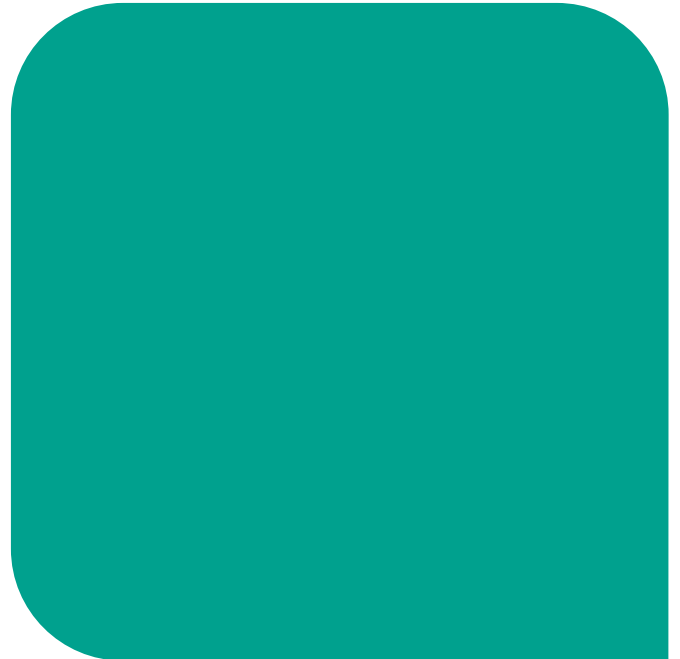


## Effective supervision in a variety of settings



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## About this guide

The guide is based on research and practice knowledge from all five sources that SCIE's good practice materials normally draw on. The evidence base consists primarily of a summary of the available evidence (**SCIE Research briefing 43**); a **practice enquiry**; a **seminar report**; and evidence presented by key stakeholders in the Project Advisory Group.

### Practice enquiry

A practice enquiry is a 'made to order' structured or semi-structured original enquiry into aspects of current practice in health and social care. This practice enquiry aimed to:

- develop an understanding of how supervision is delivered in a range of joint and integrated adult team settings
- develop an understanding of how identified models of supervision practice affect stakeholders
- develop an understanding of the perceptions of supervision and its impact for people who use services
- identify areas of good practice and of innovation in joint and integrated health and social care supervision
- identify the costs perceived to be associated with supervision in different models of practice.

**SCIE's 2009 guidelines** for practice enquiries list the limitations of this approach, stating that a practice enquiry cannot:

- establish or quantify the prevalence of specific practices because a universal – and perhaps even a representative – sample of responses cannot be achieved
- provide evidence that is generalisable – it may be highly suggestive of what is happening in the field, and may identify a range of models, but it cannot reliably report how many people or organisations are following these models
- offer an independent assessment of practice, since most practice examples are based on self-reports
- provide objective evidence of 'good' or 'best' practice, since this would require a rigorous and comparative assessment of the quality of the practice and its outcomes.

### Peer review

The practice enquiry was peer reviewed internally by Dr Deborah Rutter. It was reviewed externally by Dr Trish Hafford-Letchfield at the University of Middlesex and Suzanne Hudson, Workforce Senior Advisor, Local Government Association.

## About SCIE research briefings

SCIE research briefings provide a concise summary of recent research into a particular topic and signpost routes to further information. They are designed to provide research evidence in an accessible format to a varied audience, including health and social care practitioners, students, managers and policy-makers. They have been undertaken using methodology developed by SCIE. The information on which the briefings are based is drawn from relevant electronic databases, journals and texts and, where appropriate, from alternative sources, such as inspection reports and annual reviews as identified by the authors. The briefings do not provide a definitive statement of all evidence on a particular issue. The **SCIE research briefing methodology** was followed throughout (inclusion criteria; material not comprehensively quality assured; evidence synthesised; and key messages formulated by author).

### Scoping and searching

Focused searching was carried out between January and March 2012. The searches looked for empirical studies on the association between the process of supervision and outcomes for people who use services, workers and organisations. Searches addressed both children's and adults' social work and social care, including joint and integrated settings.

### **SCIE Research Briefing 43: Effective Supervision in social work and social care**

identifies empirical studies that report on the association between the process of supervision and outcomes for people who use services, workers and organisations. Intervention studies are included. The methods used to identify and organise material in this briefing were developed by SCIE. These involved undertaking systematic and reproducible searches of the research literature, identifying relevant studies and assessing their quality. Empirical data were extracted using a structured pro-forma which focused on various outcomes of supervision.

### Peer review and testing

The briefing was peer reviewed internally for methodology. It was peer reviewed externally by Professor Marion Bogo, Faculty of Social Work, University of Toronto, Canada.

### Guidance from the advisory group

The advisory group felt that there was a significant gap in the evidence regarding people who use services and that their voice was being lost in the existing research. They suggested convening a seminar to bring together people who use services and some practitioners to look at service user and carer involvement in the supervision of health and social care workers. This is reported in the **seminar report**.

### From evidence to recommendations

SCIE has a structured process which assesses the quality of the evidence found in order to make recommendations. A narrative summary of the evidence is available as are the evidence tables.

## Acknowledgements

SCIE wishes to thank all members of the Advisory Group including: Gaby Willis, Jennifer Taylor, Kerry Fisher, Margot Main, Diane Fossey, Malcolm Rose, Barbara Campbell, Fiona Maidstone, Everton Bolton, Rachel Ward, Valeria Buzan, Vic Forrest, Michael Turner and Lisa Bostock.

The Guide reviewers: Steven Battley, Suzanne Hudson and Jennifer Taylor

Video Production team: Evans Woolfe Media.

And the writers: Alison Faulkner, Nick Johnson, Meiling Kam and Jane Wonnacott.



## Recommendations

You may wish to read the [narrative summary \[5\]](#) to see how we arrived at these 30 recommendations.

### People who uses services

1. Supervisors could consider how to involve people who use services in supervision, especially in structured practice discussion and decisions about their care. Supervisors should consider how this involvement can be empowering, non-threatening and emotionally 'safe' for people, and sensitive to the power relationships existing between staff and people who use services.

Personal assistants (PAs) have spoken of the positive value of having regular supervision and some people employing PAs have thought about how this might be achieved. Commissioners and national and local policy-makers should consider both the funding of supervision, and how people who use services can be trained to act as supervisors or, at minimum, trained to provide a key input into supervision.

### Supervisees

2. The following four elements are associated with a supervisee's job satisfaction, career or job retention, emotional health and practice skills:

- task assistance, defined as the supervisor's ability to provide tangible, work-related guidance
- social and emotional support in responding to emotional needs, including stress
- a positively perceived relationship with their supervisor and the extent to which this has helped them to be more effective in their work
- effective feedback from supervisor to supervisee and how this also supports confident and safe practice, job satisfaction and retention.

Evidence also suggests that longer-term professional development is important to supervisees.

3. Practice and policy suggests that supervisees should be aware of the role of supervision and take an active part in the process. Moreover, codes of practice within health and social care highlight the importance of workers taking responsibility for their own learning and professional development, supported by their employer.

### Supervisors' expertise and training

4. Supervisors need to continually update their expert clinical and practice knowledge and their clinical intervention skills for the specific populations of people with whom their supervisees are working.

5. Organisations may find it helpful to consider, implement and evaluate the following types of training for supervisors of front-line staff and for 'supervisors of supervisors':

- training in generic and specific supervision skills and techniques, such as analysis of practice with specific people, critical thinking, group supervision, feedback and reflection
- 'learning laboratories' to improve supervisory skills in a cycle of improvements
- staff watching their supervisory performance in audio-visual recordings and reflecting on it
- group supervision for supervisors to model supervision skills
- training in performance management, appraisal, coaching, supervising a diverse workforce, conflict management and action learning
- supporting safe practice – an awareness of how supervisors can offer support to supervisees which takes account of effective safeguarding in case management.

## Organisational policy and procedures

6. Practice and policy tell us that organisations should consider supervision as part of their 'duty of care'. In relation to this, a clear articulation of the purpose and practice of supervision embedded within communication, continuing professional development (CPD) and performance management systems may be of help.

7. Policies, procedures and professional standards should support the practice of supervision, and could be linked to other organisational policies such as sickness and absence, flexible working, health and wellbeing, whistleblowing, grievance, capability, etc., in order to promote and sustain good supervisory practice. Moreover, in order to maintain quality, it may be useful if supervision practice is monitored.

## Culture

8. The role of supervision should be understood and valued within the context of the organisational culture. The culture of an organisation is critical in setting the tone, values and behaviours that are expected. Supervision has a part to play in delivering good services and outcomes for people. Workers therefore need to be allowed planning, preparation and supervision time as part of their workload.

## Leadership

9. Where the working context is complex, professional leadership may be needed to ensure that support (including supervision) is appropriately accessed by all workers.

10. Senior managers and line managers should consider how they can best create a culture that recognises the value offered by effective supervision at all levels. In turn, effective supervision may increase employees' perceptions of organisational support and improve their commitment to the organisation and its goals.

11. Supervisors and organisations/agencies should offer regular supervision. In addition to this, it is advisable that supervisors are available at other times, offering an 'open

door' where possible, and ad hoc and informal supervision when needed, within the constraints of the time available.

12. For home care workers, organisations should offer alternative 'responsive out-of-hours systems', especially at times of crises and emergencies as well as regular telephone contact, in addition to scheduled supervision.

13. Each organisation will have its own process and policy in terms of recording supervision. Supervisors and supervisees could use note-taking or structured pro-formas to record decisions and feedback. They may also want to consider how to record reflection and discussion as these are linked to those decisions.

### Supervision in multidisciplinary teams

14. Research studies [2] suggest that the availability of a supervisor from the worker's own profession is important even if only as a model of practice. However, if organisations do not appoint supervisors from the same professional discipline as supervisees, it is advisable to make sure that supervisors understand the professional roles, frameworks, language and values of their supervisees, and have discipline-specific skills and knowledge in order to engage with their supervisees' work.

In the case of health professionals, clinical supervision can only be provided by a person of the same profession. If an operational manager is from another profession then it is essential that they ensure the supervisee has appropriate clinical support in place.

### Cost and cost-effectiveness of supervision

15. Organisations could consider calculating the unit cost of supervision. One study of local authority children's departments in England has already done this using the salary costs of supervisors and supervisees as well as overhead costs. Lambley and Marrable [2] have noted how costs have been calculated in one non-profit organisation. A cost-benefit analysis could be of particular benefit, however, organisations would need to enlist appropriate expertise.

### Task assistance

16. Supervisors could offer an educational role in supervision, and 'task assistance' (teaching new skills and interventions, helping with difficult work and giving tangible work-related guidance) with the aim of improving practice and outcomes for people.

17. Structured practice discussions and decisions about specific people have shown in some studies to be of direct use. Practice discussions could have a reflective focus and include 'constructive challenge of practice' rather than being mainly concerned with case planning, time management, or monitoring of the supervisee's work against care plans and lists.

18. Practice suggests that performance review and formal monitoring is linked to quality assurance, managing risk and performance management in organisations, and can be desirable from the perspectives of people who use services and some workers.

19. The responsibilities of qualified professionals within complex organisational systems, and accountability requirements, mean that the type of supervision provided needs to be appropriate to the role. This may require adaptations to or changes in the way in which supervision is organised and delivered.

## Emotional support

20. Evidence [2,15,29] suggests that appropriate emotional support can buffer against anxiety, stress and high workloads. Emotional support from supervisors may directly improve staff retention and build perceptions of organisational support.

21. To effectively provide emotional support, it is helpful if supervisors and organisations arrange for supervision to take place in a safe, confidential, quiet, physical space. What has also made a difference is if supervisors are respectful, express empathy for the supervisee, are 'aware of self' themselves and use active listening in supervision sessions.

22. Supervisors could specifically offer:

- debriefing discussions on the emotional impact of specific cases
- facilitation of reflection on supervisees' feelings and personal struggles in aspects of their work which make them feel vulnerable as practitioners.

23. Supervisors should aim to build an emotionally 'safe', supportive relationship with supervisees, which is positively perceived by them. This includes rapport, trust, confidence and enthusiasm.

24. Supervisors may want to consider strategies, reported in Bourne and Hafford-Letchfield's [29] qualitative study, to contain anxiety, which include humour, encouragement and recognition.

25. Supervisors should consider how they can give emotional support in a way that does not increase feelings of burnout, but reflects on these feelings in a way that builds positive emotional outcomes.

26. Supervisors may want to consider a more consultative style with more experienced staff, and a more directive style with less experienced staff. They also may want to offer more frequent supervision (than monthly) to staff at the beginning of their careers.

