# Social Care TV:

## Serious Case Reviews: Piloting the SCIE Model

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## Transcript:

**Serious Case Reviews: Piloting the SCIE Model**

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| Narrator: | Ensuring children are kept safe is a vital but difficult task, so how do organisations identify their strengths and find areas where improvement is needed.  Serious case reviews are one central way, they're carried out by local safeguarding children's boards, so lessons can be learnt.  But questions are being asked over the effectiveness of the review process and its contribution to improving practice. |
| Howard Cooper: | We've learnt many very important lessons from conducting those but we're also aware of the drawbacks and limitations if you like of that process and particularly we felt that they're not always easy to draw out lessons from because people feel very much on the spot as part of the serious case review and we were looking for some approach that embedded learning from tragic incidents that took place into the way that we conduct practice. |
| Narrator: | Dr. Sheila Fish has headed a project at the Social Care Institute for Excellence, which has explored alternative approaches to conducting reviews that might be more effective and efficient looking to other sectors for experience. |
| Dr. Sheila Fish: | We look to engineering, health in fact look to engineering also and that led SCIE to do this developmental work of how could we benefit from developments in other sectors and yet with subtlety adapt them suitably for the nature of child protection. |
| Narrator: | A basic assumption in the SCIE led research is that most people come to work wanting only to help children, not to allow them |

to be harmed.  So better explanations are needed as to why things go wrong and also why, more often, they go right.

Dr. Sheila Fish:  We haven't been as good as we might be at really explaining whatever aspect of the case that we're baffled by actually seem comprehensible.

Narrator:  The SCIE led project resulted in a new systems model for case reviews that is called learning together and is sometimes referred to as the SCIE Model.

Dr. Sheila Fish:  The distinguishing feature of the systems model is that it places professional practice in the broader organisational context.  So it's an approach that is explicitly designed not only to understand what happened or what went wrong but to really unpick why, what were the contributory factors and what the systems approach tries to do is actually better understand how all those factors actually impact on direct work with families.

Narrator:  The model looks good in theory but how does it work in practice.  Recently the new model has been tested through regional pilots in the north west of England, funded by the North West Regional Improvements and Deficiency Partnership with support from Government Office North.  The LSCBs of Salford, Lancashire and Wirral took part.  In this film we'll hear from some of the participants.

Howard Cooper:   We were looking for an opportunity really and then we were made aware of the approach that SCIE were wishing to pilot and we were very happy to volunteer for that.

Narrator:  A key feature of the SCIE Model for case reviews are the particular roles played by practitioners.

Dr. Sheila Fish:  Probably the most distinctive feature of this new systems approach is that it's highly collaborative.  Frontline workers and their first line managers who are directly involved with the family are centrally, actively involved in the case review right from the beginning throughout.

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| Narrator: | But how did staff feel when they heard a case they had been involved in was going to be reviewed. |
| Practice Team Manager: | You feel initially 'oh my god my job's on the line here' because I'm going to get the blame, so it was quite frightening. |
| Probation Officer: | Terrified, absolutely terrified, I thought it was going to be a blaming exercise, everybody was going to be looking for somebody to point the finger at. |
| Social Worker: | In the case that we reviewed, I was the only professional still involved with the family at the time so it was that fear of 'it can only be my fault'. |
| Practice Team Manager: | It was explained to me that they were going to try this new process of, these serious case reviews, so even though I was still apprehensive I didn't feel as bad, but you still have that element of fear. |
| Narrator: | The main method of gathering information from frontline staff contributing to the review is through individual conversations lead by pairs from the review team, a conversation structure developed by SCIE guides the focus of these dialogues. |
| Practice Team Manager: | There was someone from mental health, there was someone from health and there was someone from a safeguarding.  All very nice, all introduced themselves and to be honest within minutes I felt quite relaxed. |
| Probation Officer: | Even though much effort had been gone to, to try and alleviate those fears, I really did worry that I was going to be interrogated and it wasn't like that at all. |
| Social Worker: | It was just a blank canvass and they said you know just tell me about this family, tell me when you started working with them, tell me how, what you did, obviously you didn't remember dates and things like that but just to tell them what had happened and then they sort of made notes as well and went back and asked you questions about bits that you might have missed out or bits that they needed to know. |

