**Group Supervision Structure:**

1. Facilitator (manages the group and is the ONLY person who speaks directly to the case worker) May need to dig in a bit deeper with the worker to get a clear goal of what they want from the discussion.
2. Advisor (assists the facilitator to lead the process)
3. Observers/participants (Have an opportunity to learn by staying out of the content of the case and focussing on analysis and judgement and supporting the caseworker to gain a better overview of the direction they want to take.)
4. Basic Genogram (this should only be 2-3 minutes completed by the practitioner presenting the case)
5. 4/5 Minute Summary UNINTERRUPTED (Harm statement)-**what are the critical issues we need to know?**
6. Write down what the worker wants from the discussion/group consultation (what does the worker want? The GOAL should be CLEAR and SPECIFIC.
7. Draft Danger statement (this can be done as a whole group or in pairs)
8. Draft Safety Goal (this can be done as a group or in pairs)
9. Scaling questions (for each danger statement/safety goal pair-they are a set of 3)
10. Develop Strengths questions (these are for the worker to take back to the family)-looking at the danger statements you have drafted alternatively craft existing safety and existing strength questions in columns.
11. Develop Safety questions (these are for the worker to take back to the family)-also write as many relationship based questions as you can using all the perspectives of the family eg; child, parent etc.
12. Reflections (scale with the worker how helpful was the process)

**CAHMs in Group Supervision:**

**Practicalities**

The allocated CAMHS Clinicians will contact the respective teams and agree on which group supervision dates (that you have provided us) they will be joining the groups.

**How are CAMHS Clinicians aiming to co-facilitate group supervision?**

We are anticipating that the role of the CAMHS Clinician will be to act as the Reflecting Person (The Advisor), noticing the process of discussions and offer reflections. We are expecting that the Team Manager and/or Practice Lead will take the responsibility for the case mapping based on the Signs of Safety approach. The TM or Practice Lead will periodically be asking for reflections. The Clinician can also agree with the main facilitator to intervene when they have some reflections to offer.

Here are some examples of how CAMHS Clinicians can contribute to the process:

* Suggest **systemic or appreciative inquiry questions** for Social Workers & other practitioners to ask the children and families.
* Keep **curiosity** and **multiple perspectives** in mind to help avoid a single story creation, i.e. being all in agreement that the case needs to go to the court without considering alternative perspectives.
* Maintain a position of **safe uncertainty**; no matter how much we assess a case, we can never be certain about the risk, but we can create enough safety. This is difficult to do when there is pressure to respond with certainty.
* **Reflect on the process**: Is the group settling in a decision too quickly? Does the anxiety created by the case discussed closes down curiosity about the case?