

leading change in supervision

messages from practice



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Authors

Ellen Daly & Stuart Muirhead, IRISS

www.iriss.org.uk enquiries@iriss.org.uk

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Section 1: Summary

This report describes the rationale, process and learning from a project led by IRISS (Institute for Research and Innovation in Social Services) which explored the topic of supervision with a group of six partners from across the social services sector. The purpose of this report is to share the learning gathered through the project to provide some evidence, inspiration, and pointers for those interested in improving supervision. Key points from the report can be used to prompt reflection and discussion with teams, to review current supervision practice and to help plan improvements.

The project ran from March 2014 to April 2015. Partners attended four workshops between July 2014 and January 2015. Supported by two project managers from IRISS' Evidence-informed practice team, the group established shared and individual goals for what they wanted to achieve. Together, they agreed the purpose and functions of the project group. Individually, they identified and explored changes to supervision practice in their different contexts.

Each partner experienced a range of challenges to their plans, however, all were able to make progress, to identify enablers and key learning points. Partner's experiences are explored through case studies which can be found in section six. The case studies, based on in-depth interviews, provide a snapshot of each partner's context, and detail the challenges and enablers they encountered. Section three summarises the common themes across the case studies and section four highlights the learning from the project design, process and tools.

This project is an example of how IRISS works closely and collaboratively with practitioners. It is also an example of a commitment to capturing and valuing their experiences as a form of evidence. To complement this work, an IRISS *Insight* was commissioned: *Achieving effective supervision* (Kettle, 2015). It summarises key research evidence and draws out implications for practice.

10 learning points from the project

1. Effective supervision is heavily dependent on the practice context and environment in which it takes place.
2. Varying perceptions, attitudes and experiences of supervision in organisations can hamper efforts to make changes. Negative experiences of supervision are common.
3. Informal support is highly valued but under-evidenced.
4. A common challenge is to understand and bridge the gap between supervision policy and supervision practice.
5. Where supervision policies lack relevance to the realities of practice implementation can be challenging.
6. Linking supervision closely to personal development and a focus on outcomes (for both staff and people accessing support) can help add relevance between the policy and practice.
7. Adapting a policy to local contexts is recognised as important but more guidance, tools and support are needed around this.
8. Project partners expressed uncertainty around having 'permission' from their organisations, regulators and inspectors to change supervision policies and practice.
9. Leadership and buy-in from senior management is important, not just to approve changes to policies but to actively engage with and model meaningful supervision practice.
10. Partnerships across different roles in an organisation can help facilitate change in supervision.

Section 2: Introduction

2.1 CHAMPIONS

This project emerged from discussions with IRISS' Champions at their annual networking event in Autumn 2013. Champions are IRISS' 'eyes and ears on the ground' from across the social services sector. They are an important source of guidance, advice and support and provide opportunities for engagement. Their ideas and reflections feed into all levels of IRISS' work, from the overarching strategy to the business plan and individual projects. As the name suggests, they champion IRISS but their role is also to encourage a culture that values evidence, innovation and effective knowledge sharing to improve outcomes for people accessing support.



2.2 SUPERVISION

Supervision generally refers to the process ‘which aims to support, assure and develop the knowledge, skills and values of the person being supervised (supervisee), team or project group’ (Scottish Social Services Council (SSSC)). Scottish councils are expected to have a supervision policy that helps meet their obligations under the SSSC’s codes of practice. SSSC further describe effective supervision as:

... integral to the continuous development of social services. Reflecting on practice in supervision provides staff with support in the complex, responsible and emotionally challenging work they undertake. It should be conducted in the context of a supportive learning environment that actively encourages the continuous development of good practice and skills. Regular, high quality, organised supervision is key to developing staff skills, knowledge and values.¹

As highlighted in *Achieving effective supervision* (Kettle, 2015) there is an apparent paradox in that whilst the importance of supervision has been increasingly recognised in recent years, the evidence base has not reflected this. Although there is limited robust evidence, what evidence there is points to good supervision being associated with job satisfaction, organisational commitment and retention of staff (SCIE, 2013).

2.3 PROJECT DESIGN

This project is an example of the way in which ‘championing’ can take shape around a topic. It embraced elements of evidence (what do we know about supervision? what’s our experience?); innovation (how can we make it more meaningful and effective? what can we do differently?); and knowledge sharing (there’s value in working together to progress this, to share resources and ideas).

IRISS has an ethos of collaboration and seeks to work in partnership. This ensures that activities are informed by a range of evidence types including research studies, practice evidence and the lived experience of people accessing support. Working collaboratively in this way can help to build capacity for learning, innovation and using / generating evidence for both IRISS and project partners. For this project, partners came from a range of roles and organisations across the social services sector, which lent complexity to the group dynamic, as well as a need to be flexible about the project direction. At the start, the group included

¹ http://www.stepintoleadership.info/assets/pdf/what_is_supervision.pdf

seven people – five working in local authorities, one from a large voluntary sector organisation and one from a private sector care home. Partners' roles included: management; learning and development; training; and practice. Three of the partners were IRISS Champions. The original aim of the project was to help support each partner to design, carry out and evidence a 'test of change' in supervision. The idea for this approach originated from some of the work of the Innovation and Improvement team within IRISS who have used testing and experience labs to help support changes in practice². Through this approach, learning from the tests of change would generate new evidence which could then be shared more widely across the sector to benefit others working to improve supervision. However, within the early stages it became apparent that there were significant challenges and barriers for each partner, making it difficult to undertake tests of change within the life of the project (however that is not to say no progress towards changing supervision was made). As a result of these barriers, one partner withdrew from the project. This acted as a useful prompt for the remaining group to reflect and subsequently rethink the project. The project was reframed to focus on these challenges and barriers, and to identify enablers through a series of case studies based on the partners' experiences. Despite this change in emphasis, the intended project outcomes would still be met including:

- New knowledge, learning and evidence about:
 - » models, processes and functions of supervision
 - » approaches to implementing change in supervision
- Knowledge exchange and peer support between project partners and wider audience
- Increased confidence and willingness to make changes / improvements to supervision practice

2.4 PROJECT ACTIVITIES

Four workshops took place between July 2014 and January 2015 involving the project partners, two IRISS project managers from the Evidence-informed practice team and various invited speakers.

