

Appendix 1

Safe & Together Clinics: A trauma informed approach to model adoption & peer support.

Stephen Brock, M.S.W. August, 2022

Within the field of Children's Services domestic violence can be one of the more challenging issues for practitioners and their managers to work through. This was recognised and in 2017 Manchester Children's Services adopted the Safe & Together model to guide practice. As with any new practice initiative there would be challenges. Safe & Together was not any different.

As the model began to roll out through the training of practitioners the initial take up was slow. It takes time for change to occur. Thinking about what else could be done one thing a practitioner had said prior to the introduction of Safe and Together stuck in my mind.

"I don't ask the questions because I'm afraid of what I'll hear and I don't know what to do with it."

The Safe & Together model does address this. Which is great for those who are able to attend the training. However, the challenge was to figure out how to support other practitioners who have not yet attended training. Then it occurred to think about that practitioner's dilemma. This is a valid dilemma, not only for that practitioner, but for many practitioners. Working with domestic violence brings up anxiety for many workers about 'getting it wrong'.

The Safe & Together clinic idea centred around the question: *How to support practitioners with their dilemmas in a way that truly helps them in their practice?* Individual and group supervision are common within children's services as a means of promoting reflection and supporting practice.

In children's services a traditional group supervision format has many practitioners focussing upon one family or child. With all practitioners looking to reflect on one practitioner's challenge. In many situations this can be helpful for the practitioner working with the family. However, in a time pressed service, many practitioners can find this an additional burden if it is not one of their families being discussed.

With the Safe & Together clinics we wanted to address key things: Creating safety and validate the worker's experience, promote reflection and learning, bolster peer support and, promote culture change in regard to domestic violence.

Putting pen to paper and drawing upon the idea of a peer support group process a process was sketched out. This exercise resulted in a mix of group reflective supervision and peer support process. Where instead of one family being discussed, there were 3-5 families discussed simultaneously.

We invited each practitioner to present their unique dilemmas working with a family where domestic violence is a feature. As part of the process each practitioner's dilemmas would be shared with the group. This allowed for normalisation and also validation of each practitioner's experience. This, in turn, promoted a sense of psychological safety for the practitioners. As it was made clear there is no judgement of practice being made.

Led by a Safe & Together trained facilitator each of the practitioners dilemmas were explored. During this part of the discussion practitioners would often begin to express a variety of feelings experienced in their work with domestic violence. During which other participants would tend to validate each others experiences. As well as share learning of how they had coped with them.

Throughout the facilitator discussed the principles and critical components of the Safe & Together model. With a view of educating and helping the practitioners to use the model with their families and move from feelings of being 'stuck' to practical next steps they may take. Next steps were developed through a co-production focussed discussion. Wherein the facilitator may put forward suggested questions, practice tools/resources or both, and, check out with the practitioner if using them would be useful. Alongside this the group would also offer suggestions. In many cases practitioners would give a range of feedback to the facilitator and the rest of the group about the suggestions made. This process of co-production incorporated giving choice, helping to empower the practitioners and reduce practitioner anxieties. Which, in turn, impacted the experience of the families they were working with.

Launched in September 2019 there have been some 600+ case discussions with practitioners. Upon the launch of the clinics, it was made clear that these are were not able oversight or case direction, rather, about supporting practitioners with their dilemmas.

The impact of this has been realised in a shift of culture within children's services. As practitioners have then spoke to colleagues and promoted the clinics. Along with greater adoption of the Safe & Together model in practice. Most importantly, there has been created a safe space for practitioners to share and work through their dilemmas in practice.