SUPPORTING
FAMILIES FOR
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CARE**

17

SUPERVISION
supporting professionals and
enhancing service quality

DRAFT

Young Child Health, Development and Wellbeing
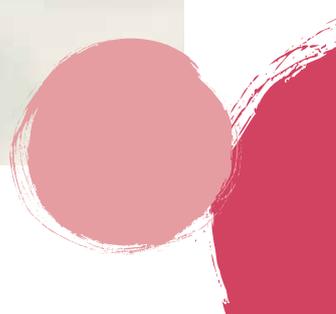
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GLOSSARY OF TERMS

Action Learning Set is an approach to solving real work related problems. It involves talking the problem over with others who ask helpful questions, and reflecting on these questions to contribute to the problem-solving process.

Clinical Supervision brings skilled supervisors and practitioners together to reflect on the content of their work in practice. It is a time for home visitors to think and discuss their knowledge and skills and how they may be developed to improve the services they provide to their families.

Coaching refers to ways in which one person is helping another to improve, develop, learn new skills, achieve aims and overcome challenges, for example by using helpful questions.

Competence is the ability to do something successfully and efficiently

Continued Professional Development refers to the process of tracking and documenting the skills, knowledge and experience that we gain both formally and informally as you we, beyond any initial training. It's a record of what we experience, learn and then apply.

Mentorship is the guidance provided by a mentor, an experienced person, a role model who can support less experienced staff.

Preceptorship refers to a period of time during which an individual learns to put knowledge into practice.

Reciprocity is the "dance of communication" between two people that you can observe. It includes the stages of initiation, acceleration, peak of interaction, deceleration and looking away.

Restorative supervision constitutes dedicated time to talk about the emotional aspects of your work.

Supervision is the act of a supervisor overseeing a home visitor's work.

Supervisee a person who is supervised, who receives support about their work from a supervisor.

Supervisor a person who directly supports and oversees the work of a less experienced or knowledgeable worker.

KEY MESSAGES - why is this topic important for you?

For an organisation (PHC Clinic, Health Department, Community Services Department...)

- Systems of supervision are a part of the organizational commitment to maintain high quality of services for children and families.

- A clear supervision policy is a part of taking steps to create a culture that is interested in the needs of its frontline staff, e.g., home visitors, who regularly work with children and families and will affect their lives.

- Effective systems of supervision can reduce burnout and improve staff retention, by offering opportunities for staff to talk about their work and manage their emotional responses to work.

- The provision of supervision is part of an organisation's duty of care to its employees who are providing a service on behalf of the organisation to families and communities.

At the level of a supervisor

- Supervision is an opportunity to monitor and support the professional needs of supervisees or colleagues, supporting them in maintaining and improving their professional knowledge, skills, and their sense of satisfaction with their role, while establishing a culture of continuous learning and commitment to quality improvements in the organization.

- The supervisor acts as a role model, educator and motivator to empower home visitors to reflect on their practices and take responsibility for addressing their professional development needs to support good quality home visiting.

- The content and quality of contacts that the home visiting service provides to children and families can be reviewed and reflected on to identify strengths and areas requiring improvement.

- There is responsibility to ensure local supervision policies are appropriate and relevant to the needs of the service provided, taking into consideration the perspectives of the family and the home visitor.

- The materials in this module and use of the exercises with colleagues and supervisees can help the supervisor to strengthen supervision practices. It will prepare supervisors to sustain professional relationships with home visitors characterised by reflective practice, strength-based approaches, application of coaching skills and clear planning/record keeping.

For a home visitor

- Participation in regular supervision can encourage the growth of a strong supervision culture and enhance effective professional practices.

- Supervisees can use supervision sessions to review the extent to which they adhere to national or organizational standards for home visiting (maintain fidelity to the "model" or standards).

- Regular supervision sessions can be used to identify and focus on personal professional development needs, including any gaps in specific skills and knowledge. From this, an action plan for learning and career development can be developed.

- Regular supervision is also important for managing the stress associated with working with families from a multitude of backgrounds and with diverse and often complex needs.

- Developing a positive supervisory relationship can be an important source of emotional support for home visitors that contributes to an overall improved sense of job satisfaction.

LEARNING OUTCOMES

After completing this module, you should be able to:

- Reviewed the meaning of supervision and the contribution it makes to support quality in the delivery of services and professional development of the home visitor
- Reflected on the supervisory role and related activities in supporting professional development in the work environment.
- Explored the meaning of lifelong learning and professional development
- Reflected on current supervision practices as related to home visiting and identified concrete actions and approaches that can be used to strengthen them.

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I

INTRODUCTION

Home visiting is a demanding profession requiring the home visitor to respond flexibly and competently to the needs of individual families, while retaining a strong sense of commitment and compassion. It is therefore not surprising that supervision was identified as an essential feature of quality and good practice in health and welfare services (Care Quality Commission, 2013; Frey at al, 2012; Skills for Care and Children's Workforce Development Council, 2007). Good quality supervision should be an enabling process (Butterworth and Faugier, 1992; Butterworth et al, 2008) building on a professional's existing strengths. It should offer an opportunity to expand skills and knowledge, promote professional accountability, and provide opportunities for support and stress relief for home visitors, restoring their function and reducing burn-out (Institute of Health Visiting [iHV], 2015).

However, the term 'supervision' stills means different things to different people ranging from a way of directing the work of others, to *a way of guiding others, to a way of restoring the person potentially burdened by the stresses of the professional role.* Furthermore, when supervision is not delivered appropriately, for example, focusing on assigning blame leading to punitive actions, it can do the opposite of what was intended. It then becomes unhelpful to individuals and teams and the whole organisation (Mawritz et al, 2012).

Within this module, the focus is on ways of supporting the supervision of home visitors that guides, supports and where possible restores home visitors' commitment and compassion in their profession, enabling them to continue to form supportive and helping relationships with families.

DEFINING SUPERVISION

The practice of supervision has been an important concern for those working in the 'helping professions', including: child welfare services (Frey et al, 2012; Zinn, 2015), medical practice (Cameron et al, 2015), clinical nursing and midwifery care (Blomberg et al, 2016; Lavery et al, 2016) and home visiting. It is not surprising that there are a number of definitions for supervision.

One definition (Milne, 2007, p. 439) defines supervision as "*the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use are corrective feedback on the supervisee's performance, teaching, and collaborative goal-setting. It therefore differs from related activities, such as mentoring and coaching, by incorporating an evaluative component. […] Supervision's objectives are "normative" (e.g. quality control), "restorative" (e.g. encourage emotional processing) and "formative" (e.g. maintaining and facilitating supervisees' competence, capability and general effectiveness).*

In another review of definitions, Tomlinson (2015) includes the term 'resilience' (i.e., in this case, the ability of the professional to manage the emotional challenges of a job that can be unpredictable, complex and demanding). She emphasises the supportive nature of supervision, stating: "*clinical supervision is a questioning learning activity that is focussed on clinical work, involves clinicians teaching one-another and is collaborative, benefitting both supervisors and supervisees. It is also usually on-going, allowing relationships to develop, and reflective, nurturing insight and critical thinking, and supportive, building resilience and wellbeing.*"

Other organizations, such as the (UK) Skills for Care and Children's Workforce Development Council (2007) who set standards for care and service organisations, look at supervision as an *accountable process where the purpose is to improve the quality of work*. Building on this, the Care Quality Commission (2013) stated that supervision should "*provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional response to their work.*"

These definitions a share several **key features**, including that supervision:

1. Involves the supervisor and supervisee in reflection and reflective practice about their practices and their response

2. Provides support from a supervisor who is skilled in facilitating, educating, role modelling, guiding, coaching, appraising, etc.

3. Offers attention to the practice situation of the home visitor (team work, workload, communication, personal coping)

4. Reflects the concern for the quality of services provided to families

5. Supports professional development (strengthening knowledge, skills and emotional responses to workload demands), and

6. Builds a resilience through a collaborative interaction between the supervisor and supervisee.

Self assessment

Take some time to think about what supervision means to you, in your own work life and within your organisation. From these thoughts and ideas, try to come up with your own definition of supervision.

1. THE FUNCTIONS OF SUPERVISION

As the definitions above suggest, the function of supervision and therefore the form supervision takes, can vary depending on the aims that were set out (The UK Care Quality Commission, 2013).

The different functions of supervision have previously been categorised by Proctor as part of a functional interactive model. This has been endorsed by NHS Scotland (see http://bit.ly/2stZhN9) and the (UK) Royal College of Nursing (2003) who specifically consider clinical supervision, noting it as an activity that *"brings skilled supervisors and practitioners together in order to reflect upon their practice."*

There are three widely recognised functions of supervision, and these are:

1. **Normative Functions** – also referred to as **managerial** to promote professional accountability and ensure practice follows national and/or local policies, set standards and rules. It supports individuals to develop their ability and effectiveness to fulfil their role and enhance their performance for and within the organisation. Normative supervision is used for:
   - addressing quality control issues
   - ensuring the home visitor's work reaches and maintains appropriate standards

Case supervision for child protection is often included as a normative supervision function.

2. **Formative Functions** - also referred to as **educative** to enable skills and knowledge development for continuous learning and improvement of practices. Guided reflection is used for developing insights, attitudes and understanding. Normative supervision is used for:
   - a better understanding and improvement of one's personal skills and abilities
   - helping understand families better
   - developing an awareness of one's reactions and reflections on practice and activities
   - exploring other ways of working.

3. **Restorative Functions** – also referred to as **supportive** supervision to enable collegial support that can facilitate helpful feedback and an opportunity to talk. It is intended to manage the stress that can result from an unpredictable work environment and the challenges of working with families that have complex needs. Restorative supervision is characterized by:
   - supportive relationships that offer motivation and encouragement and that can also be drawn upon in times of stress
   - opportunities to explore the emotional reaction to pain, conflict and other feelings experienced while working with families,
   - reducing "compassion fatigue" (i.e., a reduced ability to feel empathy with families) and eventual 'burn out'.

For more information on this concept which is new to many professionals in South Eastern Europe and Central Asia, see http://www.restorativesupervision.org.uk

Although supervision may involve authority figures, it should not be a means of control or critical judgement where penalties are used to enforce practice. It should be delivered through a respectful relationship, where strengths are acknowledged and limitations are addressed through offers of support or resource. Supervision should be a helpful experience and if supervisors are not trusted, the experience can make staff anxious, be more dissatisfied with their working conditions and role (Butterworth et al, 2008), and this can become a factor for staff wanting to leave their jobs (Morazes et al, 2010).

2. SUPERVISION ALONG A CONTINUUM

The various functions have influenced the way in which supervision has been categorised and labelled within health and social care situations. Labels used are: managerial supervision, professional supervision, clinical supervision and restorative supervision (Care Quality Commission, 2013). These categories of supervision, although they share some functions, can be placed along a continuum (see below in Figure 2) to reflect the difference in priority for: service delivery, staff performance, staff development and staff coping and resilience.

Figure 1. A continuum of supervision

Managerial
- Reviews performance against service rules
- Sets priorities for action in line with service needs
- Takes into account training needs according to service priorities

Professional
- Reviews work against professional standards
- Checks that work is within professional boundaries
- Takes into account training needs to maintain professional standards

Clinical
- Reflects on and reviews practice
- Discusses individual cases
- Takes into account training needs in relation to nature of work demands

Restorative
- Explores emotional reactions to work
- Discusses what is concerning the home visitor
- Revisits motivations for practice

Normative ⸺ Formative ⸺ Restorative

As illustrated in figure 1, supervision that aims to monitor an individual's performance and actions in line with home visiting standards, may be described as **managerial supervision**. Here the supervisor generally is a person with greater authority than the person being supervised. The needs of the service are considered the chief priority and typically more important than the needs of the professional being supervised.