Before the first workshop, partners were asked to complete a short survey. This was to provide a snapshot of supervision in their context, to help identify cross-cutting themes and any shared areas of interest between partners. They were asked about current supervision policies; any relevant audits or evaluations; their personal experience of supervision; what they thought were the strengths,

2 <http://www.iriss.org.uk/project/experience-lab>



challenges and limitations of supervision; changes they wanted to see; and their aspirations for the project.

The short survey showed that all partner organisations had a supervision policy in place. Four of the organisations had previously employed some form of evidence gathering around supervision. These had included methods such as a group supervision pilot, audits of supervision, and surveys to gather staff experiences, perceptions and training needs.

Commenting on their personal experience of supervision (either as a supervisor, supervisee or trainer), partners felt current supervision was 'narrowly defined', 'tick boxy', 'focused on meeting organisational requirements', 'task focused', that provision was 'patchy' and that 'line managers were not always the best person to meet supervisee needs'. They also felt supervision lacked:

- Regularity
- A shared agenda between supervisor and supervisee
- Effective combinations of one-to-one and group supervision
- Clarity about purpose, roles and responsibilities in supervision process
- A focus on outcomes
- Recognition of informal supervision
- A benchmark for what is effective
- A reflective element

Five case studies were developed to evidence the experiences of the partners through the project. These can be found in section six. The case studies are drawn from in-depth interviews and aim to help others identify aspects to consider when planning change in supervision.

Section 3: Case study messages

This section draws together key messages and learning points from the five case studies. Common challenges and enablers are highlighted.

3.1 CHALLENGES

3.1.1 Defining supervision

A common challenge highlighted across the case studies was the mixed understandings of ‘supervision’ which varied according to personal experience and organisational culture. Different perceptions and attitudes towards supervision surfaced. In some cases, perceptions were negative and it wasn’t uncommon for supervision to be associated with fear and blame (case study one, two and four). Where partners made progress towards reframing supervision, they did so by having conversations with staff which focused on uncovering perceptions, experiences, fears and hopes. When asked what the key to changing supervision was, one partner simply replied: ‘Talk to staff’. Messages from the case studies suggest that in order to reframe supervision, current perceptions must be explored in an open way with those involved. There was consensus that the starting point for changing supervision is understanding what it is and also what sets it apart from other activities.

Related to this, another challenge identified by partners was confusion around the role and value of supervision compared to meetings or other kinds of support. Partners reported a lack of clarity about, for example, differences between group supervision and team meetings or between one-to-one supervision and ‘catch-ups’ with managers. Partners agreed that if staff felt that supervision was ‘just another meeting’, it made it harder for them to feel motivated to attend or to prioritise it in their busy schedules. As outlined in case study five, where staff didn’t appreciate the value of supervision, this was perhaps an indicator that they weren’t experiencing quality supervision. However, some confusion and tension



between formal and informal support is understandable. For example, staff may feel well supported by informal, ad hoc support which prompts reflection and focuses on outcomes for staff and people accessing support. Alternatively, they may feel poorly supported by formal supervision if it is focused on tasks, processes or targets. Partners agreed that informal support played a vital role but should happen in addition to, rather than in place of, formal supervision. In the group workshops, there was much discussion about the tension between informal and formal support and the role of recording. Partners identified that the act of recording brought with it fear and formality which could inhibit open, honest discussions. One local authority partner, whose group supervision sessions were minuted, valued the option of ‘going off the record’ if necessary. Case study two highlights the effectiveness of informal support and the good outcomes achieved for both team members and manager. There was agreement that informal support is invaluable but that there is a lack of understanding, guidance and tools to provide evidence of its effectiveness.

A further challenge in defining supervision was recognising that it requires particular skills. A lack of these skills was identified as a barrier. Partners were in agreement that a nuanced skillset is needed to prompt reflective, outcomes-focused discussions as part of the supervision process. Just like the ‘good conversations’ which underpin outcomes-focused practice, it takes particular communication skills to lead these³. One partner noted that a concern of offering ‘training’ in supervision was that it might automatically disengage managers who had been doing supervision for many years. As described in case study five, some managers might feel ‘it looks bad’ to undertake training on something they’ve

been doing for years. A key learning point from this case study is that there needs to be a suite of resources available to people, offering more than just ‘training’, for example, a guidance resource.

3.1.2 Supervision policies

Supervision policies provide an opportunity for organisations to define what they mean by supervision, its values, principles and processes. However, particularly for social services, policies, procedures and practice standards are often written to relate to a wide range of staff and practice contexts. This can pose a challenge. There were a variety of policies from across the group but it became clear that there was no particular model which made change in supervision straightforward. Overall, the policies in place across the partners’ organisations were identified as challenges, either because they were too broad and didn’t relate well to a practice context or they lacked scope for meaningful conversations. However, even when a policy advised adapting to local context (case study two) or when one was aligned closely with personal outcomes (case study four), barriers to changing supervision still persisted. As highlighted in case study four, the policy had ‘got the horse to water’ but couldn’t make it drink. Primarily, policies were seen as setting out the standard against which organisations were inspected. Inspection was a common source of anxiety and partners expressed frustration at being judged against policies not fitting their context and the lack of effective ways to evidence informal support. Overall, there was uncertainty about having ‘permission’ to do supervision differently, to localise policies and the potential impact of this on inspection. Partners expressed a strong interest in engaging with those who regulate and inspect services, to develop a shared understanding of supervision and to agree clearer processes for adapting it to local settings. A strong message from the project was that policies need to be more flexible and tailored to the realities of practice including the environment in which it happens.



3.1.3 Constant change

What resonated through the case studies was the amount of change happening on different levels across the organisations. Ultimately, this challenge was the catalyst for the project changing direction, moving away from each partner undertaking a ‘test of change’, towards better understanding the reasons why this was difficult. A number of changes were identified as having an impact on reframing supervision. These included large-scale local authority restructure (case study three and five), team restructure / fluctuation of members (case study two and three) and legislation / practice change (case study three). Change was described as leading to uncertainty, anxiety and instability (case study two, three, five) and to ‘change-fatigue’ (case study three and five). Churn within an organisation meant that addressing issues with supervision could drop down the list of priorities. Under these circumstances, a shared concern for partners was timing and organisational readiness for changing supervision (case study two and three). This issue had an impact on the project, so much so that one partner withdrew in the early stages due to a concern that her organisation wasn’t ready for a shift in supervision. She felt that until there was a better understanding of outcomes-focused practice in her organisation, it would be putting the cart before the horse to implement outcomes-focused supervision. However, if it’s true that the only constant is change, there may not be an ideal time to reframe supervision. Therefore, it may be helpful to identify opportunities presented by change and the things that mitigate negative effects.

