

An Evaluation of the

# Clinical Supervision Pilots



Executive Summary

John Harrison

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# 1. Executive Summary

## Background and Overview

Clinical supervision, as defined by The Royal College of Nursing, is “an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. It is a time to think about knowledge and skills and how they may be developed to improve care.” Whilst clinical supervision has been widely used in the NHS and is now used in other occupational areas such as probation and social work, there has also been increasing interest in using it in supported housing. This is evidenced in the Homeless Link publication, ‘Reflective practice in homelessness services’<sup>1</sup>.

The purpose of this project was to pilot clinical supervision across a number of Riverside services. The aim of this clinical supervision was to support staff dealing with challenging issues, events and trauma. Services were given freedom to adopt an approach which suited the service and the staff involved. Common to all evaluated pilots was some level of professional practitioner involvement and regular supervision sessions delivered via group work, 121 consultations and additional support when needed. The term “clinical” was avoided by practitioners involved in the pilot because they felt it could have negative connotations.

The evaluation of the pilots combined a mix of quantitative and qualitative techniques and covered nine services across four regions. The emphasis of the evaluation was placed on qualitative research as a means of understanding the impact and effectiveness of the project. Over the course of the evaluation, 66 staff and 3 external counsellors / practitioners were engaged. This included 37 staff who participated in the qualitative research. The pilots were delivered to a total of around 40-45 people. The delivery of supervision was spread over nine months on a 4-6 week cycle with most staff receiving a total of six one hour sessions. The main delivery method was group work of 3-4 people on average.

The pilots have been very successful. They have demonstrated a positive impact on the staff who have participated in them. Staff feel better supported and many can point to improvements in wellbeing, morale, confidence, professional practices, retention and absences.

Generally the pilots were delivered efficiently and effectively and were seen as very worthwhile. However, there are a number of learning points from them which should be considered before any further supervision projects are rolled out.

## Impact

We looked at the impact of supervision on absences, retention and engagement. Services accessing supervision experienced improvements in all of these areas during supervision. However, it is difficult to attribute these improvements to supervision rather than other external factors.

<sup>1</sup> Reflective practice in homelessness services: An introduction – Homeless Link 2014

## Pre-Supervision Experience

Initial engagement with staff was largely unsatisfactory. The key issues were that:

- Many staff were made aware of the supervision pilots via e-mail
- Most staff were told that attendance was compulsory
- There was limited explanation of the nature of supervision e.g. what supervision entailed, what subjects would be covered, etc.

This approach resulted in many staff being suspicious about the motives behind the pilot and being reluctant to engage. Some staff felt the pilots were a “box ticking exercise” and there were suspicions about confidentiality and a feeling that the sessions would be of little value. This was an unfortunate start as almost all the staff who raised these concerns eventually got real value from the sessions.

## Design and Specification of Supervision

Area Managers (AM) became aware of the Clinical Supervision pilots via their Regional Operations Manager (ROM). In three regions the Area Managers' involvement in design and specification was limited. It included:

- Approving the counsellor who was appointed to deliver supervision
- Background research
- Accessing training around peer supervision
- Identifying a practitioner to help deliver the supervision and having in depth discussions with the practitioner
- Identifying which services in their region might benefit from the pilot.

In the fourth region, the AM's involvement in the design and specification was substantial. They have also since been involved in monitoring progress and collecting feedback from their staff.

## Format of Supervision

Three of the four regions participating in the pilots adopted approaches that had much in common, however, there were also some distinct differences and other more subtle differences between them.

Commonalities included group sessions facilitated by a professional practitioner, an emphasis on professional development and reflection (particularly in relation to serious incidents and trauma). Differences revolved around the emphasis placed on content or topics such as professional development, the relationship between work and personal life, and the discussion of organisational issues.

Generally, group work was effective and valued by staff. Overall, participants were happy to raise issues, discuss issues relating to the team, support each other when discussing serious incidents and trauma and implement learning from the group as a team. Concerns relating to group work included the size of some groups (and the time devoted to issues raised) and some problems with group dynamics.

