Study groups as professional development for advanced caseworkers

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During 2003-2005, Anglicare Victoria conducted study groups for their advanced caseworkers. This program was developed in consultation with senior staff within the context of Anglicare Victoria's Services Practices Manual, including Theoretical Frameworks. It aimed to provide senior practitioners with peer support, education and discussion.

The study group model was a collaborative approach using adult teaching principles and strategies. Central to each session was a case presentation from one of the participants which provided an opportunity to integrate learning with theory and practice. A training model of the study group is presented.

Evaluation indicated that the study group reduced participants' isolation, increased their confidence in engaging family members, including fathers, and broadened their conceptualisation of family problems. Learnings and proposed changes to future study groups are identified.

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In a neo-liberal climate of reduced welfare spending, there is increasing emphasis on cost efficiency and outcomes. Managers are under pressure to demonstrate effectiveness or risk losing conditional, outcome-based funding for their programs. Under these pressures, supervision of staff often is reduced to accountability and monitoring aspects. Front line workers individually are carrying greater responsibilities for complex caseloads, with less supervision or opportunities for debriefing (Jones 2001). As part of cost efficiency, some agencies are employing workers with lower levels of qualification and attempting to augment their knowledge and skills through professional development on the job. Ideally, this enables training specific to the practice context. In reality, however, 'competency' training, without an orientation to core values, self reflection and theoretical frameworks, is insufficient in addressing the dilemmas of the multilayered complexities of contemporary public welfare.

To address the professional needs of staff, Margaret Matters, Manager Professional Development at Anglicare Victoria, initiated a foundational casework course and a study group to extend the knowledge and skills of new staff and 'advanced family practitioners'. This included team leaders, experienced family service, youth, welfare and foster care workers. The authors were the facilitators for the study group.

PHILOSOPHY AND THEORY OF THE STUDY GROUP MODEL

In planning the Anglicare study group, the facilitators used adult learning principles based on Knowles' (1970) supposition that adults' life experience equips them to be in dialogue with their teachers and they will learn new knowledge, attitudes and skills best in relation to that life experience (Vella 1994). We subscribe to Freire's (1972) criticism of the 'banking' model of teaching that sees information as 'deposited into' the learner. Freire advocated 'critical self-insertion into the reality of one's own situation' (1972, p.152) as part of educative praxis, in which action and reflection occur simultaneously. Vella's twelve principles for effective adult learning underpinned the philosophy and process of the study group. These are:

- participation by participants in naming what is to be learned;

- safety in the environment and affirming processes;

- sound relationships (respect, open communication, listening and humility) between learners and teachers;

- careful attention to sequence of content and reinforcement;

- praxis: action with reflection or learning by doing;

- respect for learners as subjects of their own learning;

- cognition, affective and active aspects;

- immediate application of learning;

- clear roles;

- teamwork and small groups;

- engagement of learners in what they are learning;

- accountability and evaluation.
  (Vella 1994, pp. 3-4)

In terms of social theory, the facilitators worked from a critical postmodern analysis of social issues. *Critical* theory deconstructs and addresses the impact of the dominant structures of power, gender, class, race, political and other decision-making institutions (Pease & Fook 1999). *Postmodern* theory acknowledges unique and diverse interpretations of experiences (Lundy 2004) and the exercise of power through meaning-making conversations and practices. Reflective practice and a constructivist analysis underpinned the orientation of the facilitators.

Educational research suggests that an effective method of teaching welfare practice starts with the particular (the problem), then moves to theory relevant to the issue (Boud & Feletti 1997; Duch, Grolh & Allen 2001). This is in contrast with more formalised, top down models which start with the theory and knowledge, then move to the particular issues of practice (Osmond & O'Connor 2006). Participants' case presentations were therefore core to the study group in raising and addressing real dilemmas from which knowledge, skills and ideas could be identified.

