

Case study reflections on supervision from the perspective of a support worker

Case study 1

Supervision for band 3 support worker and band 4 assistant practitioner

This example of an NHS services' approach to supervisory support (*Herts Community NHS Trust*). In this example, the role of the assistant practitioner (employed at band 4) in mentoring and support for both newly appointed support workers AND speech and language therapists is showcased as an example of best practice. This extract has been placed right at the beginning. The assistant practitioner describes the approach to support and supervision in her organisation.

The role of a support worker as mentor

As a band 4 therapy assistant practitioner I often act as mentor for newly appointed therapy assistant practitioners (TAPs). This mentoring role includes delivery of training, tutorials, shadowing face to face/virtual therapy sessions with patients and settings, admin support, and reflective work after sessions.

As a band 4 therapy assistant practitioner, we also provide peer support and training to newly qualified practitioners (NQP) on a practical level in the field. Band 5s will shadow Band 4s to learn how to liaise with clients, multi-agency services and families, as well as deliver therapy.

Band 4s can also act as unofficial supervisors for newly appointed TAPs. This has not been officially recognised or specified in any official document e.g. competencies. However, the role is recognised as incredibly valuable in the service.

The assistant practitioner writing this extract points out that this type of peer support/mentoring is not always mentioned/highlighted on competency profiles. She strongly believes these contributions should be recognised across services. There is a role in support and professional supervision which is not recognised at service and national level, including in RCSLT guidelines.

The paediatrics speech and language therapy support worker role (from band 3 to band 4 journey) written from the viewpoint of a band 4 assistant practitioner.

Band 3 support worker

Upon joining the Speech and Language Therapy Services, band 3 support workers receive a thorough and comprehensive support package or care into the job. Band 3s have an appointed SLT supervisor and SLT line manager who will be offering two forms of supervision:

1. Clinical (non-managerial) supervision
2. Line management (managerial) supervision

1. Clinical (non-managerial) supervision

The SLT supervisor will focus on providing training and support on the clinical aspects of the job. Supervision will be used to discuss their work regularly with an experienced band 6.

This form of supervision aims to:

- provide clinical supervision
- support clinical skill development
- encourage reflective practice
- co-ordinate a timetable for delivery of support worker induction tutorials. The supervisor delivers core tutorials and other team members deliver the remaining tutorials.

Sessions will be carried out in different stages throughout the first year of employment. The intensity of supervision changes as the support worker develops their expertise or goes through transitional periods.

Frequency of Supervision

Support workers are offered:

- clinical supervision – weekly during the first 3 months, fortnightly for the next 3 months and thereafter, according to need. If the support worker works in more than one clinical area and has two supervisors, then each supervisor will initially meet with the support worker on alternate weeks
- between 7 – 12 months monthly support
- from 18 months onwards meeting every 6 weeks according to need
- meeting with link SLT – half termly but may reduce to termly dependent on need and experience. Could be 1:1 or group meetings/group peer review
- a named supporter for up to 6 months (SLT Buddy)
- access to an induction training course, specialist second opinions, shadowing opportunities, joint working, and clinical discussion groups e.g. autism discussion group, team meetings, in house training, CENs hosted by HCT.

1. Line management (managerial) supervision

This form of supervision aims to:

- enable support workers to fulfil their person specifications and job descriptions
- monitor progress collaboratively and identify development needs in relation to service delivery
- help support workers to find appropriate ways of meeting their development needs
- help support workers to meet their formal appraisal objectives and performance targets
- provide advice on managing caseloads and issues that may cause problems in the day-to-day functioning of the service
- ensure support workers are aware of and adhere to the professional standards and codes of conduct expected of them
- discuss professional development needs in relation to service delivery, for example NHS Knowledge and Skills Framework if based in the NHS; competency if the line manager is an SLT
- ensure that appropriate clinical supervision is available.

(Source: *Training and Development Document for SLTAs 2015 – Herts Community NHS Trust*)

Band 4 SLTAs as mentors (see specific cameo above)

Band 4 therapy assistant practitioners act as mentors for newly appointed therapy assistant practitioners (TAPs). This mentoring role includes:

- delivery of training
- tutorials
- shadowing
- face to face/virtual therapy sessions with patients and settings
- admin support
- reflective work after sessions.

Band 4s can also give out of line supervisory support to newly appointed TAPs.

Band 4 therapy assistant practitioners also provide peer support and training to newly qualified practitioners (NQP) on a practical level in the field. Band 5s will shadow band 4s to learn how to liaise with clients, multi-agency services and families as well as deliver therapy.

