July 2023

Title/Status-	GUIDANCE – POD Meeting Guidance
New Document or Revised	Revised
Responsible Head of Service	Safeguarding, Performance, Quality Assurance & Practice Excellence
Review Due Date	November 2025

Leicestershire Procedure for GUIDANCE- POD Meeting Guidance

Applies to - All Children

July 2023

PET
Practice Excellence Team
Growing Practice Together

POD Guidance

- Pods should be face to face and are a protected time for reflection and developing Signs of Safety & Trauma informed practice. Team meetings are the place where discussions re team business, performance are discussed. Team Meetings are also the arena where visitors should be invited and learning sets shared.

- **Frequency:** Pods should be held at a **minimum** of once a month for 2 hours and should be booked throughout the year. This will be service led based on service needs.

- **Attendance:** it is the expectation that all staff within the team will attend with the exception of the Team Manager. The only exceptions to this are Court Work, attendance at an ICPC and Annual Leave. Attendance at pods will be captured and over seen by the Team Manager/Service Manager via supervision.

  How they are run: staff can still run Pods using the group supervision model, or by following our A-B-C of 3 core values - Aspiration - Being Curious – Collaboration. **Aspiration** what does the person presenting a child/family/carer want to get from the reflection. **Curious,** asking questions that look beyond the presenting behaviours, what else might be happening here, why might this be happening. **Collaboration** – working together to come up with solutions and next steps. As with the Group Supervision process this will need a person to guide the process and it would be helpful for the worker to give an overview at the start of the reflection as is the case in the Group Supervision Model.

  What they can be used for: to grow and develop SofS & Truama informed practice by mapping a case, developing questions to ask the young person/family/carers, to understand their strengths and safety in place, seek clarity in what harm the child/young person may have experienced via the harm matrix, support in writing trauma informed danger/worry statements, Safety/Success/Stability/Wellbeing Goals and scaling questions, help in considering how to explain what has happened to a child via words and pictures, learning from good practice through an appreciative enquiry. Understand a family's hidden trauma, loss, events and illnesses and significant cultural and historical events going back generations, using cultural genograms and social graces, seek a family's network and consider the robustness of safety/support plans. The learning hub has a variety of tools that workers might bring to pod to see how they might use it within their work with a family by applying the SofS and Trauma informed practice models. For teams that do not case hold they might use pods to look at topics applying the SofS framework to understand what we are worried about, what's working well, where are we now via scaling and next steps.

  Recording: These discussions and reflections and agreed next steps need to be recorded on the young person's case file.

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The purpose of this document is to be used as an aide and guide to support workers managing/chairing POD meetings.

Pod meetings are not a place for decision making. They are a place for learning and reflection. Focus should be on the worker and what is helpful for them thorough the group supervision discussion, not on providing solutions to the case or just gathering information.

1. Recording of POD on Case Files

If group supervision has been completed on a case, it is important to show this on the child's file to show the work that has been done and reflections as a result. Alternatively, if you complete a full case mapping, you can copy that mapping into the recording under summary.

Recording template as follows:

Title – *POD Group Supervision*

Present – *Sarah (child's social worker), add names of other workers present*

Workers Goal – *ie. I want to be able to think of ways to draw out the strengths in the family and have conversations with parents that highlights strengths so that I can then use that to start to think about ways of building safety in the future*

Summary of discussions/work undertaken

- *Sarah gave her 4 minute summary of the case*
- *The group spent time individually coming up with strength questions that Sarah could use*
- *The group came back and discussed and shared their questions together. The group talked about the difference of strengths and safety questions. The group came up with further strengths based questions around the topics of family support, the child's education, and how alcohol use has been managed well in the past.*

How will this be used/taken forward

- *Sarah has a visit to the family on Friday and is going to use some of these strengths-based questions in a session with parents.*

2. Group Supervision Process

Please see the Signs of Safety workbook for detailed guide to group supervision. This can be found in the Signs of Safety pages on the learning hub, or follow this link:

https://leicestershiretotara.learningpool.com/pluginfile.php/52592/mod_resource/content/1/Group%20Supervision%20Process%20whole_document-%20AI%20v1.0.0.pdf