3.2 ENABLERS

3.2.1 Leadership and collaboration

A key piece of learning from the project was about the gap between a supervision policy and what happens in practice. One way of bridging this gap, evidenced in the case studies, was leadership and collaboration across roles in an organisation. Leadership was identified as vital to communicating the value of change (case study two and five), to motivate and engage staff (case study four) and importantly, to role-model new ways of working (case study one, two and four). Good leaders are also good collaborators and the project highlights examples of people working together to drive change forward. The project group itself is an example of people collaborating to tackle a common challenge. Other collaborations included: the care home manager and the chef in case study two; members of the supervisory group and the practice development worker in case study three; the learning and development advisor and reablement team manager in case study four. The key message here is well known – strong communication and partnership working can

act as a lever for positive and opportunistic change. Leadership was an effective bridging mechanism related to relationship building and collaboration. Although all the case studies had elements of leadership, case studies two and four highlight specific points. For example, leadership can come from an unexpected place, such as the chef in case study two, or can be spurred on by new learning as in case study four. In both cases, opportunities were seized and supported. Leaders were given tools to do things differently, their learning was captured and built on to improve supervision practice.

3.2.2 Make it relevant to practice and context

The partners agreed that supervision must be relevant in order to promote engagement, motivation and prioritisation. However, relevance wasn't always clear from the policies, so adapting them to local context was identified as a key enabler to getting traction in practice. There was consensus in the group that the closer the policy to the realities of practice and its environment, the easier it would be to implement. The experts in a local practice context are those working in it, therefore, partners felt that another essential enabler was to talk to staff. In order to change the perception of supervision to something integral to good practice and personal development, it was necessary to do some open, honest talking. Sharing experiences of supervision and uncovering fears were identified as key features of these conversations. Talking to staff about what supervision should look like, what they need and when, was also seen as a way to develop localised policies and to help ensure buy-in.

Further aligning supervision to practice was seen as an enabler to establishing relevance. The case studies highlight some ways this was achieved, including linking supervision to key practice policies and professional standards (case study one), and applying a practice approach to supervision (Signs of Safety mapping in case study three). There was general consensus that another mechanism for tying practice to supervision was to focus on outcomes. Personal outcomes are defined as the 'impact of support on a person's life' (Glendinning et al, 2006). Focusing on outcomes was described as a distinguishing feature of supervision that sets it apart from general meetings (case study one and four). Outcomes-focused supervision was also seen as modelling the kinds of conversations which underpin an outcomes-focused approach to supporting people.

Keeping supervision relevant has implications for how opportunities for refreshing or learning new skills are pitched. Offering opportunities for learning rather than 'training' may help break down barriers for some people and increase their likelihood of engagement.

Section 4: Reflections on project design

This section outlines the project partner's reflections of being part of the group. Their views were gathered after each workshop and through interviews towards the end of the project. The purpose of gathering these was to provide IRISS with some feedback on the effectiveness of working in this way and to help inform future project designs and processes.

4.1 CREATING A SUPPORTIVE ENVIRONMENT

In order to realise the aim of sharing experiences, learning and peer support, people need to feel comfortable. One of the key objectives was to provide a supportive space during each of the four workshops for partners to have open and reflective conversations. There was evidence that this was achieved as partners described the group as a safe, warm and sometimes cathartic environment. Partners said they felt they could be honest and open about their experiences. One partner commented: 'I loathe how isolated I am... it is deeply unsatisfying'.



She felt she did not have peer support in her workplace or wider network that enabled her to discuss her issues about supervision openly. Another said: ‘you can feel like a lone voice and it’s really supportive to work with other people interested in supervision.’

Partners especially valued the opportunity that the workshops provided of giving them protected time and breathing space to think, away from the office. They reported that being out of the office encouraged them to question their assumptions and to think differently. Workshop activities provided by the IRISS facilitators were designed to support discussion, reflection and planning to help the group identify shared interests, challenges and ways they might support each other.

Being part of the group also provided motivation to keep going when other work demands were building up: ‘I really felt I was floundering with how to actually move things forward... my desire to put something in place hasn’t diminished, it’s been supported, it’s been held up by coming along to the group.’ A couple of the partners also agreed the workshops helped them persevere when changing supervision ‘may have fallen off the agenda.’

Group support was particularly important during the project when it became clear that the original plan for identifying and carrying out tests of change was proving difficult. As the case studies show, each partner faced challenges to their plans. The workshops provided them with time to discuss these and to take heart in the fact that others faced similar difficulties. Collectively, the group agreed a change of direction to focus on identifying the barriers to changing supervision rather than pursuing the tests of change. This ability to adapt was attributed to the support that came from attending the workshops and being part of the group: ‘...being able to talk about it, having the opportunity to talk things through, as you’re talking you’re actually generating your own solutions.’

4.2 SUPERVISION FROM MULTIPLE PERSPECTIVES

The diversity of the group was viewed as being both a strength and a challenge. The group comprised a mix of roles across learning and development, training, front-line practice and levels of management. Despite different roles, all partners demonstrated leadership and commitment to changing supervision practice in their individual contexts. It was interesting to explore some of the perceptions the group had about each other’s roles. For example, those in a training / learning and development role imagined that those in a management role would have more autonomy and influence to change supervision, for example the care home

manager. However, the care home manager felt that the lack of a learning and development function in her organisation was a significant barrier to changing supervision. Some of the workshop discussions highlighted the tension between learning and development and front-line practice. For example, partners in learning and development felt frustration at creating supervision resources and training which were not picked up and used by people 'at the coalface'. Partners closer to practice felt a similar frustration at the difficulty, and sometimes impossibility, of implementing a supervision policy within the realities of their environments (eg case study two). One of the partners withdrew from the project in the early stages because they felt the strategic role they held wouldn't be as effective as an operational role for changing supervision: 'I would be desperate to try out a test for change if I was operationally managing it'. Having a mixed group provided an opportunity for new understanding about supervision from different role perspectives. This was further supported by the contributions from invited speakers who attended the workshops who came from the IRISS team, SSSC, Includem and the University of Strathclyde. Partners felt that these contributions helped them to 'join up the dots' between supervision in their individual organisations and a wider context. However, for one partner the group's diversity was seen as a barrier: 'Because we're all at different angles it has made that harder...It would have been good to have produced something in conjunction with all the others but the starting point has been too different.'