## Feedback, reflection and critical thinking

27. Supervisors may wish to consider introducing clear and constructive feedback, reflection and critical thinking into supervision, balancing them appropriately with performance review and formal monitoring.

28. Practice suggests that reflection in supervision can involve critical thinking about practice with specific people. This includes identifying with the worker, any bias and assumptions they may be carrying or practices and behaviours that they exhibit as a result of interacting with specific people who use services.

29. Identifying barriers to effective practice within the organisation could also be discussed and be fed through supervisors to senior managers.

30. Supervisors could give positive reinforcement through recognition and praise for work well done. It may be helpful if feedback is reciprocal. This could include:

- 360° feedback (perhaps including service user input)
- feedback from the supervisee to the organisation, and vice versa
- using the supervisor as a mediator in communication.

It should be recognised that there may be tension between honest feedback from the supervisee and the need for them to appear competent for performance appraisals.

## Introduction

Both research and practice point to the benefits of developing, operating and sustaining good supervision within an organisational culture that values both the people who work there and the people it offers services to. If these conditions are met, best practice is more likely.

Good supervision should result in positive outcomes for people who use services as well as similar outcomes for the worker, the supervisor and the organisation as a whole. An example of a positive outcome would be an improvement in the quality of life for a person, while for the organisation a similar outcome would be an improvement in the quality of the service. It is worth noting here that the following definition of supervision is being used:

Supervision: is a process by which one worker is given responsibility by the organisation to work with another worker in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users.[1]

Research suggests that good one-to-one supervision has the following features:

- it occurs regularly in a safe environment
- it is based on a respectful relationship
- the process is understood and valued, and is embedded in the organisation's culture. [2]

Moreover, supervisees value emotional support, task assistance and reflection on practice, and supervisors need support and training.

Research into what happens within supervision suggests that effective supervision generates good outcomes for workers [3] while experience suggests that the consequences of absent, inadequate or negative forms of supervision may pose a threat to workforce stability, capacity, confidence, competence and morale. [4]

The evidence base in relation to the practice of supervision is limited and mostly correlational, as **SCIE Research briefing 43** points out. This means that while there is a strong relationship between supervision and outcomes for people who use services or workers, there is no strong evidence to say that good supervision will cause specific outcomes as there are other factors within the mix.

The **practice enquiry** [2] commissioned by SCIE captures a cross-section of current practice in England and is unique in itself because it focuses on adult social care in joint and integrated team settings. Similarly, the **narrative summary** [5] that informs the recommendations and the '**Service user and carer involvement seminar report**' [6] are both unique in their focus and intent.

Among the social care organisations we visited when compiling this guide, there were strong views from senior management about supervision being 'the spine of a social care organisation' and it was felt that staff must be supported in their reflective practice. Reflective practice was felt to be important as it increased a worker's awareness of self in relation to the quality and impact of their practice. It was also felt to be important in

building emotional resilience as, for example, caring for people in the last stages of their life can be stressful as well as rewarding.

In another organisation we visited, one support worker spoke of being able to talk about challenging racist behaviour in his supervision session and how this affected his work. He said he felt listened to in supervision and that this was important to him in carrying out his role.

### Supervision appropriate to task and role

From what was seen in the practice enquiry [2], practitioners received different types of supervision. By this they meant supervision that had a particular focus and these were described as:

- **professional supervision:** focused on the work being carried out with people who use services [2]
- **management supervision:** task-orientated to deliver specific organisational outcomes [2]
- **clinical supervision:** focused on professional support and learning which enables individual practitioners to develop knowledge and competence and assume responsibility for their own practice. [7]

Logic would suggest that the type of supervision should suit the role and task and a balance is required to challenge and evaluate practice in an appropriate way. Moreover, if a desired outcome of supervision is improvements in practice, then the focus will have to be on 'practice'. Whether this is identified as 'clinical supervision' will be up to participants in the process to agree. Leadership, organisational culture, frequency of supervision and the foundations of good practice are all covered in this guide as supervision should be seen as part of a complex system of support and governance.

Finally, one of the key strengths of social work and social care is its commitment to social justice. This practice guide sits within that context and invites all practitioners and interested parties to engage with the content.

### Who may be interested in this guide?

Supervisees are by definition those who are in receipt of supervision and need to know what good supervision looks like. What should they expect from their organisation in respect of the way that supervision is organised and supported? What should they expect from their supervisor and how can they, in their role as supervisee, contribute towards making the process most effective? All sections of this guide will be of interest to supervisees, however, if you need to choose, we suggest you start by reviewing the **recommendations** section and then go to the section which sets out the **foundations of effective supervision practice**.

Supervisors are those people with responsibility for delivering supervision and translating the organisation's vision into practice. They are also likely to be supervisees themselves. All sections of this guide will be important for supervisors, who should review the **recommendations** section and consider how they might bring the voice of the service user into the process and the benefits this has. Supervisors will also need to

understand the **context for effective supervision**, and consider how they can influence strategic managers to ensure the best possible organisational context for their practice.

Strategic managers and leaders have responsibility for ensuring that the organisation's culture and context support the delivery of effective supervision. They will also need to ensure that quality is monitored and any remedial action taken where standards of supervision are not meeting the needs of the supervisee or contributing to good outcomes for people who use services. If supervision is working effectively from the bottom to the top of the organisation, then it is likely that managers and leaders will be supervisors and supervisees themselves. All aspects of this guide will therefore be of interest. Managers/leaders should review the **recommendations section** and then go to the section on the **context for effective supervision**.

People who use services and service user organisations may be interested in knowing about what happens in staff supervision. You may be interested in all sections of this guide and in using the **Social Care TV** videos for training.

## Video clip

**Watch what one Chief Executive Officer has to say about supervision**  
(Video on You Tube).



## People who use services and supervision: Impact, outcomes and involvement

### Recommendations

- Supervisors should consider how to involve people who use services in supervision, especially in structured practice discussions and where decisions about their care are being considered. Evidence available indicates that this rarely takes place.
- Involvement in supervision might include people who use services giving examples of good and poor practice and inputting their concerns. Examples of where this has taken place include regular group meetings and individual written feedback (e.g. on postcards or by other means, allowing them direct contact with supervisors).
- Supervisors should consider how this involvement can be empowering, non-threatening and emotionally 'safe' for the people who use services, and sensitive to the power relationships that exist between staff and people who use services. It may not be practical to include all people who use services where each worker has a high caseload.
- Looking at the different roles of supervision uncovered by the research, involvement of people who use services could usefully contribute to reflection and critical thinking and to task assistance, but less so to the emotional support aspect of the role.

### Summary

- Improving outcomes for people who use services is the ultimate goal of good supervision, but people who use services are rarely asked for their input.
- People who use services are keen to find ways of providing feedback about their experiences, as they would like to avoid difficult situations leading to formal complaints. They would also like the opportunity to highlight good practice.
- Emerging examples of ways in which people who use services can contribute to supervision are:
  - Inviting feedback to managers and supervisors with the use of postcards or questionnaires.
  - Arranging group meetings with people who use services and staff to address issues raised in supervision in a non-threatening environment – and to discuss ways of resolving them together.

- Providing feedback forms to people who use services and arranging a follow-up phone call. Information from this can then be used in monthly staff supervision and annual appraisals.
- Using the care plan as a way of asking for and reviewing any cause for concern or praise.
- Training people who use services as supervisors for staff in training or those newly-qualified.
- Input by people who use services into supervision needs to be both feasible and realistic, given practical and time constraints. Health and social care workers need to retain the space to be honest about their work and their feelings in a trusting supervisory relationship.
- Organisations led by people who use services could play a key role in facilitating user involvement or input into supervision, enabling it to happen in a safe and supportive way for people who use services and the staff involved.

## Background

Improving outcomes for people who use services and carers is a key goal of supervision, but they are rarely involved directly in the process. Much of the discussion that takes place in supervision will focus on a practitioner's direct work with people who use services. This means that people who use services are already indirectly involved in supervision. However, emerging practice suggests that people who use services have much to contribute directly to the supervision of health and social care workers.

People who use services are often involved in, or consulted about, services, policy and service delivery. Moreover, professional standards require social work education providers to involve people who use services and carers in the training and education of social workers. However, while person-centred care and personalisation demand that the individual is placed at the centre of their care, it is rare for them to be involved or consulted within the context of supervision.

The Social Care Institute for Excellence (SCIE) [practice enquiry \[2\]](#) into supervision found little evidence of service user involvement, but some interest in exploring it. Consequently, SCIE set up a small seminar in order to hear from a wider range of people who use services and carers. The seminar found considerable support for the involvement of people who use services in supervision in principle, but few examples in practice. In particular, some people who use services saw it as a way of helping to resolve difficult situations and avoiding the need for making a formal complaint.

Many people who use services fear giving negative feedback, and they are often worried that their concerns are not fully understood. Involvement in supervision might give people a way of letting managers know when a relationship with a member of staff is not working well, without having to either continue to put up with the situation or pursue a complaints procedure.

## People who use services and supervision: Findings from the practice enquiry

The Social Care Institute for Excellence (SCIE) [practice enquiry \[2\]](#) found that many people who use services did not know that health and social care staff were supervised. Others were concerned that decisions might be made about them in supervision without their knowledge.

People who use services had experience of giving feedback about the service they were receiving through satisfaction questionnaires and complaints postcards, but few had experienced being involved directly in staff supervision.

Social care services should consider holding regular group meetings between people who use services and staff to address issues raised in staff supervision. This can give staff and people who use services the opportunity to discuss the issues in a safe space and can lead to positive change.

The practice enquiry calls for further research to 'engage service users in developing our understanding of how supervision practice can further support practice and service improvements' (p 43).

### SCIE Seminar: Service user and carer involvement in supervision

SCIE invited a group of people who use services, carers, health and social care practitioners and managers to take part in the seminar. The aim was to look at the experiences of people who use services and carers being involved in staff supervision, the potential benefits and challenges, and to explore suggestions for how to do this well.

- Download [Report of the seminar. \[6\]](#)

Few people who use services or carers had direct experience of being involved in staff supervision. Several people mentioned the practicalities of involving all people who use services in a social workers' supervision, pointing out that the size of individual caseloads would make this very difficult as every person using a service giving direct input into a worker's supervision would require too great a time commitment from all concerned.

There are power issues in the relationship between a person using a service and a social worker, and sometimes attitudes prevail that would make involvement in supervision difficult to put into practice. People who use services were concerned about getting into trouble or not being understood if they expressed concerns about an individual social worker. Some were scared about being involved – or of potentially being drawn into the complaints procedure. This points to the need for neutral or anonymous opportunities to provide feedback to supervisors or line managers.

## Possible benefits

Involvement of people who use services can:

- give people who use services the opportunity to provide positive feedback – as well as to improve things that are not working well
- help workers to identify what is working well and make overall services more efficient and effective
- improve relationships between social workers and people who use services
- lead to improved quality of life for people who use services – for example, helping the social worker to find ways of doing things differently and/or more effectively
- give the worker greater job satisfaction
- reduce the use of complaints procedures – by picking up and hopefully resolving any difficulties early, and dealing with them in a less confrontational way
- empower people who use services to become more independent and confident
- benefit middle managers (the supervisors) by providing them with a reminder of the realities of the everyday care and support they are responsible for.

## Emerging evidence

Recent work in Nottingham [9] has shown that, given adequate training for the role, people who use services can be successful in offering supervision to student nurses in training. Similarly, Surrey and Canterbury Christ Church (Salomons) Universities ran a pilot project to explore ways of involving people who use services and carers in clinical psychology trainees' placements. Eleven first-year trainees on placement in a local NHS trust were each paired with a service user or carer recruited from a local organisation such as Mind or Rethink. Each pair met monthly to discuss issues related to service delivery.

Feedback from both trainees and people who use services and carers indicated that they valued the conversations highly, saw them as making a significant contribution to their development and were keen for the project to continue. [10, 11] Trainees reported that although they all had initial reservations, being involved in the project was a positive learning experience and provided opportunities for them to reflect on their practice in a different way, outside the assessed framework of supervision.

