying the situational leadership model to leadership capabilities:

- Consider the five leadership capabilities covered in this guide. Consider your Performance Readiness in terms of ability and willingness to use these in your practice as a supervisor.
- On a scale from zero to 10, rate both your ability and willingness. Ability is defined as your knowledge, skills and experiences in undertaking this capability. Willingness is defined as your desire and confidence in undertaking this capability (use Table 5.2)

Table 5.2: Leadership capabilities

Critical reflection	Unable (0)	Able (10)
	Unwilling (0)	Willing (10)
Managing oneself	Unable (0)	Able (10)
	Unwilling (0)	Willing (10)
Engaging others	Unable (0)	Able (10)
	Unwilling (0)	Willing (10)
Delivering results	Unable (0)	Able (10)
	Unwilling (0)	Willing (10)
Leading and inspiring	Unable (0)	Able (10)
	Unwilling (0)	Willing (10)

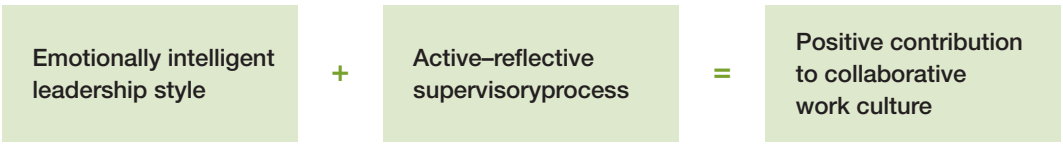
Now, pick one leadership capability cluster that you would like to improve.

- If you were to increase both your willingness and ability, how would your leadership be different:
  - five years from now?
  - in the next 12 months?
  - in the next six months?
  - in the next month?
- What would it take to make this change?
- What steps would you take to make this change?
- What would support that change?
- Who would support that change?

Supervisory style and collaborative work culture

It is clear from the discussion throughout this chapter that effective leadership requires attention to both the style of leadership and the process of supervision. These are interacting but separate dimensions of leadership. We draw on the research of Cherniss and Goleman (2001) in relation to emotionally intelligent leadership and Wonnacott's (2003) active-reflective supervisory process to explore these issues. In combining these two dimensions, a supervisor can have a positive impact on the development of a collaborative work culture (see Figure 5.3).

Figure 5.3: Supervisory styles and collaborative work culture



Emotionally intelligent leadership

The concept of emotional intelligence (EI) is discussed at length in Chapter 3. In brief, it refers to the ability to monitor one's own and others' emotions, to discriminate among them and to use the information to guide one's thinking and actions (Mayer and Salovey, 1990). Most of us have blind spots as to how emotionally intelligent we are. Just ask your adolescent children or your most 'difficult' supervisee if you have any doubts.

Leaders generally overestimate their EI compared with assessments from peers, direct reports and line managers. It seems the higher our EI as leaders, the closer the match between our own self-assessment and other people's assessment of our leadership. Goleman's research found that *top-performing leaders overestimate* their strengths, at most, on *one* EI ability, whereas *poor performing leaders* over rate themselves on *at least four* or more EI abilities. It seems a little bit of humility enhances EI!

Cherniss and Goleman (2001) identified six emotionally intelligent leadership styles in their 'primal leadership' research. These EI leadership styles were drawn from a random sample of nearly 4,000 executives worldwide, where the specific leadership behaviours that impacted on organisational climate and performance were studied. Goleman and his colleagues (2002) sought to understand how each leader motivated their direct reports,

how they managed change initiatives, how they handled crises and which EI capabilities underpinned the six leadership styles. The six styles are:

- visionary
- coaching
- affiliative
- democratic
- pacesetting
- commanding.

The most effective leaders have a repertoire that uses one or more of these six distinct approaches (Goleman et al., 2002). Managers who model these competencies well for staff are likely to see them being applied in the work their staff do with others.

Goleman and colleagues (2002) found four of the styles – visionary, coaching, affiliative and democratic – impact positively on the organisational climate and make a significant contribution to performance and organisational outcomes. The other two styles, pacesetting and commanding, are useful at critical periods but need to be used cautiously and flexibly with other leadership styles. Used as a long-term strategy, both the pacesetting and commanding styles have a negative impact on organisational climate.

Ideally, an emotionally intelligent leader has a range of styles available to them and uses these flexibly with different practitioners, and as the needs of the workplace require. In fact, the most effective leaders are those who possess and exhibit a flexible and broad range of styles to achieve better outcomes. However, child protection is a context with unique features and it is important to consider what leadership style is most suited to the requirements of practice. As you read the descriptions below, consider what may be the limitations and benefits of each style and when they are most usefully applied.

Visionary

A visionary leader is able to clearly articulate the mission, set standards and let the work group know whether or not their work is furthering the goals. Followers know where they are heading and the visionary style maximises commitment to the organisation's goals and strategy. This leader gives freedom about how this is achieved, thereby encouraging others to innovate, experiment and to take calculated risks. A visionary leader draws on a range of emotionally intelligent competencies, such as inspirational leadership, transparency, genuineness and, most importantly, empathy. The ability to sense what others feel and to understand their perspectives helps the leader to coherently articulate an inspirational vision. You will notice that this style of leadership reflects a clear value base, founded on valuing difference and believing in the capacity of people to grow and develop when given a chance.

Affiliative

An affiliative leader is most concerned about promoting harmony and fostering friendly interactions. Affiliative leaders focus on the emotional needs of practitioners by the skillful use of empathy. Collaboration is the leading EI competency. Many leaders powerfully combine the affiliative style with the visionary approach.

Democratic

A democratic leadership style focuses on the EI competencies of teamwork, collaboration, conflict management and influence. Democratic leaders focus on listening deeply and put a lot of energy into working collaboratively. They are empathic, know how to manage conflict and create a harmonious work environment. It works best when you are unsure about the direction to take and want input and ideas from everyone. This style seeks commitment through involving people.

Coaching

Coaching leaders focus on developing others by helping practitioners to identify their unique strengths and weaknesses, linking these to their personal and career aspirations which, in turn, are linked to the organisation's goals. Interestingly, Goleman's research found that the coaching style is the least used in improving work performance. Many leaders report that time pressures often lead them to sacrificing this leadership style. Coaching leaders are focussed on helping people to grow and develop. At the heart of the coaching style is dialogue about the developmental and learning needs of the practitioner. We would argue that the coaching function can be readily assimilated into the supervision.

Pacesetting

A pacesetting leader holds and applies high standards for performance. They are committed to meeting challenging and exciting goals, doing things better and faster, quickly pinpointing poor performers. Unfortunately, if applied excessively, pacesetting can backfire and the drive to continually improve performance and to reach excellence leads to low morale or burnout. Practitioners can feel that they are not trusted to get the job done or feel a lack of appreciation for their efforts. A pacesetter who lacks empathy can be easily blinded to the pain of others. Pacesetting works best when it is combined with the passion of the visionary style and the team building of the affiliative style. Pacesetting as a leadership style in child protection needs to be applied with a high degree of careful consideration and discretion.

Commanding

The commanding leader expects immediate compliance with orders and directions and can therefore easily be experienced as autocratic. The core message given is 'do as I tell you'. The commanding style soothes fears by taking charge and gives clear direction in an emergency or crisis but, if followers do not comply, there are consequences. They also seek tight control and monitoring of practice. An effective execution of the commanding style draws on three EI competencies of influence, achievement and initiative. In addition, self-awareness, emotional self-control and empathy are crucial to keep the commanding style from going off track and turning into bullying.

Unless you are employed in the military or emergency services, it is inappropriate and difficult to rely solely on this style of leadership and an over-reliance on the commanding style leads to a compromised organisational culture. Given the nature of the authority role in statutory child protection and the importance of working within a culturally competent framework, we suggest that this style of leadership is ill suited to this setting and has the potential to be dangerous.

The commanding and pacesetting leadership styles are most likely to be used when performance-managing a staff member, particularly in the later stages when the coaching style has failed (this guide does not cover performance management processes).

Emotionally resonant styles

Leaders also need to be mindful that emotions are contagious. Goleman et al (2002) suggest that, through mirroring, people who are in close proximity can end up sharing the mood. The evidence from the neurosciences also indicates that emotions are 'contagious' (Ringleb and Rock, 2008). Goleman et al. suggests that good leaders are able to read emotions, are attuned to the feelings and emotional registry of the people that they lead and can be empathic with the struggles of practitioners. They are able to name and speak about uncomfortable feelings. For example, if something has happened that practitioners feel angry about (such as the restructure of a team) or sad about (such as a co-worker's serious illness), an emotionally intelligent leader is able to empathise and even express these feelings for the work group.