By contrast, **professional supervision** focuses on the work of the home visitor as a professional, and the emphasis is on adherence to professional standards as opposed to service rules. Here the supervisor's responsibility is to understand the area of professional practice and thereby the professional boundaries of those being supervised.

Clinical supervision is understood in a similar way to professional supervision, though it would appear to go further in terms of acknowledging the *professional as a person* who interacts with the clinical cases (i.e., the families) and who can learn and grow from these experiences.

At the other end of the continuum, **restorative supervision** has the primary function of supporting the capacity of home visitors to be resilient in the face of work-related stress. Restorative supervision is intended to enable home visitors to continue to maintain their own health and ability to continue to practice even when faced with the multiple stresses that their workload with different families entails. Supervision sessions focusing on restorative supervision offer the supervisee an opportunity to consider the demands of the role and the emotional reactions it can provoke. It enables supervisees to 'check in' with themselves and locate areas of stress that they have an ability to influence.

Figure 1 also includes a continuum arrow to overlay these categories of supervision with their associated functions. This is to show how categories of supervision described as managerial, tend to have a normative

or accountability function; those described as professional or clinical have a greater formative function; and those described as restorative aim to help the home visitor self-regulate their emotions and practice. However, some descriptions of supervision make it clear that the three functions are overlapping: effective clinical supervision should be in the center where normative, formative, and restorative supervision overlap (Figure 2 supported by Brunero and Stein-Parbury, 2008; Helen and Douglas House, 2014; NHS Scotland, 2017). Thus, good *clinical supervision should* provide a supervision experience that addresses the needs of home visitors by considering their *working context*, the cases *they are dealing* with, their *career development*, and their ability to cope with the work-related stress.

Figure 2. Clinical supervision combining normative, formative and restorative functions
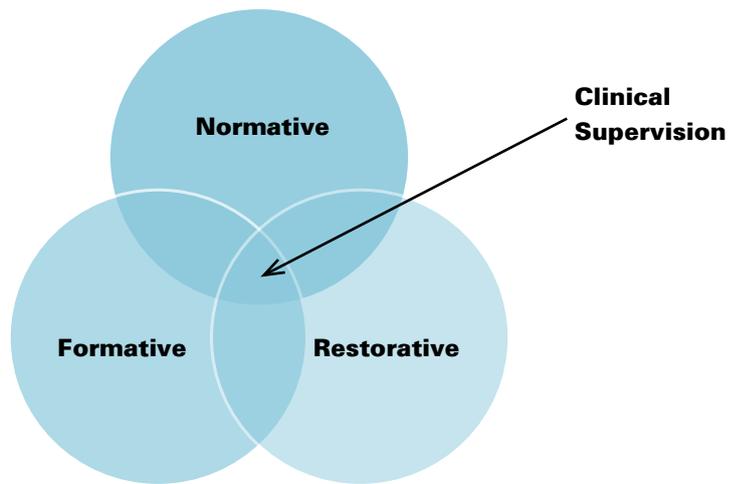
For a summary of different modes of supervision and support, See Annex 1.

Self assessment

Priorities for the home visiting service	Categories of supervision
	Normative – (accountability) managerial
	Formative (educative) – professional
	Formative (educative) - clinical
	Restorative – supportive

THE BENEFITS OF CLINICAL SUPERVISION

"Clinical supervision should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services." Care Quality Commission (2013)

The special support that clinical supervision provides is based on a clinically focused professional relationship between supervisor and supervisee that allows for confidential conversations about everyday challenges (Gopee, 2015). It has also been decribed by some as 'time for me,' that is an opportunity for dedicated time focussed on the practitioner (Lyth, 2000). The UK Royal College of Nursing (2003) has identified clinical supervision as an educational experience that is necessary for keeping families safe. The College lists the following benefits:

* **Development of staff education**, sense of support and managerial skills impacts on staff decision making and practice with families

* **Maintenance of service quality** for families, because if staff are well supported they can offer a better and more consistent service

* **Providing support** to help manage the challenges and prevent "burnout" (Hyrkas, 2005), as stressed staff may have difficulty to keep an open mind on how to work well with families. When clinical supervision is provided regularly, staff can use it as a time to reflect, consider challenges in a safe space and through problem solving, build vital skills in for themselves.

* **Supporting professional development** to keep pace with new technologies and the evolution of the services. If there is no time to reflect, staff can feel overwhelmed by the increase in information they are required to know for delivering the service. Supervision therefore creates a space and time to pause and reflect and provides the practitioner with an opportunity to identify gaps in their own further development and learning.

* Clinical supervision contributes to **lifelong learning** (Butterworth et al. 2007), which for reasons already listed above is a necessary feature of professional home visiting practice. Without lifelong learning home visitor knowledge and skills will quickly become out of date and thereby less helpful to children and families. Home visitors can therefore undergo a process of renewal through regular clinical supervision that helps to "peel off" old ideas and stimulate fresh thinking.

These benefits combined can contribute to enhancing professional performance.

Image 1. Peeling off layers to stimulate fresh thinking and learning.
Whittaker 2014 ©

IV

SUPERVISION – A COMPONENT OF PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING

As humans, we learn from our earliest days to the end. Activities contributing to this process of "lifelong learning" are along a continuum of formal (intentionally sought out) to non-formal and informal learning experiences (UNESCO 2014). This means learning opportunities are experienced during all stages in life and can occur spontaneously or in planned activities. For example, home visitors learn in their daily encounters with individuals, families, groups within the community and from working alongside their peers and colleagues from other sectors and agencies. Continued learning is essential for home visitors, to strengthen their professional practice, to support their abilities to deliver evidence-informed services (Coffee-Borden and Paulsell, 2010), and be sensitive to the varied needs of families across communities and cultures. Lifelong learning provides a chance to explore the unknown. It therefore equips home visitors for meeting new and occasionally, unexpected challenges when they start on a new journey with a family.

UNESCO (2015) stipulated that: *'every person, at every stage of their life should have lifelong learning opportunities to acquire the knowledge and skills they need to fulfil their aspirations and contribute to their societies'.* Learning throughout one's life also contributes to achieving the United Nations Sustainable Development Goals (SDG), as education enables individuals to develop personal resources to cope with challenges generated by social, political and economic circumstances.


Image 2. Lifelong learning as stepping forward to explore the unknown.
Whittaker 2014 ©

The challenges and opportunities for engaging in professional development (including supervision) and thereby lifelong learning is affected by three important factors (Gopee, 2005): organisational, socio-political and individual factors (see figure 3).

- The **organisational factors** are related to the time allocated (rules about being released from work to attend recommended training or supervision session), how the work is organised, and whether sufficient time is given to the home visitor to deliver her services, as well as engage in learning. The supervisor may need to act as a champion for lifelong learning, promoting the need for a fair distribution of workload and the importance of professional development with service managers and heads of department to ensure that the necessary time is allocated for home visitors to attend supervision sessions.

- The **socio-political factors** impact on how a work environment is experienced, and this is shaped by the attitudes and behaviours of the employees at all levels. Unhelpful behaviours and negative criticism of others can travel through the organisation, creating an environment that makes it difficult to support positive professional development (Mawritz et al, 2012). In such environments, unhelpful and even abusive supervision practices (Tepper et al, 2007) may proliferate which would demotivate those being supervised. By contrast work environments that foster respect between employees, will be settings where professionals share good practices and are willing to participate in supervision to support their learning.

Figure 3. Factors influencing lifelong learning
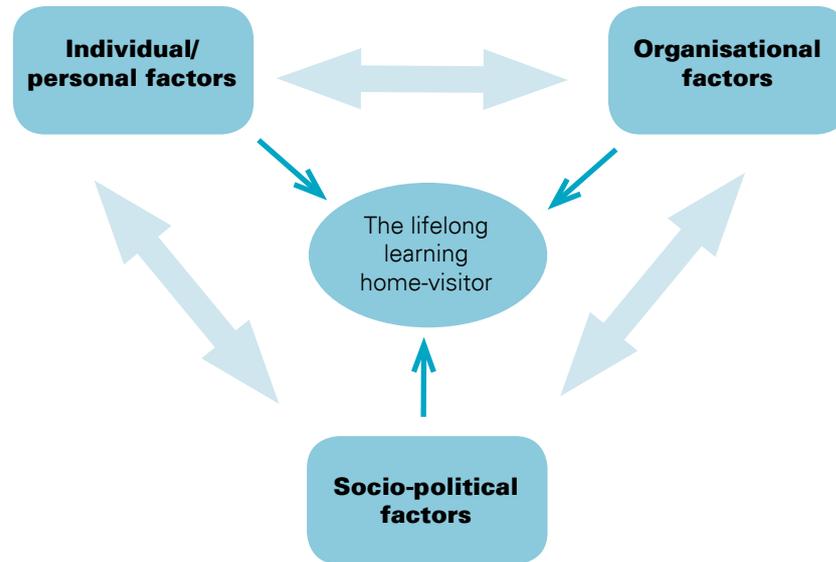
- Combined with the above are **individual factors** that directly influence the likelihood of engagement in lifelong learning. These include the home visitors' personal sense of professionalism and motivation to learn (Aston & Hallam, 2011). Motivation can be further attributed to internal and external factors. **Internal motivations** – come from within the person, while **external motivations** result from a situation or environment faced by the home visitor.

Examples of internal/intrinsic motivations	Examples of external/extrinsic motivations
Self-improvement – or career progression	Meet professional certification requirements
Self-actualisation – achieving a sense of fulfilment and purpose	Improve knowledge and therefore decision making abilities
Curiosity about a particular subject areas	New employer with new demands or criteria for the role and need to be employable.
To be able to meet the challenging needs of families, doing a good job for families.	A change in the team make up and therefore learning is necessary to fill gaps in the team experience

Something regularly asked of staff who are attending courses to become a mentor/supervisor in the UK is "what motivates you to want to be a mentor or supervisor and support others?" and these are common responses:

- **Internal**: the things that come from inside them (are in their heart) are powerful motivators. Examples include: Making a difference to others / empathy for others / love of the work / the opportunity for personal development / increased self- confidence / enjoy supporting others…

- **Extrinsic**: motivators coming from outside themselves: Managers and leaders asking the individual / a chance for promotion or increased pay / policy and procedures / wanting to emulate an inspirational person / quality and governance.

Supervisors can help home visitors recognize their motivation for learning, and can thus make an important contribution to lifelong learning. Home visitors can develop their own list of motivations as the basis for a learning plan that is completed as part of ongoing professional development. The supervisor can assist the home visitor through guided reflection; this can encourage the home visitor to consider past experiences, think about them carefully, note actions, feelings, and responses from others, and learn from

these reflections. Such reflective exercises can help home visitors to review their learning needs, establish goals and agree upon measurable plans of action. The content of a reflective exercise for professional development is outlined in brief below.

Professional Development Planning

A general plan would take account of:

- Date
- What did you do?
- Why?
- What did you learn from it?
- How will you use it?

