

Professional/clinical supervision for support workers

The [RCSLT Guidelines \(2017\)](#) cover the broad framework of supervision for all working in this professional field. There is specific information about frequency and reasons/benefits for accessing clinical supervision.

Specific additional pointers

The RCSLT project group advocated some specific pointers about a successful supervisory relationship for SLT support workers:

- supervision is integral to learning skills competencies. For support workers it is essential tool for tracking skills development (developmental/ formative function of supervision – proctor)
- many support workers do not attend external training courses, so learning is in-house and work based. It is through reflective practice which has a reflective component that learning takes place. Work based learning is more than just experience accrued over time; it is critical reflective learning around the job role
- a protected time to reflect on events and situations at work so these become opportunities for learning new skills and strengthening skills
- the author group built on the RCSLT survey 2020 in making a clear distinction between 3 types of professional supervision. The first 2 types of supervision link closely, but the third is different and there seems to be a gap in provision of this type of supervision for support workers.

Case or pathway specific supervision

- Case specific supervision - this is about the cases a support worker is involved with at any given time. The support worker may work with a number of registered SLTs who delegate work. Specific support and supervision are given and is continuously accessible about this case-working. There is an agreed level of supervision on a continuum from very specific, directive instructions to arms-length guidance within safe parameters.
- Pathway related supervision - services may have a care pathway (other descriptive terms exist) in place which specifies the role/ scope of practice of the support worker. This might be in a range of services, including universal provision. The support workers are supervised around their work with all clients on this pathway by an identified SLT. For case specific supervision the level of support will vary from very specific, directive to arms-length guidance.

Reflective supervision for wider case-working

This is wider supervision around the demands of case-working and ongoing continuing professional development. A support worker should have access to this in the same way as a qualified SLT. This involves protected time for an in-depth conversation with a supervisor about wider case-working. This could be any of proctors 3 functions. There would be formative/learning supervision around skills and competencies. There would be normative supervision around standards and risk. There would also be restorative supervision around the emotional load of the job; the relationships, expectations, dilemmas and day to day decision making in any relationship driven job.

The project advocates that all support workers should have a development plan in place. This may be called many other names, but the common denominator is agreement on areas for focused development e.g. specific clinical or self-development competencies.

- a. This might be at early stages of professional learning with a focus on the foundation competencies which are relevant across all the AHPs.
- b. This could be based on specific competencies relating to the job role and based on a structured framework e.g., clinical competencies.
- c. For experienced support workers there might be a very individualised plan.

If learning is lifelong then we can all (whatever our role or level of experience) continue to extend and strengthen both our technical and self-development skills.

For a. and b., it is suggested a specific colleague is identified as a competencies coach to facilitate work-based learning.

Choice of supervisor

There is evidence that the possibility of choosing a supervisor increases the levels of mutual respect and gives a more successful relationship.

However, where an organisation has set up a system of supervision, the likelihood is that a strong need for norming practice and overseeing standards of safe practice can mean that a supervisor is allocated by a leader or manager. Anecdotally, this is even more likely to be the case for support workers than speech and language therapists. Where a supervisor is allocated then it is strongly recommended there is a potential escape hatch in the form of a grandparent in the system.

If a supervisee is stuck in a relationship without trust and respect, then options for 'escape' are limited. This can be a very miserable situation for a supervisee.

The author group discussed knowledge of several scenarios where a support worker had been supervised by a newly qualified speech and language therapist. The support worker in all cases was experienced and felt invalidated by this. In some teams it may be unavoidable but there are strong reasons for avoiding this where feasible.