Expressions of interest were sought across the organisation for practitioners to enrol in the study group. At least five years' experience in working in youth and family services and a formal tertiary qualification were required to ensure that we had participants who were operating at a similar level. The participants were working in family services, youth services and home-based care. Both facilitators had many years' experience working in public welfare as practitioners and managers.

The content of the program was determined by the participants, as outlined next.

1. What did the participants want from the course?

The first session was devoted to activities to build relationships and plan the program. Participants identified the processes, content and group rules they wanted, which included opportunities to:

◊ discuss and 'pull apart' complex cases and issues;

◊ reflect, share experiences and be challenged;

◊ integrate practice with theory via practical exercises and reading provided in advance of sessions.

The group identified the following constraints as those that would prevent them achieving their aims:

◊ feeling pressured to come up with answers;

◊ personal issues and work crises;

◊ lack of workplace support to attend the study group;

◊ insufficient level of safety and trust in the group;

◊ rigid thinking or being told solutions by the rest of the group;

◊ too much reading, theory or homework;

◊ distractions such as mobile phones.

These ideas formed the process and rules of the study group.

2. The process of the study group

Based on adult learning principles, we adopted a 'participate by choice' rule for all activities such as case presentation and role plays. The overall aim of the study group was to provide practitioners with:

◊ education and knowledge in specialised areas of family-sensitive practice;

◊ support in the development of skills and competence in the application of family sensitive practice;

◊ opportunities to develop practitioners' unique working styles;

◊ discussion, dissemination and exchange of ideas and theories of advanced family practice;

◊ identification of future professional development needs and each practitioner's own unique style.

Each session followed a format of an initial, short, didactic presentation of theory, discussion of set readings, individual and group exercises such as brainstorms, role plays, group sculptures and individual work sheets. A case presentation by one of the participants was the vehicle for integrating the theory with participants' day-to-day work dilemmas (see case presentation framework, Appendix 1). The person presenting the case articulated what they wanted from the group. Activities were modified to cater for the specific requests and to relate it to the day's theme. Figure 1 shows a visual representation of the design of the study group model that evolved from the collaborative planning process.

Figure 1   Diagrammatic representation of the study group training model
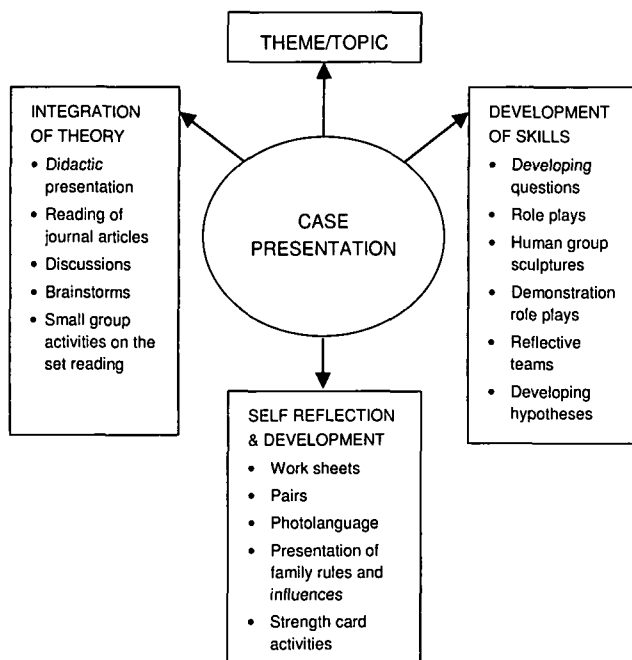
3. The study program

The group selected topics through the process of brainstorms, small group discussions and identification of individual priorities. There is not sufficient space to discuss the details of each session here. Instead, a few points will be noted about each topic, identifying the key areas of discussion, key readings and some of the learning outcomes.