Supervision for band 4

Band 4 therapy assistant practitioners meet twice, every term, in groups of no more than four plus a band 6 or band 7. This is known as a SLTA professional supervision group or what other Trusts/Services might call peer supervision.

The session lasts around 90 minutes, and each assistant will bring a case they want to discuss/share in the group. Therapists are given a 'script' to monitor the session and each assistant is given the same amount of time to discuss their case scenario and receive advice. Assistants are advised not to book onto any sessions where their line managers will be leading the discussions. Mainly because this is an opportunity to bring up any other work-related issues that they might feel comfortable voicing and sharing with other assistants.

Minutes from these meetings are written by the band 6 therapist leading the group and then shared with team leads.

Support worker meetings (by locality/area)

These meetings have been recently piloted and are now implemented into each area/locality. Support workers meet for 30 to 45 minutes at the end of the working day to have a brief discussion about caseload allocations and what is working/not working well. An SLTA link therapist (band 6) has led these meetings in the past but recently we were informed their presence will no longer be required and there will be a rotational system for different band 4s to take the lead in each meeting. These meetings have created an opportunity for support workers to talk freely about work related issues.

Band 4 line management

Band 4s are usually allocated a band 6 line manager with whom they will meet once every term to discuss work performance, caseload management, CPD opportunities and appraisal goals. An experienced band 4 with clear career/job expectations working alongside senior band 6 and band 7s would not be assigned as a line manager a newly promoted band 6 (or band 5).

A reflective observation

My Trust considers a band 4s seniority or experience before assigning prospective managers. An experienced band 4 with clear career/job expectations working alongside senior band 6 and band 7s would not be assigned as a line manager for a newly promoted band 6 (or band 5).

Reasons for this amongst others include:

- as a new band 6 there is still so much for them to learn within the band 6 role including how to be a mentor/manager
- it is an expectation from an experienced band 4 to be assigned a strong leader who will be able to challenge him/her professionally and support this band 4s professional progression e.g. knowing what CPD would be adequate for the band 4 specific profile, being quick to identify strengths and weaknesses of the band 5 to provide the right mentoring and support.

Impact of having a less experienced line manager

- lack of drive or motivation to work
- not having the correct level of support/advice desired to progress their career
- considering moving jobs/careers or resigning.

Case scenario: When the level of knowledge of a band 4 is equal to his/her line manager this might create friction or an uncomfortable situation.

Case study 2

An example from another NHS Trust

Band 4 adult SLT clinical assistant - general information about the supervision that I have received

I started my current role as a band 4 adult speech and language therapy clinical assistant (SLTA) in March 2016. Prior to this, I had no professional experience of speech and language therapy. I had also not previously worked in health care before starting this role, having worked as a publisher before changing my career.

I currently receive different forms of clinical and operational supervision as detailed below:

Clinical and operational supervision:

- I have clinical supervision sessions with my personal supervisor every six weeks (I have had three different supervisors over six years, see below for more information)
- since the start of the pandemic, I have received operational supervision every fortnight with the countywide speech and language therapy team
- I attend clinical and operational supervision sessions with the whole countywide team twice a year. During these sessions, different members of the team present on training they have attended. External speakers are also invited to present. The sessions provide the whole team with a time for reflection and to discuss service development
- peer supervision sessions are held each quarter with all the SLTAs in the team
- I attend clinical supervision sessions which are specifically related to voice. The countywide voice therapy team attend these sessions which are held each quarter. These sessions are a time to feedback on training, discuss specific cases, and to discuss the voice pathway and the service as a whole
- I attend clinical and operational supervision sessions specifically related to stroke. These meetings are held every six weeks and provide an opportunity for SLTAs to meet with the band 7 stroke lead to discuss case management and any training that may be required.

The clinical team lead, a band 8 SLT, is also my line manager and is someone that I can speak to about any concerns but not someone who I meet with on a regular basis.

Band 4 supervisor and competencies

Upon starting in my role, I was required to complete communication and foundation dysphagia competencies within six months. I completed the competencies one at a time and had a band 7 SLT, who specialised in the competency that I was working on, acting as my supervisor. For example, a band 7 highly specialist stroke SLT was my supervisor when I completed my communication competencies and a band 7 highly specialist dysphagia SLT was my supervisor when I was working on my foundation dysphagia competencies.

After completing my competencies, I was allocated a different band 6 supervisor who is not someone that I work regularly alongside but is part of the adult speech and language therapy team. I have supervision every six weeks and these sessions are an opportunity to discuss work performance, caseload management, CPD opportunities, and appraisal goals. I have found it beneficial to have supervision with an SLT who I do

not work alongside as it allows me an opportunity for honesty and openness, especially when reflecting on negative experiences and/or resolving any issues.