A plan specific to home visitors would detail:

- Objectives – areas of interest
- How it is relevant to your work and career?
- Hours required and the date by which the objective is to be achieved?
- What you will do to achieve this (resources and support required)?
- How will you apply this learning to your work?
- How will you know that you have completed this development activity successfully?
- How will you share this learning with colleagues?

Self assessment

Complete your own development plan as a supervisor using the template in the appendices. Then take a moment to think about your own periods of learning when you attended a programme of study or by worked alongside someone. Reflect on what were your internal and external motivators for learning then and what is your motivation now for learning about supervision. Whilst doing this, give some thought to whether your motivation for learning has changed over time.

Internal – from within yourself	External – from your circumstances
Your internal motivations for learning in an event in the past	*Your external motivations for learning in an event in the past*
Your internal motivators now for learning about supervision	*Your external motivators now for learning about supervision*

Now think about home visitors: what might help or hinder them in their lifelong learning journey?

List as many reasons as you can think of for why lifelong learning should be supported for home visitors	

How can home visitors achieve lifelong learning?	
What are the likely challenges interfering with lifelong learning? (list below)	For each challenge, what might be a possible solution? (list below)
• • • • • •	• • • • • •

*this self-assessment exercise is included in the appendices (activity 2) as a resource for teaching

1. REFLECTIVE PRACTICE

The resource modules for home visitors "Supporting Families for Nurturing Care" (https://www.unicef. org/ceecis/early_childhood_1467.html or http://issa.nl/content/resource-modules-home-visitors) invite home visitors to regularly *reflect-on* and *reflect-in* practice. By thinking back and recapturing past learning experiences, home visitors and supervisors can engage in reflective practice, and thereby lifelong learning. As an activity, reflection requires giving attention to: **earlier and current experiences and the effect of these on the senses, patterns of thinking, and feelings.** This helps to generate self-awareness and ideas for how to approach similar experiences in the future. Reflection therefore encourages us to connect past and future experiences, as a part of lifelong learning. Within supervision, home visitors will need to commit to reflection as part of the process of examining their own contribution to delivering safe and appropriate support for families. The supervisor will need to be skilled in asking questions that prompt the home visitor to think about their work, how it makes them feel, their thoughts and how their contact with different families and colleagues stimulates different responses.

Image 3. Time to Reflect.
Whittaker 2014 ©

There are many reasons why reflection is a critical feature of supervision as listed below.

Reflection guided by a supervisor can:

- Act as a catalyst to think differently, i.e., gain a new insight and perspective.
- Help professionals to regain their motivation that may be affected during every day challenges and stress.
- Assist the home visitor to move from a general feeling of anxiety to positive energy for action.
- Address the gap between actual and desirable practice.
- Promote deeper and critical levels of reflection.
- Challenge participants to think of ways to respond differently in the practice situation.
- Support home visitors to act on their insights with integrity.
- Support staff morale during difficult times.
- Enable home visitors who are being supervised to be heard and re-energised.

(based on a toolkit prepared by Helen and Douglas House (2014)

This dynamic process of reflection uses the interaction between thoughts, feelings and ideas about current experiences to generate fresh perspectives on how to take action when facing new situations and challenges.

2. TOOLS FOR REFLECTION

To guide the process of reflection as part of supervision, models or frameworks can provide structure by offering prompts for asking focused questions that will stimulate thinking and awareness. A number of different models for reflection exist. It is important to note that not one model will suit everyone, and that consideration should be given to the needs, skills and confidence of those leading or joining supervision and the type of scenarios that will be reflected on.

Models commonly used within health and social care practice include those designed by Driscoll (2007), Gibbs (1998) and Johns (2017). Typically, the person doing the reflecting will record their thoughts, writing them down in response to a series of questions.

Two Models of Reflection

Driscoll (2007) uses three main questions to reflect on an event, a reflection about the meaning of the event, and a plan of action. These are:

- **What?**
  - were the main events?
  - were you trying to achieve?
  - were your reactions?
  - were others' responses,
  - is the purpose of thinking about this experience?

- **So what?**
  - does it mean?
  - informed your actions/decisions?
  - other knowledge can you add to this?
  - can be done differently?
  - do you now understand?

- **Now what?**
  - are the implication for the future?
  - are the wider issues that should be accounted for in future actions?
  - will I do next as part of my action plan?

Gibbs (1998) **reflective cycle**: Events/experiences are reviewed for the feelings they provoke and what seemed to work or not work. The cycle can be applied when guiding reflection for groups or individuals. There are six cycle elements with the final action plan feeding back to the description of any future events.

1. **Description** – state what happened factually
2. **Feelings** – state what you were thinking and feeling
3. **Evaluation** – note what was good and what was not good about the experience.
4. **Analysis** – what does the experience mean, how have you interpreted it given the knowledge you have.
5. **Conclusion** – what else could have been done
6. **Action Plan** – what would you do next time facing something similar

You can try this now by thinking about a recent significant experience. Use the framework below to reflect on this experience.

Self assessment

Reflect on a recent significant experience using the guide below and when you have completed it consider whether the process has helped you think about the experience slightly differently.

Take action to	Thinking about
Find a space to focus on yourself and be mindful of your experiences.	Write a description of a specific experience, and describe your thoughts and feelings.
Pay attention to your thoughts and emotions.	What issues seemed significant?
Write down those thoughts and emotions that seem significant for achieving desirable work.	Ask yourself: Your role What was I trying to achieve? Why did I respond as I did? What were the consequences of that for the others? How were others feeling? How did I know this?
	Personal – my contribution through my behaviour How did I feel in this situation? What internal factors were influencing me?
	Ethics – moral knowledge How did my actions match my beliefs? What factors made me act in an incongruent way?
	Empirics –scientific What knowledge did or should have informed me?

Improving skills for reflection can be achieved through regular practise. Home visitors can either use a written reflective diary (journal) on their own. Experiences and past events can then easily be retrieved for discussion. Home visitors can also work with others, using reflective dialogues to discuss experiences and issues with peers. Developing their own reflective skills will assist supervisors to become more accomplished in supporting reflection in other. This will help them in developing an appreciation of the process when guiding reflexive conversation during supervision sessions for home visitors.

In summary, reflective models/frameworks invite the person engaging in reflection to make time for thinking. It is a good idea to write down thoughts and use a sequence of key questions to organise memories, feelings, thoughts and new ideas. The process involves:

1. Describing the incident, issue or situation
2. Making sense of what happened
3. Working out what has been learnt
4. Creating a plan for what happens next.

Supervisors can guide the home visitor through these steps to work towards creating a professional development plan, where the home visitor's learning needs are specified as measurable objectives. This plan is a useful working document that can be brought to supervision sessions to review achievements and any challenges acting as barriers to progress. However, there may be personal, organisational and/or socio-political factors (as illustrated in Figure 3) acting as barriers to supervision That need to be addressed.
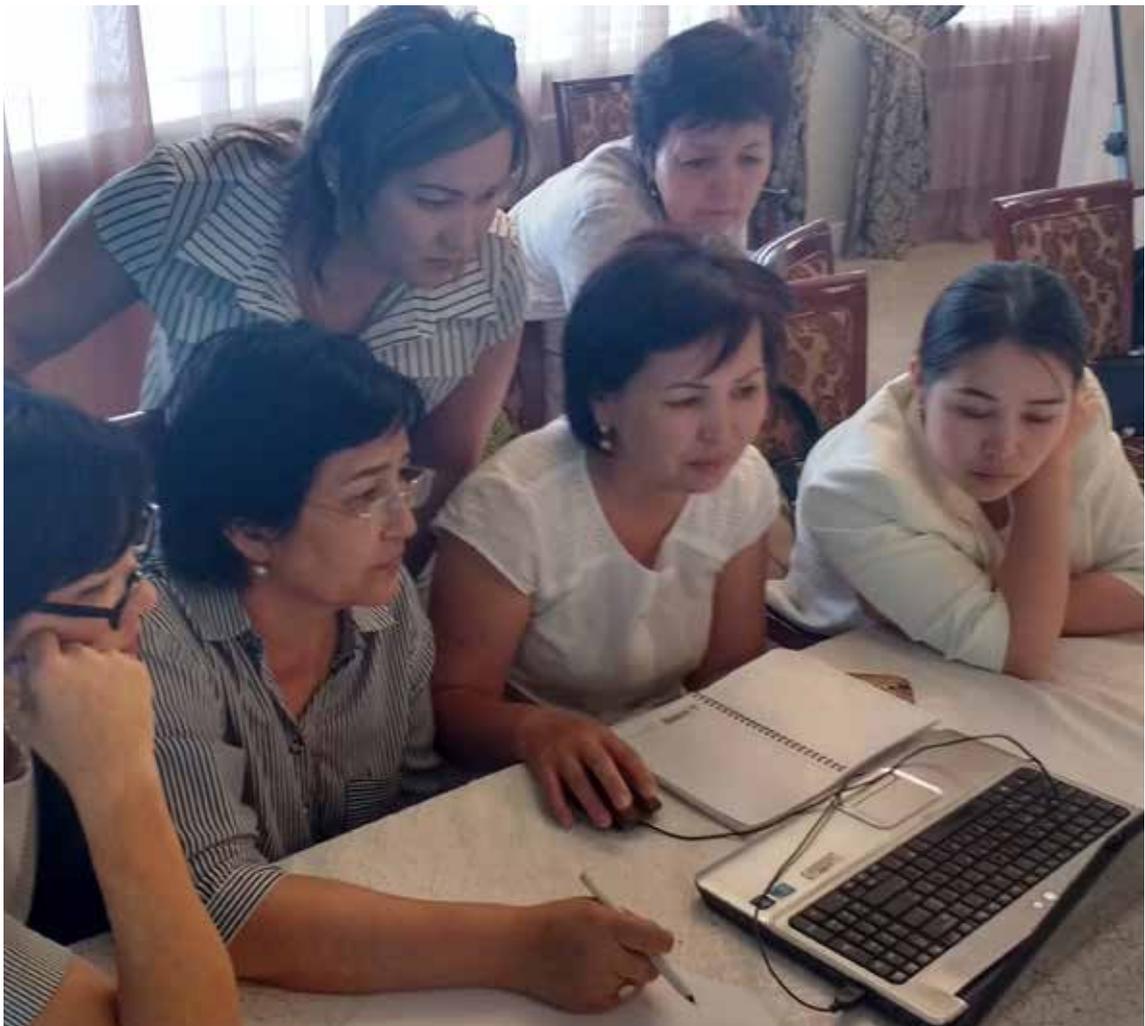
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V OVERCOMING BARRIERS TO SUPERVISION AND SUPPORTING PROFESSIONAL DEVELOPMENT

In a comprehensive review of clinical supervision for nurses, Butterworth et al (2007) found that at an individual level nurses may be resistant to supervision and its use to support learning and professional development. Resistance was due to:

- a distrust of the supervisor
- concerns that supervision will expose personal limitations
- a lack of certainty that conversations during supervision will remain confidential, and
- a belief that supervision is just a 'paper exercise' conducted to fit with organisational requirements rather than the individual's needs.

Barriers to supervision can be categorized as organisational, socio-political and supervisor specific issues.