In another example, Louise Pembroke writes of her experience as a supervisor and mentor to trainee psychologists doing their research projects:

*'How do we improve relationships between mental health clinicians and people who use services? By viewing each other as experts by profession and experts by experience with the capacity to learn from each other. We can learn from each other by involving survivor activists in the education of trainee psychologists through teaching, literature, mentoring, placements and research. It would be good to see more trainee psychologists field supervised or mentored by survivor activists and to have 'placements' within user, survivor or advocacy groups and with individual activists 'shadowing' them in their work for a few weeks. This would provide an opportunity to discuss issues informally, be exposed to user/survivor literature and work together. Most importantly, this encourages reciprocity.'*

Louise Pembroke, ***Survivor supervision of trainee mental health professionals***

## The context for effective supervision

This section deals with organisational and strategic leadership issues that promote good supervision. It reviews some of the process features of good supervision, including policy and practice. It engages with the challenges presented when providing supervision to people working in integrated settings as well as settings that involve shift work or 'outreach' in the form of home care.

### Culture

Organisational culture is widely written about in business theory and refers to the behaviours and values that exist in an organisation. In any group of people, these will be defined largely by how the organisation is led. The aspiration of most organisations will be to be the best they can be for most of the time.[12] The culture of an organisation is critical in setting the tone, values and behaviours that are expected.

A culture of good supervision will have a positive impact on an organisation's performance, supporting staff to practise well and encouraging them to be the best they can. It provides an information conduit (an audit trail) about things that are going well and things that might need attention. Most importantly, it creates a link between the strategic management of an organisation and the people using the services being offered – the success of which provides a key measure of service quality.

Supervision is acknowledged to be beneficial not only for the manager offering supervision and the worker receiving it but for the organisation in which they both work. The culture of an organisation will have a major influence on the performance and quality of supervision, yet too often there may be little attention paid to the way in which organisational culture promotes or hinders the delivery of supervision. Linking the delivery of effective supervision to the culture of the organisation establishes clearly that good supervision practice is not only the responsibility of front-line managers but needs to be modelled at all levels across the organisation. All managers at every level need to be held to account for the quality of the supervision they deliver and supervisees at all levels should expect to be asked about their experience of supervision.

Part of the process of developing a culture and climate will relate to the practical support given to the supervision process. For example, it is important to ensure that supervision is not hurried or the environment disruptive. Planning and preparation will also contribute to effective supervision. Cultures which are most likely to be effective in supporting good supervision practice are therefore those which give clear messages about the priority that should be given to the process, give time for preparation and do not tolerate unnecessary interruptions or frequent cancellations. Most social care and social work environments are busy. While the supervision process cannot be separate from that busy-ness, in order to support best practice it needs to avoid feeding into reactive practice and instead provide a reflective space where decisions can be properly thought through. The reality is that there will be circumstances in social work and social care where urgent interruptions are unavoidable, but they should not become the norm as this will undermine the whole supervisory process.

Supervision is part of the work process and is therefore not static for the participants or the organisation. For example, at an individual level there will be a feedback loop between supervision and appraisal systems, with information from supervision feeding into performance development plans, as well as these plans influencing the ongoing focus of supervision. At an organisational level, supervision discussions can provide vital feedback for the organisation about workload pressures, practice developments, training needs and the general health of the system. An organisational culture which values this dynamic interplay and supervision as a rich source of information will be one which understands the need to sustain a culture which prepares people to receive and gain the best from supervision. Positive organisation cultures will ensure that anyone required to offer supervision to others is trained for the task and that everyone in the organisation is supervised by a named person. Additional professional or clinical supervision may be needed where supervisors are not from the same profession as their supervisees, but this does not detract from the fact that a positive supervisory relationship linked to the core functions and accountabilities of the organisation is a significant aspect of supervision within social care environments.

Organisations give an important message about the importance of supervision when people joining an organisation are introduced to the supervision system as part of their induction. Professional workers will have experienced supervision as part of their training, but social care workers may join the service from a completely different work environment. They should see it from then on as part of their responsibility to seek out and make an active contribution to their supervision and not be put off or deflected by other work pressures.

When thinking about these issues you may wish to consider the following:

- Do you have adequate private and confidential space where supervision can take place?
- Is the environment conducive to good work in terms of size, furnishings, temperature and light?
- What is your work culture in respect of permission to interrupt private conversations or meetings?
- Do senior managers model good supervision practice in their supervision of supervisors?
- Is there a clear supervision policy?
- Are there clear expectations regarding the standard of supervision and is the quality of supervision something that is regularly monitored?
- Is the interface clear between your supervision policy and other relevant policies such as performance appraisal?
- Is there a feedback loop into the organisation for any significant issues that arise from the supervision process?

## Leadership

Leadership in relation to supervision can be seen to have two interconnecting elements:

- leading the organisation in establishing an effective supervision culture
- leading practice, applying the skills of the individual supervisor.

### Leading the organisation

The development of leadership skills has been extensively written about elsewhere and it is not the intention of this guide to attempt to summarise the leadership literature.

However, the National Skills Academy for Social Care's **leadership qualities framework** might be a good starting point as it is the most current statement relating to leadership in the social care sector. It recognises that organisations consist of people and that leadership qualities are inherent in all roles throughout an organisation.

Strategic and operational leadership can ensure that the process of supervision is embedded in the organisation and will set the tone and behaviours to support it. It also has the power to put into operation many of the key recommendations made in this guide and ensure commitment. Organisations can use the knowledge acquired from supervision to plan for training, staffing needs, budget predictions, workforce planning and looking at future development.

Leadership at a strategic level can then be confident that what an organisation says it is delivering is matched in practice. The organisation will also wish to be compliant with regulatory requirements including a duty of care to employees generally, or specific requirements subject to inspection by bodies such as the Care Quality Commission (CQC) or the Office for Standards in Education (Ofsted).

A person offering supervision should have all the capabilities needed to maintain this role or relationship successfully. This will allow them to speak with authority, both within their professional range and in their functional role on behalf of the organisation, and suggests that they will have the strength of character to carry out all of the supervisory tasks, including those that are more challenging – for example, those relating to performance, behaviours or emotional stress.

A key component of leadership in any environment is to be an exemplar to others in the workplace. If supervision is to be properly embedded in an organisation's culture and practice, it will first be practised by its leaders.

### Leading practice

This is a key element of leadership within a supervisory context and refers to the role that supervisors, utilising their skills and knowledge, play as arbiters of standards of practice.

In discussing the role of the supervisor as practice leader, Wonnacott [13] mapped the traits of an outstanding leader identified by the Work Foundation [14] to those of an outstanding supervisor within a social work setting. Using an adapted version of this framework you may wish to consider the following questions.



- How well do you understand the systems within your organisation that are likely to influence practice in the long term?
- How skilled are you at maintaining a focus on the values of your organisation through developing relationships with colleagues and people who use services?
- Do you use both formal and informal supervision to develop relationships with your supervisees?
- Do you use policies and procedures as a framework for good practice, encouraging flexibility and innovation in the best interests of people who use services?
- Do you value the opportunity provided by supervision to talk about practice?
- Do you value your supervisees' ideas and encourage creativity?
- Do you provide an appropriate 'buffer' to organisational demands and assist your supervisees in maintaining a focus on good practice?
- Do you encourage a mutually supportive team environment and learning from each other?
- Is your relationship with your supervisees such that mistakes can be explored in a spirit of learning rather than blame?
- Are you able to manage your own anxieties and allow supervisees to learn from their mistakes?
- Do you access supervision for yourself, reflect on your own supervision style and consider the impact this has on your supervisees?

What is clear is that a thread running throughout is the capacity to work with emotions. This link between effective leadership and emotional intelligence is further explored in a [guide for front-line managers developed](#) for the State Government of Victoria, Australia. This document includes discussion of the interactive nature of leadership and the process of supervision through six emotionally intelligent leadership styles.[16] It identifies good leaders as 'emotionally resonant' (able to read emotions and discuss uncomfortable feelings). Resources have previously been developed by SCIE - see [Leading practice - a development programme for first-line managers](#).

### Developing a supervision policy

A supervision policy is the means by which an organisation establishes its commitment to supervision, clarifies expectations regarding the standard of delivery and decides upon how the process will be reviewed and evaluated. The policy will also need to identify how the organisation will support the process with resources, including the training and development of supervisors.

The stages involved in developing a supervision policy might be:

- a review of current supervision arrangements against current professional standards and expectations, incorporating feedback from supervisors, supervisees and people who use services
- agreeing at a senior management level the definition of supervision on which the policy will be based, the key principles that will underpin the delivery of supervision within the organisation, and the expected outcomes
- establishing the model of supervision on which the policy will be based and the expected outputs (e.g. frequency, recording methods, core areas for discussion)
- consideration of how the quality of supervision and outcomes for key stakeholders will be evaluated.

Does your supervision policy state:

- the principles underpinning supervisory practice within your organisation (e.g. it is a priority activity; it is focused on ensuring best practice with people who use services etc.)?
- the roles and responsibilities of the organisation, the supervisor and the supervisee?
- expected frequency of supervision?
- the importance of a supervision agreement and what this might look like?
- expectations regarding recording?
- how supervision practice will be monitored and evaluated?

Any supervision policy will need to be clear about the definition of supervision being used and the interface between the definition and the role and responsibilities of supervisors within the organisation.

The research underpinning this guide identified three types of supervision:

- management: task-orientated to deliver specific organisational outcomes [2]
- professional: focused on the work being carried out with people who use services [2]
- clinical: focused on professional support and learning which enables individual practitioners to develop knowledge and competence and assume responsibility for their own practice.[7]

Other guidance [17] has referred to supervision as involving:

- line management (accountability for practice and service quality)
- professional supervision (case supervision)
- Continuing Professional Development (CPD).

When using these frameworks it is important to ensure that the need to include emotional support within the supervision process is considered. It is one element of clinical supervision and the detailed Skills for Care/CWDC document [17] refers to 'support' and 'duty of care' under line management.

It is also important that supervisors do not see supervision as a fragmented activity with case discussions being divorced from the support, development and managerial aspects of the role. While there may be reasons why a staff member might need professional or clinical supervision in addition to managerial supervision (e.g. if their manager is from a different professional background), the prime goal should be to make sure that, however supervision is delivered, the staff member is managed and held accountable for their work, assisted to critically reflect on their work with people who use services, supported in their role and provided with development opportunities.

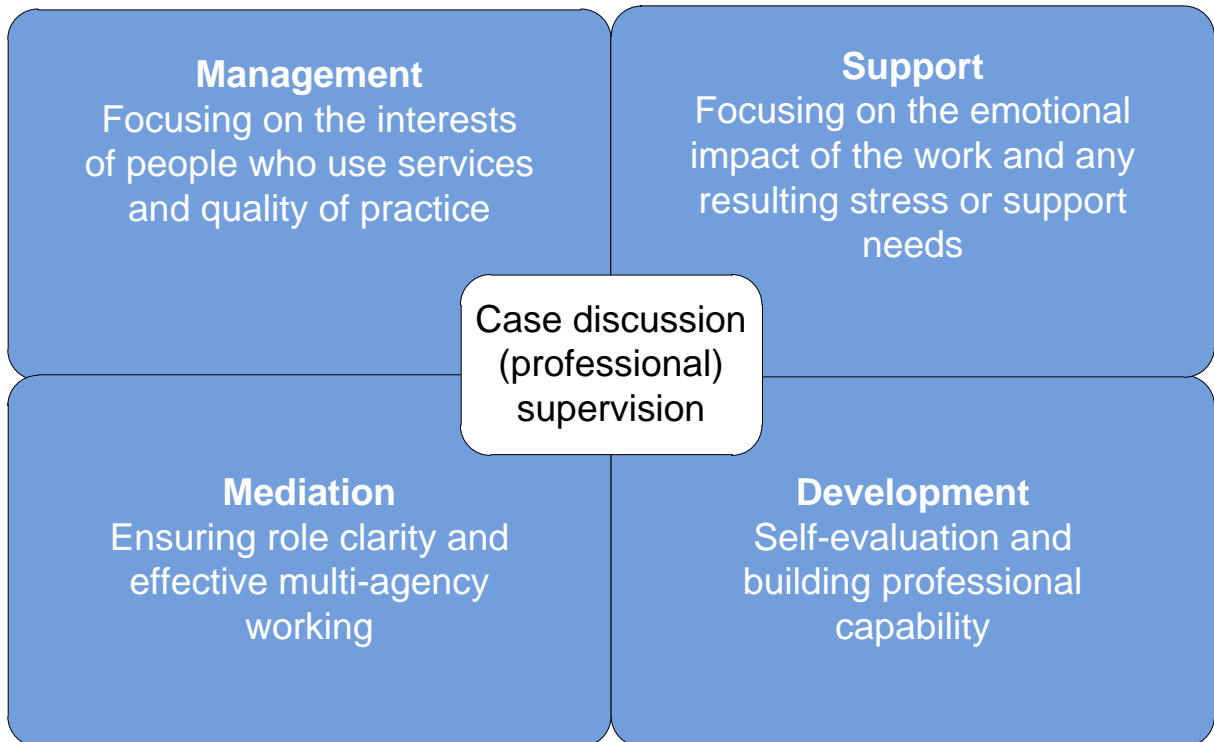
In order to ensure that all the elements of these types of supervision are enshrined in practice, the definition by Morrison, [1] which is widely used within social care, provides a useful framework for policy development, particularly as it clearly identifies the importance of emotional support. For Morrison, supervision is: 'a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational professional and personal objectives which together promote the best outcomes for service users'.