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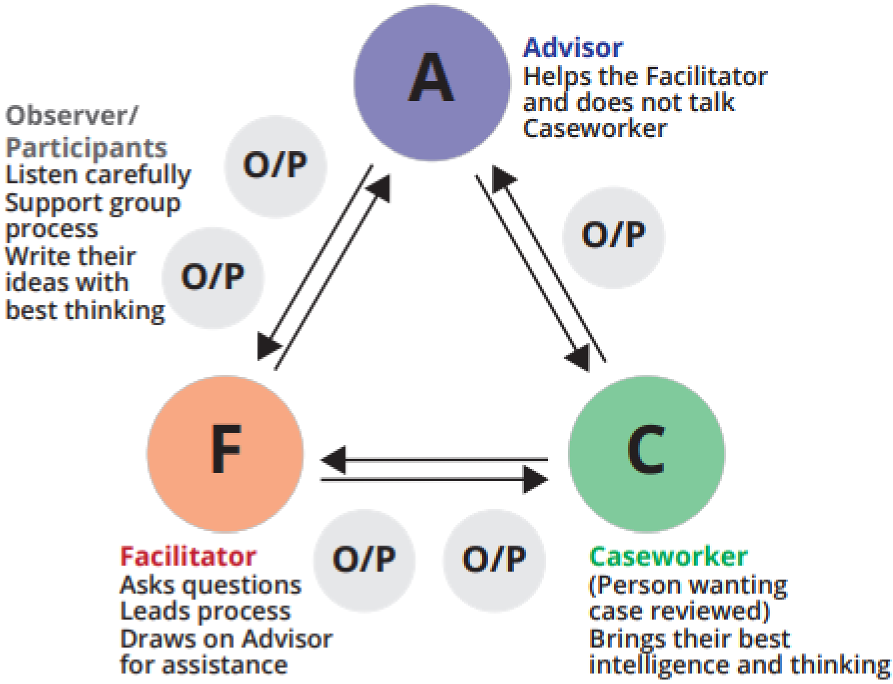
The Signs of Safety group supervision process is designed for groups of 4 to 10 people. It revolves around the caseworker, or caseworkers who bring forward the case. The facilitator leads the group process, assisted by an advisor. Other group members are involved as observers/participants. The roles of each are described in the following diagram:



The focus needs to be on the process as a way of learning and slowing down thinking, not focused on the content and detail of the case. This process is all about growing the capacity for the team to create together a process for working through, and getting direction in a case. For this process to be the most effective, it needs to be led and managed throughout.

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All group supervision must start with steps 1 – 4

The **workers goal** is one of the most important parts of this process. This is to help the worker talk about what they want out of this process and discussion. This should not be a goal for the case but goal from this discussion. Ie, not “I want the child to be safe” or “I want the family to follow the safety plan”, but instead “I want ideas of ways I can try and talk to the family about how we can think about keeping the child safe”, or “I want help to think about the safety plan ways to try and engage the family in this”, or “I am stuck to know what to do and it would help to think about questions to try to use with parents to unpick the situation about their relationship”. For this part, workers will often come up with a goal which is focused on getting a solution for the case, however, the facilitator needs to develop the goal with the worker so that it is something achievable for the session with a focus that the group can then work towards achieving as a way to support the workers future practice on the case.

This is about practice, thinking and learning, not decision making

At the end of the process the facilitator reviews the process by asking the worker: ‘What has been most useful for you about the process so far?’ Then the facilitator asks this question: ‘On a scale of 0 to 10 – where 10 means I’ve got what I need from the consult already and 0 means I’m no better off or any clearer than when we started – where are you?’ If the group has stayed on track, the worker should be rating relatively high at this stage. The facilitator then asks the worker if this is enough for now. If yes, the activity ends there, if not, they can continue.

3. Topics

Any topic or activity can be appropriate if it is in line with the workers goal. Below are some suggestions

- Case Mapping
- Harm Matrix
- Danger statements, safety goals and scaling questions
- Words and pictures
- Appreciative enquiry
- Cultural genograms and social graces
- Strengths and safety questions
- safety planning
- finding the network meeting

Below is a list of activities that could be used for the following areas identified within the workers goal. This list is not exhaustive. Further activities can be found within the learning hub pages and within the Signs of Safety workbooks.