Organisational issues

- difficultly getting to supervision sessions due to timing and location
- a lack of resource to support travel to the location where supervision sessions are organized
- limited availability of appropriate tools to support the conduct of supervision sessions; and
- a workload that does not accommodate time for attending supervision

Socio-political issues

- lack of policy to indicate organisational commitment
- gender differences between supervisors and supervisees
- grade and seniority differences between supervisors and supervisees;
- a low priority within a team and general team disregard for the value of supervision

Supervisor specific issues

- not enough supervisors to reach all home visitors on a regular basis
- supervisors have limited experience in effective supervision techniques
    - over directing the supervision assuming they has all the answers
    - offering too few prompts needed for guided reflection
- supervisor is emotionally too close to the home visitor which can affect the professional relationship
- supervisor makes judgements and assumes, in advance, what the practitioner needs.

Working with factors that influence lifelong learning, requires supervisors to be highly skilled at making the most of opportunities (for example, an organisation's policy setting aside some time for learning activities) and combating negative forces (e.g., increasing workloads or an organisational culture of blame that promote a resistance to supervision). Supervisees can be helped to develop trust in the supervision process when the supervisors are sufficiently trained for the role, demonstrated by their ability to communicate both, an understanding of supervision processes and techniques, as well as a familiarity with the role of the home visitor and its challenges.

When gender differences are unavoidable, supervisors need to be sensitive to any possible differences in expectations and information sharing preferences. There needs to be an awareness within the organisation that men and women do approach supervision differently and these differences suggest that women could be at a disadvantage if routinely supervised by men (Hindes and Andrews, 2011). When supervisors are senior staff and male and supervisees are considered lower grade staff and are generally female, supervision may be experienced as sessions for *direction and instruction* as opposed to sessions to *provide support and promote individual development.*

To support a culture of professional development (to which clinical supervision can make a significant contribution), there will need to be an organisational commitment to being transparent about managerial processes and opportunities for supporting professionals. The supervisor can contribute by communicating clearly to explain all the aspects of supervision. The Helen and Douglas House (2014) toolkit for supervision notes the importance of reassuring all concerned that clinical supervision is not being used as a management tool, or a way to judge or criticise staff. Supervisors need to be skilled in communicating sensitively, being able to put themselves in the shoes of those being supervised, to respond to those feeling suspicious or are anxious about the emotional aspects of supervision.

A body of evidence shows that if a supervisor is approachable, encouraging and has a positive attitude, a positive supervisor-supervisee relationship will quickly emerge. When supervision is working well, the individual being supervised will value the supervisor's professional knowledge and skills, including their demonstrated "soft skills". The result can be growth of the supervisee's professional and personal development (Butterworth et al. 2008).

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VI

KNOWLEDGE, SKILLS AND COMPETENCIES FOR SUPERVISORS

It is critical in supervision that the allocated supervisors have a good knowledge of what home visitors are doing, as well as the opportunity to refine their skills and competencies through practice and reflection. Following research with a range of health care practitioners, Wallbank (2010) has compiled a list of essential knowledge, skills and competencies for supervision. These are as follows.

Knowledge

- To understand the role of a supervisor
- To understand the different types of supervision
- To understand how to offer appropriate supervision given the local context

Skills and Competencies

- How to negotiate a supervisory contract
- Recognising the type of supervision being offered
- Managing existing relationships with supervision
- Managing relationship changes within supervision
- Identifying appropriate supervision content
- Managing difficulties within supervision
- Recognition of different types of communication
- How to avoid being the '**expert practitioner**' during supervision
- Purposeful listening, basic counselling and feedback skills
- Recognition of stress behaviours and their impact within supervision
- Evidence of ability to conduct constructive supervision sessions
- Evidence of ability to reflect on own role as a supervisee and supervisor
- Evidence of ability to use a solution-focused approach
- Delegation and direction skills to guide the supervisee

Some of these expectations may need to be adapted to the specific national and organisational contexts where supervisors are working. For example, while supervisory contracts may not be common, supervisors should have/develop the skills to develop supervision plans with supervisees. Other skills, particularly communication (such as purposeful listening, basic counseling and feedback skills) will require training and coaching, sometimes in special training opportunities and under the guidance of, or with the support of other professionals.

The following table gives examples of practical skills for the supervisor

Area	Practical Skill	Example
Thinking	Ability to Reflect Less time spent on giving advice Facilitate problem-solving Put themselves in others position	*" I think what you are telling me is …..? Is there anything you could you have done differently?....What could you try in future?"*
Language and Communication	Good Listener Acknowledges issues Positive open body language Positive constructive feedback	*"Thank you for sharing the experience. It sounds like a difficult situation. You did really well in what was a challenging visit"*
Behaving Appreciatively	Welcoming and warm Friendly and calm Approachable, giving the time Non-Judgmental, fair to all	*"Welcome! Good to see you, I have forty-five minutes just for you. What would you like to focus on today?"*

Often supervision (when taking a normative – managerial function) is primarily used to review home visitors' ongoing competency in their role. The educational theorist Bloom (1956) explained that once knowledge is acquired, it then needs to be understood, before it can be safely applied to practice. Professionals can be considered competent when they can safely and effectively perform the skill when unsupervised – but further learning is required to become 'proficient' or 'expert' (Benner,2001). The terms competence **applies to the person**, his/her overall knowledge, skills and attitudes, that is the 'fitness to practice'. With experience, this initial conscious knowledge becomes part of the person's automatic everyday practice. The layering of knowledge with understanding and experience is illustrated below in the pyramid shown in Figure 4.

Figure 4 Illustration of knowledge application to everyday practice (adapted from Bloom,1956)
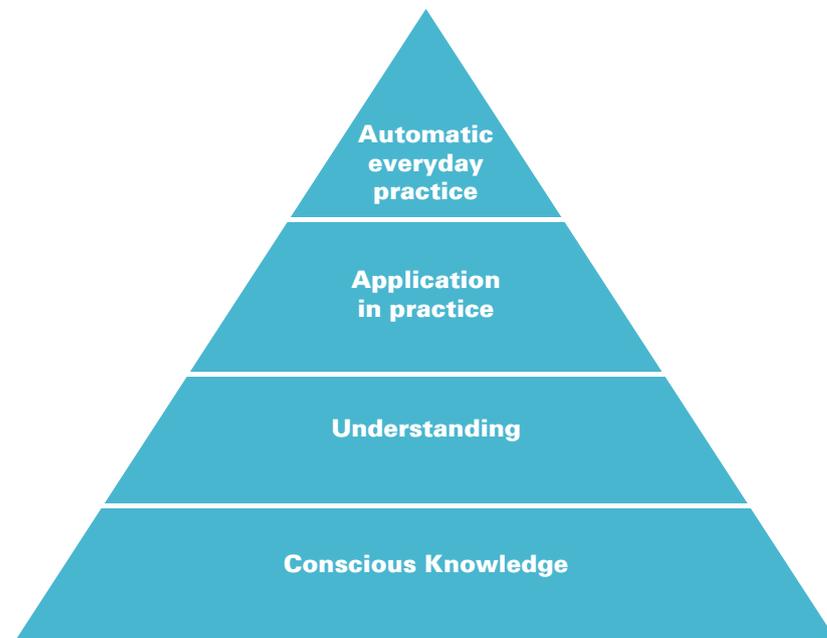
In explaining the different levels of competence, Benner indicates that a novice (who is just competent) tends to prefer rules and guidelines. This contrasts to those with expertise whose knowledge has become embedded and who therefore are able to use their intuition as an additional dimension.

Developing this level of competence as a supervisor requires ongoing reflection. The process can be supported by conversations within the team and ensuring enough time is given to preparing for supervision sessions and debriefing afterwards.

A summary of positive actions that can enable supervision to support professional development.

- Ensure supervisors are well prepared and engage in pre-supervision exercises
- Set up systems of peer support for supervisors to enable their own reflection on knowledge skills and competency in supervision
- Provide resources for supporting skills development in reflective practice
- Supervisors should use approaches that are enabling and strengths focused – role modelling in their own behaviour the practices that home visitors are encouraged to adopt with families (see module 2)
- Demonstrate gender and generational sensitivity –a conscious awareness and commitment that different perspectives can have equal value
- Explore different ways of delivering the supervision to overcome the challenge of too few supervisors (also, see next section on modes of supervision).

The selection of a positive supervisor is important: a poor choice in supervisor could misguide the supervisee resulting in learning unhelpful practices. Where possible, the selection of supervisors should be made based on the best fit between the two professionals, the supervisor and the supervisee. This may change over time as the supervisee develops.

Self assessment

Use the grid below to note what actions could be taken to overcome some common challenges to supervision. Suggested answers are included in the Annex, Activity 3.

Challenges to Supervision	Your Suggestions to Overcome Challenges
Travel	
Supervisors who do not understand the role	
Lack of tools to assist supervision	
Supervision is not a priority	
Lack of clarity of the role of supervisor	
Difference in gender of practitioner and supervisor	

VII

MODES OF SUPERVISION

At the heart of supervision is the opportunity for guided reflection. Some common barriers include the limited availability of sufficiently prepared supervisors and the distance home visitors might need to travel to attend supervision.

When home visitors face challenges in obtaining supervision, they (and their management) should be encouraged to think creatively to make use of the resources that are available to create opportunities for reflection. Changing the mode of supervision can be one solution. Supervision is often thought about as a one-to-one and face-to-face relationship, however, supervision can also be provided in groups or remotely, with the aid of technology. Of course, with the latter approach, there may be trade-offs, given that it might be more difficult to observe and respond to changes in eye contact, gestures, and other behaviours. Additionally, it is also feasible to create opportunities for guided reflection using peer supervision, or through setting up of action learning sets. Below, the different modes of supervision will be discussed further, highlighting the advantages and disadvantages of each mode.

1. GROUP SUPERVISION

There are four types of group supervision listed as:

- **Authoritative supervision** – one-to-one supervision in a group setting, where the other participants observe the supervisor and the supervisee in their session; they only observe and do not comment.

- **Participative supervision** – led by supervisor, but the other participants join in and contribute their ideas and thoughts.

- **Co-operative supervision** – where the supervisor steps back a little and becomes more of a consultant to the group.

- **Peer supervision** - where there is no single leader acting as supervisor. The team, regularly fixes dates for gathering and sharing and appreciating one another's successes.

See YouTube clip by Michael Carroll:
https://www.youtube.com/watch?v=qDU0W7i6Sxw&list=PLSP6xZx5MTeJd7sy5DHtXplTTb54A4xmm&index=2)

2. ACTION LEARNING SETS

Action Learning Sets (ALSs) represent another format of support that combines aspects of different types of group supervision, but with an explicit focus on joint learning (therefore with a similar intention as formative supervision). In an ALS, a group of about 4 - 7 people (often peers) gets together on a regular basis to discuss issues of personal or mutual importance. Also, the group is constituted to deal with the specific needs of its members and requires agreed action by the end of each meeting. Sets may, or may not, be facilitated, or may start with a facilitator and later become self-facilitating. Whichever way they start, it is important for some ground rules to be negotiated at the beginning.

Action Learning Sets can enable participants to make commitments to action, which they would not necessarily be able to make as individual working in isolation. There are usually three stages: identifying and clarifying the problem, listing possible actions and selecting which specific action to take. *See Information card 1 in the appendices for further details on ALS. According to Pettit (2015, p. 17) some of the benefits of ALSs include improved performance, enhanced critical thinking, increased self-confidence and communication skills. Because of the group working together, it may also result in more creative approaches or solutions.