This is called being 'emotionally resonant', which helps to contains practitioners' anxieties and frustrations, facilitates understanding and integration of these emotions and moves the work group in a constructive direction. The styles that promote resonance building are: visionary, affiliative, democratic and coaching.

As we have emphasised repeatedly, such resonant leadership styles leave practitioners feeling understood and cared for. A culture that promotes these styles allows practitioners to share ideas, learn from one another, to make decisions collaboratively and to get their job done. Connecting with others at this emotional level makes the work both meaningful and sustainable. Emotionally intelligent resonance is the foundation for the chain of influence (discussed in Chapter 4).

On the other hand, dissonance, a term that was derived from music, describes a harsh, discordant and unpleasant sound. Emotionally discordant leadership leaves people feeling 'off-key' because these leaders are either totally oblivious to how they and others are feeling or do not care about the collective distress around them. The styles most likely to promote dissonance are pacesetting and commanding.

Below is a case example where an area manager demonstrates the use of all six leadership styles in the course of her work.

Case study

When Janine, an area manager in a rural area, goes into the office on Monday morning she is greeted by an ashen-faced team manager, Greg. Greg informs Janine that he has just taken a telephone call from the hospital-based social worker to say that a young person, Rebecca, who had been under a guardianship order, died over the weekend. Rebecca appeared to have accidentally overdosed on a cocktail of illegal drugs.

Greg adds that a practitioner in his team, Georgia, has also just talked to a local newspaper reporter who called asking for information. Greg is very inexperienced in the team manager role and, until three months ago, he was Rebecca's case manager. A number of Greg's team also knew Rebecca because she had been in care for years. Rebecca and her family are well known to many local agencies.

The team manager says he is feeling all right, but Rebecca's current practitioner, Jenny, is very upset and has gone home. Greg says he has no real idea what needs to happen and what responsibilities he is expected to undertake, except that he realises there are a number of formal things that need to happen.

From this point and over the next weeks and coming months, the area manager will need to draw on the range of leadership styles. We have listed Goleman's six leadership styles and suggest how these styles might be utilised in relation to this case. Can you suggest others?

Commanding style

The area manager, Janine, needs to consider how to manage this crisis to ensure the current service demands are being met while undertaking the follow-up procedures and processes related to Rebecca's death. The area manager meets with Greg so an appropriate management plan can be put into place. She also needs to make an assessment in terms of resources and people and assess what gaps need to be filled.

Janine immediately instructs everyone in the unit to stop any contact with the media. As a matter of priority, she informs the divisional director and child protection operations manager of the death and starts to draft a category one incident report to inform the Minister's office and the Commission for Children and Young People. This is done in conjunction with Greg, who has the details about Rebecca's death and talked to the hospital social worker.

She organises for the Employee Assistance Program to come on site to provide debriefing for staff and invites the residential care staff to participate in a joint debriefing.

Affiliative style

Janine also realises that in addition to managing tasks efficiently and effectively, it is critically important to manage processes well and people's emotional responses. She prioritises supporting Greg and his team, both in responding to the immediate crisis but also in managing the medium-term responses related to the initial regional death review. Janine consults with the relevant practice leader and principal practitioner to adequately plan a holistic response that is mindful of the family, staff and organisational needs.

Janine ensures that appropriate follow-up occurs with Jenny at home and that she is offered support, as well as ascertaining Jenny's intention to be involved in the crisis response. Janine provides Greg opportunities to discuss his anxieties about contacting Rebecca's family in relation to her death, and helps him to talk through and process his anxiety about the immediate regional review of practice and the subsequent child death inquiry (CDI) by the Commission for Children and Young People.

Greg is also aware there is significant anxiety and fear regarding the immediate divisional review of practice and the CDI. One team member was part of a previous CDI where the report seemed to lay significant blame for the death on the actions of practitioners involved. The area manager and team manager agree to work together to develop strategies to best support and contain everyone's potential feelings of distress, grief, guilt and blame. Janine will monitor for any longer term grief responses and ongoing emotional impact, particularly for the practitioners who knew Rebecca well. She recognises how important it is for her to manage her own emotions at this time and will seek out support from the child protection operations manager if necessary.

Democratic style

The area manager needs to also consider how to best use the team to manage an immediate emergency structure to cover for staff who are off-line. Janine needs to ensure that, as a team, they can manage the workload while supporting colleagues who are distressed or preoccupied in responding to the death. Greg asks for Janine's support in calling together a team meeting to inform everyone about the death, to support them and to work out how responsibilities can be managed, tasks prioritised and cases reallocated for the rest of the week.

Coaching style

As Greg is a new team manager who is expressing uncertainty about his responsibilities, the area manager helps him to plan the short- and medium-term responsibilities he needs to undertake to deal with a child death. The practice leader is engaged to assist him.

Janine assesses which tasks Greg feels competent to undertake himself, which ones he needs further support with and the ones she needs to take over. Janine talks through with Greg how he will approach the first contact with Rebecca's family and asks for his ideas about the purpose of the call, how he will convey the department's condolences, handle the family's responses and so on.

Janine also knows that Greg has an activist learning style, so she assists him to develop a list of priorities. Greg also likes to talk things through to assist his planning, so they set some additional meeting times to check in.

Pacesetting style

Janine utilises a pacesetting style by ensuring reporting tasks are undertaken to the required standard and completed in a timely manner. She prepares people for the immediate divisional review of practice, explaining how it will be conducted and why. She organises for someone to begin a desktop review of the file and talks with the practitioners about the how and why of this.

In the medium term, Janine ensures the team is well prepared and supported to participate in the CDI process.

In reviewing Rebecca's case file, the area manager assesses whether there were any indicators that Rebecca was in crisis prior to her death and the presence of any other critical issues for managing this case. Janine identifies any key issues that the case immediately highlights that might be useful learnings for the team in managing other, similar cases.

While preparing for the divisional review of practice, Janine notes that the community mental health service appears not to have responded to an ongoing moderate-level suicide risk and had only offered monthly office-based counselling sessions. Janine discusses with the child protection operations manager the importance of raising the need for improved collaborative processes for managing cases where young people are at risk of suicide. Janine suggests to the child protection operations manager that she undertake an immediate review of other cases where there appears to be a suicide risk and a need for an emergency community-based mental health response. Janine consults with the principal practitioner who facilitates regular meetings with the regional mental health services.

Visionary style

The area manager sets, as a medium-term goal, changing the current prevailing culture of fear and anxiety about making a mistake and being blamed to a culture of collaborative learning partnerships. Janine realises she needs to assist Greg and his team to get the most out of the learnings from the divisional review of practice and the CDI. She works to assist the team to understand that, while the practice review and CDI are difficult and stressful processes, they both offer a valuable opportunity to reflect critically on current practice. She elaborates that in the CDI process the team can benefit from the reflective eye of an external analyst.

Janine models this openness to learning and ensuring reflective practice. The CDI report highlights the importance of ensuring support for new leaders, particularly in the early months as they manage role transitions from team member to a leader. Supervision support is also required for team managers as they try to manage their new authority role within their team. New team managers, such as Greg, need to relinquish the case manager role if they are to provide effective supervision to case workers. Janine models her capacity to reflect on what the learning means for her as a supervisor of new leaders.

Reflective exercise

Before continuing, let's consider your current leadership style. We will use positive experiences you have had of being supervised as a starting point, since we know that prior experiences are a powerful shaper of our own leadership and supervisory styles and approaches (see Chapter 2).

- Think of at least one person who influenced you in a positive way through their approach to leadership and supervision. Explain why you feel that person is effective.
- What do they do?
- How do they behave with others?
- What impact did their leadership style have on your practice?
- What did they do that was so important to us?
- How have you used this positive experience as a leader?
- Write down what personal and professional qualities are essential to being an effective leader.
- In modelling a culture of feedback, how have you, or can you, go about gaining some feedback from others on your leadership style?