If a clear goal can be identified, then any activity can be planned around that goal and so the options are vast. When setting an activity, the main thing for the facilitator to think about is that within that activity, group members must be given some time to think individually, and then feedback to the group. This helps enable and support slowing down thinking and workers developing their own skills, with the help of the group and facilitator. For instance, if it is an area in their assessment that they are struggling with how to unpick, the group could come up with questions for the worker to use with the family to unpick that area. The facilitator could allocate different types of questions to different workers, for instance strength/safety questions, scaling questions, past/present/future orientated questions.

a) Case Mapping

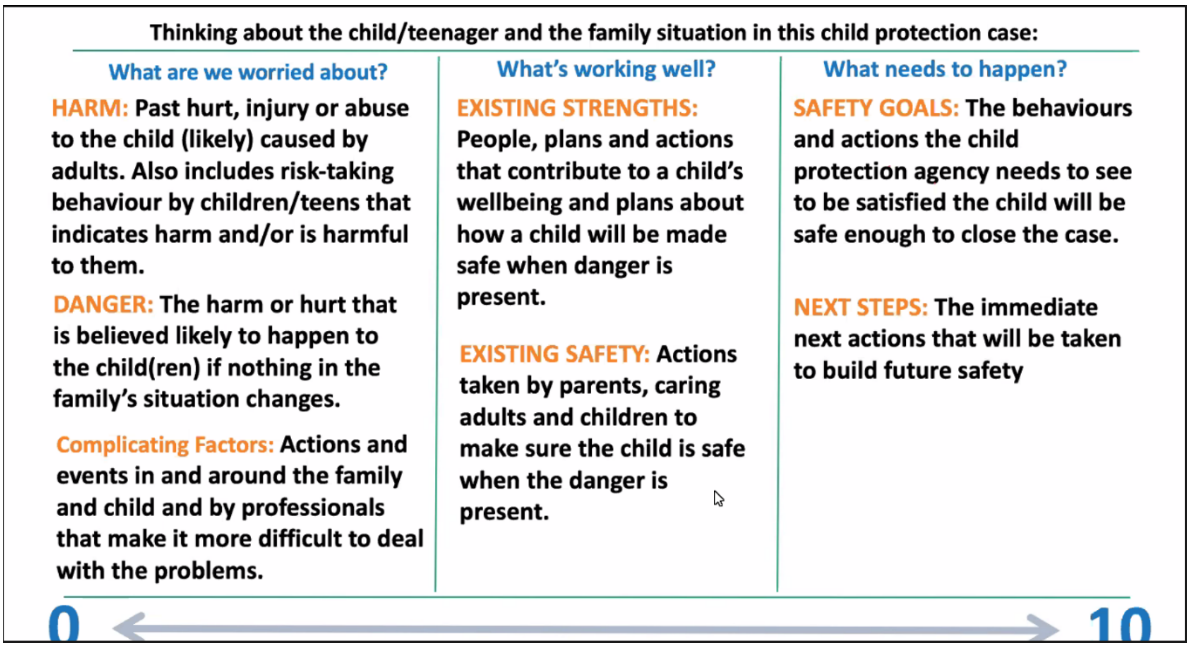
Case mapping is only one activity that can be done in a POD meeting. If a worker wants to do a case mapping it needs to be clear in the workers goal about why this is needed. Remember this process is for learning and not decision-making. It is important for the facilitator manages this process and focuses the group on the learning, not on the specifics of the case and detail. Be clear why this process is needed:

- a stuck case for new thinking/ideas?
- to help the worker analyse harm, strengths and safety and identify best questions to fill any gaps?
- to help the worker come up with questions for each of the domains that the worker can use with the parents or the network?
- To help show the difference of harm and complicating factors?

Follow step 1 – 4. Facilitator then ask questions to record appropriate information within each of the domains, seeking support from the advisor. The facilitator can guide the discussions to dig for more detail within each domain and ask the group to really think and reflect about each domain. The facilitator could ask the group for their thoughts on the process or any other question/focus related to the workers goal and the reason for the case mapping.

If a full case mapping is completed, this can be recorded full on the case records.

This is an image with prompts to help with the mapping:



b) Harm Matrix

Follow steps 1 – 4.

If the workers goal relates to analysing the case or harm, the harm matrix can be a helpful tool.

Find a blank copy here:

https://leicestershiretotara.learningpool.com/course/view.php?id=4450

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Signs of Safety Harm Analysis Matrix

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers.