3. TECHNOLOGY-ENABLED SUPERVISION

Supervision conducted using the telephone, video conferencing or e-mail constitute distance and technology-enabled supervision, sometimes referred to as tele-supervision. This mode of supervision can offer valuable support to those working in isolated environments. There is a growing body of research examining supervision reliant on technology. Using some of this information, Martin et al (2017) have identified ten top tips for those preparing for and using technology-enabled supervision.

Pre-session

1. Set clear expectations and goals for tele-supervision – wherever possible, have the first meeting and contract setting session as a face-to-face meeting.

2. There is no "one size fits all" with the medium and mode of tele-supervision – therefore make arrangements for more than one mode of telecommunication to be available. Where possible, ad-hoc face-to-face supervision should complement tele-supervision systems.

3. Embed tele-supervision into a sound framework based on educational principles – this can start with the supervisor and supervisee checking out what each understands by supervision and whether the expectations are concerned with learning (formative), accountability (normative), support (restorative) or a combination of all three.

4. Focus on the supervisory relationship – the fit between the supervisor and supervisee can be instrumental in determining the success of the relationship; so where possible, try to match the two appropriately. This can be especially important in tele-supervision where the non-verbal communication cues may be more easily misread.

5. Formulate a plan to manage technical problems – problems with connectivity can easily occur, and backup plans should be agreed early on (if possible, noted in the supervision agreement) for alternative ways of contact if connection is lost (e.g., additional telephone numbers or e-mail).

6. Focus on continuity – maintain a commitment to the supervision, enabling the same professionals to connect should help supervisees feel more inclined to engage.

7. Protect online security, safety, and confidentiality – all participants should continue to adhere to respectful, ethical behaviour and legal requirements, in the same way that they do for face-to-face meetings. However extra vigilance may be needed with telecommunication, as it can be more susceptible to risks in terms of breaching confidentiality, for example, when sending e-mail and unintentionally including an additional or wrong e-mail address.

8. Factor in additional time – as this might be needed to troubleshoot any technological difficulties, which, if not accounted for, will reduce time for the supervisory conversation and guided reflection

In-session

9. Pay attention to communication – the absence of clear physical cues during telecommunication can lead to the introduction of bad habits, for example being distracted or multi-tasking, limiting the ability to listen. Language can be misinterpreted and silence can confuse participants who mistake it for someone leaving the conversation.

Post-session

10. Review tele-supervision arrangements regularly – similar to other modes of supervision, and evaluate how it is working. In tele-supervision, the medium being used should be reviewed, checking whether it works for everyone participating.

Table 1. Modes of supervision and key advantages and challenges

Modes of supervision	Description	Possible Benefits	Possible challenges
One-to-one supervision - involves a supervisor and supervisee	• Regular meeting • With a single named supervisor. • Dates set over a period of time or ad hoc, as requested to deal with specific incident or issue. May include brief interventions.	• Development of trusting relationships between two people making the most of the opportunity for challenge and growth. • Ad hoc sessions useful for providing more immediate support and opportunities for learning from difficult situations as they arise	• Expensive to deliver to large numbers of people on regular basis. • Supervisor and home visitor should be appropriately matched. • Need enough identified and trained supervisors to provide regular sessions and accommodate ad hoc needs for support.
Group supervision - two or more practitioners discuss their work with a supervisor	• Fixed groups of peers or colleagues with a regular named supervisor. Or • Drop-in groups with a pool of alternating facilitators.	• Safety and trust can be built up over time in fixed groups. • Great potential to share knowledge and experience and learn from each other. • Cost effective way of providing access to regular clinical supervision.	• Facilitators need to be skilled at managing group dynamics as well as the reflective process. • Drop-in groups can feel too unsettled for some participants, and it may be more difficult to establish trust and ensure confidentiality. • Ground rules and process need to be agreed at each drop-in session which can be time consuming.
Peer or co-supervision - practitioners discuss work with each other and may share the role of supervisor.	• Participants are usually experienced in clinical supervision. • Can also involve participants rotating into the role of observer who gives feedback at the end of the session. • Action learning sets use this mode.	• May be easier for some people to engage with – comfort in using skills and resources of trusted colleagues to support reflection on actions/events. • Can be helpful as usually those involved will be familiar with the situation being discussed.	• Sessions may become too informal, lacking the process and challenge to enable growth.
Technology-enabled remote supervision	• Where practitioners communicate remotely, using video or audio conferencing facilities.	• Supervision is accessible to those at a geographical disadvantage. • Provides real time direct contact with experts. • Can make supervision time efficient.	• The connectivity could be interrupted causing a delay or disruption to the session. • Non-verbal communication can be easily misread. • Without seeing each other participants can become easily distracted and fail to give their full attention.

VIII

RESTORATIVE SUPERVISION

At the start of the module the different functions and categories of supervision were summarised and illustrated along a continuum in Figure 1. Restorative supervision (focusing on the well-being of the professional) was placed at one end of the continuum to demonstrate its difference to managerial supervision (which is focused on service priorities). It was also acknowledged that a comprehensive model of supervision should aim to capture all aspects of the identified supervision functions. Therefore, supervisors, as they are providing supervision for service related activities, should be aware of the supervisee's ability to regulate their personal behaviours and reactions to the emotional demands of the home visitor role.

1. HOW RESTORATIVE SUPERVISION DIFFERS FROM OTHER CATEGORIES OF SUPERVISION

Restorative supervision differs from other categories of supervision as the emphasis is on the resilience of the professional. In most supervision provided to home visitors, there is a focus on problems and the systems of the workplace. Little attention is given to the home visitor's personal life which could be influencing their capacity to manage the demands of their workload (Wallbank 2013). The personal lives of home visitors can add a positive influence if supportive relationships are available, or can contribute with additional stress if the home visitor is dealing with problems in his/her own life. Restorative approaches to supervision consider the professional as a whole. This approach takes account of challenges and supports influencing home visitor's life and how they impact on his/her capacity to deliver the necessary services to the families. Restorative supervision is particularly valuable when home visitors work with difficult family cases, and where child protection may be a concern. Here restorative supervision can help home visitors manage their own emotional responses to the situations they witness, that may easily feel overwhelming. Through restoring home visitors' ability to think about the child and family objectively, they are helped to maintain a professional response and can better guide parents tin helpful parenting behaviours that keep the child's interests in mind.

2. WHY RESTORATIVE SUPERVISION IS IMPORTANT

When an individual experiences stress, the stress hormones adrenaline and cortisol block the brain's ability to function, and this can interfere with thought processes and memory. Chronic levels of stress can adversely affect an area of the brain - the hippocampus essential to memory and learning. Prolonged raised cortisol levels can lead to interference with the electrical connections in the brain, and long-term raised cortisol levels have been linked to memory loss.

Restorative supervision has been developed from an awareness of what stress does to individuals and the services they provide, for example the fatigue and burnout that can result from feeling over-burdened and the negative impact this has on staff morale and workforce retention. Aimed at professionals working in complex clinical environments, restorative supervision can reduce stress and burnout and restore the ability to think. It does this by helping home visitors recognise the feelings of pleasure they can gain from doing their job and challenges them to build their capacity to cope (Wallbank, 2010).

The *Start and Stay* study was conducted at the time when workforce shortages were high and examined why home visitors had chosen their careers and why they continued in their roles (Whittaker et al 2013; 2015). Many home visitors expressed that their role was even more stressful during those times. But when invited to reflect about their original motivations for home visiting practice, accounts of work experiences emerged that had stimulated deep emotions of empathy for families. Home visitors shared feelings of being humbled, privileged and excited about having an opportunity to work closely with families and make a difference in their lives. They also realised that when managers acknowledged their professional values, their motivation grew; and achieving their goal of making a difference felt more feasible. Where this was happening, the home visitors spoke of a desire to stay in their roles (Whittaker et al 2013; 2015).

Restorative supervision can be used as a means of reconnecting home visitors to their values for their profession and acknowledging the importance of these values to each individual. This form of supervision also provides an opportunity for supervisors to demonstrate an understanding of the emotional aspects of home visiting and recognise the home visitor's reactions (negative or positive) to their work. Professionals receiving good restorative supervision have been found to have reduced stress levels (Wallbank and Hatton, 2011). Additional evidence indicates that there is a positive correlation between supervision with a social and emotional focus and staff satisfaction (Chen & Scannapieco, 2010), as well as staff retention (Jacquet et al, 2008).

Self assessment

1. Consider, when you are tired and stressed, what helps you restores your:
   a. body ?
   b. mind?
2. Which of these restorative actions can be used in your professional life?
3. How might tiredness and stress impact on professional practice?
4. What approaches might be useful for restoring a tired and stressed home visitor?

*This self-assessment exercise is included in the appendices (activity 4) as a resource for teaching

Image 4. Finding the rainbow – seeing beauty in ordinary things.
Whittaker 2014 ©

For improving the body and mind, the Romans in ancient times (AD 60) would 'take the waters', relaxing and socialising in public baths. Today people may take time with friends, spend time in nature, listen to music, exercise or involve themselves in a hobby that requires a different skill set. Any of these activities can have a 'restorative' function.

Any of these activities can have a 'restorative' function.

3. THE RESTORATIVE SUPERVISION SESSION

To be able to participate in restorative supervison, both supervisor and the supervisee need to embrace the principles underpinning this approach. These are:

- Willingness to reflect
- Active listening
- Being open and honest
- Trust

The supervisor needs to demonstrate empathy, genuineness, acceptance and respect (positive regard) to create an environment where the supervisee feels able to fully participate in supervision. In doing so, supervisors will also role model the behaviours (see module 2) that home visitors are encouraged to adopt when working with families. By demonstrating:

- **Empathy** - supervisors will show an appreciation of the home visitor's situation, thoughts and feelings, accepting them as real and important to the home visitor.
- **Genuineness** – supervisors will take the role of supervisor and continue to be themselves.
- **Acceptance (or warmth)** – supervisors will recognise and value the home visitor's responses, and
- With **positive regard,** supervisors will offer the home visitor respect, ensuring that they are listened to without judgement.

Achieving an environment characterised by genuineness and respect requires attention to verbal and non-verbal communication, ensuring that behaviours are consistent with words. Careful consideration must be given to the questions asked, as well as to listening during the supervision session. However, the supervisor should not enter a restorative supervision session with pre-prepared questions, because the home visitor should take the lead of in the content of the session. The questions need to be open to facilitate conversation, i.e., questions such as *who, when, what how and where* that will encourage the home visitor to expand their thoughts. For example, the supervisor can ask:

> *What have you learned from this situation?*
> *What other choices are available to you?*
> *How would you describe this barrier in your way?*

To follow-up on whether a situation has been understood clearly, clarifying questions can be used, expressed as: *I think what you are saying is……, is that correct?*

'Why' questions, such as: *why did you do that?* Should be avoided, because they can provoke defensiveness. It is preferable to ask and seek more meaning by asking:

> *When you did that what were you hoping for?*

When completing a restorative supervision session, the following should have been incorporated:

- Acknowledgement of the demands facing the home visitor.
- A conversation about real and factual issues as opposed to perceived issues. This directs attention away from thinking patterns that may be unhelpful and destructive.
- Consideration for any actions that may be interfering with productivity.
- Helping home visitors understand more clearly what others, including managers, expect from the home visitor. This is described as to 'manage upwards' (Rousmaniere, 2015). By understanding the perspectives and expectations held by senior staff, home visitors can plan how to communicate to get 'buy-in' from a manager when they need help with an issue.
- Support focused on enabling a change to behaviour.
- An opportunity to speak about difficulties in a way that is more likely to lead to change.

