

Group Supervision – How to Guide

Group Supervision offers benefits beyond helping an individual case worker who feels 'stuck' when working with a family:

- It contributes to building a collective, structured, consistent approach and culture for processing and thinking through case work, encouraging shared responsibility for risk.
- It encourages curiosity and creativeness, finding ways to work with families that maintain the focus on child safety and wellbeing. Group members benefit from hearing other people's perspectives and can learn from other people's approaches.

Group Supervision allows the worker to come away with lots of ideas about how else they might engage the family to help them find solutions to the problem.

It is not a forum for making decisions or finding absolute answers.

Identifying a Case

A case can be identified at the practitioner's request because they may feel 'stuck', or, their manager can suggest a case is put forward for Group Supervision to help generate new ideas. **In teams, it's good practice to have a rota for who will bring the case so everyone can have a turn.** It is important that the Case Holder has a good understanding of the case. However, it does not matter if other attendees do not know the case at all; in fact, this can be very helpful as they are likely to offer a fresh viewpoint.

Getting started

How long?

We recommend that you schedule an hour for Group Supervision.

Who?

The **Case Holder**, a **Facilitator** and an **Advisor** are joined by a group of practitioners. The process works best for groups of 4 to 10. It is recommended that the Facilitator and Advisor are Signs of Safety Practice Leads; they do not need to be the manager of the Case Holder but the manager should know the Group Supervision is happening.

Who Does What?

Case Holder: Gives information about the case; they need to know their case well enough to talk about it. The Case Holder is responsible for ensuring the group supervision is recorded in the case notes in the Child's Record (LiquidLogic). Recording needs to reflect what the practitioner wanted to get out of the group supervision and any actions they will be taking to as a result (this could be sharing the worry/ danger statement and success/ wellbeing/ success goals with other professionals or the family).

Facilitator: Arranges and structures the meeting. They set the ground rules that group supervision is **safe environment** and no one should judge or be critical of the Case Holder. The Facilitator asks the Case Holder questions about the case, and refers to the Advisor for support and guidance to ensure the session remains focussed. **Only** the Facilitator communicates directly with the Case Holder.

Advisor: Listens to the exchange between Case Holder and Facilitator; offers the Facilitator advice and feeds in questions from the group to the Facilitator. The Advisor keeps time.

Group members: Take notes and formulate ideas as they listen to the process unfold. They communicate and offer questions to be asked via the Advisor, not speaking to the Facilitator or Case Holder *at all*.

Top Tips: Use a **timer** and **stick to the format** (overleaf) to keep the session focussed. Make time for discussion/ feedback afterwards if needed. **Bring plain paper** for people to write on so everyone's work can be given to the Case Holder at the end.

The Group Supervision Session

1. The Case Holder has one minute to **introduce themselves and the case**
2. The Case Holder explains the **family genogram**. The Facilitator draws this for everyone to see, asking questions about relationships, locations and current support roles (4 mins).
3. Once the genogram is complete, the Facilitator asks the Advisor if there is anything else that they, or the group, want to ask about the genogram (1 min).
4. The Case Holder then has **4 uninterrupted minutes to talk about the case**, giving as much detail as possible; including what work has already been completed. The Facilitator may extend this by a further minute if necessary. The Facilitator may give prompts to the Case Holder if the Case Holder is struggling to fill the initial 4 minutes.
5. The Facilitator asks the Advisor if there is anything else they or the group want to ask about the case (1 min).
6. The Facilitator asks the Case Holder **what they would like to achieve from the session** to help guide the group members' thinking which maintains the focus.

Drilling down on the issues:

7. For **10 minutes**, the group individually write the **Worry/ Danger Statement(s)** based on what they have heard so far. Each person writes no more than 3 and once the timer stops, these are read out to the group.
8. For **10 minutes**, the group individually write the **Wellbeing/ Success/ Safety Goal(s)** which correspond to each of their own Worry/ Danger Statements; these are also read out.
9. Working individually, the group writes **scaling questions** for each statement and goal, setting the parameters for the scale (where '0' = ...). They then scale the situation on their scale(s). (5 mins)
10. The group then spend **10 minutes** writing out **solution-focused questions** they would ask the family members and/or other professionals. These should focus on finding existing strengths and safety exploring different family perspectives and possible exceptions.
11. The Case Holder is given the Worry/ Danger Statements, Success/ Wellbeing/ Safety Goals, scales and questions to take away and consider how they might apply them to their work with the family.

TIP: Resources you may find useful are available on the [LSCB Website](#): Genogram: How to guide, Questioning Examples, EARS: Turning questions into conversations.