The objectives and functions of supervision have been described by Morrison as:

- competent accountable performance (managerial function)
- CPD (developmental or formative function)
- personal support (supportive or restorative function)
- engaging the individual with the organisation (mediation function).

The importance of this definition is that supervision can be seen as an integrated activity and case discussions address all four functions.

**Figure 1: Developing an integrated approach to the supervision of social care practice**



Credit: Wonnacott, 2013

The definition has led to the development of the integrated model of supervision, sometimes referred to as the 4x4x4 model,<sup>1</sup> which may be useful in some social care contexts and could be used to deliver managerial, clinical and professional supervision. Within this model the term 'management' is used broadly to refer to the role that any supervisor has (whether or not they are the supervisee's line manager) in being accountable for the advice supervisees are giving and any practice decisions that emerge from supervision. All supervisors, whether clinical, professional or managerial, will also have a responsibility to report any unsafe or dangerous practice. This model acknowledges the interdependence of all four functions of supervision, their impact on key stakeholders and the four stages of the supervision cycle. The supervision cycle is a process for delivering supervision which ensures a focus on all four functions and is explored further in the **foundations of effective supervision practice** section of this guide.

**Table 1 Integrated model of supervision**

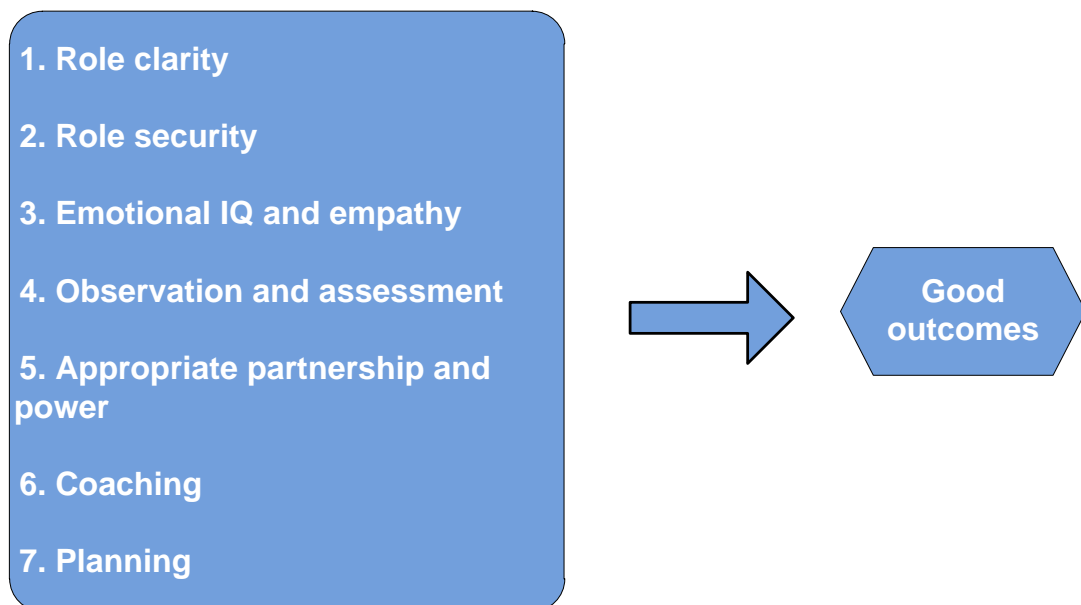
<b>Four stakeholders in supervision</b>	<b>Four functions of supervision</b>	<b>Four elements of the supervisory cycle</b>
People who use services	Management	Experience
Staff	Support	Reflection
The organisation	Development	Analysis
Partner organisations	Mediation	Action planning

At the heart of the 4x4x4 model is the principle that supervision is part of intervention with people who use services. It is not an add-on activity but one which is intimately linked with the quality of the service received and the degree to which the service has a positive impact on the lives of people who use services. Morrison refers to this as the 'supervision-outcome chain', a process that has seven factors linking the quality of supervision to eventual outcomes for people who use services (see Morrison and Wonnacott) [4].

**Figure 2: Supervision outcome chain**



The seven factors below link what happens in supervision to the quality of service for the user.



Credit: Morrison and Wonnacott, Training materials, 2009

You may wish to consider how far the supervision culture and process within your organisation promotes these seven factors. Think about the following questions:

- Is your supervision policy clear about the roles and responsibilities of supervisors and supervisees?
- Does the policy promote a supervisory relationship where supervisees are able to explore confusions, anxieties and dilemmas in order that they develop a sense of security in their role?
- Does the organisation promote the importance of emotionally intelligent practice, including empathy and emotional attunement, both within supervision and with people who use services?

- Is the quality of supervisory relationships evaluated in relation to how successfully they facilitate a culture of openness, where the quality of the supervisee's practice can be accurately assessed?
- Is supervision based on a balanced use of authority (neither collusive nor punitive), mirroring practice, which is underpinned by a partnership approach and the principles of anti-oppressive practice?
- Does supervision practice integrate with broader opportunities for practice learning and development such as mentoring, shadowing and co-working?
- Do supervision records demonstrate clear plans both for the development of the supervisee and for work with people who use services? Are these plans based on both reflection and analysis of the issues?
- How often do you focus on practice issues in supervision?

### Establishing frequency and method

It should be noted that by 'frequency' we are referring to how often supervision occurs and by 'method' we are referring to how supervision is delivered.

Over the years, a range of standards have been set in relation to the frequency of supervision. For example, according to the service standards established under the Care Standards Act 2000, monthly to quarterly one-to-one supervision is a requirement.

For some professions and in some settings external regulation may set the standards for the frequency of supervision. For example, within social work there are now clear standards for the supervision of newly-qualified workers and other service outcomes against which services are inspected.

Whichever external regulation is in place, supervision should happen regularly and consistently. Practice suggests that anything less than every two months ceases to be 'regular'. The guide to effective supervision produced by Skills for Care/CWDC [17] suggests that frequency should depend on:

- the experience of the worker
- the length of time in the job
- the complexity of their work
- the individual's support needs.

Very experienced staff working with highly complex cases might therefore need supervision more frequently than less experienced colleagues working with less complexity.

Good practice is reflected in the fact that the dates and length of sessions are pre-agreed well ahead of time. This establishes good habits and, if promoted by the supervision policy, also establishes clearly that supervision is a priority task within the setting.

## Ways of providing supervision

It is worth noting that different methods of supervision, such as telephone supervision, were mentioned in the **practice enquiry**. [2] While we have been unable to evaluate these it would seem sensible to suggest that, if it is part of planned supervision, then the preparation that face-to-face supervision requires should be applied, along with a way of recording the process. It was also noted in the practice enquiry that the availability of a supervisor was important in relation to 'informal supervision' as it was seen to support decision-making in real time without having to wait for formal supervision. Whether this is done by telephone or face to face may depend on the setting. However, decisions made during informal supervision will need to be recorded and acknowledged in formal supervision.

The way in which supervision is organised and delivered should be appropriate to task, role and setting. For example, **recommendation 12** suggests that: 'For home care workers, organisations should offer alternative 'responsive out-of-hours systems' especially at times of crises and emergencies as well as regular telephone contact in addition to scheduled supervision'. Similarly, in the practice enquiry, one case study noted that supervision was arranged to accommodate shift workers.

Supervisees value a range of supervision methods with one-to-one supervision at the core, since this provides the confidential exploration of practice without defensiveness.

Supervision may be:

- **Formal, but unplanned and delivered in response to a crisis.** The advantage here is that the supervisor is responding to the supervisee's immediate needs. Care must be taken to ensure that records are kept and any emerging learning needs brought forward to the next planned supervision session.
- **Formal and planned as part of a regular supervisory pattern.** This should be at the heart of the supervisory process but, if it is the only method, some of the emotional support and task assistance valued by supervisees may not be available in a timely manner.
- **Informal and unplanned, often referred to as 'corridor supervision'.** This is responsive to immediate need but the supervisor may be rushed into immediate decisions and action. Reflection and critical thinking may be absent. There is also a danger that the discussion will not be recorded and supervisors will need to ensure that any issues raised are brought forward to the next formal session.
- **Informal but planned,** such as arranging to drop in at the end of a planned session to see how things have gone. This may form an important aspect of the support role but care must be taken to record any issues that emerge.



## Recording supervision

Supervision records vary from place to place but a recording system that is fit for purpose is vital and should be described in the policy and be in use by all those involved. There are two aspects of supervision that need to be recorded:

- issues relating to the supervisee, including support and development needs, overall performance in their role and any concerns they may have about their work environment or the performance of the team (the supervisee's record)
- issues relating to work with specific people who use services (the service users' record).

There should be separate records for each aspect, with any discussions and decisions regarding individual people who use services placed on their own file. This ensures transparency, with people who use services having access to a record of any discussions relating to their care. In order to ensure confidentiality, any reference to people who use services in supervisees' records should be anonymised. Both records belong to the organisation and are part of its management processes.

The supervisee record also belongs to the supervisee and good practice suggests that both supervisor and worker have a copy of the record of supervision and have a system for agreeing that it reflects their interaction (e.g. signing each record) - see Figure 3.

- **Figure 3: Supervision record**

There may be personal components to a supervisory relationship that are not part of the professional supervision process. A separate, confidential record may be appropriate but the fact of a particular discussion should be noted in case unrelated difficulties begin to affect the work environment.

## Supervision in an integrated context: establishing a common culture

With the increasing commitment to providing services in social care, housing and health in integrated teams, the demands of providing a good and consistent supervision model are challenging. At a strategic level, it is vitally important that all participants to integrated working arrangements are signed up to the service and that the chosen ways of working are contained in policies to avoid any risk of malfunction in the integrated team. This must include a supervision policy which clarifies lines of accountability and communication pathways between managers and supervisors within the system.

The proposed development of a team comprising social workers, police officers and health professionals delivering child protection services in Southampton City highlighted the need to:

- establish the purpose of the service and its practice aspirations
- agree the way in which these aspirations could be met

- understand the differing supervision cultures that would be coming together within the service
- develop supervision arrangements that would enable practice aspirations to be met through promoting critical thinking and managerial accountability between and within services.

Figure 4 is developed from the work with Southampton City Council children's services and may provide a useful framework for others developing integrated services.

- **Figure 4: Integrated working: where does supervision fit?**

Within any policy there is a need to be clear about the meaning of the terms used and this is particularly important when developing policies in integrated teams.

Table 2, adapted by Jane Wonnacott from Morrison (2005) 'Staff supervision in social care', Brighton: Pavilion, p 35 may be of help in clarifying the issues that need to be understood and addressed.

- **Table 2: Clarifying supervision across settings**

One important issue to consider is that where one professional provides supervision to a person from a different professional group on behalf of their common employer, there may be a need to provide additional opportunities for supervision of clinical practice by someone from the supervisee's own profession. This may not add to the total time provided by the employer for supervision but cost implications need to be borne in mind when setting budgets. There are good examples, highlighted in the research, of people working in mental health services, integrated learning disability services and supported living environments where this experience is already being built up. It is hoped that a bank of practice evidence can be amassed as we learn from experience, in order to inform future best practice.

## The foundations of effective supervision practice

Good or effective supervision is delivered by effective supervisors, but what does an effective supervisor look like?

The Skills for Care/Children's Workforce Development Council guide [17] was the first national guide for supervisors in social care and sets out, on the basis of practice knowledge, the competencies required for effective supervisors. Current research and practice evidence suggests that effective supervisors are those who have the required clinical and expert knowledge to assist supervisees in their work, provide emotional support and who have the qualities to develop positive working relationships.

In this section we begin by considering practice that might support the development of a positive supervisory relationship, since it could be argued that without such a relationship other aspects of the role are likely to be less successful.

### The supervisory relationship

Relationship-based practice is at the heart of work in social care, yet recently there has been a concern that a focus on tasks and compliance has reduced the value placed on this aspect of the work. [18, 19] The research underpinning this guide reaffirmed the importance of relationships within supervision and of developing an effective style of supervision, which is intimately bound up with the capacity of the supervisor to develop an effective relationship with their supervisee. Words used within the **practice enquiry** [2] to describe the components of good relationships were: openness, honesty and respect, including respecting the feelings of the worker.