Chronicity / Action/Impact	Timespan	First incident	Worst Incident	Last Incident
Behaviour *The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour*				
Severity *Describes how bad the harmful adult behaviour is*				
Impact *Describes the physical and emotional impact of the adult behaviours on the child*				

The facilitator asked the group individually to fill out details of the matrix based on the 4 minutes of information they have heard. This is to help everyone slow down and think of how to analyse the harm. You could give everyone 5 – 10 minutes to do this.

The facilitator asks people to share their work in pairs and to discuss why they placed the information where they did, or to feedback as a group. This would lead to discussion.

Next you could think about your matrix and the gaps. The facilitator asks the group to think about what best questions they can come up with for the worker to be able to fill in the gaps or blank areas. Remind people to be curious and to ask questions that stay focused around the Harm Analysis Matrix. Questions should be written out fully in the form they would actually be asked. Everyone reads one or two of their strongest questions.

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This is a guide to help think of what to include:

Time / Action/Impact	Duration	First Incident	Worst Incident	Last Incident
Behaviour *The dangerous or harm-causing adult behaviour. Can also be a young person's dangerous behaviour*	What is the worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?	When and what was the first time the agency heard about the worrying adult behaviour?	When, and what was the worst event of worrying adult behaviour the agency knows about?	When, and what is the most recent event of worrying adult behaviour the agency knows about?
Severity *Describes how bad the harmful adult behaviour is*	Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?	How bad was the first event of worrying adult behaviour?	How bad was the worst event of worrying adult behaviour?	How bad was the most recent event of worrying adult behaviour?
Impact *Describes the physical and emotional impact of the adult behaviours on the child/ren*	Over the whole timespan the adult behaviour has been happening, what has been the overall impact on the child/ren?	What was the impact of the first incident on the child/ren?	What was the impact of the worst incident on the child/ren?	What was the impact of the most recent incident on the child/ren?

c) Writing Danger Statements, Safety Goals and Scaling Questions

Follow steps 1 to 4.

The facilitator asks each person to sit on their own and write a danger statement, safety goal and scaling question in relation to what they have heard in the 4 minute summary. You could give 10 – 15 minutes for this.

After the facilitator asks everyone to read out theirs. In this part, it is about sharing and encouraging staff to share their practice, not about commenting if they are "right" or "wrong".

At the end you could ask the worker for their thoughts on hearing different people's statements and thoughts on the process.

You could ask the group to talk about that experience – what did they learn? What did they find helpful?

d) Words and Pictures

Follow steps 1 to 4.

The facilitator asks the group to think about coming up with questions for the worker to help them work with the family and/or network to develop words and pictures. The main four questions that help structure thinking around creating words and pictures are as follows:

- Who is worried?
- What are we worried about?
- What happened because of the worries?

- What's happening now?

The group can use these as prompts to come up with questions that the worker can use when talking to parents and/or the network to gather important information for the words and pictures explanation. Ask each worker to sit and do this independently for 10 minutes. Then ask each person to read 2/3 of their questions. The worker can then talk about which questions they are drawn to and which might help on this case.

Another activity is around difficult topics. A worker might be struggling to describe a particular topic in a words and pictures, for instance, sexual abuse. The facilitator asks each person to draw a picture and write a description of this topic. The facilitator then asks workers to share this with the group to enable discussion about ways to approach the topic, images and language to use.

e) Appreciative Inquiry

At the beginning of doing an AI with the worker, the facilitator asks everyone to write down their best eliciting question – i.e. the question they would want to use if they were facilitating the AI. The facilitator also develops an eliciting question. Depending on time, some or all of the group share their suggestions. Together the facilitator and worker decide which would be the most helpful question to begin with. Using the EARS framework, the facilitator leads the AI. Group members observe the AI and write down the questions asked by the facilitator, identifying the eliciting, amplifying and reflection questions.