Grief and loss

This began with a brainstorm and analysis of dominant beliefs about loss in relation to gender, class, race, dis/ability, location, age and sexual orientation, and a discussion of disenfranchised grief (Allan 2003). Community and cultural expectations and constraints in relation to mourning were identified and, through the case study, participants noted the importance of considering the range and depth of losses that families experience, particularly around unacknowledged grief. The group explored the power of narrative questioning in challenging limiting discourses about death and grief (White 1998) and identified the importance of including all family members in conversations of losses – past, current, anticipated, overt or unacknowledged.

Case management

The group critically appraised Anglicare Victoria's case management framework in light of a modified version of Rothman's (1998) case management model in practice, focusing particularly on the ways that organisational

requirements can impede workers' openness and responsiveness to the realities of clients' experiences (Cleak & Serr 1998). Issues such as financial and material needs, the impact of domestic violence on children and lack of understanding of cultural experiences were some of the broader contextual constraints identified. A key theme that came through this discussion was the idea of support as the act of 'being with' people in their difficulties, rather than 'servicing' or trying to 'fix' or give things for and to them (Waddell 1989). Participants expressed relief at the idea that the caseworker does not have to change everything. Instead workers can listen to the family's story and respond to people's requests with supportive conversations and actions.

Narrative approaches and interventive questioning

After an initial, brief overview of the principles and processes of narrative approaches with individuals and families (Monk, Winslade, Crocket & Epston 1997), there was a particular focus on externalising (separating) the problem from the person. The case study provided an opportunity to practise 'interviewing the problem' (Roth & Epston 1996) and honouring people's stories to find positive alternative ways forward (Morgan 2000). The participants identified that they had a sound knowledge of the theory and philosophy of this approach, and reflected on how challenging it was to brainstorm potential narrative questions.

Exploring professional and family boundaries and constraints

This session began with an initial exploration of the intersection between our personal constraints and those of the families with whom we work (White 1986). Bowen's theories of 'differentiation of the self' (Brown 1999) were the basis of this session. These were considered from personal and professional perspectives with one group member exploring her family of origin and its impact on her work, through a family sculpture. The importance of family dynamics and seeing the whole family as an interacting system of several individuals with differing perspectives was highlighted in this session. Both of the facilitators described their families of origin and the impact they had on their work with families. Patterns of interaction from our families of origin were traced to practitioners' interactions with clients.

Understanding families at risk and in perpetual crisis

The complex experiences of poverty, violence and abuse, substance addiction, criminal activity, discrimination, poor health and isolation contribute to high levels of crises in many families referred to human service workers. Kagan and Schlosberg's (1989) analysis of crisis as a means of avoiding emotional pain provided a basis for exploring the impact of crisis, risk assessment and developing priorities when working with families at risk. The case presentation

provided an opportunity for participants to identify and develop 'safety bottom line' statements that they could hypothetically say to the family.

Including children in family work

Participants expressed uncertainty about when and how to work with and include children in family work. Using empowering questions (Berg 1994; Selekman 1997), the group developed and practised developing strength-based questions to engage children at different ages and stages.

Supervision of family work

Two aspects of supervision and case work were addressed: Kadushin's (1985) model of supervision (adapted), and the differing levels of supervision required in a situational leadership approach (Hersey, Blanchard & Natemeyer 1979). The different functions of supervision and management styles (McMahon 2002) were explored experientially though a supervision scenario. The group brainstormed key aspects of effective and ineffective supervision.

Worker self care

Anecdotal and documented research stories describe the stress, self-doubt and fear experienced by front line practitioners (Adams, Dominelli & Payne 1998; Jones 2001; Stanley & Goddard 2002). In their study of fifty protective workers in Melbourne, Stanley and Goddard (2002) reported that 23 had received at least one death threat, 9 had been assaulted, 5 threatened with a gun and 22 threatened with assault. With increasing devolution of previous statutory protective roles to non-government organisations, these dangers are increasingly part of family caseworkers' experiences, yet are under-reported by workers. Managers are responsible for ensuring workers' awareness of how to avoid or handle threatening situations as well as providing supervision and debriefing following critical incidents.