Remember, nearly all of us over-rate our own emotional competence as leaders and the closer our own self-assessment is to that of others, the higher our emotional competence and intelligence! We do not improve unless we are getting feedback and our harshest critics may provide us with the best feedback for developing a growing edge in leadership. Most of us feel very vulnerable asking for direct feedback. We might rationalise it and say, 'People are going to be dishonest or tell you only the things you want to hear'. We are also mindful about power relationships and that supervisees may genuinely be concerned that a supervisor will retaliate and punish them if they are given genuine and honest feedback. Our own insecurities about our competence (or lack of) can also prevent us from seeking or hearing honest feedback.

Reflective exercise

On a scale of six to one, rate from strongest (six) to weakest (one) the six leadership styles in your repertoire (use Table 5.3).

Table 5.3: Rating your leadership style

Style of leadership	Self-assessment of strengths	How would your supervisor rate you?	How would your peers rate you?	How would your 'easiest' supervisees rate you?	How would your most 'challenging' supervisee rate you?
Visionary					
Affiliative					
Democratic					
Coaching					
Pacesetting					
Commanding					

A typology of supervisory style and process

A complementary typology to Goleman's work is that of Jane Wonnacott (2003), who researched the link between supervisory style and process and the outcomes for children. While this was a small exploratory study of 12 cases, she found that the strongest links between supervision, good practice and good outcomes for children were linked to:

- the supervisor making an accurate assessment of practitioner's competence
- the supervisor utilising EI to engage and assist the practitioner when they had lost focus or direction
- the supervisor working on areas in which the supervisee was weak.

These three components represent important aspects of a developmental model of learning (see Chapter 2). The supervisor is only likely to be able to successfully address their learning needs in the context of a safe and trusting relationship, which is only likely to flourish in a collaborative organisational culture. There is a strong parallel here between the practitioner having a holistic understanding of children in the context of their relationships and environment and an effective supervisor having a holistic understanding of practitioners in the context of relationships and their environment. In Chapter 4 we presented Wonnacott's material relating to the authoritative style of supervsion, which is very similar to her original work on the reflective supervisor. We agree with her view that supervisors in child protection will be faced with a number of challenges emanating from the organisational and systemic context, the client, and themselves, which act through a push-and-pull process towards the other less helpful styles – autocratic, permissive and the one with the least potental, neglectful (Wonnacott, 2012).

Reflective exercise

You may wish to use this material on leadership and supervisory styles to reflect on your professional development goals for the next 12 months.

- What leadership style do you want to focus on developing or enhancing?
- How can you engage in deliberate practice to broaden your leadership style?
- What would be three things you would be doing more of in the next year if you were more developed?
- What would support you in your development and learning?
- Who can support you in this development?

Leading a practice culture: using live supervision, group forums and other modalities

In the Victorian child protection workforce there is a strong emphasis on leadership through practice. However, there are a number of roles and modalities that child protection leaders may utilise in developing and inspiring others at a practice level. These include supervision (line management, case- or task-based, live, group, scheduled), conducting case or organisational reviews, mentoring, coaching, consultation and reflective practice forums. These are different but sometimes overlapping modalities and can be defined by the following dimensions listed in Table 5.4.

Table 5.4: Defining modalities of support and leadership

Activity	Focus of involvement	Delivered to	Outcomes of activity	Authority
Providing line management	Meet a range of tasks and functions of supervision	Individual	Meet agreed goals and expectations	Usually has formal authority in relation to a range of matters relating to individual and case
Case- or task-based supervision	Build good practice skills and knowledge in the area of practice such as case practice, report writing, case planning, staff management	Individual, group or team	Improved practice in the area of focus	Line management or delegated authority; need to be clear about limits of authority Usually the practitioner is expected to follow suggestions and directions within limits of authority
Conducting reviews	Review an area of practice, case, team or organisational performance	Usually multisystemic; may include child and family, team, unit, inter- and intra-organisational	A report and/or process that addresses issues in the terms of reference	Accountable to person/body who requested review Authority limited to review task
Mentoring	Career development, support, reflection	Usually individual	Guidance on developing career path, choices, reflection on personal and professional	Informal influence only Authorised supervisor or line manager hold formal authority

Activity	Focus of involvement	Delivered to	Outcomes of activity	Authority
Coaching	Develop specific skills, behaviours, knowledge	Usually individual, but may be group or team	Improvement in specific skills, behaviours or knowledge	Delegated authority to conduct activities directly connected to contracted task Remains accountable to authorising person
Consultation	Assist with a specific issue in which the consultant has acknowledged expertise	Individual, team or multisystemic	Clarity and guidance about the identified issue	No formal authority Provide advice and recommendation only

The range of ways that child protection leaders may be required to lead practice through these mechanisms include:

- providing 'live' supervision by accompanying a practitioner while they are performing the activity being supervised – this could be supervising case practice on a home visit or observing them in relation to other leadership functions such as chairing a meeting, or conducting negotiations with an organisation
- supervision of supervision – which can be done as live supervision (observing while they supervise), through discussion and/or by using active means such as role-plays
- undertaking a practice review for the purposes of appeal or following a critical incident – this can range from a file review to a lengthy analysis that includes conducting assessments, interviewing clients and others, and writing a formal report that recommends case direction
- undertaking an organisational review of a contracted organisation in relation to a set of cases, service provision or practice standards
- consulting to a care team about a complex case – as a regular member of the team or as a specialist brought in to provide expert guidance
- helping a more junior colleague reflect on their career and development in a one-off or ongoing way
- assisting a team or individual identified as needing specific goal-directed support through providing education, guidance, advice and supervision
- facilitating a complex professionals meeting or case planning meeting.

All of these modalities are involved in helping others learn and develop; however, some also have clear accountability and review functions. They demand a high level of skill since learning requires a safe context for the 'learner', not just the presence of someone imparting knowledge; and review and accountability processes involve utillising power and authority in overt ways. We have argued throughout this guide that giving support, enhancing learning and appropriate use of authority are not in opposition to each other, but they do need to be used thoughtfully and purposively. This can create a number of dilemmas for leaders:

- Some cases and circumstances require an immediate response and a clear direction as to what should happen. It can be difficult to create safe learning in such a highly pressured context.
- The view of what is required may be completely different from the way the practitioner or team was dealing with the case or issue previously; and there are risks the practitioner and those above (such as his/her team manager) or below (their staff) could feel angry or shamed when a new direction is advised.
- The leader will almost inevitably have greater experience, skill and/or authority than the other practitioner(s) and will need to deliver their expertise in a non-threatening but authoritative way.

Leaders, be they in a supervisory, review, mentoring, coaching or consulting role, need to ensure a safe and supportive learning environment that includes learning from mistakes. Throughout this chapter we have noted the multiple ways in which leaders guide the process of learning. In Chapter 3 we explored ideas from neuroscience and emphasised that complex cognitive processing cannot happen when the limbic system is aroused and driving the threat response. Put simply people cannot learn if they are not adequately supported and scaffolded to do so. We also noted the central importance of relationships in human development and the evidence that leaders who develop supportive and inspiring relationships with their staff and colleagues 'help activate openness to new ideas and a more social orientation to others' (Boyatzis, 2011, p. 1).

In our experience Cotton's (2012) four key drivers of motivation and wellbeing (outlined earlier) remain a useful guide to the reflective and systemic stance the child protection leader needs to adopt to undertake these complex activities. By remaining clear, engaged, empathic and developmentally focussed, and utilising the models relating to practitioner readiness, a leader becomes like the conductor of the orchestra – using considerable skill and perception, s/he directs and guides, elicits the best from each member, and encourages and enhances their individual contribution to produce a better and integrated whole (Table 5.5).

Table 5.5: Maximising learning opportunities through consultation, review, coaching and mentoring

Clarity Be clear about the task	• What are you being asked to do? • Is this possible/appropriate? • Are there terms of reference to guide you? • Is there a clear question you are being asked to assist with? • Don't start the 'doing' until you are clear about the question or task. If necessary help articulate and develop the question.
Empathy Be respectful of previous work undertaken	• Understand the context of practice and the basis for previous decisions. • Assume everyone had positive intent and that you don't yet fully understand the constraints they were dealing with at the time. • How do they feel about your involvement? • Be curious about what has worked and what hasn't. • Make explanations systemic not personal. • Ensure you don't 'take over' then walk away leaving others feeling unable to manage. • If needed, help 'bed down' your recommendations and advice by helping implement decisions.
Engagement Take a facilitative role, not just arriving as an expert imparting knowledge	• Facilitate discussions that ensure the view of everyone can be heard. • Be humble and prepared to learn from others; at the same time value and utilise your specific expertise. • Be thoughtful about where your role starts and ends. • At every level and every point encourage alternative views. • Be prepared to talk about why you see it differently. • Invite feedback to your report/review/advice. Be prepared to talk through your decisions. • Seek to understand why people may not agree and be prepared to adjust your view or help others accept that agreement may not be possible.
Development and learning Help facilitate a process of critical thinking	• Encourage reflection and processing, not just doing (see Chapter 1). • Help people 'step back' and notice, rather than rush to give answers. • Assist in articulating the 'analytical and intuitive' bases for decision making.[24] • As far as possible engage others in the ongoing management of the case or issue. • Seek to build skills whenever possible and only take over when absolutely necessary.

