

# **Supervision: Light and Dark**

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# Aims

- To understand what Supervision is and what it should look like
- To explore different types of supervision and identify Best Practice
- To discuss and develop an effective supervision template to inform Managers

**This is a safe space!!!!**

# Introduction – Why are we talking about supervision

## Supervision

- I'm a lone worker, supervision carried out by social worker – manager has no understanding of my role
- I have nobody to speak to about complex cases
- Can't remember the last time I had supervision
- Managers have no idea about vision impairment
- Social workers and managers do not understand my role

## Case load

- Managers more concerned about waiting list than outcomes
- I'm being asked to close people down before they are ready
- Managers more concerned about waiting list than outcomes

## Training and learning

- No time to record CPD
- Not allowed to attend training
- Training not relevant to our job

# What is Supervision?

## Skills for Care states that:

- “Effective supervision is one of the most important measures that organisations can put in place to ensure positive outcomes and quality services for the people who use social care and children’s services. This is achieved in a number of direct and indirect ways, as follows:
- Effective workload management
- Monitoring of individual performance and quality of service provided
- Reflection and guidance on focus of work and methods used
- Ensuring commitment to positive outcomes and effective working with others (within setting, within service and across services as appropriate)
- Maintaining motivation and job satisfaction through clarity on work objectives, positive feedback, critical reflection, personal support and continuing personal and professional development
- Consequent positive impact on staff retention and continuity of service

# Types of Supervision

- **One-to-one supervision**

This is the most familiar structure for supervision, and may be conducted in a formal setting or could contain an element of practice observation.

- **Peer supervision and group support.**

In addition to clinical supervision peer supervision can provide a mechanism for exploring cases, sharing experiences, using group discussion to problem-solve and develop a network of support. Peer supervision could be provided by people with a similar level of experience.

- **Group supervision**

This is particularly focused around peer case review, may create similar support outcomes but should be facilitated by a Vision Rehabilitation Worker and someone with experience of managing group dynamics and drawing out participants and ensuring ground rules are adhered to.

- **Long-arm supervision**

This is when the supervision is provided by an experienced worker but not based in the same location, but may be conducted by Skype or telephone where distance makes face-to-face meetings difficult or where there is a lack of appropriate supervision within the work setting. However, there should be a line of management or responsibility on-site as well to provide immediate support, even if this is not from an individual with vision rehabilitation experience.

## **Break out discussion 1.**

- How regular do you have supervision
- Who carries out supervision
- What is discussed?
- How do you view your supervision?

# Unhelpful Supervision

- Irregular meetings – put off several times
- Supervisor is late
- Offloads their own personal issues
- No structure
- Lack of response to queries
- Not following up questions
- Lack of direction
- Unreasonable requests – denial of services/lack of time to provide adequate support
- Lack of support
- Micromanagement/no management
- Emotional responses
- Lack of group supervision
- No understanding of how rehab work fits into legislation
- Pressure to close cases
- Poor communication – active listening
- Lack of empathy and support
- Brushes off concerns
- Driven by KPI's



## My Supervision – Is this best practice?

- Manager was a practicing ROVI for over 30 years
- Regular (every 6 weeks]
- Open door policy
- Well structured
- Safe place to express my feelings
- Personal rapport – Able to discuss personal life
- About me and my practice
- Organisational issues discussed (internal processes)
- Performance data (Assessments, Plans and closures)
- Case discussion (outcome measures)
- Case audit
- Service user feedback
- Reflective review
- Learning and CPD

## RECORD OF SESSION

Think about what matters to you, what difference you have made in your own work life and the life of individuals you work with, and what's next – what outcomes do you want to achieve.

Items for discussion	Discussion and decisions	Supervisor Actions	Supervisee Actions
Personal			
Update on Actions <i>(from last supervision)</i>			
Issues <i>(consider team issues log)</i>			
Performance			
Case discussion			
Case file audit/ Service user review			
Development and training			
Feedback <i>(from the supervisors perspective – give feedback on how the supervisee is performing.</i>			

## **Breakout session 2**

- What would you like to be covered in your supervision?
- What can RWPN do to support you to get the support you need

# Thank You

RWPN Supervision guidance

[https://www.rwbn.org.uk/resources/Documents/RWPN%20supervision%20guidance%20\(1\).pdf](https://www.rwbn.org.uk/resources/Documents/RWPN%20supervision%20guidance%20(1).pdf)