As part of this the home visitor can be supported to view challenges as learning opportunities; like a puzzle to be solved by approaching it from a different perspective. Working out solutions to a problem can be an empowering experience for the home visitor.

Self assessment

For each of these elements identify a question or statement that the supervisor could ask as part of the restorative supervision session. To do this you may find some of the coaching questions on the next page helpful. These questions are also listed on information card 3 for use as a teaching resource. The approaches might be useful for restoring a tired and stressed home visitor?

- Acknowledgement of the challenges of the home visitor's work
- Attention on reality rather than perception
- Considerations to actions that may be interfering with moving forward
- Support focused on enabling a change to behaviour
- To express a difficultly in such a way that a manager will take the concern seriously (to "manage upwards").

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IX

A COACHING APPROACH TO RESTORATIVE SUPERVISION

The questions used during restorative supervision need to be open, clear and probing. In addition, the supervisor needs to remain sensitive to the needs of the home visitor and any vulnerabilities s/he may be feeling. Coaching can encourage supervisees to explore issues in more depth and find their own ways forward. Supervisors who have tried this say it reduced the pressure and led to much more positive, productive conversations. Coaching questions are not right for everybody, but for supervisees who have experience, knowledge and self-awareness it can be a powerful method for both parties. Use InfoCard 3 here for training.

Examples of Coaching Questions

To start the session:

How have you prepared for today?

What would you like to get out of this discussion?

What are you most proud of when thinking about working in these situations?

Tell me how things are?

When objectives for working with a family or colleagues have not been met:

What role did you play in making this happen?

Do you think there is a reason for it not being achieved?

What can you put in place to ensure this is achieved in future?

What are the consequences of this not being achieved?

When the home visitor should be encouraged to engage in professional development:

What does development mean to you?

How best do you learn and how could you apply this?

What would you like to be better at?

What skills and abilities do you think we will need in three years' time?

Where a home visitor exceeded expectations:

How have you achieved this?

What is it that makes your outcomes successful?

How can you share this success?

Ending the supervision session:

What have you got from this discussion?

What are your first steps for action?

To learn more about this topic, we suggest that you pair up with a trusted colleague. The opportunity to discuss and experience the exercises together should enhance your thinking and appreciation of the perspectives of others.

1. TAKE TIME OUT TO SHARE A SPARKLING MOMENT

Reflection and discussion

Think about your experiences over the past year and identify an occasion where you felt proud and pleased with yourself (where you sparkled). The experience you are remembering could concern feelings you had after receiving some positive feedback or when working together with a client or colleague. Alternatively, it could be when you felt you were using your skills to make a difference, making good connections or perhaps you simply felt fulfilled in the work you were doing at that moment.

Briefly describe this experience either by writing it down or by sharing it verbally with your colleague – taking no more than 15 minutes to discuss.

Following this discussion write down the answers to the following questions:
- How did you feel discussing this with your partner?
- Has reflecting back on this experience changed your thinking?
- Will you plan to do this sharing and discussing positive experiences again?

* this self-assessment exercise in included in the Annex, Activity 5, as a resource for teaching

The above exercise is an example of **thinking and behaving appreciatively**. This involves *appreciating what you do well rather than focusing your energy on focusing what you do badly.* Appreciative thinking is helpful for **changing the 'nothing can be done' outlook.**

Using appreciative thinking and applying it in your work takes practice. Read the next page detailing a role play exercise, designed to help you think about what you can say. It provides an opportunity to practice your questions and statements and gain feedback from a colleague on your approach. Remember as a supervisor it is your role to listen and to offer supportive challenge. The questions you ask can be thought of as a set of keys, used to help the home visitor unlock their thoughts and realise solutions. The role play scenario is also included in the Annex (Activity 6) as a resource for teaching.

2. ROLE PLAY FOR RESTORATIVE SUPERVISION

Reflection and discussion

Complete this exercise with a trusted colleague using the coaching approach to supervision

In this role play, try to offer a supervision experience that feels restorative and helps home visitors express their anxieties, consider their behaviours, review their strengths and try to introduce some changes in their thinking.

Role Play Exercise

The scenario

A home visitor feels overwhelmed by the increasing demands of the role. S/he explain that this is difficult because there is never enough time to complete the work required. S/he is worried that s/he are missing something important. S/he feels anxious about his/her job and beginning to question whether s/he can continue.

Prepare for the role play

To complete this exercise, first read the brief scenario and think about the coaching styled questions and the elements of the restorative supervision (willingness to reflect; active listening; being open and honest; trusting). Consider what is comfortable for yourself when asking questions, noting the words and phrases you might use. Then write down the questions and statements you could offer as part of a restorative supervision session, using a coaching approach.

Ensure that you include questions and statements that:
- acknowledge the work demands
- give attention to reality rather than perception
- consider actions that may be interfering with moving forward

Take part in the role play

Role play in pairs - Using your coaching styled questions and statements start the role play, take turns to act as the supervisor and home visitor.

Role play in a group – with one person taking the role of the supervisor and three to four people acting as home visitors. Again, make use of the coaching styled questions and statements to start the role play. Continue for up to 10 minutes and then change roles, giving each person the opportunity to be the supervisor.

Reflecting and feeding back on the experience

As a supervisor
How did it feel to ask the questions?
Did you receive the responses that you anticipated?
How do you think the other person was feeling – and how do you know?

As a home visitor
How did it feel to be asked the questions?
How were your responses acknowledged?
How were you encouraged to think differently about your issue?

SUPERVISION ROLES AND RESPONSIBILITIES

X

The responsibility for establishing a system of supervision rests with the employing organisation who should determine the local policies for preparation of staff, supervisor allocation, implementation of supervision sessions, and periodic evaluations. However, once a system is in place, the professionals taking part in supervision have a responsibility to engage, make the most of the system and provide feedback (see box 1 below).

**Box 1. Roles and responsibility for supervision adapted from
the Skills for Care and Children's Workforce Development Council (2007)
and Care Quality Commission (2013) guidance**

The Organisation should provide

- a clear supervision policy, with practice that supports the policy
- effective training of supervisors
- available resources to cover expenses (costs) incurred by attending supervision
- strong lead and support from senior managers
- performance objectives for supervision practice in place for all supervisors
- monitoring and evaluation of actual practice – frequency and quality

Questions organisations can ask themselves include:

- Are supervisory roles clear and integrated into job descriptions?
- Is gender considered when selecting supervisors? Is there a history of men supervising women? Are female supervisors safe and accepted in communities? Could women home visitors feel undermined by male supervisors?
- Is there a supportive context for supervision (e.g., manageable distances if traveling for supervision)?
- How are supervisors supervised?

The supervisor should

- Adopt a supportive and facilitative approach to help supervisees to identify issues, manage their response to their practice and identify personal and professional development needs.
- Ensure a supervision agreement or contract is place so that both supervisor and supervisee are aware of roles, responsibilities and boundaries.
- Keep a record of supervision sessions, reviewing any action plans.
- Act appropriately to share information where there are serious concerns about the conduct, competence or wellbeing of a practitioner.
- Keep up to date with their own professional development including ensuring that they have access to regular supervision.

Those receiving supervision should

- Prepare for supervision sessions, which include identifying issues from their practice for discussion with their supervisor.
- Take responsibility for making effective use of time, and for the outcomes and actions taken as result of the supervision.
- Take an active role in their own personal and professional development, keeping written records of their supervision sessions.

The delivery of supervision involves giving acknowledgement and respect to three groups of people: the practitioners (here the home visitors), the supervisors, and the families and their children. To form a productive supervisory partnership, Proctor (2001) explains that there should be respect shown when considering the needs of the home visitor, the supervisor and the family. The home visitors, as the providers of care and the public face of the service, are the main focus of the supervision. They should receive supervision for their own benefit, as well as for the benefit of the families and the wider service, so that they can provide the best possible service.

As part of the supervisory alliance, supervisors have responsibility for creating a culture for sharing and they can achieve this by communicating **empathy** for the home visitor and the family's situation. In doing so they can role model the professional skills and behaviours important to developing respectful relationships. This includes verbal and non-verbal communication behaviours already detailed in module 2 on the new role of the home visitor.

To ensure that the supervisory alliance (relationship) is productive and properly understood by the supervisors and home visitors, it is necessary to establish clear boundaries for the relationship using an agreement. This agreement could be formulated as a collaborative exercise to ensure that it sets clear goals and tasks of supervision. By developing it together, there is the opportunity to be transparent about the processes and intentions and reach a shared understanding that will have greater ownership by by the supervisor and supervisee. Working together from the start will offer an investment in the development of a bond and will establish the conditions for the future relationship.

After having gone through most of this module, reflect on your own experiences of clinical supervision to date.

Consider how the three functions of supervision (normative -managerial, formative – educative, and restorative - supportive) have been present, or not, in your own supervision experiences.

You may find it helpful to consider:

- Whether any of the functions dominated the session.

- Whether any of the functions were absent.

- Which interventions/questions/reflections supported each of the functions.

- Whether you feel more comfortable or less comfortable with any functions in relation to the others, and why this might be the case for you.

Here is an example of a Health Visitor who attended supervision which contributed to his professional development, his co-workers' knowledge and skills, and benefitted the community he worked in.

I am John, a Health Visitor working in an area where many young children, young people, and adults are facing mental health problems. I received a special training in how to support children and families with mental health issues, am now an infant mental health champion, and regularly train other colleagues in the evidence-based knowledge and skills training I received.

I could not have done this without the help, support and belief in me from my supervisor Marie. Marie is a great listener and never tells me what to do or gives direct advice; she helps me to problem-solve myself and come up with solutions that work for me, but she is always there to guide and encourage me along the way. We meet monthly for an hour, and it all started when she asked me what my

biggest challenge was in the area where I work. I told her about the high levels of poor mental health. Marie is skilled in asking the right questions like *"What is your biggest challenge? How could you enable change? When would you like to achieve this?"*

I identified one way of achieving better mental health, that is by having home visitors that are more skilled in working with families that are dealing with mental health issues. I have always had an interest in this area, and Marie supported me to apply for participating in an infant mental health course that would also make me a trainer to train others. Once I had attended the course, Marie continued to challenge and support me to roll out the training with another home visitor who had also attended, Marie gave me the time to prepare the training and conduct it with my colleague.

This training is making a difference in the community. Staff now have a new understanding of what to look out for and some extra skills in what they can do to help or who to refer to. My confidence has grown, and I am really appreciative of the challenge and support Marie is offering to me through our supervision sessions.

1. THE SUPERVISION AGREEMENT

As already stated a good agreement for supervision should be mutually developed and should clearly set out the terms of the supervisory relationship and what each is agreeing to. It should be established early in the relationship to avoid later problems, and dates/timelines for its review should be noted. By regularly revisiting the agreement, all those signing up to it can have changes in circumstances, such as, an extension to a professional role or change of line management, acknowledged and the terms of the agreement updated as required. The agreement should include:

- A statement of purpose
- Professional disclosure statement – what can be disclosed safely
- Practical issues – where, when and how long to meet
- Goals – what is to be achieved
- Methods and evaluation – how and when to review the supervisory relationship
- Accountability and responsibility – what each will have responsibility for and how to account for themselves
- Confidentiality and documentation – agreement on what will be confidential and documents negotiated co-operatively
- Dual relationships – statement that recognise what they are
- Problem resolution – a statement saying how any disagreements arising during supervision should managed to achieve resolution, and
- How the supervisory relationship could be ended

The value of establishing a shared written agreement is seen in an example identify by Sloan (2005) in a study of mental health nurses, where the supervisees became resistant and reluctant to properly engage when the supervisor did not work to what was agreed in written contract. This meant that although supervisors were offering their time, the lack of supervisee engagement made it impossible to achieve any benefits from supervision. It highlighted that a shared understanding of the purpose of supervision sets a solid foundation for the supervisory relationship (Sloan, 2005).