24 See Chapter 1 and Munro (2008).

Utilising processes of critical reflection to lead and inspire

The multiple levels of reflection were discussed in Chapter 1, when we looked at Ruch's (2005) four modes of reflection (technical, practical, critical and process). That framework provides a structure for thinking about the activities related to consultation, review and coaching discussed here. In addition, and perhaps more familiar to child protection leaders, the BICPM can be applied to the level of intervention involved in these activities, just as it is to case practice. However, in this situation all activities occur over multiple levels.[25] The experienced practitioner seeks to understand the child and family, as well as the helping system surrounding them. At the outer level, the experienced practitioner seeks to gather information, not just about the case or issue, but about the history of intervention, the broader system and how it operates. Similarly interventions may occur at several levels and include identification of both strengths and challenges.

Table 5.6 is a practical application of the BICPM to some of the modalities via which supervisors and leaders are expected to encourage reflective practice. As noted throughout this guide, the process and practices that occur at every level of the organisation are passed down in a cascading way to the relationship between the practitioner and family. Ensuring coherence between content and process at the supervision/consultation/review level will contribute to the same processes occurring at the frontline level (Morrison and Wonnacott, 2010).

This is elucidated in Table 5.6. The column on the left (what is being done) equates to the outer circle of the BICPM diagram (information gathering, analysis, action, review). The column on the right equates to the inner circle of the BICPM diagram (build relationships, partner, engage, empower). In the middle, of course, sits the child and family, which does not appear in the table but remains at the centre of all considerations. The underlying aim is always about assessing risk and promoting safety, development and wellbeing.

25 This discussion does not include application of the BICPM to families and children because senior practitioners are very familiar with this.

Table 5.6: BICPM applied to consultation/supervision/review/activities

Thinking about 'what' is being done	Thinking about 'how' it is being done
Information gathering • What am I being asked to do? • Why now? • What information do I need to understand the task? What is the best way of getting the information – files, observations, interviews? • What else has been done before me? • How will we know if I am helpful? • Do I have the skills required or do I need to enlist others? • How does my role fit with others/ongoing case practice/supervisors? • What are the thoughts and feelings about my role? • Do timelines impact on what I can do? • What are the primary practice issues/ concerns/dilemmas?	**Build relationships** • Who do I need to build relationships with here? – The client/family? – The child protection practitioners involved? – Their supervisor(s)? – The care team? – Senior staff overseeing my involvement? – Other services involved? • What kind of relationship am I trying to achieve?
Analysis and planning • Who do I need to see, in what combinations, in what order, where? • How am I making sense of the information? • What concepts do I need to draw on? • Who do I need to keep informed? • Am I analysing every relevant level – family/child/others, practitioner/family, practitioner/supervisor/care team, intra-/inter-organisational, social? • Am I keeping a systemic lens? • Am I ensuring processes of critical reflection, not just surface level thinking? • Am I keeping risk and wellbeing considerations to the fore?	**Engage** • How do others feel about my involvement? • What would make my involvement helpful to them? • What do they think I need to understand? • What do they need to know from me? • Who is engaging with me, who is not? • What might that tell me? • What can I do to better facilitate engagement?

Thinking about 'what' is being done	Thinking about 'how' it is being done
Actions • How do I feedback my ideas/tentative findings/suggestions? • How do those involved respond to these? • What is the best way of checking out my hypotheses/findings/ideas? • How is my involvement already impacting on the case/issue? • What constraints am I encountering? What does this tell me?	**Partner** • Who can I partner with from inside the system? • How can I utilise the skills/information/ practice already there? • How do I make myself useful to them?
Reviewing outcomes • Are my recommendations understood, able to be implemented, accepted? • What has changed since I began? • What will get in the way of a successful outcome? • Is a process of critical reflection being employed to review outcomes?	**Empower** • How can I build on the skills, goodwill, compassion already present? • What can I add that will enhance their work?

Reflective exercise

Think of an instance when you were required to come in as a consultant, mentor, coach or reviewer. Using the grid above:

- Was *what* you did consistent with the four stages of the BICPM? In w*hat* way? What was different? Why do you think this was?
- Was the process of *how* you did it consistent with the four principles of the BICPM? In what way? What *was* different? Why do you think this was?
- On reflection, what are your major learnings about the role you performed in that instance? What would you do differently? What would you do the same?

Ideas on teams, live supervision and group forums

Chapters 1 and 2 have explored in detail the process of supervision, with a particular emphasis on individual supervision, but as we have argued throughout this guide, practice in child protection involves multiple supervisors at multiple levels. We have also argued that being clear about authority is a fundamental requirement of child protection practice and leadership, and relational skills are a vital aspect of leadership. In this discussion we will outline some important considerations in providing live supervision and group forums including case conferences, care teams, group supervision and consultation.

Leading teams

Teams are invaluable resources for achieving good outcomes, but it can be challenging for supervisors to harness their creative potential. The team has the potential to promote a collaborative learning culture that is enhanced by multiple perspectives and a broader range of knowledge and skills. There are opportunities for co-working, mentoring and greater transparency in practice. Practitioners can access emotional support from team members and a well-functioning, cohesive team can generate new ideas and innovation. However, when groups of people are functioning poorly, as previously discussed, they may parallel the processes seen in families – fear, chaos, uncertainty, hopelessness, despair, fragmentation, secrecy and so on. Leading a team requires enormous courage because authority is always involved, which arouses great anxiety in teams.

> Teams are often seen as safe places where people can be highly creative and productive. However, research consistently shows that teams under perform their great potential.
> (Couto, 2009, p.100)

In addition, child protection practitioners need to work cooperatively and collaboratively with practitioners in other parts of the organisation and with other agencies, sometimes from quite different professional backgrounds. A practitioner who is clear and confident in their role is in a much better position to work in partnership with other agencies and to recognise the value of good interpersonal communication, mutual understanding and respect. Practitioners can draw much from their experiences of working with members of their own team, where the same values and skills underpin their work together.

The senior practitioner, team manager, practice leader and principal practitioner roles need to have knowledge, understanding and skills in working with groups of practitioners. With a well-developed understanding about group processes and dynamics, the leader can use the team as another place to model trust, openness, fairness and containment. Group processes can be destructive and undermining for members and the leader if these powerful dynamics are not recognised and managed appropriately.

Just as individual work in supervision requires achieving a balance between managerial, personal and professional objectives, leading the team involves managing both the task and process issues. An effective leader will need to be emotionally competent and encourage the team to explore issues, feelings and conflicts.

Munro (2008) notes the potential value for child protection assessments when people work together and pool their resources and thinking. She also cautions against a potentially dangerous ‘group think’ bias or distorted thinking, which can detrimentally impact on the outcomes for children and their families. Based on the work of Janis (1982, in Munro, 2008) she identifies the following dynamics:

- over-estimation – where the group develop a feeling of invulnerability based on past successes
- closed mindedness – where group members are no longer receptive to challenge or difference and discount new ways of thinking
- pressure to conform to the dominant view – where views of dissenters are quickly silenced.

As a way of countering these processes, Munro (2008) suggests that leaders should explicitly encourage dissent and criticism. In a similar way to the supervisor who asks about other hypotheses that might have been discarded, a leader should encourage a 'devil's advocate' role to disagree with the consensus. This is echoed by Hackman (in Coutu, 2009, p. 102) who argues, 'Every team needs a deviant, someone who can help the team by challenging the tendency to want too much homogeneity'.

Effective teams need diversity of thinking yet a level of coherence that enables shared discussion, decision making and development. Many teams have a kind of tug-of-war between these two characteristics – diversity and coherence. It is well established that most people are drawn to those who are familiar, which usually means similar to themselves. While this can lead to comfort and social ease, it is not necessarily conducive to good outcomes (Casciaro and Lobo, 2005). In managing this balance between cohesion and diversity, supervisors need to build cohesiveness through a shared vision and goals, and ensure opportunities to get to know each other and appreciate each person's contribution to the team.

