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Service user and carer involvement in the supervision of health and social care workers: seminar report



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Introduction

SCIE is carrying out a project on the delivery of supervision to health and social care workers in integrated settings for the Department of Health. Research being carried out for the project includes focus groups with people who use services to discuss their views on how supervision affects the services they receive and impacts on the outcomes they experience.

However, discussion at the project's advisory group identified the need for a broader seminar to look at these issues. SCIE invited a mixed group of people who use services and carers, and health and social care practitioners and managers to take part in this seminar in order to look at:

- experiences of people who use services and carers of being involved in or having input into supervision
- the potential benefits of involvement
- the potential difficulties with such involvement
- ideas about how to increase such involvement.

The seminar was arranged by SCIE's Participation team at short notice. This meant having to work through existing contacts and limitations on what could be achieved in terms of the diversity of the participants. There were nine people who use services at the seminar and they included people with physical and sensory impairments and people with learning difficulties. Social care practitioners and managers and a representative of a nurses' organisation also took part.

Programme for the day

- Chair for the day was Jennifer Taylor, Shaping Our Lives and People First Lambeth.
- Meiling Kam, Workforce Development Practice Manager at SCIE set the scene.
- Sharon Lambley, University of Sussex.

Then participants were divided into two workshop groups for the day to discuss two sets of questions:

Morning workshop questions:

1. Does anyone have experiences of people who use services and carers being involved in or having input into supervision? (Examples given included questionnaires, complaints and through talking to trusted staff)
2. Do you think these approaches are used very much?
3. We heard in the introduction that some people who use services are not aware that staff are being supervised. Do you think this is common?

Afternoon workshop questions:

1. What do you see as the potential benefits of user input into supervision?
2. Some people have said that it is essential for people who use services to be involved in staff selection and this should be seen as a base line. Do you think involvement in supervision is as important as this?
3. What difficulties are there in involving people who use services in supervision?
4. We heard in the introduction about different settings in which social care takes place – residential, residential with nursing, domiciliary or home care, community mental health, supported living and children's services – can you see any particular barriers in these different settings?
5. What ideas do you have to increase involvement in supervision, particularly in a formal way?

Summary of research findings: Practice enquiry into supervision in a variety of adult care settings

Sharon Lambley and Dr Tish Marrable

The research started in September 2011 with the aim of identifying best practice in supervision. Data gathering has involved:

- an online survey
- two focus groups for people who use services
- face-to-face interviews at four study sites.

The summary for the day focused on the findings emerging from the two focus groups.

Focus group 1: Involvement Matters group

- This group involved five adults with learning disabilities and one facilitator. Most experiences were with care support and health workers.
- They were unaware that staff were 'supervised' and had no personal experience of being involved in (or providing feedback for) supervision, although they were involved in the recruitment and training of staff.
- Feedback to staff was through questionnaires, complaint 'postcards' and telling trusted staff what people thought/felt.
- They expected to be treated (and saw themselves) as 'customers' with 'rights' but this wasn't always what happened.
- They would like to formally provide feedback to staff and to influence any decision-making about themselves within supervision.

Focus group 2: Capital One

- There were 11 people in this focus group – all members of a *user-led support group* and all had experiences of mental health and care service workers.
- They felt that supervision has a number of benefits:
 - It can help workers to deal with their feelings
 - It helps workers to understand how people who use services feel
 - It can be driven by an organisation's guidelines
 - It can be used to check what workers are doing
 - It can help to build trust if workers act on what they are told by people who use services as it helps to make the decisions that they may ask for (e.g. one person who uses services was offered access to a service they wanted following involvement in supervision)
- Supervision is part of the overall experience for people who use services.

Conclusions from the research to date:

- The emerging picture is that service users' understanding of supervision varies due to individual experiences and perceived benefits
- Supervision is perceived as a threat to people who use services if it is not performed well, BUT it is perceived as very useful if it works well
- Supervision is part of the service experience and people who use services would like to formally influence this experience.

Themes arising from seminar workshop discussions

1 Experiences of involvement in supervision

There were not many experiences in either group of people who use services and/or carers being directly involved in supervision. One person talked of a useful example where people who use services have become involved through selection and recruitment via a mentoring process. Another participant described how their organisation gave people who use services input into the supervision of staff who worked closely with them on a one-to-one basis, although this arrangement did not apply to all staff who worked with them. These examples show people who use services are moving towards being involved in supervision in a small number of settings.

Another group described having been involved in developing plans for people who use services to have an input into the supervision of social care staff. Unfortunately these plans were dropped when there was a change in the political leadership of the authority concerned.

Some people did talk about complaints procedures, but with some pessimism, as many people who use services can be afraid of taking up a complaint for fear of potential retribution. There was talk of involvement in supervision having the potential to avoid the need for complaints.

2 People employing their own personal assistants (PAs)

There were participants in both groups who had experience of employing their own PAs (or of being employed as PAs); they talked of the different and similar issues that arose for them. Whilst it is important for PAs to have supervision, there are a number of difficulties to overcome. For example, several people who use services who employed their own PAs talked of the need for funding to enable them to set up or provide supervision for their PAs (as well as funding for staff training) as this is not currently allowed for in the direct payments system. On the other hand, one PA talked of the positive value of having regular supervision: that she has learnt a lot from it and can talk about anything she wants in supervision.