Self assessment

Those who will be taking on the role of supervisor may be asked to provide home visitors with explanations about what clinical supervision involves.
To prepare for this use the template below to put together a frequently asked question and answer sheet for sharing with home visitors.

Frequently Asked Question Sheet	
What is clinical supervision?	
What are the benefits of clinical supervision?	
What can I offer as a supervisor?	
What can the home visitor expect?	
Add you own questions below	

2. KEEPING GOOD RECORDS

As professionals, supervisors and home visitors will be familiar with the need to maintain good quality records, that are clear, factual and provide evidence of work with families and colleagues (see module 2). In clinical supervision keeping records of supervision sessions will benefit all those involved by providing evidence that they are contributing to and participating in a safe, effective and professional supervisory processes. The responsibility for keeping clear records should be shared between the supervisor and supervisee, working with any local guidelines or a policy specifically detailing how records are kept, stored and used. Where there are no guidelines for record keeping, the responsibility remains shared and an agreement for how to manage written records of meetings should be included within the initial supervision agreement.

Two examples of record templates are included in the Annex of this module (Information Card 5). In brief, they need to include time and dates of meetings, names of those attending, an outline of the key issues discussed, a list of planned actions and where relevant outcomes from previous actions. As documenting confidential conversations can sometimes provoke anxiety and therefore possible resistance to supervision, it is recommended that the issues discussed are recorded as broad themes and ideas, using just key words and headings. Where either participant needs to make notes for themselves (an 'aide-mémoire'), they should let others know that they are doing this. These actions, along with avoiding the inclusion of named individuals attached to discussion topics, will help participants feel comfortable with the records created and stored (Helen and Douglas House, 2014).

3. PREPARING FOR SUPERVISION

All those participating in supervision have a responsibility to prepare for each session. The supervisor has some specific responsibilities as detailed in a previous section. which include introducing a format for a written agreement, record keeping and in group supervision – setting ground rules. Other responsibilities include practical matters, such as reserving a private space and booking any technical equipment required. Supervisors should also take responsibility for their own practice and as part of preparation book some additional time in their diary/schedule just before and just after each supervision session. This time is important for ensuring the supervisor is available and ready to start the session with their mind cleared of their other work. Reserving a short amount of time immediately after the session, enables the supervisor to reflect for themselves, to capture what went well, what seems difficult and what action is needed to prepare for the next session. This can be done using a private reflective journal. Finally, supervisors must be

clear about what framework (reflective model) they intend to work with during supervision and make sure this is understood by the supervisees, and if possible noted in the supervision agreement (see infocard 7).

Below is a quick checklist used as guidance for supervisors at the University of Central Lancashire, England. This can be used to plan for new supervisory relationships and for preparing ahead of specific sessions.

PLANNING AHEAD	✓
Agree and confirm supervisor-supervisee roles, responsibilities and relationship as appropriate to employer's regulations.	
Schedule a plan for meetings to take place over 12 months	
Book rooms (if needed) and away from distraction or interruption	
Agree and confirm dates and times of meetings with staff	
MEETING PREPARATION	✓
Share supervisee preparation sheet with staff and ask they prepare for the meeting	
Swap copy of previous supervision record and (if needed) the previous supervisee preparation sheet	
Use a do not disturb sign for the room (if applicable)	
Ensure seating and lighting is comfortable	
Refer to individual's personal development plan to review workload and achievements (to aid supervision discussion)	
FOLLOW-UP ACTIONS	✓
Complete, swap and sign supervision record, or agree by email (as soon as possible following the meeting)	
Confirm supervision completion according to employer requirements.	
Plan and confirm further supervision meetings with supervisee and any additional meetings to support development needs	

In advance of the session the supervisor could also invite the home visitors attending supervision to review their personal S-strengths; L=learning needs; O=opportunities; B=Barriers which forms the anagram SNOB
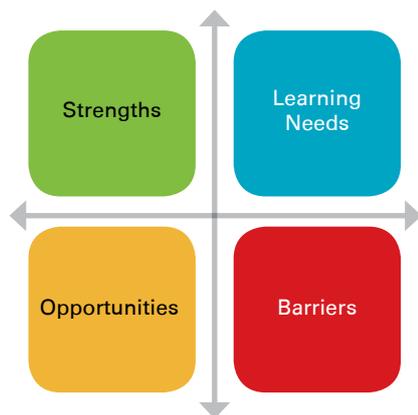
Strengths – What areas of practice do I already feel competent/ confident in?

learning Needs – What area of practice do I need to know more about?

Opportunities – How can I use my strengths and meet my learning needs? What can my work for the next period include to do this?

Barriers – What is it that I am most worried about/what might hold me back/how can I overcome?

In completing this the home visitor will have given some thought to their own needs and prepared their mind for entering supervision. See also information card 5 – a preparation sheet for supervisees and supervisors.

XI

IN SUMMARY

Supervision aims to achieve a clearer picture of what is being experienced, enabling home visitors to have a good grasp of reality.

- Supervision for home visitors is necessary to manage stress and maintain quality

- It is achieved through a relationship

- Various labels exist for supervision depending on the function to support accountability, education or provide support

- Organizations should self-assess what form of supervision they are ready to provide, thinking of the continuum of supervision ranging from a managerial, educational to whole person support focus.

- Supervisors should be offered the opportunity to prepare for their role, so that they can plan their approach and actions

- Supervision sessions need to have a purpose, so that participants understand what to contribute.

- Supervisors need supervision too so they do not become overwhelmed and unable to offer support to practitioners

- Ideally, supervision needs to recognize the needs of the whole person and empower the home visitor to use their resources to manage the aspects of the role that can provoke anxiety and stress.

- Ultimately, supervision should enable the home visitor to be restored when facing challenge and be the best they can be in their role.

- Restorative supervision – seeks to address unhelpful thinking and develop coping

- Peer and group supervision and or use of technology can provide one solution when there are too few supervisors to meet all home visitors supervisory needs

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XII

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ANNEX

ACTIVITY 1 PROFESSIONAL DEVELOPMENT PLAN TEMPLATE

A professional development plan is a resource to support lifelong learning and is designed as a personal document to support the career of each home visitor. By completing the plan the home visitor is provided with an opportunity to focus attention on their career aspirations and can be a tool for recording and reviewing decisions and actions. Complete this template for yourself, thinking about your professional development needs as a supervisor

Name: .... Supervisor's name: ....

Work place: .... Date: ....

Objective and development need – area of interest	Relevant area of my work and career	Hours required & date objective to be achieved	What I will do to achieve this (resources and support required)	How will I apply this learning to my work (what will have changed)	How will I know the activity was successful	How I will share this learning with colleagues

An Example of a completed developmental plan:

Name: A. Smith **Supervisor's name:** B. Jones

Work place: Community Team **Date:** 01.02.2018

Objective and development need – area of interest	Relevant area of my work and career	Hours required & date objective to be achieved	What I will do to achieve this (resources and support required)	How will I apply this learning to my work (what will have changed)	How will I know the activity was successful	How I will share this learning with colleagues
I would like to gain a qualification in mentorship to progress my career	I am supervising staff and would like to enhance my knowledge and skills to support me.	Attend the fiv- day mentorship course by the end of this year.	Apply for the course with my mangers support.	Use the knowledge and skills gained on the course when supervising staff.	I will have attended been successfully assessed and have received the mentorship award. Feedback from supervisees.	Discuss the evidence and good practice I learn a t the supervisors meeting
More information and understanding of working with refugee families	I now supervise staff who are working with refugee families	Two full days, one shadowing the team one attending training within the next eight weeks.	Spend time with the team working with refugees and attend the training session the team run.	When supervising staff working with refugees, have an understanding of the work and complexities.	Feedback from supervisees and by filling this gap in my knowledge.	Share the learning with the other supervisors at our monthly meeting
Sometimes I feel I need some support if I have been supervising someone who is very stressed or emotional.	I want to avoid becoming too stressed or burned out myself and be more effective in my supervision.	An hour each month ongoing every month	Attend an hour a month with an experienced supervisor to share my thoughts, gain support and free up space in my mind.	Through these opportunities to reflect and gain support I can offer supervisees more effective supervision.	I will feel calmer when supervising staff be more effective in my supervision and more able to listen and support others.	I will in turn support others and encourage others to seek support.

ACTIVITY 2 LIFELONG LEARNING SELF-ASSESSMENT EXERCISE

List as many reasons as you can think of for why lifelong learning should be supported for home visitors	
List as many reasons as you can think of for why lifelong learning should be supported for home visitors	
What are the likely problems/challenges with lifelong learning?	For each challenge what might be a possible solution?
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•

ACTIVITY 3 OVERCOMING CHALLENGES FOR SUPERVISION

Challenges to Supervision	Your Suggestions to Overcome Challenges
Travel	
Supervisors who do not understand the role	
Lack of tools to assist supervision	
Supervision is not a priority	
Lack of clarity of the role of supervisor	
Difference in gender of practitioner and supervisor	

ANSWERS - Some Suggested Enablers to Challenges:

Challenges to Supervision	Your Suggestions to Overcome Challenges
Travel	Use of technology e.g. Skype or telephone, use of other opportunities (e.g., when home visitors come for restocking supplies or to submit reports…)
Supervisors who do not understand the role	Training to give supervisors skills and knowledge, provide practical experiences for supervisors
Lack of tools to assist supervision	Templates and learning sheets to support supervision
Supervision is not a priority	Review job descriptions and organizational policies, discuss issues of risk for staff burnout and turnover with managers
Lack of clarity of the role of supervisor	Selection and training of supervisors
Difference in gender of practitioner and supervisor	Train peers to offer supervision, differentiating between management guidance and supervision

ACTIVITY 4 OVERCOMING CHALLENGES FOR SUPERVISION

Consider when you are tired and stressed what helps restores your:

1. body?

2. mind?

Discuss in pairs

3. How might tiredness and stress impact on professional practice?

4. What solutions can be used to restore the tired and stressed home visitor?

Thinking time

**Reflect on when you
are facing a challenge -
what helps you?**

ACTIVITY 5 TAKE TIME OUT TO SHARE A SPARKLING MOMENT

Spend time with a trusted colleague and do the following exercise

- Can you think of a time during the last year where you have felt you sparkled (felt proud).
- It could be the way you feel following positive feedback or working together with a client or colleague.
- Perhaps you felt you were using your skills, making a difference, making good connections or perhaps you simply felt fulfilled in the work you were doing at that moment.

Share this experience with your colleague – taking no more than 15 mins to discuss.

Following this discussion write down the answers to the following questions:
- How did you feel discussing this with your partner?

-

- Has reflecting back on this experience changed your thinking?

-

- Will you plan to do this sharing and discussing positive experiences again?