Systems theory teaches us that the team is more than a group of individuals – the whole is indeed greater than the sum of the parts (Goding, 1992). The team becoming a collective entity starts with the leader being clear about their role. Gillian Ruch (2007) suggests that the team has been under-utilised as a potential 'thinking space' for practitioners and contributes to a reflective culture, where peers come together to share ideas and to increase their knowledge base. We present some ideas relating to the team/group as a useful forum in which to untertake critical reflection in Chapter 1.

The diversity of the group in terms of gender, age, race and cultural background offers different perspectives and can perform the dual function of providing emotional support to their peers. In some cases the team will have a group supervision function, as well as team meetings, where work may be allocated.

Every team needs clarity about the exercise of authority, in particular what decisions team members might make and what decisions belong to the team manager.

When group supervision occurs, it is particularly important that the group decides how this is going to work and understands the line of accountability in terms of decision making, particularly if practice leaders and/or a principal practitioner participates. Typically, teams may agree to augment the professional development, support and mediation functions of supervision but keep the accountability function within individual supervision. Morrison (2005) identifies some key tasks in establishing the role, function and process of group supervision:

- clarify purpose, focus and key tasks of the group
- clarify its mandate and decision-making authority
- define boundaries
- negotiate the role and authority of the facilitator
- agree on the range of methods to be used.

Just as individual practitioners move through stages of development over time, so do teams. We have included material from Woodcock's (1989) model of team development to encourage you to reflect on your team's development and functioning.

- An *underdeveloped team* might be described simply as a work group. People have come together to complete a task but little consideration has been given to how members currently operate or the potential of the group to do better. Feelings are usually taboo; change is not welcomed and the covert message is 'don't rock the boat'. Some members do a great deal of talking and there is little listening. Mistakes are covered up and people do not learn or progress. There is often a powerful and dominant leader and the team has a low expressive function.
- An *experimenting team* wants to review its operating methods and do things that will change their performance. People care about the team but, in this stage, members can feel a sense of discomfort as they jostle for position. A team in this stage questions the way they are managed. People are able to speak out and begin to take risks. The team does a great deal of internal work and people are self-absorbed but are more able to listen to each other. This stage could be compared to the 'storming phase' identified by Tuckman (1963) in his group development model.
- A *consolidating team* looks at its operating methods and how the work is completed. The team is more systematic and begins to make good decisions. Members seek clarification about the task or activity, work to establish the objectives to be met, collect information, look at options, and plan and review activities.
- A *mature team* does more effective work, methods are clear and members have a commitment to each other. There appears a high level of effective communication.

Reflective exercise

Think back to an experience of working in a team.

- Can you recall the stage of development the team reached? On what do you base this assessment?
- As a supervisor, what are the sorts of behaviours and strategies you adopt to encourage your team to function effectively?
- What current or past experiences have you had of group supervision?
- How well did the group carry out the contracting phase?
- What did this mean for your later work together?
- What methods did the group use?
- What was the role of the facilitator?

Live supervision

Live supervision usually refers to the act of 'observing' a supervisee 'in the moment'. While it is most often associated with clinical training, especially in family therapy where a one-way mirror is used to observe a supervisee and client, it commonly occurs in a range of other learning contexts – apprenticeships, health care, teaching, to name a few. In social work and other helping professionals it is an expected part of training for students and new practitioners. Live supervision can take different forms: the supervisee and supervisor may 'co-work'; the supervisor may observe and intervene only when required or helpful; the supervisor may observe only; the supervisor may conduct the session as a consultant to the practitioner and family/group.

In child protection a form of live supervision has commonly been provided through joint home visits, co-attendance at meetings and, less directly but still a 'live' intervention, having telephone contact during a visit or meeting. The process usually has the dual aim of increasing the supervisee's effectiveness and enhancing learning and development while minimising risks to the child or family. It is assumed that the live supervision provides the supervisor with additional information to make supervision more effective (Esposito and Getz, 2005, p. 1).

Providing and receiving live supervision can be complex, although if done well, can provide a highly effective learning experience. Some therapy trainees have rated live supervision as among their best supervision experiences (Anderson, 2000), however, it can also be disempowering for a supervisee if not managed well. And as we have argued throughout this guide, the relationship between supervisor and supervisee is a gateway to the relationship between family and the practitioner so this needs to work effectively. If a practitioner has to always 'check with my supervisor' families soon see them as lacking authority and ineffectual, a dynamic that can then begin to be reflected in the relationship between the family and practitioner.

One of the complexities of live supervision is that the client, family or other professionals are present and a party to the supervision. Issues of consent therefore arise. It is common to tell clients when students are conducting the work under supervision, but when the practitioner is less obviously on 'L' plates (or indeed they may be an experienced practitioner) it may be more difficult for practitioners to be clear with clients and others. We could find no research that looked specifically at the impact on clients of live supervision in a child protection context. However, research in clinical training settings has found that clients range from positive about the experience, to neutral, so long as benefits outweighed disadvantages; and a sizeable minority like to hear the supervisor's viewpoint directly (Esposito and Getz, 2005). Clearly then, the first consideration about live supervision should be whether it will benefit the client, or at a minimum, do no harm. Table 5.7 notes some of the advantages and potential pitfalls of live supervision.

Table 5.7: Advantages and potential pitfalls of live supervision

Advantages of live supervision	Potential pitfalls of live supervision
Learning and development The supervisor gets to observe practice directly and can therefore have a more accurate assessment of the supervisee's strengths and areas for further development. The supervisor can directly observe the dynamics (within the family and between the practitioner and family) and have a more direct influence on immediate outcomes. In a 'co-working' model the supervisor can model specific skills and include the supervisee as appropriate to their developmental level. The supervisee can feel safer having access to immediate help, support and another viewpoint. Higher integration of practice and theory. **Enhanced outcomes** The family/team/client can benefit from several viewpoints. Establishes a sense of collaboration. A 'reflective team' process can be used (see below).	**Issues with power and authority** The supervisor may take over and not allow the supervisee to develop their own style. The supervisee may feel disempowered. The client/family may be confused about where authority lies. At worst there can be a battle for control between the supervisee and supervisor. **Anxiety and confusion** The supervisee may feel more anxious and not operate at their usual level of effectiveness. As a normal part of learning, a supervisee may feel 'de-skilled'. It may be overwhelming for a client and inhibit engagement and disclosure. A supervisor may feel anxious and have a diminished ability to reflect in the moment.

In our view the potential pitfalls of live supervision can be limited by a reflective stance on the part of both the supervisor and supervisee and by treating the live 'session' as part of a process, not as an 'event'; that is, live supervision requires careful pre-session planning, in-session processes, and post-session review[26] (Table 5.8). Each of these should be done as collaboratively as possible (Beddoe, 2011).[27]

26 We use the term 'session' to denote the actual event during which the supervision is provided. The session may be a home visit, a meeting, a consultation or any other context in which child protection activities occur.

27 The processes are no different from those discussed in Chapters 1 and 3 in relation to individual supervision and the reader is encouraged to also become familiar with those chapters.

Guidelines for effective live supervision

Table 5.8: Live sessions – pre-session planning, in-session processes and post-session review

1) Collaborative pre-session planning	2) After session reflection and planning
What is the purpose of the session? • regarding the child/family (for example, risk assessment) • regarding the supervisee and supervisor (for example, try out specific skills, role model) What are the different roles of each party? Will the supervisor be active, observer, participate when invited, co-working? How will feedback be given, when and in what form? Will there be opportunity to feedback to *both* parties? How will the child/family/team/group be informed? Under what circumstances would the supervisor take control? What is the structure and location of the session – will there be a break to discuss issues, where will it be held, what impact might the location have (for example, a home visit where the environment is less controlled)? What information will be recorded – how and by whom, and what will happen to this later? Are there any other ethical issues that need to be considered? How will we know if it is going well/not well? What is the previous experience (positive and less positive) of both parties in relation to live supervision?	Content reflection • What happened? • How do we make sense of it? • What does it mean for future practice? • How does it inform our risk assessment? • What if anything, needs to be done? • How did each person experience the session? • What were the different thoughts, feelings, impressions? • What worked, what didn't? Review significant elements of content and process. Were the goals met? Feedback – based on the agreed plan, preferably to both parties. What are the next steps? Negotiation and collaborative planning for next steps.