4.3 LOGIC MODELLING AND PLANNING

Logic modelling was used in the early workshops to think through the inputs, activities, changes in knowledge and capacity, and changes in practice which the project would seek to achieve (appendix 1). Following this, a planning tool developed by IRISS was used to help flesh out partners' individual plans for what they wanted to address about supervision in their work settings (appendix 2).

The logic modelling helped to facilitate a discussion around what partners could contribute, what they would need, what they hoped to achieve and shared expectations. The model also proved useful as a reflective tool and helped to reassess progress during the project. Partners felt that the logic modelling process helped them 'ask the right questions'. It also put outcomes at the centre of discussions and helped people move beyond actions and outputs. Some of the partners used the model as a succinct way to communicate to their managers and colleagues about the project. What the group appreciated about the logic modelling and the planning tool was that both promoted a focus on outcomes, changes and impact.

Section 5: Conclusion

Leading change in supervision responded to a call from Champions to explore this topic. The project aimed to bring together and support a group of partners from different settings to address changes to supervision practice. What resulted was a deeper understanding of what change and readiness for change really meant in practice. Challenges and enablers in each setting were uncovered in a set of case studies and commonalities discussed.



The project shed light on the gap between supervision policy and supervision practice. It identified some features of the gap and suggested ways of bridging it. In order to reinforce the learning points from the project, what follows is a set of prompt questions to help kick start people's thinking about change to supervision in their settings:

1. Does your organisation have a supervision policy? What are its key values, principles and processes?

2. What evidence is there in your work setting about the effectiveness of supervision? (eg audits, staff questionnaires, feedback).
3. What are people's experiences of supervision? Can you facilitate discussions with your team / colleagues about their perceptions, attitudes and views of supervision?
4. How closely does the supervision policy align to practice? Could guidance for adapting the policy be developed?
5. To what extent does the policy focus on outcomes (for staff and / or people accessing support)?
6. What opportunities might improving supervision provide for your team? What challenges might more effective supervision help to address?
7. What kinds of informal support take place in your context? Could this be captured? What's the interplay between informal and formal support?
8. What learning opportunities are available around supervision in your organisation?
9. Can you identify potential leaders around supervision in your organisation?
10. What partnerships could you make to help address changes in supervision? Could you facilitate a group to work on this?

Section 6: Case studies

The five case studies provide snapshots of each partner's context (as two of the partners came from the same organisation, this forms one case study). They aim to summarise the main challenges and enablers to making changes to supervision. All quotes are from project partners unless otherwise indicated.

01

Case study one

Context: This partner was a project manager for a home care service to support adults with disabilities to live in their own homes in the community. It is one service of a large, voluntary sector organisation supporting people across Scotland to live better lives. A single supervision policy applies across the organisation.

CHALLENGES

1. One size doesn't fit all

'Even if it was possible to meet the standard, we are not achieving the best outcomes.'

A 'one size fits all' single policy was identified as a barrier. The policy is not designed or adapted to the local context of the service and there has been reluctance in the past to consider how it might be adapted for local use. Suggestions for addressing this included consultation with local managers about the needs of individual services and corresponding policies to reflect this rather than one general, overarching standard. Feedback from the Care Inspectorate around their expectations was also highlighted as an important part of developing more localised supervision policies.

2. Supervision happens out of context

'It is difficult to generate meaningful discussions because we don't have an accurate picture of staff practice without being there to observe them regularly.'

Where and when supervision happens is important. The partner described supervision happening in the office, away from the real workplace of staff, which is the supported person's home. She felt that it's important for staff 'to see you're willing to do what they're doing in the field' and that boundaries can become starker when 'the manager is in the office, and the worker in the field'. The

rationale for basing supervision in the practice context is that discussions which are based on observations and field visits can support early identification of any issues. Feedback can be provided at the time, on site and dealt with earlier rather than later 'or if something comes back to you on the grapevine'. An important driver identified by the partner for changing supervision in this context was lessons from the Winterbourne View Hospital abuse scandal uncovered in May 2011. The subsequent inquiry published by the Department of Health (2012) emphasised the need for care providers to 'take responsibility for ensuring the quality and safety of their services' including the requirement to provide 'good management and right supervision' (p30). The manager felt that more time spent in people's homes where support takes place, could help minimise the risk of abuse and help promote a positive, shared culture.

3. A lack of group supervision

'They need to get together as a team.'

The service involves small teams of between three to five people supporting one individual. The partner felt strongly that group supervision where these teams could meet, share and support each other could be really beneficial. Further, group supervision could support workers from across the service to come together. A group supervision pilot, which ran for 18 months from 2006-2008, was positively evaluated and indicated an increased comfort in cross-team working and improved outcomes for the supported person. The pilot included a research and knowledge sharing element where team leaders were asked to find and bring something practice related they found interesting. The partner felt that increasing opportunities for group supervision could address the difficulty in creating a sense of a team when people are working on their own most of the time. The geographic dispersion of the workers across the service area, and the logistics of persuading relief workers to cover one or two hours for supervision sessions (rather than a whole day), were seen as challenges to implementing group supervision.

4. Lack of clarity

'What's the difference between group supervision and a team meeting?'

Another barrier identified was the lack of clarity around supervision. An attitudinal shift towards recognising the difference between supervision and meetings was suggested as an enabler, particularly around the importance of personal outcomes: 'group supervision is about outcomes for the person you support...a team meeting could be about anything'.

5. Lack of skills

'Everyone just passes on what their experience of supervision has been.'

The partner reported that she felt a barrier to effective supervision was that it was often defined by people's experiences and perceptions rather than shared understanding and agreed core skills.

6. Fear

'Am I going to get a row?'

Negative perceptions and a culture of fear around supervision were seen as challenges. The partner noted that where there is an organisational culture of fear, blame, compliance and financial constraints this supports task driven rather than reflective supervision. The partner felt that an opportunity was being missed to use supervision as a preventative measure, helping staff avoid getting to performance management procedures by addressing issues earlier through supervision.