-

The above exercise is an example of **thinking and behaving appreciatively**. This means *appreciating what you do well rather than focusing your energy on eliminating what you do badly*. Appreciative thinking is helpful for **changing the 'nothing can be done' outlook.**

ACTIVITY 6   ROLE PLAY FOR RESTORATIVE SUPERVISION

Role Play Exercise

Role play in pairs. Think about the coaching styled questions and the elements of the restorative supervision, take turns to act as the supervisor and home visitor.

The home visitor feels overwhelmed by the increasing demands of the role. They explain that this is difficult because there is never enough time to complete the work required. They are worried that they are missing something important. They feel anxious about their job and beginning to question whether they can continue.

The supervisor is aiming to offer a supervision experience that feels restorative and helps the home visitor express their anxieties, consider their behaviours, review their strengths and try to introduce some changes in their thinking.

INFORMATION CARD 1: SOURCES OF SUPPORT: SUPERVISION, MENTORING, COACHING (FROM PETTIT, 2015)

Source of Support	Description	Benefits
Clinical supervision	Clinical Supervision can be provided by a peer or more experienced practitioner, individually or in groups. The focus is on clinical competency. Clinical supervision promotes professional accountability, (normative function), and skill and knowledge development (formative function), and opportunities for support and stress relief for practitioners (restorative function).	Promotes the safety of the families served, as well as the practitioner Improves the practitioner's practice. Reduces stress
Restorative supervision	The Restorative Clinical Supervision model focuses on the capacity of professionals to engage in their clinical work and to develop the capacity to cope. The restorative supervisor requires both personal aptitude for this type of work and training. Training sufficient supervisors or contracting another professional to undertake this task regularly requires organizational commitment for it to become embedded in the culture of the organisation. If the professional is not an experienced home visitor, he/she should work alongside home visitors for a period of time to gain a better understanding of what the job entails and empathy for the challenges of this work.	Helps professionals to focus on their strengths and the positive aspects of their work and life and thus Develops the capacity to cope better Decreases stress Enhances the capacity of professionals to engage in their clinical work Decreases risk of burnout
Mentorship	Mentorship is provided by an experienced practitioner who role models and guides learning. The mentor transfers some of his/her knowledge, skills, and experience to the professional being mentored. The focus is on professional and personal development mediated by the mentoring relationship.	Can support professional development and leadership in the organization Increases productivity Improves communication May reduce burnout
Coaching	Coaching can be provided by someone with a different professional background. It focuses on achieving greater clarity and directions with respect to the specific skills that are being developed. It generally has set goals and a relationship with a set duration. It is personal, behaviour-oriented, targeted to the individual, and more structured than mentoring with regular meetings. It may use techniques of skilled questioning and appreciative inquiry to help professionals unlock their full potential to achieve personal and professional success. Coaching can take place in a one-to-one focused relationship or within a group.	Unlocks a person's potential to maximise his or her performance. Develops skills Enhances self-efficacy and competence which contribute to retention Can help develop mentoring skills

INFORMATION CARD 2:
WHAT IS ACTION LEARNING?

'Action Learning is based on the relationship between reflection and action ... where the focus is on the issues and problems that individuals bring and planning future action with the structured attention and support of the group. Put simply, it is about solving problems and getting things done' (Fry et al 2000).

A major advantage of action learning is that participants will be able to look at the real problems which concern them, rather than considering hypothetical ones, and they will be responsible for the selection of the topic(s) / problem(s) discussed. Feedback from previous participants in action learning sets on a variety of courses has been very favourable.

Action learning as characterised by Mumford (1996) can:

- Assist others by testing and clarifying ideas *(a sounding board, deepening understanding by articulating what you mean/need/want to do)*

- Share ideas on resolving difficulties encountered by others *(adds others perspectives, offers options)*

- Offer information derived from their functional and managerial expertise *(learning from the experience of others)*

- Monitor progress *(keeps you on track)*

Why use Action Learning?

- give participants the opportunity to learn from each other and engage in shared learning;

- enhance the opportunities given to learn more about other teams and team practices;

- support innovation;

- allow time for reflection on current practice whilst encouraging action;

- allow participants to highlight problems / areas where they have special interests, strengths or weakness;

- give enough time to build up strong relationships and networks outside the immediate team;

- enable participants to identify their own areas of learning and learning needs from participation in action learning sets

- provide a forum for the development of professional networks and networking

How can the Action Learning Set sessions be organised?

- Home visitors can be organised into small groups / action learning sets

- The concept of action learning could be shared via a short presentation

- Each action learning set group can be allocated a facilitator.

- The facilitator will help the group to set up explicit ground rules for the set.

- Each participant will bring a real issue or problem to the set

- The whole set will look at each issue in turn;

- The person who has described the issue will decide on a number of action points to address after the set.

- Participants will report back on the outcome of actions, identify individual learning needs and reflect on the experience of working in the set and with set members.

The Role of Participants (set members)

Participants will work together on their chosen topics, listening and supporting their colleagues, and helping them to decide on courses of action. Participants will help individuals to understand the problem better and challenge their underlying assumptions, rather than to offer advice. Participants will be invited in

turn to share their problem. Their peers will look at the problem from their own perspective, and through pertinent questions, discussion and sharing of experience, participants will be helped to move on in their understanding of an issue or problem, and to come to see possible ways forward. Participants will be encouraged to show empathy rather than be judgemental, to listen and provide support for each other.

The Role of Facilitator

The facilitator will help to develop the ground rules for the operation of the set. This will include allocation of time, confidentiality, attendance etc.

Meetings outside of the Action Learning Sets

Groups will be encouraged to meet up at times and places organised by themselves, or organise themselves into 'self-help' groups with communication by e-mail. This activity will strengthen the opportunities provided for the development of professional networks and networking

References/further reading

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INFORMATION CARD 3: RESTORATIVE SUPERVISION SESSION USING A COACHING APPROACH

Coaching can help support supervisions by encouraging the supervisee to explore issues in depth and find their own ways forward. Supervisors who have tried this say it relieved the pressure and led to much more positive, productive conversations. Coaching questions are not right for everybody, but for supervisees who have experience, knowledge and self-awareness it can be a powerful method for both parties.

Examples of Coaching Questions

To start the session:

How have you prepared for today?

What would you like to get out of this discussion?

What are you most proud of when thinking about working in these situations?

Tell me how things are?

When objectives for working with a family or colleagues have not been met:

What role did you play in making this happen?

Do you think there is a reason for it not being achieved?

What can you put in place to ensure this is achieved in future?

What are the consequences of this not being achieved?

When the home visitor should be encouraged to engage in professional development:

What does development mean to you?

How best do you learn and how could you apply this?

What would you like to be better at?

What skills and abilities do you think we will need in three years' time?

Where a home visitor exceeded expectations:

How have you achieved this?

What is it that makes your outcomes successful?

How can you share this success?

Ending the supervision session:

What have you got from this discussion?

What are your first steps in taking action?

INFORMATION CARD 4: QUESTIONS TO PROMOTE A SHARED UNDERSTANDING

The following questions are listed in the Helen Douglas House Clinical Supervision Toolkit. The questions are examples that can be drawn on when the supervisor is seeking a shared understanding, to establish values and goals. When applied in a skilful way, being mindful of how they are spoken and the responses received, they can be helpful in developing self-awareness of all the participants. In delivering these questions the supervisor must remain sensitive to each participant, staying aware that if participants are sharing issues for the first time, they may feel particularly vulnerable until they can be sure of an empathetic response.

Questions that:	Response	Examples
check commitment	Assigns participant responsibility to take action	*What will you do?* *When will you do it?*
are powerful	Can get to the heart of the problem	*Where will this lead?* *Is there anything stopping you?*
enquire	Explores values, beliefs or behaviours in situations	*What are you tolerating?* *What motivates you?*
reframe negative to positive	Moves away from negative self-criticism or criticism of others	Why is this happening to me? – can be challenged by asking: *How can you make it work to your advantage?*
challenge	Raises participant's awareness	*What are you afraid of?* *How is this affecting you on a daily basis?*

INFORMATION CARD 5: USING VISUAL IMAGERY

Pictures can tell a story instead of many words that would be needed to explain. Imagery can be a very powerful tool. The images above show initially a wet, stormy scene to represent turmoil and perhaps feeling overwhelmed. Then there are the resource of the umbrella and clothing that can protect from the cold and rain. Making using of the resources enables coping with the rain and even the ability to see the pleasure in the thing that initially cause stress.

Think of images that could represent how you feel about a work-related issue and images for how you can get to where you want to be?

INFORMATION CARD 6: RECORD OF SUPERVISION

Example 1

Supervisor …………………………   **Supervisee** …………………………………

Date   ………………..   **Client ID** ……………………………......

Type of Supervision (please circle) face to face/ telephone / e-mail /group

Methods used (please circle) case discussion, tape recording, role-play, direct observation

Supervision Question

Issues /content

Actions

Example 2

<div align="center"><strong style="color:#00AEEF">RECORDING SUPERVISION</div>

NAME	
JOB TITLE	
SUPERVISOR	
DATE / TIME	

Review from previous supervision:	ACTION

Agenda items:	ACTION

Issues Discussed	ACTION

Training: *Undertaken since last supervision:* *Planned:*	ACTION

Personal *(Factors affecting work)*	ACTION

Date of next session:

Signatures:	
Supervisee	**Date**
Supervisor	**Date**

INFORMATION CARD 7:
PREPARING FOR SUPERVISION

Template A - Practitioner Preparing for Supervision

Provide a brief example of a challenging experience that recently happened as part of your job (this may concern a family, a colleague or a team)
How does thinking about the experience make you feel?
What are the main issues - list up to three? • • •
For each issue what is the usual response that you communicate verbally and non-verbally? • • •
Consider if any of your responses are helpful and why
Consider if any of your responses might be unhelpful and how you might alter this.

Template B - Supervisor Preparation for supervision

This details some helpful steps the supervisor can take in preparation of providing supervision.

PLANNING AHEAD	✓
Agree and confirm supervisor-supervisee roles, responsibilities and relationship as appropriate to employer's regulations.	
Schedule a plan for meetings to take place over 12 months	
Book rooms (if needed) and away from distraction or interruption	
Agree and confirm dates and times of meetings with staff	

MEETING PREPARATION	✓
Share supervisee preparation sheet with staff and ask they prepare for the meeting	
Swap copy of previous supervision record and (if needed) the previous supervisee preparation sheet	
Use a do not disturb sign for the room (if applicable)	
Ensure seating and lighting is comfortable	
Refer to individual's personal development plan to review workload and achievements (to aid supervision discussion)	

FOLLOW-UP ACTIONS	✓
Complete, swap and sign supervision record, or agree by email (as soon as possible following the meeting)	
Confirm supervision completion according to employer requirements.	
Plan and confirm further supervision meetings with supervisee and any additional meetings to support development needs	

INFORMATION CARD 8: SUPERVISION AGREEMENT

- A statement of purpose

- Professional disclosure statement – what can be disclosed safely

- Practical issues – where, when and how long to meet

- Goals – what is to be achieved

- Methods and evaluation – how and when to review the supervisory relationship

- Accountability and responsibility – what each will have responsibility for and how to account for themselves

- Confidentiality and documentation – agreement on what will be confidential and documents negotiated co-operatively

- Dual relationships – statement that recognise what they are

- Problem resolution – a statement saying how any disagreements arising during supervision should managed to achieve resolution.

- How the supervisory relationship could be ended

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