The pre- and post-session processes outlined above could just as easily apply to joint visits with other agencies, for example, a community-based senior child protection practitioner and a Child and Family Information, Referral and Support Team (Child FIRST) family support worker, or a child protection practitioner and police member.

Reflective exercise

Take a few minutes to reflect on your own experiences of live supervision.

Select two experiences to consider, one positive and one less positive:

- What happened, what made it positive or less positive?
- How did you know it was helpful/not helpful?
- What did each of these feel like?
- Did your supervisor realise it was helpful/not helpful? Was it discussed?
- What did you learn from these two experiences about what effective and ineffective live supervision entails?

Leading practice within a group context

There are number of ways that leaders of practice (senior practitioners, team managers, practice leaders and principal practitioners) may provide supervision, consultancy, review, coaching, mentoring or reflective practice forums within a group context. These could be team development, care team consultation, case discussion meetings, reflective practice forums and more. We have discussed team conflict and management of teams in more detail earlier in this chapter. This discussion focuses on the reflective practice elements of team and group forums.

From a review of the literature and reflecting on our own practice, it is clear there are a number of advantages in bringing together groups of practitioners to learn and engage in more structured critical reflection practices. These include opportunities to:

- engage in shared reflection and intelligence to wrestle with the underlying meanings of client behaviour and communication, complexity and ambiguity
- potentially 'solve' problems, having reflected upon a full range of possibilities
- get fully connected and engaged with other workers – build relationships
- provide a place for modelling reflection and teaching others
- reduce isolation in a staff/program group
- discourage surface-level, reactive responses/behaviour to complex problems
- engage in deep-level emotionally attuned and cognitive informed processes that allow a focus on the psychological factors that impact on the way staff work with and care for damaged, challenging clients
- provide a safe space so that participants can acknowledge true feelings and think about the contribution they make to situations
- enable practitioners to gain a deeper understanding about the way clients impact on them and, in turn, how this impacts on the way practitioners engage with and work with clients
- enable practitioners to reflect on the ways in which particular client groups impact on the wider staff group and the organisational culture
- allow participants to recognise self-doubt as a powerful aid
- allow participants to tell it like it is (not how the organisation would like it to be)
- close the gap between rhetoric and reality by enacting reflection and analysis
- share knowledge, information, know-how and wisdom

- be helped to find real-world solutions to complex problems
- work with others as they are
- contribute to the solution to others' problems
- develop a collective sense of identity and authority as practitioners
- re-humanise and re-energise.

(Based on CWDC, 2009; Gibbs, 2011: Warman and Jackson, 2007)

These advantages are not inevitable; however, just like individual supervision, successful group processes require significant skill on the part of the facilitator. Also, as we noted in Chapter 1, there are advantages offered by using group forums but these should not be seen as an alternative to individual supervision. We suggest that group forums provide the potential to promote and sustain critical reflection but only if adequate thought and preparation is given to establishing a clear structure about how this can be achieved, as well as an awareness of common dynamics that can occur in groups that make them less effective. Just as with individual supervision, a clear, negotiated supervision agreement is required, and an effective supervisor attends to both content and process. In our experience, common reasons for groups not being successful include:

- lack of clarity about purpose, roles, authority
- basic structures were not clarified such as timeframes for the session and initial introductions of those present
- not being a 'safe' environment to take risks or expose one's work
- uncertainty about who is leading the group
- poor facilitation where some participants dominate and others do not contribute
- wrong method adopted for the purpose – for example, 'lecturing' in a group designed for discussion
- imbalance in responsibility – too much or too little responsibility shared by different members of the group
- inequality in contribution – from members or between members and the facilitator
- inequality of status leading to some members views not being adequately respected
- development of 'group think' and an avoidance of conflict and difference
- members not feeling engaged and consulted
- the process not fitting the range of learning styles of participants
- lack of clarity regarding outcomes.

The following headings (purpose, membership, activity/focus, and authority) are the minimum areas that need to be negotiated in running an effective group forum (see Table 5.9). Ideally a number of these can be negotiated with the group, but others will need to be clear before the first group meeting.

Table 5.9: Running an effective group forum

Purpose	What is the purpose? • enhance practice related to a specific case • explore a common theme in practice or for group members • integration of theory and practice. Are there multiple purposes? Are they overt or are some hidden? Is there a specific decision required? How would you know if the group was successful? What do we need to walk away with?
Membership	• Who should be in the group? • Should it be open (people can come and go) or closed (for a specific time period)? • Is it voluntary or compulsory? • Is the membership a work group or does it include people from a range of work groups? • Will senior practitioners / team managers or other senior members of staff attend – how will issues of power and authority be managed in the group?
Activity and focus	• How will the aims and purpose be achieved – case discussion, theoretical discussions, active methods such as role-plays? • Is it a one-off group to discuss a critical issue or an ongoing group with learning and developmental or accountability goals? • Is the primary focus case practice and conceptualisation, individual or group development, organisational issues?
Authority	• Who is 'in charge' – peers, designated leader? • What role does this person play – facilitator, supervisor, consultant, trainer, coach? • What are the limits of authority during the group discussions? • What if there are concerns about practice standards or ethical issues? • How will decisions be made? • What happens next?

Case conferencing

The Victorian Child Death Review Committee (VCDRC) has noted a number of times that case conferences remain an essential component of effective child protection practice. However, 'case conferences are not a characteristic feature of communication processes and do not play the prominent role they should in how services work together' (VCDRC, 2012, p. 53). The role of case conferencing therefore remains critical, and leaders are at the forefront of promoting and enhancing the conduct of these meetings.

The case conference may occur at any point of the BICPM cycle (Figure 5.4) – it may be used to gather and share information, to assist in analysing what is known, to plan interventions, and as a mechanism to review. It may include the family, carers or be limited to professionals. Facilitators or the person chairing needs to be mindful that in many cases participants in a case conference will not have the same level of experience or comfort with the process as child protection staff. Some will come from professional areas where their experiences of multidisciplinary case meetings may have been very hierarchical or anxiety-provoking; some will have had little experience and not know the 'rules' of participation; others may have a misinformed view about the purpose or concern about issues such as confidentiality.

Figure 5.4: Best interests case practice model

Department of Human Services, 2012

While the literature is clear that effectively run case conferences are important contributions to safety and wellbeing for children, it is also clear that there are common failings. Earlier in this chapter we discussed Munro's (2008) common errors of reasoning and her approach to ensuring both tacit and formal knowledge is utilised in critical decision making.

Dwyer and Dooley (2009) list some of the common failings of case conferences as:

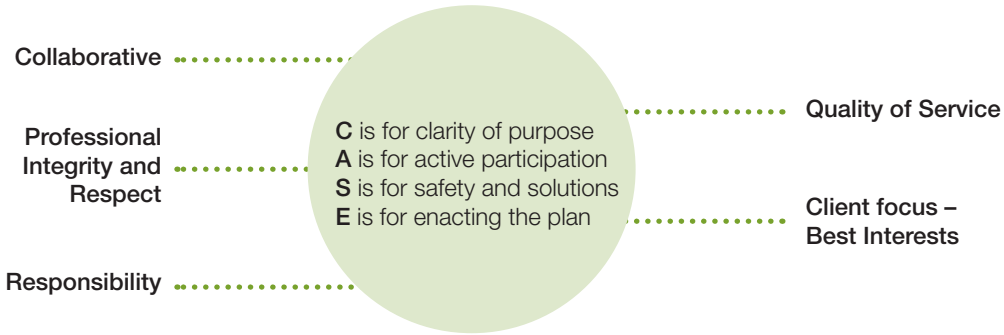
- not holding a conference in a timely manner
- key people not attending or participating
- unclear purpose

- 'group think' or avoidance of conflict
- roles, decisions or outcomes not being clear
- not recording vital information, especially issues related to risk or vulnerability
- allocating significant responsibility to people who are not present and are not aware of their ongoing role
- not distributing minutes
- lack of follow-up to decisions.

They developed a model for interdepartmental case conferencing based on (then) Department of Human Services organisational values and the principles of effective case conferencing (Figures 5.5 and 5.6) represented by the acronym CASE (Dwyer and Dooley, 2009):

- clarity of purpose
- active participation of all involved
- safety and solutions focus
- enacting the plan.