STEPS FORWARD DURING THE PROJECT

Enablers

1. Making supervision relevant

The manager facilitated three staff away days which involved framing supervision in terms of how it links to the Continuous Learning Framework.

2. Discussions where practice happens

Direct observations of staff in people's homes by team leaders have now been implemented. Part of this includes recording 'professional discussions' between team leaders and support staff which aim to link practice to a range of key frameworks including the Continuous Learning Framework, Keys to Life (Scottish Government 2014), the National Care Standards (Scottish Government, 2002) and the Codes of Practice for Social Service Workers (SSSC, 2014). Recording professional discussions provides evidence for supervision and also feeds into annual appraisal and personal development plans.

02

Case study two

Context: This partner was a manager of a privately owned care home. The home provides support and nursing care to older people with a range of needs including dementia, physical frailty and learning disabilities. A one-page supervision policy for the organisation is in place. It advises managers to adapt to ‘local circumstances so the resulting models can be owned by all and not seen as a management imposition’.

CHALLENGES

1. Lack of stability

‘Fighting what’s felt like a losing battle in terms of getting any kind of structure within the team...’

A lack of stability and consistency in the staff team were identified as the most significant barriers to implementing effective supervision. Team instability meant that the partner found it incredibly challenging to do any formal supervision with staff. Contributing factors included sickness and absence, a ‘terrible shortage of nurses’, staff ‘burnout’, agency staff joining and leaving the team, and working with established team members which also ‘brings its own challenges’. The effect of staff shortages is far reaching and impacts on supervision in several ways. It makes it very difficult to prioritise supervision over other demands and has meant that the manager (who has a nursing background) was regularly undertaking 12-hour nursing shifts, taking her away from managerial work. Further, the partner felt that timing was important and that implementing a new approach to supervision needs to be done when it has ‘the best possible chance of taking root and growing’. Arguably, individual and / or group supervision might be part of addressing the reasons behind team instability, absence and burnout but it is difficult to implement it during the crisis response and fire fighting that go along with these:

First and foremost you need a level of stability, if you've not got stability in your workplace, you've absolutely had it...supervision would never be a priority in a situation where you were short-staffed... your priority is providing the best service you can to the residents...residents being clean and comfortable is more important than supervision - I think that needs to be said.

The manager felt that the care home context presents particular challenges to prioritising supervision compared to some of the other environments represented in the project team: 'You can do supervision every six weeks if you're in office A and your colleague's in office B, and someone's not dying and you don't have the police at the door.'

2. Lack of leadership

'Strong leadership and strong role modelling is at the heart of all the activities within a care home.'

A lack of leadership was identified as another barrier. This was seen as linked with and contributing to team instability. The partner felt she provided strong leadership to the team in her managerial role, though found it difficult to devolve it or foster it in others. It was suggested that this could come from a lack of understanding about the role of the supervisor and it being seen as an 'extra' responsibility for some staff rather than integral to their role. She noted that where some staff were approaching retirement, they may be reluctant to take on 'extra' responsibilities.

3. Change fatigue

'People in care homes get fed up because you need to change a lot...'

Leaders are vital to communicating 'a perception of the value of change' in the care home environment. The manager noted that in the care home environment, change is a constant and this can take its toll on workers. She reported change fatigue in staff who work in a context governed by 'rules and parameters set for you by the regulators' as well as internal 'rules and parameters but they change every day or ten times a day depending on the individual residents...'

4. Evidencing informal support

'Access without jumping through hoops.'

Staff in the care home reported to inspectors and to the manager, that they

feel well supported. Given the absence of formal supervision, this points to other sources of support. The manager identified her open door policy as key to this informal support. The manager's door is open to anyone in the home. She estimated that on any given day that could be up to 100 people including residents, families, staff and other visiting professionals in the home. The challenge then is recording and evidencing the range of informal support that this open door affords. The manager recognised the need for a range of ways to 'evidence that people are getting the on-the-job support they need to do their job effectively and that they feel valued and supported by their manager and team roundabout them.' In addition to the open door policy, the manager runs regular team meetings and a suggestion box. An example of informal support ('I wouldn't call it supervision') which had an impact was a frank and supportive conversation between the manager and a team member about persistent sickness / absences. Through this conversation, the underlying reason for the team member's absence was uncovered and the manager was able to provide the right support and essentially 'make life easier' for the worker. The impact of this was that the worker's attendance 'improved dramatically' and the manager could support rather than discipline the worker because the root of the issue had been honestly discussed. Because this was done informally, this perhaps allayed the 'the fear that's attached to the word 'supervision.'

STEPS FORWARD DURING THE PROJECT

Enablers

1. Leadership

'A wee ray of sunshine!'

A new chef joining the team approached the manager about some issues he wanted to address with a member of his kitchen team. He proposed a plan for approaching this and he and the manager talked through the process of 'having a self-assessment / appraisal / supervision meeting'. The manager provided a framework ('it was an ad hoc thing') for the conversation with the team member. The chef carried out and recorded the conversation with his team member and it was so positively received that it was undertaken with the rest of the kitchen team. For the manager, what was effective about this approach was that it was proactive and wasn't about 'just batting it back to The Boss ... He was looking for a solution and was looking for a bit of back up to get a process in there and to raise his own confidence'. It showed 'gumption' towards managing his own team as well as self-development, initiative and leadership. He showed 'he absolutely understood what

he needed to be doing with his team member but had no experience and had no tools' which the manager was able to provide.

2. Spreading positive messages

The impact of the chef's intervention was that it helped promote supervision-type conversations in a positive way in the care home. The kitchen staff that had these supportive, productive and reflective sessions told other staff in the home about how much they enjoyed and valued the conversation. The care home manager felt that this helped to reframe supervision in a more positive light, which would prepare the ground for implementing change in this area. It also highlighted some of the characteristics and qualities found in the team which can help support change. In this case, a way to make change to supervision was a combination of luck and good timing. The manager recognised that 'if my mind hadn't been on the supervision group' she may not have appreciated and acted upon the opportunity presented by the chef in the way she did. She may have just encouraged him to 'have a chat and record things' rather than to undertake a more reflective session.

