Best practice in a children’s service - an approach to providing clinical supervision for support workers

An example of an in-depth guide to professional (aka clinical supervision) supervision. This example focuses on the supervisor and supervisee role for clinical supervision rather than line management. This guide was developed to help support workers, who in this service are known as communication and language specialists (CALS) from an independent social enterprise based in Leeds - a manager from the service was in the support worker project group.

This guide devised by ChatterBug Speech and Language Therapy is an example of best practice.

This service utilises a solution focused framework for providing supervision. Other services may use a reflective model or combination of both.

Purpose of clinical supervision

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Skills for Care (2007) define ‘supervision’ as “an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team”.

Clinical supervision provides an opportunity for staff to:
- reflect on and review their practice, including clinical decision making, assessment and interventions
- discuss individual cases in depth
- change or modify their practice and identify training and continuing development needs.

According to RCSLT guidelines (2017) professional supervision aims to:
- create a non-judgmental, confidential learning environment that promotes critical reflective practice and the opportunity to learn from experience
- reinforce and offer feedback on effective clinical skills and practice to enable support workers to discuss areas of their work that they think are both effective and less effective
- promote solutions to establishing therapeutic alliances and managing professional boundary issues
- promote understanding of the dynamics in professional relationships for effective service delivery
- increase confidence in managing complex interdisciplinary situations which may arise related to the point of service delivery
• reflect on professional issues which may be causing concerns, with an aim to promote health and wellbeing of staff and improving service-user experience
• promoting confidence across the areas of clinical practice
• provide a supportive role to help prevent crises or disillusionment arising
• assist support workers in relating practice to theory and theory to practice
• assist support workers in ensuring their practice is evidence based
• identify opportunities for relating to the development and dissemination of research
• promote safety of the service user experience and address any areas of concern
• ensure that an appropriate and transparent managerial supervision arrangement is available and being regularly accessed
• ensure communication systems and boundaries between managerial and professional supervisors have been fully negotiated and agreed by all parties.

Additional guidelines are also available for supervisees to read including RCSLT supervision guidelines.

Clinical supervision has a number of benefits for both staff and service users:

Staff
• It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.
• It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.
• It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development (where applicable).

Service users
• Clinical supervision can help ensure that people who use services and their carers always receive high quality care from staff who are able to manage the personal and emotional impact of their practice.

Business
• It allows us to continue to provide a high quality, evidence service that is equitable and for the benefit of our service users.

Content
Clinical supervision is an opportunity to discuss clinical care. It provides a safe place for the supervisee to share cases that they would like additional support with. Clinical supervision provides an opportunity for staff to:

- reflect on and review their practice
- discuss individual cases in depth
- change or modify their practice and identify training and continuing development needs.

Clinical supervision also provides an opportunity to:

- review professional standards
- keep up to date with developments in their profession
- identify professional training and continuing development needs
- ensure that they are working within professional codes of conduct and boundaries.

Clinical Supervision can be formal and informal and involves any of the following activities:

- case discussions
- session observations and feedback
- joint sessions
- case note review
- report review, feedback and guidance
- informal discussions
- caseload review

Roles and responsibilities

Role of the supervisor
The supervisor’s role is to help facilitate the discussions to ensure that the supervisee is able to identify and implement actions. They should:

- adopt a supportive and facilitative approach to help supervisees to identify issues, manage their response to their practice and identify personal and professional development needs
- ensure both supervisor and supervisee are aware of roles, responsibilities and boundaries
- review any action plans from previous sessions and ensure there is progress
- act appropriately to share information where there are serious concerns about the conduct, competence or health of a support worker
- keep up to date with their own professional development including ensuring that they have access to their own supervision.

Role of supervisee
Supervisees should:

- prepare for supervision sessions, which include identifying issues from their practice for discussion with their supervisor. There is a set form and cases
that are to be discussed should be entered into this form prior to the meeting to facilitate case discussions

- take responsibility for making effective use of time, and for the outcomes and actions taken as result of the supervision
- take an active role in their own personal and professional development, keeping written records of their supervision sessions
- keep a record of supervision sessions, reviewing any action plans.

**Role of participants in group supervision**

Group supervision also provides opportunities to share and learn from the experiences of other colleagues. The role of the participants is to engage in discussions by asking clarification questions and sharing their own knowledge and experience. It should not involve criticising others’ work/approach.

**Solution focused- action learning approach**

At ChatterBug, we use the action learning approach which is based on the solution focused approach. It is based on the social constructionist premise that people construct their own reality and know the solutions to their problems. The principles that underpin solution-focused approach emphasise competence, strength, and possibilities. The focus is on creating solutions rather than examining problems. Problem solving is limited to looking at one problem at a time. It looks at the past and the present. Solution finding resolves and prevents problems in the future. Developing a solution is not necessarily dependent on analysing the problem; a more important aspect is analysing exceptions to the problem (“exception finding”) identify what's already working and do more of it:

- focus on what's possible rather than on causes of what's wrong
- move from problem solving and strive for finding solutions
- stop doing what isn't working and do something different.