In the fourth region, a peer supervision model was adopted. Professional involvement was restricted to the staff training in supervision and a 121 telephone consultation. This was very effective and highly valued by staff.

Supervision was provided for Service Managers in two regions. In both cases 121 supervision was provided (one as part of the peer supervision model).

## Content of Supervision

Many participants describe their sessions as open with no set agenda. The exceptions were the region where sessions focused on professional development and 121 peer support sessions where the supervisee determined the content. Initially, the absence of an agenda seemed to concern staff but they found the practitioners were expert in encouraging discussion. The practitioner also emphasised the confidentiality of sessions.

Peer supervision content was unique to the individual supervisee. There was an agenda determined by a personalisation framework and a contract between supervisor and supervisee. Each session worked towards the goals identified as part of their contract. However, supervisees also raised specific issues they faced at the time they attended a session.

Some staff were also given very clear guidance about what couldn't be addressed in the sessions. This included personal issues and management / organisational issues.

The content of supervision included:

- **Workload** - This was the key area covered by supervision and included professional techniques, management of case load, case work reflection, workload pressures, high risk situations and skills such as motivational interviewing and relapse prevention. Many of these areas were discussed in an informal way but also featured professional development through discussion of theory and techniques.
- **Serious Incidents and Trauma** - This was relatively small, but highly significant, element of supervision. Topics included serious incidents such as deaths through overdose and suicide and were part debrief, part reflection.
- **Teamwork and Relationships** - Most staff discussed teamwork and their relationships with colleagues as part of supervision. Some quite sensitive issues were covered including staff not supporting each other, the relative contributions of individuals, the impact individuals have on morale and the level of teamwork / coherence
- **Personal Issues** - This was mostly limited to two regions and, in part, a result of the strong relationship that already existed between group members. The focus was the impact of work on personal life
- **Management / Organisation** - This too was mostly limited to two regions. In one region it covered significant changes experienced by the service
- **Careers and Professional Development** - This covered personal development, training needs and progression.

Service Managers involved in supervision also sought guidance relating to their role as a manager. This included relationships with the team, issues such as staff shortages, staff development needs and dealing with and managing change.



## Impact of Supervision

Supervision had considerable impact on staff. This included:

- **Workload** - Virtually all staff found this element of supervision extremely useful. They have adopted new techniques and approaches and applied them to real life work situations. Many staff have had better outcomes with customers as a result of this approach
- **Serious Incidents / Trauma** - Many felt that this was a very valuable element of supervision. It addressed feelings and emotions that can seriously impact on the personal and professional life of staff. In particular, staff appreciated the support of colleagues and the expert guidance of the supervisor
- **Attendance / Sickness / Burnout** - Some staff felt that there had already been less sick leave and less stress and others feel attendance is likely to be improved. Many felt supervision had addressed or alleviated stress. Some staff felt the process had made their Service Manager more aware of (and more sympathetic to) stress
- **Wellbeing** - Many staff felt that their wellbeing, morale and job satisfaction had improved. A number of participants reported a positive impact on their personal life, including feeling less stressed, not dwelling on their work at home and better relationships outside work
- **Teamwork / Relationships** - Most staff felt work relationships improved as a result of supervision. For some, this led to more mutual respect, more trust, better teamwork, better communication and more productive team meetings. Teams were more likely to recognise when a colleague needs help or support
- **Organisational Issues** - Discussion of organisational issues appears to have defused tensions and led to a coordinated approach to raising concerns
- **Retention** - Staff had revised thoughts about leaving, felt happier in their jobs and some considering moving were more likely to do so within Riverside. Supervision has had a positive impact on the careers and professional development of a number of the participants.

Impact specific to Service Managers included improved relationships with their team, better communications and consultation, dealing with changes to the service differently and dealing with the stresses and pressures of the job more easily.

Overall, Area Managers feel that supervision has had a very positive impact on their services. Professional development and understanding and dealing with customers had the most obvious impact. However, AMs also felt that there had been an impact on wellbeing, engagement, motivation, teamwork and morale. This then impacted on absences and retention which they all felt had improved as a result of supervision.