3. Inspiration

Building on the inspiration provided by the chef's approach, the manager planned to undertake one-to-one sessions with team members on particular practice issues which needed improvement. Tying the sessions closely to practice will hopefully ensure buy-in from the team. Although it's not going to be framed as 'supervision', these sessions are going to provide a baseline for follow up sessions modelled on the one used by the kitchen team. Training for nursing staff around supervision, its function and value is also planned as this group are seen as potential leaders and influencers of change in supervision.

03

Case study three

Context: Two of the project team worked for the same local authority but in different roles within Children's Services. One was a part-time senior practitioner working with children and families, the other held a part-time learning and development / practice teacher role. This case study brings together perspectives from the two partners and those of their colleagues gathered through a team meeting. Since 2007, there has been one supervision policy for the local authority's social services. An updated policy for Children's Services is currently being finalised.

CHALLENGES

1. Fear and change

'How much change can people go through in one go?'

The impact of a recent reorganisation of the Children's Services branch of the local authority social services was identified as the most significant barrier to changing supervision. The practitioner partner described the shadow of a previous restructure in another area of the council leaving 'a huge amount of fear' for those going through this reorganisation. After losing a considerable number of workers to voluntary early retirement, remaining staff were organised into 'supervisory groups' of about six people per group. The reorganisation and new group structure was informed by, but not a copy of, the Hackney model (Goodman and Trowler, 2011). Groups included a team leader, a mix of senior practitioners, social workers and family support workers. Part of the new group structure was to involve weekly team meetings which would encompass group supervision to complement individual supervision. Despite each group being afforded autonomy to develop their own group supervision approach, without much detail of what this might look like there was some drift, vagueness and inconsistency in how readily this was adopted and trialled.

Perhaps another challenge linked to the reorganisation was the language used and the confusion invited by 'supervisory groups' and 'group supervision'. Further, in the new structure, the role of the senior practitioner was to include delivering supervision to family support workers and having a bigger role in shaping group supervision. There was a mix of experience among senior practitioners in terms of being supervisors, and therefore, training was provided although this took some time to design and deliver. Partners reported that the training day was valued but pointed to difficulties for people who felt the core issues of role and responsibilities had still not been addressed by management. Questions about the role were fed back to senior managers, which may have contributed to delay and confusion around supervision. Another significant impact of the reorganisation was the loss of the manager through voluntary early retirement, who had driven changes in supervision and supported the partners to be part of the IRISS project group. When this manager left, the partners felt a lack of organisational support in carrying forward plans for rethinking supervision given the reduced capacity of senior management to fully address this. External shifts in policy and legislation such as changes to the Children's Hearing rules in 2013 and the introduction of the Children and Young People (Scotland) Act 2014, were also seen as contributing to the 'change fatigue' felt by some staff.

2. Practicalities

'Group supervision is a huge part of Signs of Safety.'

Another change which influenced supervision in this setting was the implementation of a Signs of Safety approach (Turnell and Edwards, 1997 and 1999) across all services in the local authority. Signs of Safety is an approach to working in high-risk child protection cases in a solution-focused, safety-oriented way, according to clear underpinning practice principles and elements. It's described as a questioning approach where professionals work with the family to identify areas of worry, what's working well and what needs to happen. This assets-based model was to be adopted as an organisation-wide approach to supporting people. Group supervision where teams 'map' cases together to unpack their complexity, generate ideas and discuss solutions is thought to be a useful tool for practice development and reflection. Mapping parallels the process that Signs of Safety uses in direct work with families. The practitioner partner emphasised the importance of group supervision for workers dealing with 'some things that are pretty horrible' and that opportunities for supportive and reflective sessions with peers is hugely important given the emotional load of the work. Mapping cases in group supervision was seen by the practitioner partner as a way of sharing risk and exploring other people's thresholds for risk. However, there

were practical considerations identified, for example, getting a time and date that works across the team's diaries. The team recognised other logistical issues to address including:

- Who decides which cases to map? Would a rota work?
- Who should facilitate the group discussions?
- When is the best time when working with a case to do a mapping?
- Could cases be themed to cover more than one case in a group session?
- Is one group supervision session the right length of time to map a case? Is it too long or not long enough?

3. Lack of clarity

'If you have these prescribed team meetings every week, if people don't see a clear reason for doing it, then they're going to vote with their feet...'

The partners reported that a barrier to supervision was a lack of clarity about the purpose of meetings and group supervision. Without a clear purpose for group sessions, busy practitioners may struggle to prioritise supervision over other demands. One commented: 'I feel like I'm running all the time' and she felt the need to strike a balance 'between chat and purpose'. Furthermore, the lines between different kinds of supervision need to be clearly defined to avoid duplication: 'there's a kind of false boundary...between individual and group supervision.... it's important they are linked in some way.'

STEPS FORWARD DURING THE PROJECT

Enablers

1. Group discussion, shared expectations

'Our group is trying to become a team with all the changes that we've had.'

A meeting with both partners and the practitioner's team (or 'supervisory group') was arranged to discuss how group supervision might look for them. One of the IRISS project managers also attended to facilitate the discussion. Having an outsider facilitate the discussion was seen by the practitioner partner as an important part of exploring supervision from a new perspective. Part of the discussion focused on the outcomes the group were looking to achieve through group supervision. Responses included: learning, moral support, reassurance, knowledge, making links, identifying themes, debriefing and shared responsibility.

Group supervision was seen as a key function of supporting teams to ‘come together as a group... and keeping us together as a group when we have changes.’ The team also talked about the value of group supervision and some of the models they had experienced, for example, Bells that Ring (Proctor, 1997), Action Learning Sets (Revans, 1980) and Internalised-Other Interviewing (Tomm, 1999). Through the discussion, the group decided that a way forward would be to dedicate every second team meeting to mapping a case. Alternative meetings would focus on team business. The team recognised the distinction between meetings and group supervision where meetings are used for ‘sounding boards’, ‘shoulders to cry on’ and ‘having a blether’, necessary elements for the team to ‘gel’.

Other ideas were gathered and collated by the learning and development partner for moving towards implementing group supervision. These included:

- Joint meetings with other supervisory groups; however, it was recognised that there were practical barriers to this around getting dates and times that work for more than one team.
- Case file audits were another option through which to identify reports to critique for learning and reflection. This idea was linked to concerns from senior managers about the quality of some reports. Critiques of reports would involve both the supervisory group and the council’s Professional Development Team.
- Questions on group supervision be added to an upcoming council-wide staff survey to gather views on its prevalence and value.