Elicit – *thinking about your work? what's the piece of work you feel most proud of? Tell me about an event/experience you want to focus on? What is a challenging situation you have overcome?*

Amplify – *who, what, when , where, why, how – bring out behavioural detail of what the person did*

Reflect – *biggest learning, most proud of, achieved, surprised you, what difference did it make?*

Start-over – *further eliciting question, what else? What else?*

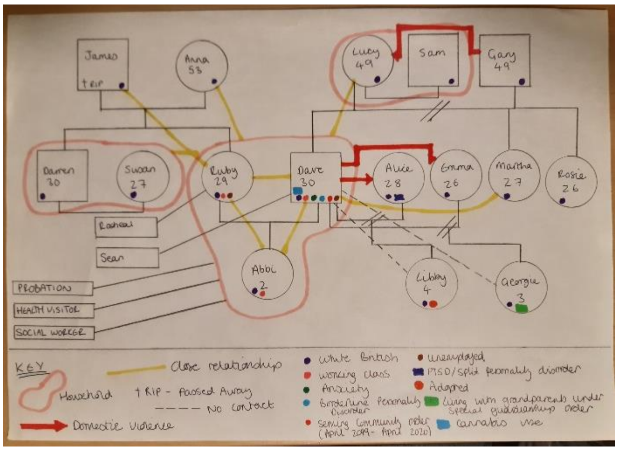
f) Cultural genogram and social graces

This is an activity to use if the worker wants to consider patterns within the family, identity of the family, or considering identity of the worker.

Check the hub for the slides and recording of the virtual practice forum on cultural genogram and social graces.

Follow steps 1 to 4.

Use the genogram developed in step 2 as a base. Information from the 4 minute summary can be added onto the genogram and made clear using a key. The facilitator then asks the caseworker further questions about the family based on the social graces and uses this information to add onto the genogram.



One of the main benefits of the cultural genogram is allowing us to think about the importance of context. This tool can be used in many ways, including thinking about your own graces and how these impact on your work and relations with the family, and as a way to identify patterns, identity, depth of family context. Some suggested activities are below, however, you can use this tool in whatever way you think would support the workers goal.

If the worker wants to focus on patterns within the family – the facilitator can ask the group to look at that genogram individually and make a note of any patterns. This could be trans-generational, within households, across different parts of the family. The facilitator then asks the group to feedback with each worker sharing a pattern they have noticed. Use these discussions to hypothesise what the impact of any patterns noticed on our understanding of the worries.

If the worker wants to focus on identity – the facilitator asks the group to think about the genogram individually and which aspect of identity they are drawn to on the genogram. The facilitator asks the group to write questions relating to that aspect of identity that the worker could use to ask the child and/or family to open up discussions. Afterwards, the facilitator asks the group to feedback which aspect they were most drawn to and why, and share 2 or 3 of their questions.

If the worker wants to focus on identity of both the worker and the family – the facilitator asks the group to think about the genogram individually thinking about sameness and difference – what are the differences in identity for themselves as a worker and the family and what might the impact be, what are the areas of sameness and what might the impact be. Although it may only be the case worker who is working with that family, this exercise gets everyone to think about their own identity. Afterwards, the facilitator ask for feedback and workers thoughts. This is a personal activity and so not everyone will feel comfortable sharing but encourage the group to do so. If no one wants to share their thoughts, the facilitator could ask for comments about how they found the process.

g) Hypothesising

If the worker is feeling stuck in their understanding of a case and what might be going on for a family, this is a good activity to get people to open their mind to alternative options. Developing hypotheses help to generate ideas around what could be going on for a family in relation to a particular dilemma or concern. Hypothesising is about thinking about what “might” be happening for a family, or what “could be” happening, and what “might/could” be possible explanations about the underlying reasons for worries or family patterns.

For example, a social worker may have a particular idea about a family because they’ve had a similar experience in their own life, or a similar situation on another case. If we become wedded to an explanation of what is happening with a family, then that idea can often blind us to other notions of what may be happening in that family. Hypothesising avoids this, as we generate many ideas. A hypothesis is not a fact, but instead is just an option of what could/might be happening for a family based on what we know. The most dynamic hypotheses involve thinking about **relationships** (so more than one person) and considers what could be the **beliefs** underneath **behaviours.** The facilitator should encourage the group to think openly about what could be happening and be clear that there is no right or wrong, this is an exercise to encourage workers to think of alternative explanations however varied that may be. This is about being curious.