The behaviour of the supervisor in relation to the practicalities of supervision will be an important element in defining the quality of the relationship. Effective relationships will most likely be underpinned by the following supervisory behaviour:

- ensuring that formal supervision sessions take place in a conducive, quiet, interruption-free environment
- not cancelling or being late for supervision
- having structured plans for supervision sessions with built-in flexibility
- writing up supervision notes and making sure they are signed by both parties.

Supervisory relationships are based on openness, honesty and respect, and will partly be influenced by the ability of the supervisor to work effectively with emotions. This includes their capacity to engage with supervisees in exploring the meaning of feelings engendered by their work rather than simply facilitating them to 'offload'. This requires supervisors to have a number of the features described in the literature on emotional intelligence. While there is an extensive literature on this subject, less has been written about its application within social care. Adapting Goleman's work on emotional intelligence, Morrison [20] identified five significant interrelated elements relevant to social care practice:

- self-awareness
- self-management

- other awareness
- interpersonal skills
- values.

Morrison argues that these elements are linked to five core skills that are fundamental within social care, namely:

- **Engagement with people.**
- **Capacity for accurate observation and recall.** Recall about emotional events is reduced when we try to suppress emotion [21] and the ability to identify our own and others' emotions accurately also helps us to spot false emotions in others.
- **Assessment skills.** People who use services will quickly become aware of workers who are not in tune with their emotions.
- **Decision-making.** Emotions are associated with a range of mental capacities that have a direct impact on judgement and decision-making [22] and help us to predict the future by imagining potential consequences for either ourselves or others. [23]
- **Working with others.** Positive emotion reduces inter-group hostility and discrimination, enables people to identify commonalities and makes it more likely that group members will treat other groups as members of their own. [22]

Emotional intelligence is therefore important for supervisors and supervisees alike: for supervisees in the work they do with people who use services and for supervisors in modelling emotionally intelligent behaviour. Through this modelling supervisors will send important messages about the culture of the organisation, including permission to talk about the emotional impact of the work, and will develop supervisory relationships which will encourage supervisees to be the best they can be.

The following questions are adapted from original work by Tony Morrison [1] and are designed to assist supervisors in considering how they respond to emotion.

- How would your staff describe your emotional style? Are you hot, cool or balanced in your emotional responses?
- How good are you at noticing the emotional tone of the team?
- How good are you at recognising and acknowledging the daily hassles that staff experience?
- Are you proactive in providing emotional encouragement and support or do you tend to wait for staff to seek out your support?
- Which emotions do you find it more difficult to respond to: anger, sadness, fear, excitement, helplessness or anxiety?
- Which emotions do you find it easier to respond to?

- Does how you respond to emotions depend on who is involved? Are there factors relating to the social location of the individual, such as gender and age, that affect your responses?

Understanding how you respond to emotions as a supervisor is important in relationship development because workers need secure responsive supervision, especially if they are feeling anxious or overwhelmed.

In addition, the development of an effective relationship will depend on how far the supervisor is perceived by the supervisee to meet their needs and it is important that there is a clear understanding by both parties of their role, responsibilities and the boundaries and limitations of their relationship. This understanding can be enhanced by the effective use of the supervision agreement or contract. What is good in a balanced and functioning relationship can become a force for dysfunction and destruction if the balance is lost.

### The supervision agreement or contract

The relationship between the supervisor and the supervisee is an important aspect of the supervisory process, and time must be spent developing it. The **practice enquiry [2]** refers to good supervision as being underpinned by values that are explicit in the supervision contract. The terms 'supervision contract' or 'supervision agreement' can be used interchangeably to describe the written document which sets out the content of the discussions that have taken place to establish how the supervisor and supervisee will work together. In this guide, the term 'agreement' is preferred since it emphasises the collaborative nature of the process. The agreement will be a feature of the organisation's policy and should be introduced to a volunteer or employee during their induction.

Agreements are important because they do the following.

- Provide an opportunity to establish the meaning of the term 'supervision' within the organisation and prevent any misunderstandings. This is particularly important where supervisees may be new to working in a social care environment.
- Clarify roles and responsibilities and the mandate for supervision.
- Establish the collaborative nature of supervision and the importance of the supervisee being an active participant in the process.
- Establish the boundaries of the supervisory relationship, including confidentiality and communication pathways with others who may have some responsibilities for the supervisee's work. This is particularly important where the supervisee may be receiving management and professional supervision from two different supervisors.
- Provide a space for the supervisor and supervisee to understand the experience each brings to the process and how this can be used positively in their work together.

- Promote anti-oppressive practice through exploration of the factors that might impact on the supervisory relationship, including those relating to the social location of the individuals concerned.
- Establish the importance of acknowledging the emotional impact of the work and how to use supervision to explore this aspect of practice.
- Provide a forum for establishing from the start the possibility that good supervision will challenge the supervisee, that it may not always be comfortable and that at times there may be disagreements.
- Establish how the relationship will be reviewed and what the supervisee should do if they have any concerns about the supervision they are receiving.

So what might a supervision agreement look like? Here are some important points to consider.

- The agreement is more than a piece of paper. It is the process of discussion that precedes the completion of the final document that is important.
- Any template for supervision agreements should be capable of being individualised for each supervisee. It is not good practice for there to be one standard universal document which is the same for every supervisee.
- The agreement should be a 'live' document that provides a foundation for reviewing the supervisory relationship. It should be reviewed at least annually and if job descriptions change or promotions happen the supervisor/supervisee relationship should remain the same.

An agreement might contain the following headings:

- **Practical arrangements for formal one-to-one supervision**, for example venue, frequency, duration and arrangements if either party wishes to cancel.
- **Arrangements for complementary methods of supervision**, for example ad hoc, telephone or group.
- **Link between supervision and other management processes**, including, for example, appraisal, personal development plans and Assessed and Supported Year in Employment (ASYE) assessment.
- **The content of supervision sessions**, for example standard agenda items and how the negotiated aspects of the agenda will be agreed.
- **The expectations of the supervisee regarding supervision**, including their past experience of supervision and how this affects their current expectations of the process, along with their expectations of the supervisor.
- **The expectations of the supervisor**, including their expectations of the supervisee.
- **Preparation by the supervisor**, including familiarisation with the supervisee's current work.

- **Preparation by the supervisee**, including issues they wish to discuss.
- **Factors that may need to be taken into account in the development of the supervisory relationship**, for example gender, impairment, race, culture, age, sexual orientation.
- **Resolving difficulties**, including how both parties might recognise where there are problems in working together and the method for resolving this.
- **Recording supervision**, including whose responsibility it is, methods for resolving any disagreements about what has been recorded, and access to records.

### Task assistance

The research [2] identified a valued component of supervision to be where the worker receives tangible work-related guidance. In all areas of life, where we are undertaking a job for the first few times, we may need very specific help and guidance to get it right, build confidence for our future practice, or, when undertaking complex tasks, need emotional support though sharing the load.

Task assistance allows the supervisor to provide direct support to the worker, to advise them on courses of action that might be taken, and to approve what they are doing where a decision is needed beyond that delegated to the worker.

For supervisees, whose priorities will be driven by the immediate pressures and demands of the work, the practical and emotional assistance given by supervisors will be crucial. Such assistance may include co-working with a person who uses services who has complex needs, helping the supervisee to prioritise their work, and assisting with new tasks that have not been undertaken by a worker before, such as preparing a report for court proceedings. In addition, the role of the supervisor in fulfilling the mediation function of supervision may include them liaising with external organisations, particularly where issues are in dispute, or providing mediation or advocacy services for the supervisee to gain access to systems or resources that may not be easily accessed by themselves.

Research has shown that supervisees value supervisors who have expertise in their field and are therefore able to use this in guiding them in their work. The challenge for supervisors in providing effective task assistance is therefore considering the following two questions.

- How can they keep practice knowledge up to date?
- How can they make sure that if they are from a different profession to their supervisee, the supervisee has access to another supervisor with the clinical knowledge that will support them in their work?

Task assistance is also described within the research [3] as including advice or guidance, feedback, training and coaching. Here there are links to staff development – building the skills, knowledge and confidence of the worker to help them operate with more autonomy. However, from time to time the supervisor's own anxiety about the

quality or timeliness of the work may tempt them to 'rescue' the supervisee by taking over and completing tasks for them. This is likely to militate against staff development.

How supervisors engage with task assistance is therefore intimately bound up with how they promote staff development within the supervisory process.

## Personal and professional development

The supervisory role will contain an element of teaching, which will vary according to the experience and capability of the supervisee. For a worker in training or newly-qualified, their supervision provides an essential element of their Continuing Professional Development (CPD) and they will depend more on the skills, knowledge and expertise of their supervisor.

Personal and professional development underpins training needs arising from appraisal and will inform future planning. Some of the reflective skills and questioning methods used in supervision will improve and enhance front-line practice technique.

Even where the worker is capable and experienced, their supervision should contribute to the further development of their knowledge and skills.

There is an extensive literature on adult learning which can inform supervision practice and supervisors will need to integrate into their practice consideration of any differences in the way they learn from the way their supervisees have learned best in the past.

Questions that you may wish to ask are:

- What has been your previous experience of learning and development?
- How does that differ from the way your supervisee learns and do you need to take that into account in the way you work together?
- What has worked for you in previous supervisory relationships and what has hindered your development?

The opportunity to focus on the supervisee's clinical or professional specialism provides a key personal development thread to the supervision process. It also enables practice challenges to be raised in a secure and, for many, 'off line' environment. For some professionals, this focused supervision will underpin their CPD for registration purposes.

## The supervisory relationship

Relationship-based practice is at the heart of work in social care, yet recently there has been a concern that a focus on tasks and compliance has reduced the value placed on this aspect of the work. [18, 19] The research underpinning this guide reaffirmed the importance of relationships within supervision and of developing an effective style of supervision, which is intimately bound up with the capacity of the supervisor to develop an effective relationship with their supervisee. Words used within the **practice enquiry** [2] to describe the components of good relationships were: openness, honesty and respect, including respecting the feelings of the worker.

The behaviour of the supervisor in relation to the practicalities of supervision will be an important element in defining the quality of the relationship. Effective relationships will most likely be underpinned by the following supervisory behaviour:



- ensuring that formal supervision sessions take place in a conducive, quiet, interruption-free environment
- not cancelling or being late for supervision
- having structured plans for supervision sessions with built-in flexibility
- writing up supervision notes and making sure they are signed by both parties.

Supervisory relationships are based on openness, honesty and respect, and will partly be influenced by the ability of the supervisor to work effectively with emotions. This includes their capacity to engage with supervisees in exploring the meaning of feelings engendered by their work rather than simply facilitating them to 'offload'. This requires supervisors to have a number of the features described in the literature on emotional intelligence. While there is an extensive literature on this subject, less has been written about its application within social care. Adapting Goleman's work on emotional intelligence, Morrison [20] identified five significant interrelated elements relevant to social care practice:

- self-awareness
- self-management
- other awareness
- interpersonal skills
- values.

Morrison argues that these elements are linked to five core skills that are fundamental within social care, namely:

- **Engagement with people.**
- **Capacity for accurate observation and recall.** Recall about emotional events is reduced when we try to suppress emotion [21] and the ability to identify our own and others' emotions accurately also helps us to spot false emotions in others.
- **Assessment skills.** People who use services will quickly become aware of workers who are not in tune with their emotions.
- **Decision-making.** Emotions are associated with a range of mental capacities that have a direct impact on judgement and decision-making [22] and help us to predict the future by imagining potential consequences for either ourselves or others. [23]
- **Working with others.** Positive emotion reduces inter-group hostility and discrimination, enables people to identify commonalities and makes it more likely that group members will treat other groups as members of their own. [22]

Emotional intelligence is therefore important for supervisors and supervisees alike: for supervisees in the work they do with people who use services and for supervisors in modelling emotionally intelligent behaviour. Through this modelling supervisors will send important messages about the culture of the organisation, including permission to talk

about the emotional impact of the work, and will develop supervisory relationships which will encourage supervisees to be the best they can be.

The following questions are adapted from original work by Tony Morrison [1] and are designed to assist supervisors in considering how they respond to emotion.