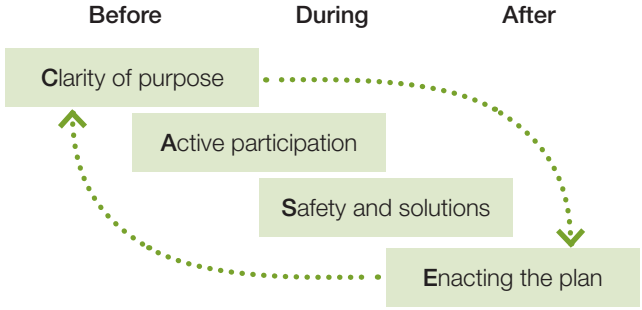
Figure 5.5: A model for case conferencing



Dwyer and Dooley, 2009

These processes need to be followed at every level and over time, before during and after the actual case conference meeting. This process model is consistent with the other principles and theoretical approaches discussed throughout this guide.

Figure 5.6: Processes to follow before, during and after a case conference



Other group reflection forums

The principles of conducting effective case conferences apply to all group forums in child protection practice. However, practice leaders will need to draw on other creative ways of structuring meetings and forums to meet the multiple aims of these. The international child protection literature provides a number of examples of group structures and processes used in the child protection field. Lohrbach (2008) and Field (2008) describe the group consultation method in the New Zealand child protection context, which has provided a structured way of organising information and encouraged group participants to fully immerse themselves in thinking about the case. This and similar approaches have been influenced by the Signs of Safety model developed by Turnell and Edwards (1999). An important advantage of this way of working in New Zealand has been strengthening decision making through collective expertise and appropriate challenge. At the same time the supervisor and/or practice leader who facilitates the group develops their capabilities in relation to groups.

At the end of this chapter we have included a number of suggestions relating to further reading on this topic and we encourage all supervisors and leaders to read more material than we can include here. Field (2008) includes the group consultation form used to support the work by organising all the information about risk, harm and protective factors. This tool has much in common with the BICPM.

Another process for case presentations was developed by one of the authors over a 20-year period of conducting group consultations and supervision, and formed the basis for the development of peer-facilitated case reflection groups in a community health and Child FIRST setting (Dwyer, 2009).[28] It has been used by peer groups and by leader-facilitated groups. Practice leaders may find the structure helpful and may also like to read Ruch's (2005) relationship-based model of reflection, Proctor's (1997) process for group supervision, and Anderson's collaborative learning community (Anderson, 1998; 2000). Each of these models have similar structures and are designed to ensure the primary aims of the discussion are achieved in a manner that is respectful for the child/family/client and case presenter; group processes and contributions are valued, and attended to; collaboration is promoted; and critical reflection is enhanced. The facilitator models curiosity, respect, clarity and authority.

Box 5.2: A process for reflective group supervision

(Dwyer, 2009)

The following process has been developed for group supervision. It requires discipline and shared responsibility from all participants. The facilitator has an important role in keeping everybody loyal to the agreed process and ensuring that the presenter's needs are met. The facilitator also needs to ensure the discussion is respectful to the client/family and that process issues between the client and presenter or presenter and team are addressed adequately.

28 A number of teachers and supervisors influenced the development of this model through their own generous sharing, in particular Pam Rycroft and Jeff Lipp.

1. Case presentation

- Presenter to briefly outline the case.
- Be clear about what the presenter wants out of the discussion. How will you know if it is helpful?
- Presentation should include a genogram (and ecogram if desired).
- Facilitator to ask clarifying questions.
- Questions from the group – brief and limited to what they absolutely have to know to enable them to address the issues requested by the case presenter.

2. Reflective discussion

- The presenter sits outside the circle while the team discuss. Comments are not directed at the presenter but take the form of a conversation among themselves – a reflective team discussion.
- Facilitator invites the group to reflect on what they have heard, at all times remembering what the presenter needs from the discussion.
- Comments must be respectful of the family/client – the facilitator may help this by asking the team to pretend the family is listening in.
- Facilitator to encourage discussion and ensure that the presenter's questions are addressed.
- If difficult issues arise – for example, the team feels strongly that other issues need to be addressed that the presenter has not identified, the facilitator needs to ensure the team remain empathic to the presenter's experience and respectful of the family/client.
- These issues need to be explored, considering what they may tell us about the family/client/relationships.
- In facilitating the discussion the leader may utilise the Kolb learning cycle and Morrison's (2005) learning cycle questions; and Munro's discussion of sources of knowledge in Chapter 1, to assist in structuring the reflection and discussion.

3. Presenter reflection

- The facilitator invites the presenter to reflect on what has been said.
- Did it address the issues?
- What fitted and why?
- What did they notice – in their own responses, in the conversation?
- How might this be useful?
- What was it like listening?
- Is there anything left over?

4. Team reflection (optional)

- If needed the team may continue their reflection, based on the comments of the presenter.
- In that case, step 3 above is repeated.

5. Debrief

- What was the process like?
- What did each person take from the discussion?
- How can the process be improved in any way?

Summary

This chapter has explored how the capabilities of creating clarity and surfacing potential, which together form the cluster of leading and inspiring, can be operationalised by child protection operations managers.

We suggest that all managers have a pivotal role to play in contributing to a collaborative learning culture in their organisation. We make links between how practitioners experience working in the organisation and their capacity to be effective with the families they work with. This means aspects of organisational culture, such as how clear people are about their role and responsibilities and the delivery of reflective supervision, are extremely important in contributing to outcomes with children and their families.

The first part of the chapter described the values and belief systems that support a collaborative learning culture. We argued that all managers need to behave in ways that are congruent with a positive work culture but note that, at times, the culture inhibits their capacity to do this. The chapter makes a number of suggestions about team exercises that seek to promote an open and transparent culture, where reflection and critical analysis are valued.

In the second part of the chapter, we looked in depth at styles of leadership and supervision and proposed exercises that encourage leaders to reflect on their style. We stressed the importance of emotional competence and the capacity to be attuned to the emotions and feelings of those we lead.

Effective leaders also require high-level analytical skills to help them engage effectively with others in processes that promote professional development and growth over time, working collaboratively to address problematic behaviour patterns and in creating change in work practice. We provided theoretical models to inform managers' thinking about these challenges and suggested that, applied in an emotionally informed and sensitive way to individual situations, they contribute to a collaborative learning culture.

This chapter explored the multiple ways that practice leaders are now required to offer expertise and contribute to leading and inspiring practitioners from within and outside child protection. We underlined the critical importance of case conferences and suggested a process model for thinking about, planning and leading case conferences in child protection. Finally, we explored the potential pitfalls and advantages of live supervision and group supervision and suggested models for conducting these.

References

Anderson, H 1998, Collaborative learning communities. In: McNamee, S and Gergen, K (eds), *Relational responsibility: sources for sustainable dialogue*, Thousand Oaks, Sage.

Anderson, H 2000, *Supervision as a collaborative learning community*, American Association for Marrage and Family Therapy, *Supervision Bulletin*, reprinted at: <www.harleneanderson.org/Pages/supervisionbulletin.htm>.

Atkinson-Consulting! 2008, *Development framework for child protection frontline managers: capabilities, foundation knowledge & skill, and work culture*, Department of Human Services, Melbourne.

Beddoe, L 2011, 'Live supervision of students in field placement: more than just watching', *Social Work Education*, vol. 30, no. 5, pp. 512–528.

Boyatzis, R 2011, 'Neuroscience and leadership: the promise of insights', *Ivey Business Journal*, January–February 2011, pp.1–4, viewed, 13 September 12, http://www.iveybusinessjournal.com/wp-content/uploads/2012/10/Best-of-Ivey-Business-Journal.pdf>.

Casciaro, T and Lobo, M 2005, 'Competent jerks, lovable fools and the formation of social networks', *Harvard Business Review*, vol. 83, no. 6, pp. 92–99.

Cherniss, C and Goleman, D 2001, *The emotionally intelligent workplace*, Jossey-Bass, San Francisco.

Childrens Workforce Development Council (CWDC) 2009, *Guide for supervisors early professional development*, viewed <www.cwdcouncil.org.au>.

Cotton, P and Hart, P 2003, 'Occupational wellbeing and performance: a review of organisational heath research', *Australian Psychologist*, vol. 38, no. 2, pp. 118–127.

Cotton, P 2012, *Building individual and work team resilience*, workshop notes, Department of Human Services, June 2012.