04

Case study four

Context: The partner for this case study held a part-time learning and development role in a local authority social services department. This case study is somewhat different from the others. This partner collaborated with a practitioner to address changes to supervision practice. The practitioner was not part of the IRISS project group, but was interviewed along with the learning and development partner so her experiences could be captured. Therefore, challenges and enablers in this case study are taken from the perspectives of both the project partner and the practitioner.

There is an extensive supervision policy in place in the organisation. It was informed by evidence from an internal audit; contributions from staff and managers; good practice examples from the organisation; relevant literature and research; and national policy. The policy clearly articulated the links between outcomes-focused supervision and outcomes-focused practice.

CHALLENGES

1. The gap between policy and practice

‘One of the frustrations on delivering on the policy, is realising that these things, they’re in written form, it’s getting a horse to water, but how do you engage people?’

Despite having a well developed, outcomes-focused supervision policy, the key challenge for this partner was that the policy was not necessarily being reflected in practice. The gap between the ideal of the policy and the reality of practice were keenly felt. The partner sought to address this challenge by making links into practice and better understanding the reasons for this gap. The partner worked with a practitioner who led a reablement and care at home service. The practitioner had a keen interest in supervision and in personal outcomes for people accessing support.

2. Fear and anxiety

'A big culture shift'

The practitioner felt that traditionally, care at home services can be quite large so group supervision was commonly thought of as an appropriate model for this context. However, negative perceptions of supervision were also common. The practitioner reported that in her setting, supervision was feared; it meant 'you were getting a row', and it was seen as 'something social workers do'. The practitioner described group supervision as predominantly 'moaning sessions'. Coupled with a lack of training in good supervision and an expectation that 'you'll be able to just do it', this can result in a 'real anxiety about it'. The practitioner admitted she was 'really anxious about the supervision stuff' but was committed to redesigning group supervision in her service and challenging this negative culture. One driver of this change was the new requirements for staff working in her context to be registered with the SSSC. She felt that this would call for more reflective, outcomes-focused practice which could be supported through supervision.

2. Lack of skills

'It's a skill in itself to deliver supervision, and can be particularly complex to do it with groups of people.'

Over her career, the practitioner had experienced the 'old style' of group supervision with its negative connotations so there was a shared history and experience with her staff. However, after undertaking a Certificate in Management in Social Services, the practitioner felt it had 'opened my eyes about supervision.' She identified the catalyst for change as 'actually understanding what supervision was, as a manager... and the importance of reflective discussions'. Part of this was to fully appreciate the difficulty in doing supervision well and the skills required. The practitioner highlighted that supervisors need to be confident facilitators, capable of managing group dynamics of 'talky and non-talky people'. She felt strongly that training wasn't necessarily the answer to acquiring these skills and that there was no substitute for practical experience and building relationships with a group.

STEPS FORWARD DURING THE PROJECT

Enablers

1. Talk to staff

In order to implement a new approach to group supervision, the practitioner used several ways to engage staff and to help reframe supervision. For example, she identified that hardly any of her team had a supervision agreement or personal development plan in place. Therefore, she held individual meetings with staff, explaining the supervision policy and making clear the links between that and personal development. Discussions around ‘where do you see yourself in a couple of years?’ helped to open up dialogue and to see supervision as a way of thinking about personal development.

2. Make it relevant to practice

Linking supervision closely to practice issues, primarily to an outcomes-focused approach with people accessing support, was another way ‘in’ to supervision: ‘It’s about the little things that make a difference to people’s life...that’s what I’m trying to get across to my staff when they’re having conversations with people...’ Outcomes-focused supervision as described in the policy could help model the kind of conversations staff need to have with people accessing support.

3. Put people at ease, make it enjoyable

‘This should be protected time for people and they should be feeling comfortable.’

The practitioner wanted to foster a sense of ownership of supervision in staff and make it something to enjoy rather than fear. Part of feeling comfortable means building relationships and establishing trust within a small, consistent group. The practitioner identified that the best way to get staff engaged with the new approach was simply ‘to talk to them’. This involved having open and honest discussions with no hidden agendas and identifying at the outset what the outcomes are for staff. In the early group sessions, the practitioner focused on uncovering the views and experiences of staff on supervision including their understanding and expectations of it. This feedback was collated, visualised using a graph and reflected back to the groups to prompt discussion: ‘These are your answers, this is what you’re thinking.’ Initial sessions included reflection on any recent learning and development activity: ‘What really broke the ice was asking people what training they’d been on in the last four months’. This provided an

opportunity for staff to share what they'd enjoyed and learned. The practitioner also shared what she'd learned during the management course with the group. Feedback on the new supervision approach was gathered which was very positive: 'That was great, what a difference!' Where possible, supervision was designed with staff, reflecting what they wanted and how they wanted to spend their time, so they were more likely to engage. For example, staff were asked how often they wanted supervision. Originally they said individual supervision 'once a year would be enough' but now they've experienced the benefits of the new approach, they're asking for more. Group supervision was arranged to complement individual supervision every six to eight weeks. Each group supervision session ideally lasts a bit more than an hour so staff 'can sit back and enjoy it'.

4. Adapt the tools

Another enabler was that the practitioner adapted some of the supervision recording tools to better reflect the needs of her service. These adapted tools would provide a useful prompt for other managers and to help highlight the distinction between issues for a team meeting (eg managerial and operational issues) and those for group supervision (learning and reflection). In adapting the tools the practitioner drew on a combination of sources including learning from the management course; familiarity with the supervision policy; specialist knowledge of her own service; care standards; and inspection feedback.

5. Develop and share examples

For the learning and development partner, steps forward included continuing to work in partnership with the practitioner to support the implementation of outcomes-focused supervision. Further steps also included capitalising on the learning from practice. This would involve developing exemplars of the ways in which change in supervision is being implemented and providing examples of adapted recording tools. Other suggestions for consideration which have been raised by the partner with senior management include:

- Commitment to mandatory supervision training, appropriate to role, promoting the range of supervision models and outcomes-focused practice
- Identify the means to capture best practice in outcomes-focused working and outcomes-focused supervision
- Use of senior practitioners / assistant team managers to support supervision practice

05

Case study five

Context: The partner in this case study held a remit that included workforce change in a local authority social services department. The remit primarily involved supporting new initiatives and development work, as well as some training. There is a supervision policy in place which applies across the authority's social services.