- How would your staff describe your emotional style? Are you hot, cool or balanced in your emotional responses?
- How good are you at noticing the emotional tone of the team?
- How good are you at recognising and acknowledging the daily hassles that staff experience?
- Are you proactive in providing emotional encouragement and support or do you tend to wait for staff to seek out your support?
- Which emotions do you find it more difficult to respond to: anger, sadness, fear, excitement, helplessness or anxiety?
- Which emotions do you find it easier to respond to?
- Does how you respond to emotions depend on who is involved? Are there factors relating to the social location of the individual, such as gender and age, that affect your responses?

Understanding how you respond to emotions as a supervisor is important in relationship development because workers need secure responsive supervision, especially if they are feeling anxious or overwhelmed.

In addition, the development of an effective relationship will depend on how far the supervisor is perceived by the supervisee to meet their needs and it is important that there is a clear understanding by both parties of their role, responsibilities and the boundaries and limitations of their relationship. This understanding can be enhanced by the effective use of the supervision agreement or contract. What is good in a balanced and functioning relationship can become a force for dysfunction and destruction if the balance is lost.

## The supervision agreement or contract

The relationship between the supervisor and the supervisee is an important aspect of the supervisory process, and time must be spent developing it. The **practice enquiry** [2] refers to good supervision as being underpinned by values that are explicit in the supervision contract. The terms 'supervision contract' or 'supervision agreement' can be used interchangeably to describe the written document which sets out the content of the discussions that have taken place to establish how the supervisor and supervisee will work together. In this guide, the term 'agreement' is preferred since it emphasises the collaborative nature of the process. The agreement will be a feature of the organisation's policy and should be introduced to a volunteer or employee during their induction.

Agreements are important because they do the following.

- Provide an opportunity to establish the meaning of the term 'supervision' within the organisation and prevent any misunderstandings. This is particularly important where supervisees may be new to working in a social care environment.
- Clarify roles and responsibilities and the mandate for supervision.
- Establish the collaborative nature of supervision and the importance of the supervisee being an active participant in the process.
- Establish the boundaries of the supervisory relationship, including confidentiality and communication pathways with others who may have some responsibilities for the supervisee's work. This is particularly important where the supervisee may be receiving management and professional supervision from two different supervisors.
- Provide a space for the supervisor and supervisee to understand the experience each brings to the process and how this can be used positively in their work together.
- Promote anti-oppressive practice through exploration of the factors that might impact on the supervisory relationship, including those relating to the social location of the individuals concerned.
- Establish the importance of acknowledging the emotional impact of the work and how to use supervision to explore this aspect of practice.
- Provide a forum for establishing from the start the possibility that good supervision will challenge the supervisee, that it may not always be comfortable and that at times there may be disagreements.
- Establish how the relationship will be reviewed and what the supervisee should do if they have any concerns about the supervision they are receiving.

So what might a supervision agreement look like? Here are some important points to consider.

- The agreement is more than a piece of paper. It is the process of discussion that precedes the completion of the final document that is important.
- Any template for supervision agreements should be capable of being individualised for each supervisee. It is not good practice for there to be one standard universal document which is the same for every supervisee.
- The agreement should be a 'live' document that provides a foundation for reviewing the supervisory relationship. It should be reviewed at least annually and if job descriptions change or promotions happen the supervisor/supervisee relationship should remain the same.

An agreement might contain the following headings:

- **Practical arrangements for formal one-to-one supervision**, for example venue, frequency, duration and arrangements if either party wishes to cancel.
- **Arrangements for complementary methods of supervision**, for example ad hoc, telephone or group.
- **Link between supervision and other management processes**, including, for example, appraisal, personal development plans and Assessed and Supported Year in Employment (ASYE) assessment.
- **The content of supervision sessions**, for example standard agenda items and how the negotiated aspects of the agenda will be agreed.
- **The expectations of the supervisee regarding supervision**, including their past experience of supervision and how this affects their current expectations of the process, along with their expectations of the supervisor.
- **The expectations of the supervisor**, including their expectations of the supervisee.
- **Preparation by the supervisor**, including familiarisation with the supervisee's current work.
- **Preparation by the supervisee**, including issues they wish to discuss.
- **Factors that may need to be taken into account in the development of the supervisory relationship**, for example gender, impairment, race, culture, age, sexual orientation.
- **Resolving difficulties**, including how both parties might recognise where there are problems in working together and the method for resolving this.
- **Recording supervision**, including whose responsibility it is, methods for resolving any disagreements about what has been recorded, and access to records.

## Task assistance

The research [2] identified a valued component of supervision to be where the worker receives tangible work-related guidance. In all areas of life, where we are undertaking a job for the first few times, we may need very specific help and guidance to get it right, build confidence for our future practice, or, when undertaking complex tasks, need emotional support though sharing the load.

Task assistance allows the supervisor to provide direct support to the worker, to advise them on courses of action that might be taken, and to approve what they are doing where a decision is needed beyond that delegated to the worker.

For supervisees, whose priorities will be driven by the immediate pressures and demands of the work, the practical and emotional assistance given by supervisors will be crucial. Such assistance may include co-working with a person who uses services

who has complex needs, helping the supervisee to prioritise their work, and assisting with new tasks that have not been undertaken by a worker before, such as preparing a report for court proceedings. In addition, the role of the supervisor in fulfilling the mediation function of supervision may include them liaising with external organisations, particularly where issues are in dispute, or providing mediation or advocacy services for the supervisee to gain access to systems or resources that may not be easily accessed by themselves.

Research has shown that supervisees value supervisors who have expertise in their field and are therefore able to use this in guiding them in their work. The challenge for supervisors in providing effective task assistance is therefore considering the following two questions.

- How can they keep practice knowledge up to date?
- How can they make sure that if they are from a different profession to their supervisee, the supervisee has access to another supervisor with the clinical knowledge that will support them in their work?

Task assistance is also described within the research [3] as including advice or guidance, feedback, training and coaching. Here there are links to staff development – building the skills, knowledge and confidence of the worker to help them operate with more autonomy. However, from time to time the supervisor's own anxiety about the quality or timeliness of the work may tempt them to 'rescue' the supervisee by taking over and completing tasks for them. This is likely to militate against staff development.

How supervisors engage with task assistance is therefore intimately bound up with how they promote staff development within the supervisory process.

### Personal and professional development

The supervisory role will contain an element of teaching, which will vary according to the experience and capability of the supervisee. For a worker in training or newly-qualified, their supervision provides an essential element of their Continuing Professional Development (CPD) and they will depend more on the skills, knowledge and expertise of their supervisor.

Personal and professional development underpins training needs arising from appraisal and will inform future planning. Some of the reflective skills and questioning methods used in supervision will improve and enhance front-line practice technique.

Even where the worker is capable and experienced, their supervision should contribute to the further development of their knowledge and skills.

There is an extensive literature on adult learning which can inform supervision practice and supervisors will need to integrate into their practice consideration of any differences in the way they learn from the way their supervisees have learned best in the past.

Questions that you may wish to ask are:

- What has been your previous experience of learning and development?

- How does that differ from the way your supervisee learns and do you need to take that into account in the way you work together?
- What has worked for you in previous supervisory relationships and what has hindered your development?

The opportunity to focus on the supervisee's clinical or professional specialism provides a key personal development thread to the supervision process. It also enables practice challenges to be raised in a secure and, for many, 'off line' environment. For some professionals, this focused supervision will underpin their CPD for registration purposes.

## Emotional support

**Recommendation 25** states that 'Supervisors should consider how they can give emotional support in a way that does not increase feelings of burnout, but reflects on these feelings in a way that builds positive emotional outcomes'.

Research evidence has clearly identified the importance of emotional support as an aspect of the supervisory process, helping with stress, anxiety and the pressure of high workloads. This cannot however be delivered within a vacuum and is likely to be most successful within the context of a safe, positive supervisory relationship. The elements of this guide that apply to the development of this relationship, including paying attention to creating a safe environment for supervision, where the boundaries of confidentiality are explicit, will assist supervisors in this task.

You may wish to consider the varying ways in which emotional support can be carried out within your organisation. It is likely to occur not only within formal supervisory meetings but also during informal or ad hoc encounters such as listening to someone who has just had a difficult time, taking time to ask a member of staff how they are doing when you know they are busy, and saying thank you for completing a challenging piece of work. In fact, the practice evidence is that the availability of 'informal supervision' with the supervisor being available when needed is an important element of the support provided by supervisors.

As well as the human response of the supervisor to their supervisee, the duty of care from an employer to its employees is bound by legislation and underpins the way staff are supervised. It is specifically within the area of emotional support that shortfalls tend to occur and there are case examples (e.g. Newcastle City Council) where the failure to provide proper support and management of workload within the supervisory relationship has led to debilitating stress and illness. The Health and Safety Executive (HSE) has developed **management standards to combat work-related stress** which provide a useful resource for supervisors.

Issues raised in supervision relating to the emotional impact of the work itself or challenges concerning the performance of the supervisee may be a cause of emotional stress. The development of the supervision agreement will provide an opportunity to acknowledge this in advance and to make sure that the supervisee knows what to do should this become an issue that they feel requires third-party intervention. The research supports the need for supervisors to be trained in how to work skilfully in these situations to achieve the best outcome for the worker, their people who use services and the organisation.

## Promoting reflection and critical thinking

One message from practice is that, too often, supervision may be dominated by management processes and task completion, and not enough time is given to reflection and critical thinking. The opportunity to promote high quality services through promoting reflection as a means of increasing the understanding of the worker and supporting practice development may therefore be lost.

Skilled use of reflection and critical thinking within supervision will enable a focus on the quality of practice and may at times alert the supervisor to situations where the work of the supervisee is unlikely to promote the best outcome for the service user.

An important element in reflective supervision is enabling staff to question their practice, critically analyse and evaluate experiences, and debrief after challenging or stressful encounters. This will lead to a better understanding of the cognitive and emotional elements of practice.

### *Scottish Social Services Council*

Time to stop and reflect has been reported as a missing element of day-to-day practice for many members of staff working in social care. Reflection on feelings engendered by the work, including consideration of assumptions or biases that may be driving practice, is an important element of supervision. Alongside this, an evaluation of the strengths and weaknesses of particular courses of action, and how the worker might have acted differently for the greater benefit of the person who uses services, is an essential learning tool facilitating appraisal and continuous improvement. Supervision which encourages reflection and critical thinking will increase the potential for including comments from people who use services within supervisory discussions.

One supervision model that has been used extensively to promote reflection and critical thinking is the supervision cycle.[1] This cycle is based on the adult learning cycle [24] and can be used for either discussions relating to work with people who use services or discussions focusing on more general issues relating to the supervisee's work – for example, issues about the work of the team as a whole. The advantage of the cycle is that it integrates all four functions of supervision – i.e. management, support, development and mediation. The cycle prompts the supervisor to work collaboratively with the supervisee through the following four stages.

- **Experience** – working with the supervisee to understand what is happening in their current practice. Where this relates directly to work with people who use services it is an opportunity to make sure that their perspective is introduced into the discussion.
- **Reflection** – engaging with the supervisee to explore their feelings, reactions and intuitive responses. This is an opportunity to discuss any anxieties and acknowledge situations where stress may be impacting on their work. Where the discussion relates to specific work with people who use services it is an opportunity to explore any assumptions and biases that might be driving practice. This can be an important element of working with diversity and promoting anti-oppressive practice.

- **Analysis** – helping the supervisee to consider the meaning of the current situation and use their knowledge of similar situations to inform their thinking. At this point alternative explanations may be explored and, where the needs of a service user are being discussed, this is an opportunity to consider the relevance of research and practice knowledge. This in turn may be useful in identifying any learning and development needs for the supervisee.
- **Action planning** – working with the supervisee to identify where they wish to get to and how they are going to get there. Action will automatically result in a need to re-engage with the experience of carrying out identified plans.

When using the supervision cycle in practice:

- do not feel that each stage of the cycle must rigidly follow the last – there will be many times when the conversation moves back and forth between the stages
- do try and use mainly open questions in order to facilitate discussion and explore the supervisee's perspective
- do resist the 'short circuit' which moves directly from experience to action and does not engage at all with reflection and analysis
- do practise using the cycle in both formal situations and in ad hoc supervisory conversations.

For more information on the cycle and questions that can be used in supervision see Morrison's book 'Staff supervision in social care'. [1]

## Managing performance and challenging practice

The practice evidence suggests that supervisees value supervisors who can address difficult issues in an open and honest way rather than focusing on blame and criticism. Challenging practice and creating an environment where it is possible to learn from mistakes are essential elements in any supervisory relationship.