The facilitator asks the caseworker what their current dilemma is on the case. This could be “How do we alleviate Mum’s biggest fear about her son being removed from her care for her to feel confident to be open and honest with her network and professionals?” or “How do we support Dad to really understand the impact of his behaviour on Mum and the children, their current safety, emotional well-being and development?” or “I wonder why there is a pattern of the worries being addressed and things getting better, but then things getting worse again and this pattern repeating itself”

The facilitator asks the group to think individually to come up with a hypothesis based on the workers dilemma and the 4 minute summary. Afterwards, the facilitator asks the group to read their hypothesis. The facilitator then asks the case worker to select 1 or 2 of those hypothesis that they are most interested in. The group then discuss how the case worker could test out that hypothesis to see if it could be an explanation for what is happening – this could be thorough discussions or questions that the worker could have with the family.

An example of a hypothesis could be “as a child growing up and into his adult years John witnessed domestic abuse between his own parents and as such is conditioned to believe this is acceptable behaviour within intimate relationships. John struggles to accept that the relationship with Jane is over as there is a history of them reconciling therefore his pursuit of Jane is an attempt to win her back. John struggles to identify the impact of his behaviour on the children as no one was able to mentalise on his behalf as a child. If this cycle continues, it is likely that the children will adopt similar behaviours. " Or Jess' history of abuse from her father saw her mother not act in a protective manner, as such, this has meant she has not had a role model of how a mother should act and behave toward her children. Therefore, she lacks understanding of a mother's role and has replicated her family script in her own parenting of her children now".

A session could cover both cultural genograms and hypothesising.

h) Questions to find strengths and safety

Follow steps 1 to 4.

The facilitator ask the group to work individually and come up with strength and safety questions. The facilitator then asks the group to share 2 or 3 of their best questions with the case worker.

Existing Strengths – People and actions that make the family and child's life better. Plans about how children can be made safe when the danger is present. For example "Who do you turn to for help in dealing with problems? How do they help you?; What do you like about your son? If he could talk what would he say you are good at?; You mentioned that it is not always like this. Can you tell me what is happening when the situation is ok? What is different about those times?"

Existing Safety – Actions taken to make the children safe when the danger is present. For example "How can we help you make things better and make your child safer? What do you think you or others could do to make your child safer?; Can you tell me about how you managed the situation last week when you wanted to use drugs but did not? How did you do that?"

Safety is strengths tested over time

i) Ideas for safety planning

Follow steps 1 – 4.

The facilitator asks the group to work individually and think about questions that the worker could use when trying to develop the safety plan with the network. Prompts could be given around the following question topics:

- To find existing strengths
- To find existing safety
- To identify triggers
- Who has been involved in the past?
- How has safety been achieved in the past?