The Selfless-Self Caring—Selfish Behaviour continuum (Condonis, Paroissien & Aldrich 1990) was theoretically and practically explored. The key outcomes from this session were the acknowledgement of the dangers of the work and a set of principles regarding workers' entitlements to safety (McBride 1998). We discussed some of the constraining beliefs that prevent practitioners prioritising their own self care (Costello 2004).

4. Evaluation of learning outcomes

As this was a pilot program for Anglicare Victoria, evaluation of participants' views about the impact of the study group on their casework practice was built into the program. Participants identified and documented their own learning goals and undertook a pre and post-test written response to a case scenario (see Appendix 2) as a means of evaluating changes in their conceptualisation and practice

response. In addition, participants were asked to complete anonymous questionnaires after each module, at the end of the program and 6 months after its completion.

The first session scenario test response was repeated in the last session. The written goals and original scenario responses were returned to participants after their second (post-course) response to the scenario. Participants identified and noted any differences in their responses.

Participants identified that they were taking a more reflective approach, standing back to re-assess situations and carrying less emotional responsibility for change in families and therefore carrying less anxiety.

Differences identified between responses to the vignette

In general, participants reported few *major* differences in their responses to the vignette. Most, however, described a shift in the focus, processes and timing of their responses to the case scenario:

Family inclusivity:
Several participants indicated that the second time they looked at the case vignette, they thought it was important to spend more time engaging with *all* members of the family and listening to their stories:

> I would probably focus more on engagement and rapport building ... before identifying goals or setting contracts.

Others noted that they were:

> ... not being so hard on clients (and) going slower,

and:

> ... more likely to hear and clarify what the family wanted.

Role clarification:
Some participants described being clearer about the scope of their role and feeling less pressured to 'fix' everything:

> I would now set smaller achievable goals which is positive ... (I'm) not feeling the need to rescue the family,

and being:

> ... more realistic about my role and its limitations.

Seeing issues in context:
Participants described a broader frame of reference from which to identify issues facing families, such as cultural expectations on fathers:

I have since worked with a Lebanese family with most of the issues. The second time (I read the scenario), there was more clarity and brevity and my answers were more orderly. Now I am better able to identify broader issues of culture and the husband's needs.

... more clearly identify the risks in the family, e.g. father's role and feeling in relation to the family as a provider, and cultural pressures from extended family.

Strength-based approaches:
Participants were familiar with strength-based theories such as narrative and solution-focused approaches, but some said they would start identifying strengths earlier the second time. This is indicative, perhaps, of a shift from using 'strength-based work' as part of a toolbox of techniques, to having a view of human nature that assumes strengths.

I would spend more time speaking with the family and DHS on what worked well in the past, what needs to change, etc. I would be more respectful of the previous work that had happened.

Safety:
Safety was acknowledged as an issue both times, but:

My first answers (to the vignette) focused a lot on issues of safety but now I think engagement and safety need to happen simultaneously.

Overall, the changes that participants identified between the first and second responses to the vignette were subtle yet significant.

A more realistic picture of what they could achieve paradoxically gave them greater self confidence and ability to be more assertive when necessary.

OVERALL FEEDBACK

Some common themes emerged from the feedback at the completion of the study group:

Reflection

Participants identified that they were taking a more reflective approach, standing back to re-assess situations and carrying less emotional responsibility for change in families and therefore carrying less anxiety. This was having a positive impact on their work. Participants in supervisory roles identified that, while they had previously valued the idea of 'self care', they were now implementing self care practices as part of supervision:

I have introduced self reflection case studies within the team to look at complexities of the work and how best to manage the situation.

Thinking about constraints

The acknowledgement that constraints exist for everyone – workers, families, internally and externally – was identified by participants as being helpful in reflecting on their practice. A more realistic picture of what they could achieve paradoxically gave them greater self confidence and ability to be more assertive when necessary. One participant identified that one of the biggest changes in her practice was:

... understanding of working with constraints, from the system to the individual and ... understanding that clients have their own personal system of external and internal constraints.