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| Caroline McKenna: | There's more emphasis on appreciative enquiry around allowing the practitioner to describe what they felt the case was about and take us through a story of their experience of the case rightly or wrongly.  So, we came into the one to one conversations differently. |
| Practice Team Manager: | It was more about what you did and what your view was. |
| Social Worker: | And I quite liked the idea that they didn't have the chronology before you went in so it wasn't the case of them having a picture in their head of what had happened already. |
| Paul Jenkins: | The conversation and the SCIE Model allows the practitioner to lead the conversation and that, that for me was really interesting and actually a really positive aspect of the process. |
| Narrator: | In the SCIE Model, both input from staff through these individual conversations and the formal documentation of agencies are considered key sources of data, whichever is accessed first.  In the pilots reviewers were encouraged to hold the conversations first before looking at the files. |
| Paul Jenkins: | We couldn't understand how we were going to go into this conversation with what we had considered to be virtually no information because we were told all we needed to have was the very basic detail of the case, so just a basic framework. |
| Caroline McKenna: | I initially didn't like not knowing, not having a chronology and not having a group of some of what is considered to be the facts.  So it's, I came in to the interview feeling a bit disconcerted because I didn't know what I was going to find. |
| Paul Jenkins: | It was very important to have a structure or else you tend to just drift off and ask questions that are potentially not relevant or go down a path that's not relevant. |
| Caroline McKenna: | In terms of the group who lead on serious case reviews I think they were eventually sold on the idea that it's actually best to do an interview without having the chronology and without |

drilling down into the files because then you haven't got hindsight biased all the time, which you do have currently.

Paul Jenkins:      I've learnt that in my practice the issues of undertaking interviews can very often allow you to miss information because you've got a pre-conceived idea of what the issues are and where the problem, or what the problem was in this case.

**The Systems Model**

Narrator:      An important aspect of these conversations is to identify key practice episodes in the case that require further investigation. For each episode the reviewers prompt staff to consider what was influencing their work at the time, know as contributory factors.

Caroline McKenna:      Experience, supervision, not just supervision, the model of supervision, frequency, structures in teams, priorities of the organisation.

Narrator:      Once individual conversations with key staff are completed and key documentation accessed, the data collection stage ends and the review team now begins the analysis phase.

**Individual conversations and analysis phase**

Dr. Shelia Fish:      The analysis meetings as part of these pilots were in some ways quite structured, as with the conversation structure there are, there are different aspects of analysis that need to be accomplished using the system's model.  We need, as a review team, to pull together the story of the case and to pull it together in such a way that highlights how people were seeing things, including how they were seeing things differently, how people were understanding things and understanding them differently.   The review team needs also to identify what the key practice episodes of the particular case are.

Caroline McKenna:      So once we type the conversations up, all the other panel members were allowed to share the detail of what the practitioner had said and then as a review group, we brought

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| | together what we thought were key areas that needed to be considered and key learning points. |
| Paul Jenkins: | The advantages of being involved in all the conversations, would be that you would get, you would build up that picture as you went from conversation to conversation. |
| Caroline McKenna: | It does allow you to kind of flush out some of these nuances that are not easily identifiable in the Ofsted current framework. |
| | I felt that the research team brought that research trigger that we are not used to or not on a regular basis and we're essentially either operational managers or strategic managers and that ability to stand back and think, reflect, but also, not just about stand back, think and reflecting but also about using a framework for analysis, using the tools, using the framework that SCIE had given us. |
| Narrator: | In the next phase, the first follow on meeting, the review panel share their emerging analysis with the practitioners or case group.  It's an opportunity to test out the review teams interpretations with those who know the case best.  Staff have the chance to correct or challenge assumptions about their involvement in the case. |
| Probation Officer: | They were coming up with ideas of when things had kind of changed and how things had moved, had shifted from our original stand points. |
| Social Worker: | they had drew up a plan of events as they saw it and obviously in there had highlighted good practice and bad practice. |
| Practice Team Manager: | They fed back to us about you know what they'd found, how we found it and it was about us giving the feedback. |
| Caroline McKenna: | One of the research team led the introduction around what we considered to be the analysis on the case, our key practice episodes and particularly in this case about at which point they went down the garden path. |