**The approach involves the following steps:**

- supervisee presents a problem
- group asks clarifying questions
- supervisee answers the questions
- supervisee reflects on their actions and identifies future actions
- supervisor closes the session by recapping what was discussed and the actions that have been agreed.

Advice and suggestions should not be provided.

**Role of the supervisor**

The supervisor helps the team members reflect on both what they are learning and how they are solving problems. The supervisor enables group members to reflect on how they listen. They then reframe the problem and give feedback on how the team plans and works together.
Action learning requires well developed listening skills. Listening intently to people presenting and discussing their issues, listening to the questions put and being able to summarise accurately takes high levels of concentration over an extended period of time.

Supervisors must be able to demonstrate advanced listening skills and ask useful questions which enable the presenter to gain a deeper understanding of their issue. Useful questions include: What..? and How...?

It can be useful to reflect the supervisee's own word back to them to check understanding. If the individual has presented several issues or appears uncertain about the issue it can be helpful to ask them to clarify what they want the group to focus on. It can be helpful to challenge the presenter's view of an issue, but this needs careful handling.

The supervisor must stop the group from descending into advice giving, reminding the group that they are to ask questions which enable them to understand the presenter's issue, the presenter of the issue decides their own actions. The supervisor must provide immediate feedback when a leading question has been asked, requesting the questioner to reframe the question. Typical leading questions include:

- Have you thought about doing xxxx?
- When I experienced xxxx what I did was xxxx...
- What do you think would happen if you did xxxx?
- The supervisor must ensure that each participant has the adequate length of time.

Supervisors need to give some thought to the structure of the first session. It is useful to provide a brief practice session on the questioning skills.

**Techniques of solution-focused supervision**

**Highlighting successes** - can you think about a time that approach did work? What did you do then? Has there been a time you did manage to work with that client?

**Future** - workers are usually vocal about what they don't want, but not as clear as to what they do want. The solution-focused supervisor will ask questions that identify what is desired in the future. These questions determine more than just not getting what the worker doesn't want which is focused on the past. The supervisor helps staff determine what they want in the future and then helps them decide how they can get it.

**Scaling** - can you rate on a scale of 1-10 how hard that was? What do you hope to achieve and where would you like to be on a scale of 1-10? What have you done to achieve the score you currently are?
Exception-finding - helping supervisees see the context in which success happened is a way to highlight exceptions and successes. Consider this exchange:

Supervisee: "Well, my client must have been in a good mood because she was more talkative this week."

Supervisor: "It's not just that the client was more willing to talk. You did something to make that possible. What do you think that was?"

Supervisor: "I wonder what's different during those times when you find the client is more talkative. What do you notice is happening at those times?"

Supervisee: "I did notice she responds to my small talk and joking around. I guess she sees I'm human too."

Suppose - this technique is consistent with the solution-focused view that people can construct their reality. For example:

“What do you suppose that parent appreciated most about what you did?,
“Suppose the parent felt their child's speech was improving what do you think they might do?”

Silence- Pausing allowing time for reflecting

Compliments - complimenting is a technique that can be done directly, indirectly, or self-reflectively. Identifying progress is an example of direct complimenting. For example, "You've been able to stay more focused in your sessions instead of concentrating on what to say next."

Indirect complimenting involves speculation and engenders critical analysis. Workers are encouraged to find their own strengths. For example, "This client can be so unpredictable. How do you manage to stay calm during his outbursts?"

Self-complementing encourages reflection on the workers' experiences and the meanings of those experiences. Asking questions that probe their change processes, progress toward goals, and moments of pride allows reflections on events that are too often easily dismissed.

Role of the participants in group supervision
Each member presents a current case/clinical issue they are experiencing and the other members of the group ask questions. The crucial point here is that the other members are asking questions to further their understanding of the presenter's issue and NOT give advice.
The presenter identifies their own action and reports back on their progress at the next meeting. The process is powerful precisely because participants make their own decisions, take their own actions and are held accountable by their peers.

Examples of questions that can be asked:
- What have you done so far? Why? What impact have those had?
- Have you considered....and if not why or is this something you want to consider?
- What evidence is there for the approach?
- What other approaches/ options are there?

**Feeding back to management**
Although the content of the group will remain confidential, there may be times when things need to be shared. Particularly when there are concerns regarding a member of staff's performance or ongoing clinical decision-making skills.

Supervisors may be asked to compile a report to share the effectiveness of supervision. This is particularly useful when patterns emerge allowing us to focus our efforts and resources in areas where specific needs have been highlighted.