Strengths approach in practice

Although many of the participants identified that they already worked from a strengths perspective, there were shifts in their consolidation of these ideas in practice. For example:

I now assume a greater competence in clients.

Others identified feeling at greater ease:

... being where the client was at ... (rather than being prescriptive),

and:

I approach my day-to-day work with a more positive attitude.

Use of questions

Using a narrative approach, especially the notion of externalisation of problems, was seen as useful. This created greater confidence in using questions about differences with families and supervisors:

I think more about constructive/amazing questions to ask and start to challenge negative responses with questions – Will it help? Why wouldn't it help?

There was a general sense of wanting more opportunities to develop narrative skills.

Supervision skills

Changes in supervision practices were identified. The situational leadership framework was considered helpful in understanding the team and as:

... a framework for where workers are at ... and ... more questioning/exploring in supervision and case discussions re conceptualising the risks and strengths in cases.

The 'good enough' worker

Participants appreciated the opportunity for peer case discussions each session. This reduced isolation and affirmed people's confidence about their work:

> Listening to others' stories in this course has made me realise that ... you don't have to be a superdooper worker, just work more realistically. It's good knowing others have similar problems ... I am not so isolated.

Sharing the commonality of stress meant that participants realised how confronting and hard their work is and that there are no easy, quick fixes.

> (The group) has helped me just sit with the family's issues and assess where they're at now, instead of getting myself stressed. I now realise they've been like this for a long time and I can't change it just like that so, as long as the children are safe, I can take time to listen to them and go at their pace.

Case management

Participants, all senior case workers and managers, felt that they had developed a clearer perspective of the case management role. They reported having a greater sense of balancing management tasks and counselling, greater clarity around boundaries and the limitations of the role. One participant said she now had a:

> ... clearer (understanding of the) case management role and accepting of other services re: help or outsourcing ... not feeling that you, the worker, have to do everything.

Learnings and proposed changes

As facilitators, we learned alongside the participants and, on the basis of feedback and our experience in the group, we consider the following changes would enhance future programs:

- Add a session on 'including fathers' in response to participants' recommendations.

- Build in training on how to run self-directed peer groups. Having made good connections with other Anglicare workers, some of the participants planned to maintain contact and case discussion groups. A session on peer supervision may be useful in facilitating this process.

The process of didactic input, brainstorming, case example and integrating exercises became a familiar and comfortable format. However, once the group is well established, we could relinquish control of the process and allow the participants to identify relevant cases, rather than rely on the more formally structured model identified here of one case per session.

One of the challenges in facilitating the study group is the dilemma confronting any outside consultant – what is the facilitator's responsibility in cases of poor practice? Our role as consultants was to extend participants' knowledge and skills. This is at the 'support, educate and counsel' end of the supervision continuum, rather than at the 'management and accountability' end (Kadushin 1985). In retrospect, it would be useful initially to make overt the group's commitment to safe ethical practice and to build in a process of evaluation of client and worker risk and safety.

> *... at the end of the study group, participants reported feeling more competent in engaging with and supporting a family, rather than 'handing them over' to child protection.*

Many of the cases presented required serious responses from the group – for example, one participant's dilemma of how to maintain a fragile engagement with the family when there were serious risks that had to be addressed. In this case, we called on the expertise of all of the participants, asking everyone to identify the risks and how they might name them to the family. We discussed and debated these ideas, then tried them out in role-plays, with the caseworker giving her responses at the end about the applicability of the ideas to the case. This reflected the postmodern notion of seeking a range of interpretations and responses from the group as multiple possibilities to be considered by the worker in the specific situation. This occurred in session six, by which time sound relationships of trust, openness and respect (Vella 1994) had developed in the group. By this time, as facilitators, we had modelled our openness to feedback and our vulnerability as co-workers, having each presented aspects of our families of origin and their impact on our work with families. We attempted to demonstrate an experienced, non-expert role of learning from practice, including learning from mistakes.