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| Narrator: | One key element of the SCIE Model involves identifying when any misjudgement on the part of professionals about a case in fact represents a common error of human reasoning, something we're all prone to as human beings.  The garden path syndrome is the name of one such weakness in our human cognition. |
| Probation Officer: | We talked about a garden path syndrome and kind of things changing and us moving off on to a different tangent and I'd never considered that before. |
| Social Worker: | And that highlighted some practice issues for me because I did lose sight.  Looking back now I can see I done that but whilst I was working the case you don't see that you just think right this is the issue now, we'll deal with that and then you sort of move on. |
| Narrator: | Good and poor practice in different episodes is discussed in this meeting, along with relevant contributory factors.  So it has the potential to be uncomfortable. |
| Paul Jenkins: | It can be quite a difficult meeting because you can at that point, you are saying to, potentially to practitioners well actually you made this decision at this point it would have been, it could have been better if you had done this, the outcome might have been different if this happened.  They are always challenging meetings. |
| Caroline McKenna: | We asked people to go into groups of three groups of roughly about six or seven to discuss what we considered to be the contributory factors and the key practice episodes. |
| Probation Officer: | Even as professionals we kind of sat and went oh right so X should have done Y at this point and then when we stopped in the groups and came back into the main group the SCIE team were very, very good at being able to say ah, ah that's not, you've actually not got what we're trying to get at here; read it again, think about it again and we're not looking for anybody to blame, we're looking at key events, there's key practice points, |

which could have been developed and could have maybe had an impact on things.

Caroline McKenna: You have to be aware that the possibility that some people might be upset by or disagree or become emotionally overwhelmed by what they've heard, now that didn't happen in our group but there was a bit of tension between two of the agency members.

Social Worker: But I think it highlighted how other disciplines just really don't know what social care do, and I think that through discussions has come out anyway. I don't think, I certainly didn't have a clear role of what probation did, I thought I had but I didn't and probation certainly didn't have a clear role of what we done and it come very apparent during them, that first group meeting that was the case.

Narrator: Despite some tension, already the system's model was producing different outcomes than the traditional serious case review might have done at this stage.

Paul Jenkins: The feedback from the practitioners involved in this process was positive and some people at that meeting were saying yes I know we could have done this differently or we should have done this differently, I am going to do this with my practice in the future, I will, I've made a decision that I need to do something different, we need to work in a different way. They were doing that within singled agencies and across agencies and I think that will be fed back to their teams.

Probation Officer: It was on one occasion when different agencies came together and looked at things and thought oh yeah I can see what you're saying now and maybe if we'd have done, you know if we'd have done this, we'd have been able to do that and we'd have been much, in a much more supportive role of each other so, it was a massive learning experience for me, I've learnt a lot from being involved in this.

| Narrator: | Senior management at the authorities watched with enormous interest as the pilot review is progressed. |
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| Howard Cooper: | Certainly the feedback throughout the process was that people were finding it to be a professionally informative, valuable process through which they were able to learn, they were finding it non-threatening or certainly much less threatening than they would have done under other procedures. |
| Narrator: | After the first follow on meeting comes the final stage of analysis, identifying underlying patterns to how practice is or was influenced, this is guided by a specialist framework or typology developed by the SCIE team. |
| Dr. Shelia Fish: | The second part of the analysis focuses explicitly on moving from the case specific details of the key practice episodes, so really the kind of very detailed analysis of what went on in the case, to an explicit step that takes you to a deeper level of analysis.  From all the very minute case specific detail, actually what are the underlying patterns of systemic influence?  In systems thinking we say that the surface detail of a case might look very different in different cases, the surface detail of practice, but actually it's the underlying influences on professional practice that we need to identify particularly those that are inadvertently having a negative influence on the quality of practice.  So, in the systems model we've got an explicit step of moving from the very detailed case specific to a deeper level of underlying patterns that emerge in this particular case but actually impact on many more cases than this particular one. |
| Social Worker: | It was a lot more focused on the learning rather than focused on what happened and sort of why it happened and it was more about the learning outcomes and looking at what practitioners thought could be put in to stop that happening again. |
| Narrator: | This final step in the analysis is shared with the case group in a second follow on meeting. |