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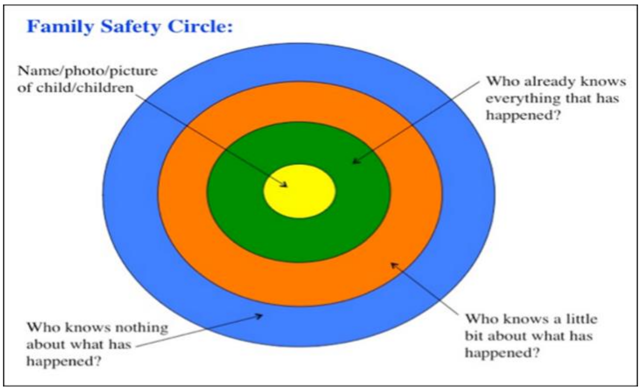
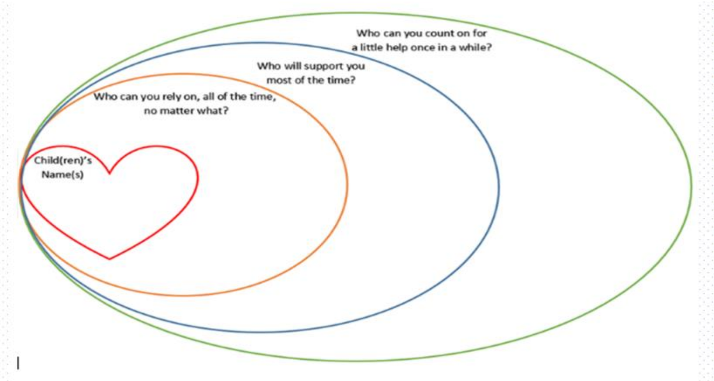
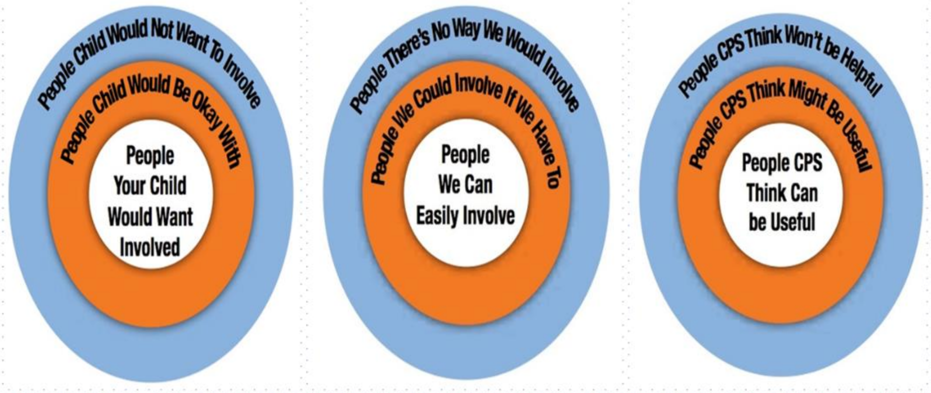
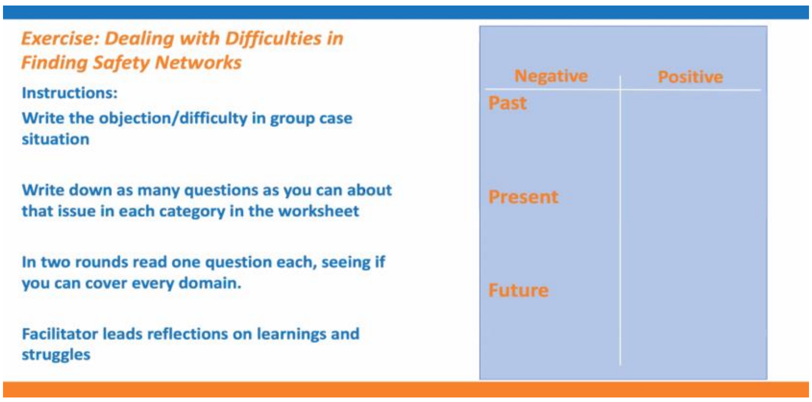
j) Questions to use in a network meeting

Follow steps 1 – 4.
The facilitator asks the group to work individually and think about questions to help the worker identify a network. Tools could be used to help workers structure and think of questions. These can all be found on the learning hub.









Group Supervision roles

Facilitator
- Asks Questions
- Leads the process
- Draws on advisor

Advisor
- Gives advice when asked
- Assists facilitator
- Does not speak with caseworker

Case Worker
- Brings case
- Brings best thinking and intelligence

Participant/Observers
- Observe process
- Be fully present and attentive to the process
- Undertakes the tasks agreed to support caseworker through good analysis

Steps for running a session

1 Facilitator introduces task for group and assists in allocating roles

2 Facilitator completes genogram with caseworker < 3 mins

3 Facilitator invites caseworker to set out the case and why it is open now < 4 mins with no interruptions

4 Facilitator asks caseworker what it is they want out of this consultation today—get this to

5 Everyone in the session then **works on their own** to complete the agreed task arising from the workers goal **based on what they have heard. Examples might be drafting DS/SG/SQ's; good questions to create a W & P; good questions to ask the family to increase their safety network.**

Invite the group to share their attempts without comment or qualification.

< 10mins

Quick guide to setting up and running a Group Supervision session

Next Steps

When you are clear about the workers goal then this can help you identify the next steps you may want to take in the group supervision, EG:

- Danger/Worry Statements & Safety/Success Goals
- Scaling questions
- Harm Matrix
- Finding the network
- Trajectory
- Safety plans
- Words & Pictures
- Developing good questions to find strengths & safety

Top Tips

- Ensure it is regular and prioritised
- Group needs to be between 4—10
- Focus on the process and not get drawn into the detail of the case
- Remember it is not a decision making forum or where confirmation is sought about a particular view of the case
- Try different tools to vary what you do in the sessions.

Remember—

IT IS NOT A REVIEW ABOUT THE CONTENT OF THE CASE