As facilitators, it was enjoyable to watch the group support and take risks in being open with each other. The complexity of case examples was indicative of some of the challenges faced by these highly committed workers who clearly have needs for regular supportive supervision and training to maintain and extend their knowledge and skills.

CONCLUSIONS

Despite its limited time (9 sessions monthly, 30 total hours), the study group program appears to have met a need for participants who completed the programs. Participants identified changes in their confidence both as caseworkers, case managers and as supervisors. They spoke of shifts in their capacity to listen to and see strengths in people as well as increased interest in understanding families' situations from a broader context. In considering themselves as family

members and members of a workplace, participants could identify their own strengths and limitations as well as their entitlement to safety.

Participants identified greater preparedness to focus on, listen to and take time to respond to issues that families identified. Realising that they did not have to 'fix' everything freed people to relax and relate to client families more empathetically. This meant that they could 'begin where the client is, not presume' what needs to change, rather than being responsible for all aspects of the family's life. An unexpected outcome was participants' acknowledgement of the need to involve fathers. This was not a selected topic but came up constantly in the case discussions. Subsequent study groups have included a session on including fathers in family work.

Self reflection and awareness of personal, organisational and structural constraints were seen as useful. Despite organisational constraints, such as the formal requirements for case management, transfer and coordination between multiple agencies, and the multiple needs for practical and therapeutic support, at the end of the study group, participants reported feeling more competent in engaging with and supporting a family, rather than 'handing them over' to child protection.

The study group process appeared to work well. The monthly schedule allowed for reading, reflection and practice between sessions. Bringing together participants from the same organisation meant that they could contact each other regarding ideas between sessions for discussion and support, and this has established peer sustained networks subsequent to the group. It was constructive having supervisors and advanced caseworkers together to review and discuss issues from different perspectives.

The study group model, drawing on sharing workers' skills and knowledge, appears to be an effective and efficient means of providing professional development within a large organisation. ■

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APPENDIX 1

FRAMEWORK FOR 10 MINUTE
CASE PRESENTATIONS

1. Identify why you are presenting this case, e.g. What is your dilemma? What would you like to celebrate? What are you struggling with?

2. Provide a genogram of family as a handout or on the whiteboard.

3. Provide BRIEF and minimal background to case, the key issue and the current situation.

4. State as clearly as you can what you would like from the group/reflective team (it can be related to a past, present or future aspect of the case), e.g. feedback on ...; assistance identifying ...; discussion around a specific issue or a theme ...; a role play of .... You may want to state what you do not want feedback on (because as a group of helpers, we are wanting to be helpful!).

APPENDIX 2

CASE VIGNETTE

You work with a Family Support Program as a family worker. Your role is to provide case management, counselling and support. As the new worker in a family support program, you have been given a case from the caseload of the previous worker who has just left the program.

The family are of Lebanese background and most of their extended family live overseas. Jacques and Dania met in Lebanon seven years ago and moved to Australia four years ago at the time of Abi's birth. Dania, the mother, has just had her third child, Abdul, a few weeks prematurely. Dania misses her family and finds Jacques' family 'interfering' and critical of the way she does things.

Nor, who is 6 years old, has missed a lot of school this year. It is unclear why and the school staff have concerns about her progress. Abi (4) does not attend playgroup or kindergarten. Jacques, the father, has been unemployed for a long period of time and the previous family worker believed that he was dealing drugs from the family flat.

Child Protection have had previous involvement with this family because of the children witnessing Jacques' violence to Dania. The injuries resulted in Dania's hospital admission during the recent pregnancy. The hospital notified DHS when it was unclear as to who would take care of Nor and Abi during this time. The two children were placed in foster care during this time.

1. What are the key issues in this case?

2. How do you conceptualise strengths and risks in this family?

3. What would you plan to do in the first month of working with this family?

4. As a professional, what do you see as your potential constraints in working effectively with this family?