The experience of people employing their own PAs does not come within the scope of the current project, but is clearly important to users of direct payments and needs further investigation. What is relevant from this discussion to the current project is that direct payments are a key way of giving people who use services choice and control in their lives. One of the ways they exercise choice and control is by employing and supervising their PAs. By implication, we might conclude that being involved in or having an input into the supervision of the staff who work with them, may also give an element of choice and control to users of traditional services.

3 The potential benefits of user and carer involvement in supervision

- It is an opportunity to give positive feedback – as well as to improve things that are not working well.
- It can help to identify ‘what is working well’ and make overall services more efficient and effective.
- It has the potential to improve and re-balance relationships between social worker and person who uses services.
- It could lead to improved quality of life for people who use services – e.g. the social worker can ask ‘what can I do differently?’
- It may also benefit the social worker who might experience greater job satisfaction if it is done well.
- Improving relationships can reduce the use of complaints procedures – by picking up and hopefully resolving any difficulties early, and dealing with them in a less confrontational way.
- By valuing the input of the person who uses services, it may potentially empower them to become more independent and confident.
- There may also be benefits for middle managers (the supervisors): by providing them with a reminder of the realities of everyday care and support which they may have lost touch with.

4 The difficulties that might arise from user and carer involvement in supervision

- Several people mentioned the practicalities of involving all people who use services in a social worker’s supervision; the size of individual caseloads would make this very difficult as every person who uses services giving direct input into a worker’s supervision would require too great a time commitment from all concerned.
- 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.
- There are power issues in the relationship between the person who uses services and the social worker, and sometimes attitudes that would make involvement in supervision difficult to put into practice.
- It would be hard to sell this idea in the current climate – managers and practitioners at the seminar described a range of constraints on their work and

therefore on the supervision process at present, within a context of cuts to services and staff.

- Following on from the above point, there is a tendency within supervision at present to focus on meeting targets and the requirements set out at a senior management/political level rather than the perspectives of people who use services.
- A trainer of supervisors mentioned that supervisors can become frustrated by not having the time to do what is recommended already – involving people who use services and carers in supervision could be another burden or constraint on their time.
- People who use mental health services face the additional barrier of potentially being subject to the Mental Health Act, which creates a further imbalance in power in the relationship. It is not clear if involvement in supervision would help with this or would make it more difficult.

5 General points about supervision in this context

- Supervision is not given the same value or emphasis in health care as it is in social work; social work has more of a culture of staff development in supervision. Hence there may be difficulties in establishing a general approach to supervision for mixed teams.
- People should understand the great value to be had from good supervision; things should not be allowed to fester until they become a complaint. 'Supervision used in a fair and balanced way can work for the common good if used properly'.
- One social worker wanted to emphasise the value of the intangible/abstract in supervision – and the fact that it provides the space to be honest about your work and your feelings in a trusting relationship. (There was perhaps some anxiety about losing this if people who use services/carers are involved in the process).

6 Ideas and suggestions for ways forward:

- It was suggested that user-led organisations (ULOs) could play a key role in facilitating user involvement/input into supervision, enabling it to happen in a safe and supportive way for people who use services and the staff involved. This could be linked to support for people who use services employing and supervising their own PAs.
- People who use services and carer input into support plans is a way in which people's needs and preferences can be acknowledged and recorded – they have to be agreed and signed up to together and could be used in supervision/monitoring.

- One idea was for all people who use services and carers to be issued with postcards which would ask for a phone call to be made to the service user/carer from the social services department – which they could post to a nominated individual when they needed to express a concern.
- One participant mentioned a new service in the West Midlands where people who use services can fill in forms giving feedback on staff/services and have a follow-up phone call as a matter of course. Information from this is then used in monthly staff supervision and annual appraisals. Any cause for concern or praise is **addressed** in care plans.
- The idea of using forms/postcards/questionnaires was quite popular in the red group as it avoided the need for face-to-face contact in what could be a potentially difficult situation.
- The use of 360 degree appraisals (perhaps annual or biannual) to engage the input of people who use services was suggested as an alternative. Again this would be somewhat burdensome if all people who use services were involved in all appraisals.
- One idea to get round the above problem was to select a few people who use services randomly for their feedback about individual social workers – it would need to be random selection in order to get round the problem of approaching only those people who are likely to give positive feedback.
- Single assessment process folders are intended as a means to get feedback from people who use services; however, this does not always work as staff often do not fill in the forms.

Concluding comments

User/carer involvement in supervision is by no means commonplace. It may be of value to put out a call for more examples of where it is taking place. It would also be useful to give attention to the particular situation facing people who employ PAs as they too wish to provide supervision for their staff but may be unable to do so for financial or practical reasons.

Many practical constraints to involving people who use services and carers directly in staff supervision were raised, which points to the need for some creative thinking. Direct involvement in supervision for everyone on a worker's caseload would not be feasible. Some ideas were put forward during the seminar, but it may be of value to convene a larger workshop for people who use services with experience of some different ways of engaging with staff supervision to take this further.

Many people who use services fear giving negative feedback, are concerned about being understood and want to avoid complaints procedures. Involvement in supervision might provide people who use services with an alternative way of letting managers know when a relationship with a member of staff is not working well without pursuing a complaints procedure. However, there is a need for accessible and non-threatening ways of enabling this to happen, whether or not it is directly through staff supervision. A number of ways of doing this were mentioned during the seminar, including the use of postcards, questionnaires and phone calls which would avoid the need for face-to-face contact. Once again, it might be useful to explore this further within the context of a larger workshop or seminar.

Any such further work should be given a context to establish what potential there is for developing and implementing these ideas so that there is clarity about what is likely to happen with the discussions.