What knowledge, skills and values might a supervisor need in order to be able to tackle performance issues in a positive way? Here are some examples:

- self-awareness – recognising their own impact on others
- a positive expectations approach – i.e. starting from the basis that staff generally want to do a good job
- knowledge of the factors that might affect performance, including where the supervisor may be a contributory factor
- an understanding of the factors affecting motivation to change
- skills in listening, giving constructive feedback and motivating others.

The use of authority will be fundamental to the process. Hughes and Pengelly [25] refer to authority within supervision as having three aspects:



- role authority
- personal authority
- professional authority.

All three are important in establishing an effective relationship which promotes development and allows constructive challenges. Supervisees who feel secure with their supervisor and respect their integrity are most likely to be honest about their learning needs and able to learn from both successes and mistakes. Supervisors who feel confident in their own knowledge, skill base and professional authority are also more likely to facilitate discussions which challenge and stretch their supervisees. Additionally, the capacity of supervisors to feel confident enough in their role to admit the limits of their knowledge, including when to secure additional input for the supervisee, is crucial. This may be through arranging a one-off consultation or additional clinical supervision, particularly if the supervisor and supervisee are from different professional backgrounds.

Achieving a balance is also likely to prevent the misuse of authority or an overemphasis on task completion, which may occur where role authority is emphasised at the expense of personal or professional authority.

You may wish to ask yourself how, if your supervisees had 100 points to allocate across the three types of authority, they would distribute them in reference to your own supervisory style. If the balance is towards role authority you may wish to consider whether this is resulting in a style of supervision which is focused on tasks and performance management at the expense of professional expertise and the positive use of the relationship to reflect on practice.

Managing performance where there are concerns about practice can be one of the most challenging aspects of supervision. Managing performance within supervision does not exist in isolation. Morrison [1] has identified that, in order to be effective, supervisors need:

- a performance management framework
- written agreements
- opportunities to observe practice and record quality of performance
- a good knowledge of the individual worker
- time and energy to supervise
- managerial and human resources advice
- emotional support.

SCIE's people management resource contains a section on **performance management**. It looks at how to avoid setting people up to fail and explores how performance concerns can be positively managed.

### **Challenging and evaluating practice in supervision**

All of social work and social care practice is underpinned by the values of equality and human rights. This applies in this context to supervisees, supervisors and everyone

else. Practitioners will be aware of the law relating to equality, human rights and capacity as it is part of their core training. Applying it in practice will at times be challenging and supervision may be an appropriate place to reflect on this.

Challenging practice may include identifying with the worker any bias and assumptions they may be carrying, or practices and behaviours they exhibit as a result of interacting with specific people who use services. Both supervisors and supervisees will have to consider their own practice and their own challenges in order to ensure that their thinking and actions are not discriminatory. This may put them in an uncomfortable place and this, in turn, will have to be worked through.

If there is dissatisfaction at any point in the supervisory relationship with any matter, it should be challenged and dealt with because failure to do so may lead to a worsening situation and dysfunctional management and practice.

### **The balanced supervisor**

The general picture of an effective supervisor from both research and practice knowledge is one who is able to provide the emotional and practical support that their supervisees need while at the same time keeping a firm eye on the standard of care being received by people who use services. Underpinning this is their own clinical knowledge and confidence in knowing what is likely to support good outcomes. Balancing responsiveness to the needs of supervisees while demanding high standards of practice based on their own clinical expertise distinguishes the authoritative supervisor from either the authoritarian supervisor (demanding but unresponsive) or the passive supervisor (responsive but undemanding). The following model, adapted from Wonnacott's 'Mastering social work supervision' [13] may help you to better understand your own approach to supervision.

The passive supervisor:

- will feel comfortable discussing with supervisees their feelings and emotional responses to the work
- will be described by their supervisees as 'supportive'
- finds it hard to be specific about the skills and capabilities of their supervisees
- results in supervisees saying they do not feel stretched or challenged by supervision.

The authoritarian supervisor:

- will be able to clearly describe their supervisees' strengths and weaknesses
- will feel comfortable addressing performance concerns
- will avoid discussing feelings and emotional responses to the work
- results in supervisees reporting feeling an increase in stress levels after supervision and a fear of being blamed if they admit weakness.

The authoritative supervisor:

- will feel comfortable discussing with supervisees their feelings and emotional response to the work
- will be described by their supervisees as supportive but also challenging them to think differently about their practice
- will be able to clearly describe their supervisees' strengths and weaknesses
- will feel comfortable addressing performance concerns.

### Video clip

**Watch what one manager says about challenging practice in supervision**

(Video on You Tube).

## Monitoring the quality of supervision

### Evaluation

Good practice in employment would indicate the routine use of annual appraisal which could include a review of how the supervision process has worked both structurally and functionally over the period. This might involve comments from both the supervisor and the supervisee, with suggestions about how things could be improved. The purpose of this is not mutual criticism but mutual improvement for the benefit of people who use services.

A feature of a positive culture is having the opportunity to make an evaluative comment at any time in the supervision process. This is desirable because it can have a direct impact on the service being delivered. It is also an essential feature of the employer/employee relationship that gives a worker the right at any time to raise concerns promptly.

While it may not be possible to have high levels of involvement with people who use services, the sharing of information about how their worker is supervised may be appropriate. It may also be possible to bring into supervision the feedback received from people who use services to inform future practice.

Checking with the supervisee at the end of each session that they are happy with the process they have been part of and have left nothing unsaid that they wanted to say is good practice. It is also sensible to share the notes from each session and agree the content and actions soon afterwards.

Most supervision sessions take the form of a one-to-one private meeting, precluding the direct involvement of people who use services. This is because there will be discussion of work undertaken with many people and confidentiality needs to be preserved. However, a key purpose of supervision is to assure the quality of the service being delivered and some means of being aware of how people who use services feel about what they are receiving from the organisation should be in place.

The view of people who use services is dealt with in Section 3, but the importance of including the perspective of people who use services should be promoted as part of the process of monitoring quality and the impact of supervision.

In addition to feedback from people who use services, monitoring the quality of supervision will require the organisation to:

- review the quality of discussion as set out in supervision records
- have a system in place for monitoring whether supervision is delivered at the frequency identified within the policy.

In addition, it is good practice to:

- observe supervision and as part of that observation obtain feedback from the supervisor and supervisee about the effectiveness of the process
- obtain feedback from supervisees on a regular basis and at a minimum do this at the point that supervision agreements are reviewed.

### **Supporting supervisors**

People given the role of supervisor in any organisation should always receive training prior to beginning this role. Some professionals will have had formal training as practice educators, which will include elements of the supervisory role, but this is not adequate preparation for taking on the role of supervisor where there is a need to integrate all the functions of supervision. An additional issue to consider is the experienced supervisor in a new organisation who, in order to continue to be effective, may need additional training to understand the context within which they are supervising and the expectations set out in local policy.

Davys and Beddoe [26] have developed a useful framework for understanding the phases of supervisor development. These phases take the supervisor from ambivalence about taking authority and using a limited range of interventions within supervision, through to a more consistent approach to the use of power and authority and the use of a greater range of interventions within supervision. Finally, the supervisor moves to a point where they are able to critically reflect on their own practice and promote deeper learning.

Thinking about supervisor development over time is crucial, since supervisors need more than a one-off training event in order to develop their skills. Training needs to be followed by ongoing opportunities for critical reflection on supervisory practice. Factors that need to be considered are the quality of supervision that supervisors receive themselves, and the opportunities for peer learning and discussion, including receiving feedback from direct observation of supervisory practice.

Moving beyond training to an organisational strategy for sustaining and supporting supervisors over time must therefore be a key task for any social care organisation. Consider the following questions.

- What training is available for supervisors within your organisation?

- Does the training equip them with a sound knowledge of the supervision policy, a model that will promote authoritative supervisory practice and the skills required to develop an effective supervisory relationship?
- How does the organisation know that the training has a positive impact on supervisory practice? For example, is supervision observed from time to time and feedback given?
- What opportunities are there for supervisors to continue to reflect on their supervision practice, discuss challenging issues arising within supervision and continue to develop their skills?
- Does the supervision that supervisors receive provide a forum for discussing their supervision practice?
- What training has been made available for supervisees in order that they can make best use of the supervision process and work together with supervisors to embed effective supervision throughout the organisation?

Examples were given in the research [2] of supervisor groups meeting to review practice and methods, and the use of action learning models, for example, may be appropriate among supervisory peer groups. Skills for Care and the National Skills Academy have developed a **framework for supporting and developing front-line managers**, which is a useful resource.

### **Cost, benefits and effectiveness**

Knowing how much it costs to provide supervision to staff is an integral part of budget-setting, although this cost is rarely shown independent of other staff costs. The research [2] produced two examples where an estimate of the cost of supervision had been developed. This was calculated using the salary costs of each, although additional costs for staff cover in some cases, as well as the cost of rooms and other necessary resources, might reasonably be included.

Spending on supervision should have demonstrable benefits to the work of the organisation, the quality of its services and the morale of the workforce. Commissioners who expect supervision to be part of a high quality service should consider this in the fair estimation of costs for service provision. To assess the benefit of the outlay, data on staff turnover, user satisfaction and public image, along with the demand for the service as a result, would all contribute to better use of resources and/or increased income against the costs outlaid.

Ultimately, the effectiveness of the whole process can only be judged from the impact it has on successful outcomes for people using services. Organisationally, the judgement about how effective the supervision process is will take into consideration the cost/benefit equation and other data – for example, user satisfaction based on survey data and the overall success of the service in fulfilling its business objectives.

## Suggested resources

- **Social worker employer standards and supervision framework** (Local Government Association)
- **Providing effective supervision** (Skills for Care)
- **Supervision guidance** (Department for Education)
- **Inspiring practice** (Children’s Workforce Development Council/Department for Education)
- **Supervision policy, standards and criteria** (Department of Health, Social Services and Public Safety, Northern Ireland)
- **The leadership qualities framework for adult social care** (National Skills Academy for Social Care)
- **Supervising and appraising well: a guide to effective supervision and appraisal** (Care Council Wales)
- **Leading practice: module on supervision** (SCIE)
- **Social care governance: a workbook based on practice in England** (shows supervision as part of the social care governance framework) (SCIE)
- **Care skillsbase: Skill check 28: supervision notes** (SCIE)

## Putting effective supervision into practice

### Self-check your supervision practice

- What are the outcomes of your supervision practice? This should be agreed beforehand and ideally with a time frame. For example, for the supervisee to become more proactive about their own learning, for decision-making about people who use services to be more robust.
- Has your supervision practice achieved the intended outcomes?
- Is there a benefit from the point of view of the person at the core of the process (i.e. the person who uses services)?
- Are there any other benefits?

It is important to clarify what is meant by 'outcome' and what is meant by 'benefit'. Outcome is used here to mean 'end result', aim or objective. Benefit means a positive result from the point of view of a particular group of people. This will be subjective because it will be informed by their point of view. Moreover, what may benefit one individual or group may not benefit another.

### Supervisees

**Recommendation 3** states that 'codes of practice within health and social care highlight the importance of workers taking responsibility for their own learning and professional development, supported by their employer'. Now consider the following definition of supervision: 'Supervision is a process by which one worker is given responsibility by the organisation to work with another worker in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for people who use services'. In order for this to work you will need to consider your part in the process.

The underlying principle of supervision is that it is seen as a process in which you, the individual worker, have an active part and of which you can take ownership. The purpose of supervision is for you to get to grips with your practice in relation to your role, making sure you are working towards the best outcomes for the people who are at the heart of your service.

Ask yourself the following questions:

- How often does your supervision occur?
- What do you expect from it? Does it match what your supervisor expects?
- Do you understand the purpose of supervision?
- How is supervision recorded and how is that record used?
- Are you aware of your responsibility in relation to your role?
- Do you understand the different types of supervision available?
- Does your organisation offer training?

- How can you use supervision to develop practice within your role?
- How can you make the most of supervision?
- What leadership qualities do you have?

**Care workers** should prepare for their supervision session by reading the notes from their last supervision session and reminding themselves of the actions required. They should choose examples of their practice they wish to discuss. This may be in relation to specific incidents or more general issues with the people they support, their relatives or other professionals. They may have questions they need to ask regarding a person's care. As practice is always evolving they may wish to consider where they would like to be in terms of their development and their role. As part of their active input into the supervision process they could consider supervision records as evidence of achievement in, for example, common induction. See SCIE's [Understanding Common Induction resource](#).

### Video clip

[Consider how supervision is being used to develop a worker's role in a residential setting](#) (Video on You Tube).

**Support workers** may wish to consider any or all of the above, or practice issues related to positive behaviour support and management, for example the [British Institute of Learning Difficulties \(BiLD\)](#) has a number of resources in relation to this.