Children's Workforce Development Council (CWDC) (2009) Supervision Guide for social workers Newly Qualified Social Workers Pilot Program. Available at http://www.cwdcouncil.org.uk/nqsw/pilot-programme.

Coutu,D 2009, 'Why teams don't work', *Harvard Business Review,* May 2009, p. 100.

Department of Human Services 2012, *Best interests case practice model*, State Government Victoria, Melbourne.

Dwyer, J 2009, *A process for group supervision and reflection*, unpublished training document.

Dwyer, J and Dooley, J 2009, *Case conferencing in DHS: Youth Justice, Disability Services, Child Protection and Housing*, a workshop series developed for Hume Region, frontline staff and managers.

Esposito, J and Getz, H 2005, *In-the-room supervision: reactions of supervisors, supervisees and clients*, viewed August 2012, <http://www.shsu.edu/~piic/fall2005/esposito.html>.

Field J. (2008) Rethinking supervision and shaping future practice. *Social Work Now* August p11-18.

Gibbs, J 2008, *Managing to retain good people – what do workers need?.* An International perspective. Unpublished paper, Department of Human Services conference, Lorne.

Gibbs, J 2011, *Reflective Practices in Berry Street Services Project,* unpublished paper, April.

Glisson, C 2007, 'Assessing and changing organisational culture and climate for effective services', *Research on Social Practice*, vol. 17, pp.736–747.

Glisson, C and Hemmelgarn, A 1998, 'The effects of organisational climate and interorganisational climate on the quality and outcomes of children's service systems', *Child Abuse and Neglect*, vol. 22, no. 5, pp. 401–421.

Goding, G 1992, *Principles of family therapy*, VAFT, Melbourne.

Goleman, D 2000, 'Leadership that gets results', *Harvard Business Review*, Mar–Apr, pp. 79–90.

Goleman, D, Boyatzis, R and McKee, A 2002, *Primal leadership*, Harvard Business School Press, Boston.

Hart, PM ,Caballero, L & Cooper W. (2010) Understanding Engagement.- Its Structure, Antecedents and Consequences. Available at http://www.insightsrc.com.au/content.

Hersey, P and Chevalier, R 2000, 'Situational leadership and performance coaching', In: Marshall, Goldsmith, Laurence, Lyons and Alyssa (eds), *Coaching for leadership*, Jossey-Bass, San Francisco.

Hersey P, Blanchard KH & Johnson DE. (2013 10th edition) Management of Organizational Behavior Leading Human Resources. Pearson USA.

Holloway, E and Carroll, M 1999. *Training Counselling Supervisors*, Counselling Supervision Series. Sage UK.

Kadushin, A and Harkness, D 2002. *Supervision in social work*, Columbia University Press, New York.

Kotter, JP 1990, *A force for change – how leadership differs from management*, The Free Press, New York.

Lohrbach, S. (2008) Group supervision in child protection practice. *Social Work Now* August pp.19-33.

Mayer, JD and Salovey, P 1990, 'What is emotional intelligence?' In: Salovey, P and Sluyter, D (eds), *Emotional development and emotional intelligence: implications for educators*, Basic Books, New York, pp. 3–31.

McCashen, W 2005, *The strengths approach*, St Lukes Innovative Resources, Bendigo.

Morrison, T 2005, *Staff supervision in social care: making a real difference for staff and service users,* Pavilion, Brighton.

Morrison, T 2006, 'Emotional intelligence, emotion and social work: context, characteristics, complications and contributions', *British Journal of Social Work*, reprinted in Morrison, 2009b.

Morrison, T 2009a, *Understanding and leading interagency partnerships*, workshop notes presented in partnership with Berry Street Victoria and La Trobe University, Melbourne.

Morrison, T 2009b, *Attachment and the role of emotion in effective services*, workshop presented in partnership with Berry Street Victoria and La Trobe University, Melbourne.

Morrison, T and Wonnacott J 2010, Supervision: now or never recaliming reflective supervision in social work, viewed <www.local.gov.uk/c/document_library>.

Mumford, A 1995, 'The learning organization in review', *Industrial and Commercial Training*, vol. 27, no. 1, pp. 9–16.

Munro, E 2002, *Effective child protection* (1st edn), Sage, UK.

Munro, E 2008, *Effective child protection* (2nd edn), Sage, UK.

Poertner, J 2006, 'Social administration and outcomes for consumers: what do we know?' *Administration in Social Work*, vol. 30, no. 2, pp.11–24.

Proctor, K 1997, 'The bells that ring: a process for group supervision', *ANZ Journal of Family Therapy*, vol. 18, no. 4, pp. 217–220.

Ringleb A.H. & Rock, D. 2008, The emerging field of neuroleadership. *Neuroleadership Journal* 1. pp. 3-19.

Ruch, G 2005, 'Relationship-based practice and reflective practice: holistic approaches to contemporary child care social work', *Child and Family Social Work,* vol. 10, pp.111–123.

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

Schorr, L 1997, *Common purpose: strengthening families and neighbourhoods to rebuild America*, Doubleday/Anchor Books, New York.

Social Care Institute for Excellence (SCIE) 2004, Leading practice series, 5.0 Managing yourself, viewed, <http://www.scie.org.uk/publications/index.asp>.

Tuckman, B 1963, 'Developmental sequence in small groups', *Psychological Bulletin*, no. 63 pp. 384–399.

Turnell, A and Edwards, S 1999, *Signs of safety: a solution and safety orientated approach to child protection,* Norton, New York.

Victorian Child Death Review Committee (VCDRC) 2012, *Annual report of inquiries into the deaths of children known to Child Protection 2012*, Office of the Child Safety Commissioner, Melbourne.

Vince, R and Martin, L 1993, 'Inside action learning', *Management Education and Development*, vol. 24, no. 2, pp. 208–209.

Wagner, R James, PH and Hartner, K 2006, 12: Elements of great managing. Business Series, PGW.

Warman A. and Jackson E. (2007) Recruiting and Retaining Children and Families' Social Workers: The Potential of Work Discussion Groups. *Journal of Social Work Practice, Psychotherapeutic Approaches in Health, Welfare and the Community.* Vol 21 No 1 p35-48.

Wonnacott, J 2003, *The impact of supervision on child protection practice – a study of process and outcome*, University of Sussex, unpublished Master of Philosophy thesis.

Wonnacott, J 2012, *Mastering social work supervision*, Jessica Kingsley Press, UK.

Woodcock, M 1989, *Team development manual* (2nd edn), Gower Publishing Company, USA.

Yoo, J, Brooks, D and Patti, R 2007, 'Organisational constructs as predictor of effectiveness in child welfare interventions', *Child Welfare,* vol. 86, no.1, p. 53.

Supervision Function – tasks	Senior practitioner	Team manager	Practice leader	Team/group reflective activities	?
Management Function: e.g. Performance management; understanding role & responsibility; case planning and decision making; daily & longer term workload management; case recording meets standards; understanding role of other agencies; formal appraisal; leave negotiation					
Support function: e.g. creating a safe climate for reflective practice and helping to explore the emotional impact of the work; exploring conflict in a safe situation; clarifying boundaries between personal & professional					
Mediation function: e.g. negotiating and clarifying the team's role and responsibilities; consultation about policy and organisational change					
Development function: Assessing the practitioner's training & assessment needs; giving and receiving constructive feedback on performance					

Practice Activity	Self-Awareness	Self-Management	Social Awareness	Relationship Management	Based on the ratings in the first four columns give an overall (average) EI rating for each practice activity 0-5 (0 – very low, 5 very high)
	Rate your level of competence for each practice activity 0-5 (0 – very low, 5 very high)				
Assessment of staff					
Involvement of staff in decisions					
Supervision					
Live supervision					
Case consultation					
Coaching/ mentoring					
Team meetings					
Staff welfare issues					
Feedback to staff					
Working with other DHS staff (internal colleagues)					
Working with other agency/service network staff (external colleagues)					
Conflict resolution					

Appendix C: Self-care plan (from Dwyer, 2002)

In the next __ months I will make self-care a priority in my life because:

Not taking care of myself has the following impact on my life:

When I take good care of myself I notice:

The following people, places or activities bring me pleasure and comfort:

My strategies and plans for self-care (in both the personal and professional realm) are:

- On a daily, weekly or fortnightly basis I will:

- On a regular basis I will:

- In the next three to six months I will:

Department of
Human Services