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| Paul Jenkins: | That's an easier meeting in a sense because they already know what's going to be in it but again, it's about being able to say the end result having the opportunity to sit down and read it and go through it, go through it with your colleagues and your peers. |
| Dr. Sheila Fish: | The review team then take away the further input that has been gained through that discussion meeting, and put together the final report and that final report again, is shared with all of the members of the case group so they can do a final check on accuracy before it's then signed off. |
| Narrator: | Has the new systems model been effective in the three sites involved; crucially would practice change in the future as a result of the review. |
| Social Worker: | It's definitely changed me practice, definitely.  One particularly case, the garden path syndrome was definitely there and it wasn't until it's pointed out that you come back and look. |
| Probation Officer: | Prior to this involvement in this case you would have had, if there was a ... For instance if there was a case where there were some child concerns, some issue with regard to the welfare of a child you had a form to fill in, you fax that form off, end of your involvement, until you heard for ... Unless you heard from social care that there was some, some involvement with the family, in which case you would start to get more involved.  But once that fax had been sent, you have ticked the box and fulfilled your role, since the involvement in this case, I would never ever just leave that at a fax, I always follow it up with a phone call and I've kept on going until I've got an answer to the question. |
| Practice Team Manager: | Now through these meetings I know what probation do, I know what they're responsible for, which gives us a better position because now we know what we expect from them and it's vice versa. |

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| Social Worker: | And I think it just gives you a better understanding of other people's roles and what the roles are rather than what you perceive their roles to be. |
| Caroline McKenna: | but there was things that I came across that I thought I knew and then had to re-think, which was helpful. |
| Narrator: | Now the pilots are complete, what do those who took part think are the strengths and weaknesses of the system's model. |
| Probation Officer: | Strengths are that it's teaching us much more about each other's organisations, that it's looking at a process rather than a ... The whole system, the whole way of looking at things rather than just focusing on individual actions. |
| Social Worker: | More so because this was a pilot, because you had your induction and then your one to ones and then all the follow ons and so I think we had a lot more meetings than what we would if it was put into practice but it was a lot of time out of your working week. |
| Dr. Sheila Fish: | Sitting together around a table and really putting their heads together and searching for solutions, it was experienced as very quite powerful by both the review team and equally the case group. |
| Paul Jenkins: | It's not in our view massively more time consuming or expensive than the serious case review process. What it does is it brings groups of people together for significant periods of time to review what went on in a multi-agency setting. |
| Howard Cooper: | Professionals felt that their professional experience was being valued and was being learnt from and so in contrast to some serious case review processes where you feel that just the experience of doing it almost sets you back, this set you forward and I think that is a really important lesson for us in children's services as we develop as learning organisations. |

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| Practice Team Manager: | I've been involved, unfortunately, in both you know procedures of it and I would definitely recommend this project. It's just a completely different approach to what is in place at the minute. |
| Probation Officer: | I am really glad I got involved in it and I'm really, I feel like I've learned so much and the most important thing was that I've learnt a lot about inter-agency work and you know that's immeasurable, you couldn't have taught me that in any other format other than this. So, yeah it's been a really positive experience. |
| Paul Jenkins: | It doesn't have to be a positive experience for practitioners because it's about identifying, learning and improving outcomes for children and those are the two most important things, however it can't be, for me, it can't be right that we have a process of reviewing cases that has such a negative effect on practitioners that in certain circumstances they no longer remain involved in working with children and families. A process of reviewing cases that identifies issues but is positive for the practitioners also has to be better for children and young people. |

[End of Recording]