**Social workers** should prepare for their supervision session by reading through the notes from the last session and reminding themselves of any actions required. They may identify patterns of practice from these notes. They may have practice questions or wish to discuss outcomes from their interventions. They may also wish to review their practice more generally in relation to the professional capabilities framework.

**For PAs** all of the above in relation to care and support may apply. However, it is acknowledged that the issue of whether a PA is receiving supervision at all or who is providing it may be more pertinent and this will need to be discussed and agreed with the employer.

## Supervisors

It is recognised that you may be both a supervisee and a supervisor. Check the [recommendations](#) at the beginning of this guide and if you have not already done so, read through the section on the [foundations of effective supervision practice](#), especially those parts concerned with reflection, critical thinking and managing performance. Then ask yourself the following questions.

- What leadership qualities do I have?
- How do I define supervision?
- What makes for good supervision?
- What outcomes do I expect from supervision and do these align with what my supervisees expect?



- Is my practice knowledge up to date and relevant to the specific populations of people with whom my supervisees are working?
- Am I familiar with current research on supervision and current practice?

### Strategic and operational leaders

Leading the development and maintenance of effective supervision within your organisation may require you to consider how this can best be done. As stated at the beginning of this guide all sections are relevant to you, starting with the **recommendations**.

You will need to be clear about what you understand supervision to be (its definition) and about the types of one-to-one supervision (clinical, professional, managerial and any other you wish to be used in your organisation). You should consider what you already have in place and whether it is fit for purpose. You should listen to what staff feel they need in relation to their role and their practice and you may like to consider how you can engage the people who use your service and informal carers in the process. You will need to be clear that everyone understands the purpose and intent of supervision.

You should also consider the benefits of good supervision. These include improvements in:

- the quality and effectiveness of practice (for workers and eventually people who use services)
- quality of life and wellbeing
- service delivery
- the quality of care and support
- recruitment and retention
- performance
- organisational functioning
- the reputation of the organisation.

#### Video clip

**Watch what two organisations have to say about the benefits of supervision** (Video on You Tube).

It should be stressed that more focused research into practice may be required to pinpoint which aspects of supervision are likely to deliver specific benefits within a given setting.

Organisational commitment to cost-benefit analysis (measureable benefits in relation to aggregated costs) may have the advantage of clarifying for you and your organisation where resources should be committed.

For organisations that employ social workers in England, you should be familiar with the **Social worker employer standards and supervision framework**. The Local Government Association (LGA) has responsibility for this.

There are a number of templates that could be useful, such as the **Employers' standards action plan**. There is also guidance available for **providing supervision in different settings**.

### **Supervision and the Assessed and Supported Year in Employment (ASYE)**

From the point of view of employers of social workers it is worth considering this issue.

Supervision plays a critical part in the development (and possible retention) of social workers, with particular reference to those at the beginning of their careers. Some of the key functions of supervision overlap with the functions of assessment in the ASYE. It will be important to be clear about this and to consider what the evaluation of these programmes can tell us. Consider the following questions.

- Is it good practice for the supervisor, assessor and line management role to be concentrated in one person?
- Do managers, supervisors and assessors have the appropriate qualities, skills and knowledge?
- How are assessments standardised?
- How are supervision records maintained?
- How are they used as evidence of practice?
- How will they be considered through service inspection?

Information about the ASYE programmes may be found at the websites of the **Department for Education (DfE)**, **Skills for Care** and **The College of Social Work (TCSW)**.

### **Supervision and induction**

It is good practice for those joining a service to be prepared for the work they will be doing. Induction standards systematically set out all the things that a worker should know to enable them to do their job safely and effectively. In England, the expectation is that social care workers in adult services will meet the Common Induction Standards (CIS). Supervision is one place where workers and supervisors can discuss practice in relation to the eight areas of induction. The manager is responsible for 'signing off' common induction and even if they do not directly supervise a worker, evidence of achieving the outcomes related to the eight areas of induction may be in the supervision records.

### **Commissioners**

Commissioners should consider the resource implications required to develop and maintain effective supervision. You could look at the sections on cost and cost-benefit analysis as well as the recommendations in relation to PAs and people who use services. You may wish to consider the benefits of good supervision and how this might affect the people for whom you are commissioning services.

### **People who are self-funding**

You may wish to check the processes in place to support good supervision as an indicator of the quality of service for which you will be paying.

## **Supervision in a variety of settings**

### **Supervision in joint and integrated settings**

You may wish to read the core piece of research that links to this guide [2] and from which some of its recommendations have been drawn. The research is based primarily on supervision in joint and integrated team settings. What made a difference to supervisors and supervisees in relation to supervision is highlighted in the recommendations. One key message is that clear lines of accountability and communication are necessary if different aspects of supervision are delivered by different people. This should ensure that significant information about a particular case is managed appropriately. What is clear from this is that supporting effective supervision through the organisation's culture and through leadership is critical. One way this can be achieved is through effective internal governance both vertically and horizontally through the organisation.

You may wish to consider the following resources that are based on practice in England and Northern Ireland respectively.

- **Social care governance** (SCIE)
- **Clinical and social care governance** (Department of Health, Social Services and Public Safety, Northern Ireland)
- **Social Care TV: Supervision in an integrated setting** (SCIE)

### **Supervision in a changing organisational context**

Organisations going through changes should consider that good supervision is even more critical in order to engage, support and quality assure practice. In order to make the most of what seems inevitable, you may wish to see the changes as an opportunity to improve supervision practice and embed it in the culture of the organisation. The work on governance from the bottom to the top of the newly-reformed organisation will be critical because the key outcomes from this work, if done properly, are the empowering of staff, greater understanding of each other's roles, ownership of the actions relating to each role and improvements in practice and service delivery.

### **Supervision in outsourced services**

There is little if any research in this area. However, all aspects of developing and sustaining good supervision will apply. Accountability will be a key issue and you should consider the work on social care and clinical governance carried out in Northern Ireland and in England. Taking responsibility and ownership of the actions that relate to your role is an important outcome in this work and supervision is a process that can support this.

## Supervision and service inspection

In England, the Care Quality Commission (CQC) looks at supervision under Regulation 23 (Outcome 14: supporting workers) which relates to the Health and Social Care Act 2008. While there may be variability in the level of detail inspectors consider, supervision records could well be something they ask to see. **The state of care report [27]** has some commentary on staffing and supervision.

Similarly, Ofsted, in its inspections under The Education and Inspections Act 2006 will expect to see evidence of quality supervision in organisations providing children's services. Inspection criteria do not always clarify how quality will be judged but the following examples are indicative of expected practice.

- Staff receive regular supervision of a good quality. (Inspection of Children's Homes Evaluation Schedule and Grade Descriptors February 2012)
- Management oversight is consistently challenging and results in reflective practice and learning. (Evaluation schedule of the inspection of child protection services January 2012)

Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement which encourages the confidential discussion of sensitive issues. **[28]**

## Sector expectations regarding supervision

It is important to recognise that each of the four countries in the UK has distinct standards in relation to supervision and it will be important for you to check with the individual care council where you are working. The reason the standards are framed differently in each country is due to the different legislative framework each has in place. These in turn reflect the different circumstances each country sees itself faced with. The underlying principle in relation to supervision, however, is that it is seen as a process in which you, the individual worker, take an active part and has ownership of. Its purpose, as noted earlier, is for workers to maximise their practice and in turn provide the best outcomes for people who use services.

For those who have to deliver or receive induction, Common Induction Standards (Skills for Care) say that workers should be aware of sources of support available and a suggested source of support is supervision.

### England, Wales, Scotland and Northern Ireland

There are a number of **national occupational standards** in relation to selected roles.

- **General: Make use of supervision.** This identifies the skills and knowledge you need to make the best use of supervision.
- **Care and support workers (children and young people): Make use of supervision.** This suggests that workers should make the most of their

supervisor and supervisory sessions to enable them to develop their competence, reliability and effectiveness.

- **Support workers: Develop your practice through reflection and learning.** This describes how practice develops through reflection.
- **Managers: Manage and develop yourself and your workforce within care services.** This and **Provide supervision to other individuals** speak for themselves.

### *Managers*

The difference between these standards and the **Leadership Qualities Framework** is that the Framework captures the qualities of good leaders in their broadest sense. The standards state what leaders and managers ought to be able to do.

For managers who are undertaking, or wish to remind themselves of the Level 5 Diploma in Leadership and Management, the units of study that relate to supervision are: Develop professional supervision practice in health and social care or children and young people's work settings(LM2 c ) and Understanding Professional supervision (LM2a). A copy of these can be found on the **Skills for Care** website.

### *Social workers (England)*

The Health and Care Professions Council (HCPC) regulates the social work profession. The **Standards of proficiency** state that social workers should:

- 11 be able to reflect on and review practice
  - 11.1 understand the value of critical reflection on practice and the need to record the outcome of such reflection appropriately
  - 11.2 recognise the value of supervision, case reviews and other methods of reflection and review
- 12 be able to assure the quality of their practice
  - 12.1 be able to use supervision to support and enhance the quality of their social work practice.

The College of Social Work (TCSW) in England is a membership body offering leadership to the profession. The **Professional capabilities framework** locates supervision under the domain of 'professionalism' and states that workers should 'Demonstrate an effective and active use of supervision for accountability, professional reflection and development'.

The difference between these 'standards' and 'capabilities' is that the standards refer to a recognised level of what you should be able to do in relation to a role. They are therefore external and measurable. Capabilities are broader and refer to qualities as well as skills – abilities and knowledge internal to a person that you may wish to make external and measure using standards.

## Wales, Northern Ireland and Scotland

National Occupational Standards relating to supervision apply to social work and social care. However, you are advised to consult the individual care council for that country. Three useful links are:

- [Care Council for Wales](#)
- [Northern Ireland Social Care Council](#)
- [Scottish Social Services Council](#)

Social workers in Wales, Northern Ireland and Scotland may find the following document useful: [Develop social work practice through supervision and reflection](#).

## Frequency of supervision in social care

National minimum standards are linked to the Care Standards Act 2000 and apply in Wales, Northern Ireland and Scotland. These standards say that the frequency of supervision should be six times per year for residential care (older people) and four times per year for domiciliary settings. It says that supervision should cover all aspects of practice, philosophy of care and career development needs. In the [service user seminar](#), domiciliary care workers who attended reported that they received supervision once a month and they were satisfied with this.

In England, the Health and Social Care Act 2008 applies and this is the legislation that the service regulator, the Care Quality Commission (CQC), inspects under. Frequency of supervision is not referred to, however, Outcome 14 (supporting workers), which is required under Regulation 23, refers to appropriate training, professional development, supervision and appraisal. The detail of individual inspections will vary, however service providers could be asked for their records of supervision, or staff could be asked about what support they feel is in place.

In relation to frequency of supervision in social work, sector guidance indicates that this will depend on a number of different factors. However, it is suggested that supervision take place at between two- and six-weekly intervals for all front-line workers and at weekly intervals for newly-qualified workers.

Strategic leaders and/or employers should consider that the frequency and quality of supervision may be important in relation to the outcomes they wish to bring about in their given setting.

### Video clip

[Watch what one organisation has to say about inspection and supervision](#) (Video on You Tube).

## Suggested resources

- [Care skillsbase](#) (Supervising staff) (SCIE)
- [Code of conduct for Healthcare Support workers and Adult Social Care Workers in England](#) (Skills for Care and Skills for Health, 2013)

- **Guidance, consultation and supervision** (Scottish Government)
- **Inspiring practice** (Children's Workforce Development Council/Department for Education)
- **Leading practice** (Section 11: Supervision) (SCIE)
- **National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England** (Skills for Care and Skills for Health, 2013)
- **National occupational standards** (UK Commission for Employment and Skills)
- **Providing effective supervision** (Skills for Care)
- **Supervising and appraising well: a guide to effective supervision and appraisal** (Care Council for Wales)
- **Supporting information and guidance: Supporting effective clinical supervision** (Care Quality Commission, 2013)
- **The standards for employers and supervision framework** (Department for Education)
- **Supervision guidance** (Department for Education)
- **Supervision policy, standards, and criteria** (Department of Health, Social Services and Public Safety, Northern Ireland)

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## Effective supervision in a variety of settings

The guide is based on research and practice knowledge from all five sources that SCIE's good practice materials normally draw on. The evidence base consists primarily of a summary of the available evidence ([SCIE Research briefing 43](#)); a [practice enquiry](#); a [seminar report](#); and evidence presented by key stakeholders in the Project Advisory Group.

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