## Impact on Customers

Most participants felt that it would be hard to demonstrate the impact of supervision on customers but many felt that it had to be positive. Staff feel customers have benefitted from the application of techniques and approaches picked up in supervision.

Staff also feel that they have greater insight and understanding of their clients psychological and emotional needs. This is a result of adopting new practices and using tools identified by practitioners. Supervision may have an indirect effect on customers because staff feeling happier in their role are likely to provide better support to customers.

SMs and AMs both feel that there is likely to have been a positive impact on customers. This is a consequence of staff feeling less stressed, better supported, more knowledgeable and having more tools and strategies to deal with situations.

## Reflective Practice / PIE (Psychologically Informed Environments)

There is a widespread feeling amongst participants that supervision had a positive impact on reflective practice. Many staff feel that they are more reflective, self-aware, self-critical and analytical in relation to their job. A key outcome is the value they feel they can get from reflective practice relating to serious incidents.

For some, reflection moved from being a theoretical concept to something they practice. Participants feel that they can now contribute more effectively to reflective practice in 121s and team meetings and that sharing and discussing openly in a group has led to more openness in team meetings.

Staff felt that many of the benefits and improvements in relation to reflective practice were also relevant to PIE. Staff felt that they had a greater awareness and understanding of the psychological framework and that it helped translate the theoretical into the practical.

SMs and AMs feel that supervision has had a very positive impact on reflective practice and PIE. One SM described reflective practice as being transformed. The result was that staff were using reflective practice to express their feelings about experiences, how they had handled them and what they would do differently. The impact on PIE is less dramatic. This is partly because SMs/AMs feel that PIE was already embedded in their services.

## Practitioners

Staff have been very happy with the practitioners they have worked with. Key qualities mentioned are the manner and demeanour of the practitioner which led to staff feeling relaxed and talking openly. The end result was that many staff who approached the sessions cautiously found themselves participating wholeheartedly.

Staff felt that practitioners were very knowledgeable. They understood the role Support Workers carry out and the pressures and challenges the job brings. Furthermore, practitioners had a deep and broad knowledge of theory. Virtually every member of staff interviewed would be happy to continue working with their practitioner.

AMs are very happy with the service provided by the practitioner. Most had been involved in the selection of the practitioner and felt that they had exceeded their expectations and contractual obligations. AMs were very keen to continue and develop the relationship they have with practitioners.

## Practitioners' Perceptions

As part of the evaluation we interviewed three practitioners who delivered supervision. We excluded the practitioner in the region where peer supervision was adopted because contact with staff and management in this region was limited. Key findings include:

- None of the practitioners would describe the support they offered as clinical supervision. They are wary of potential negative connotations for staff
- Practitioners were concerned that staff were told that supervision was compulsory. This combined with workload and concern about the impact of being away from the service made participants reluctant and cautious
- Practitioners could identify considerable impact on the staff they worked with, particularly in relation to areas such as resolving issues, improved theoretical knowledge, improved reflection, increased confidence and job satisfaction. Practitioners felt that the sessions improved teamwork and morale
- Practitioners feel that staff got a lot of value from 121 sessions. They feel that they could (and should) be more widely used, particularly in relation to serious incidents and trauma
- Practitioners think that the pilots have worked and all practitioners would like to see the pilots continue.

## Overall Impressions

Staff, Service Managers and Area Managers are all very positive about supervision. Indeed, it has confounded the expectations of some of the participants and their managers. Not to be underestimated is the impact the pilots had on staff member's relationship with their employer. Initial cynicism and reluctance has largely been overcome and staff are grateful for the support they have received. As one participant commented, **"It is nice to feel that Riverside cares about you."**

There are several recommendations going forward, with perhaps the most important being that supervision should be continued in pilot services and further rolled out to those that have not had access so far. The impact observed by staff and management is significant. Furthermore, to withdraw supervision now would be detrimental to staff morale, the opposite effect to that intended. It is however recommended that, going forward, supervision should be based on more centralised guidance with a clear briefing for staff. In addition, supervision should be fully inclusive and available to all staff no matter their position in the organisation.