CHALLENGES

1. Changing attitudes

'It's all about changes.'

This partner's main focus was supporting changes in the social work department. One such change focused on the supervision process introduced in June 2012. An evaluation of the process was conducted in Autumn 2013 and findings, based on a 9.6% return across the entire service, were shared internally in December 2013. The evaluation suggested an inconsistency in supervision across the social work department in terms of frequency and quality as well as patchy use of the recording paperwork. There was evidence that although supervision was valued and meeting policy requirements in some teams, other staff were not receiving supervision at all and some staff misunderstood the purpose of supervision compared to the ad hoc support given to staff by managers and colleagues on a daily basis. For the partner, the change agenda around supervision was driven by these messages from the evaluation. She recognised that she is often the change messenger which involves 'a lot of selling... my role is to sell it to the staff that have to do it... convince people why it is a good idea to do this as opposed to what they have been doing over the last ten, twenty years'. Part of being able to 'sell' these changes is to be able to identify and communicate benefits for staff and for the people they support. One way the partner conveys this is through the training which was developed using feedback from the evaluation: 'Although some staff were saying they were getting supervision, they weren't necessarily positive

about what they felt they got from supervision, the quality of it, so we added in training on supervision skills.’ The evaluation highlighted that some staff didn’t recognise the need for supervision and were of the view that ‘if there’s a problem I’ll go speak to my manager’. The partner felt that the managers of these staff were probably those who needed training the most: ‘To me that message is very clear: you’re not getting supervision the way it should be... if you can’t see that there’s a benefit, that means you’re probably not getting it [supervision] right’. Other attitudinal challenges might come from managers who feel: ‘I’ve been doing supervision for the last 15 years, I don’t need to do training’. This, coupled with the fact that training is not mandatory, was seen as limiting the reach and uptake of the training. However, the partner noted that the training had changed some people’s minds about supervision: ‘I didn’t want to come here today, I was told to come, but I’m glad that I did because I get it now!’

2. Lack of time

‘I want to shake people up and say, “can you not see the benefits?”’

One of the key challenges identified in this partner’s context was the attitude held by some: ‘supervision - great idea, if only we had the time, we’re too busy.’ In particular where managers were supervising high numbers of staff. The partner felt strongly that supervision could actually help address a lack of time if done properly: ‘...if you’re actually delivering good, regular, effective supervision... a lot of things that are taking up your time won’t be, because you will have dealt with it during supervision’. This suggests supervision can be preventative, helping to build capacity and autonomy in workers and guarding against fire fighting and crisis response: ‘...if you can put in a bit of time and effort in the first place, you could save yourself, in the longer term, a lot of time...you’d end up with staff that are a lot more confident, that felt more capable, that could actually start to do more of the reflective thinking for themselves...’

3. Shifting priorities

‘I haven’t been asked to do this...’

The partner identified that embedding changes in supervision wasn’t a particularly ‘management driven’ agenda. She had taken a special interest in supervision and being part of the IRISS project largely based on her own initiative. However, because supervision improvement wasn’t necessarily a management priority, there was a risk of it dropping ‘to the bottom of the list that I have’ when other demands emerge. This potential fluctuation in support and prioritisation could arguably

impact on embedding changes in supervision. Further insecurity and uncertainty was added to by the impending restructure of the organisation: ‘A lot will depend on how agendas pan out, we’re sitting not knowing what’s going to happen with our health and social care integration, we don’t even know if our team’s going to be part of the health and social care integration at the moment...everything that I’m working on just now could suddenly just fall apart...’

STEPS FORWARD DURING THE PROJECT

Enablers

1. Learning not training

‘What I’ve recognised is that I’m not going to get everyone to come on the training... there needs to be an alternative and that’s why I want to develop guidance...’

Sitting alongside the policy, procedures and paperwork, the guidance will complement the training and will focus on ‘how to get more productive conversations’ in supervision: ‘not just discussing case by case but talking about how the person is managing with that – has it raised development needs for them? Do they feel they have the skills that they need?’ One of the aims of the proposed guidance is to reach those managers who would benefit from supervision training but who would be unlikely to attend it. The partner was aware that some managers might feel ‘that it looks bad’ to attend supervision training after many years in a management role. The guidance would include some of the existing bank of supervision resources available to managers and have a foundation level with minimum standards plus a higher level exemplifying best practice. It would include the use of group supervision and would incorporate ways to support outcome-focused supervision. The plan is also to engage with SSSC and the Care Inspectorate to gather their feedback to fold into the guidance. The guidance would need to be trialled and evaluated to take another reading of supervision in the department.

2. Spread the word

Another step forward identified involved attending management meetings to cascade information to the whole team. Part of this engagement would also involve capitalising on the positive feedback of people who had attended the training to help validate the benefits of effective supervision. Staff development days could also be used to share ideas about how to embed changes and improve supervision.

References

Department of Health (2012) *Transforming care: A national response to Winterbourne View Hospital*, London: Department of Health

Glendinning C, Clarke S, Hare P et al (2006) *Outcomes focused services for older people*, SCIE Knowledge Review 13, London: Social Care Institute for Excellence

Goodman S and Trowler I (2011) *Social work reclaimed*, London: Jessica Kingsley

Kettle M (2015) *Achieving effective supervision*, Glasgow: Institute for Research and Innovation in Social Services

Proctor K (1997) The bells that ring: A process for group supervision, *Australian and New Zealand Journal of Family Therapy*, 18, 217–220

Revans R (1980) *Action learning: New techniques for management*, London: Blond & Briggs Ltd.

Social Care Institute for Excellence (2013) *Practice enquiry into supervision in a variety of adult care settings where there are health and social care practitioners working together*, London: SCIE

Tomm K (1999) Co-Constructing responsibility, in S McNamee and K J Gergen and Associates, *Relational responsibility: Resources for sustainable dialogue*, Thousand Oaks CA: Sage

Turnell A and Edwards S (1997) Aspiring to partnership: the Signs of Safety approach to child protection. *Child Abuse Review*, 6, 179–190

Turnell A and Edwards S (1999) *Signs of Safety: A safety and solution oriented approach to child protection casework*, New York: WW Norton

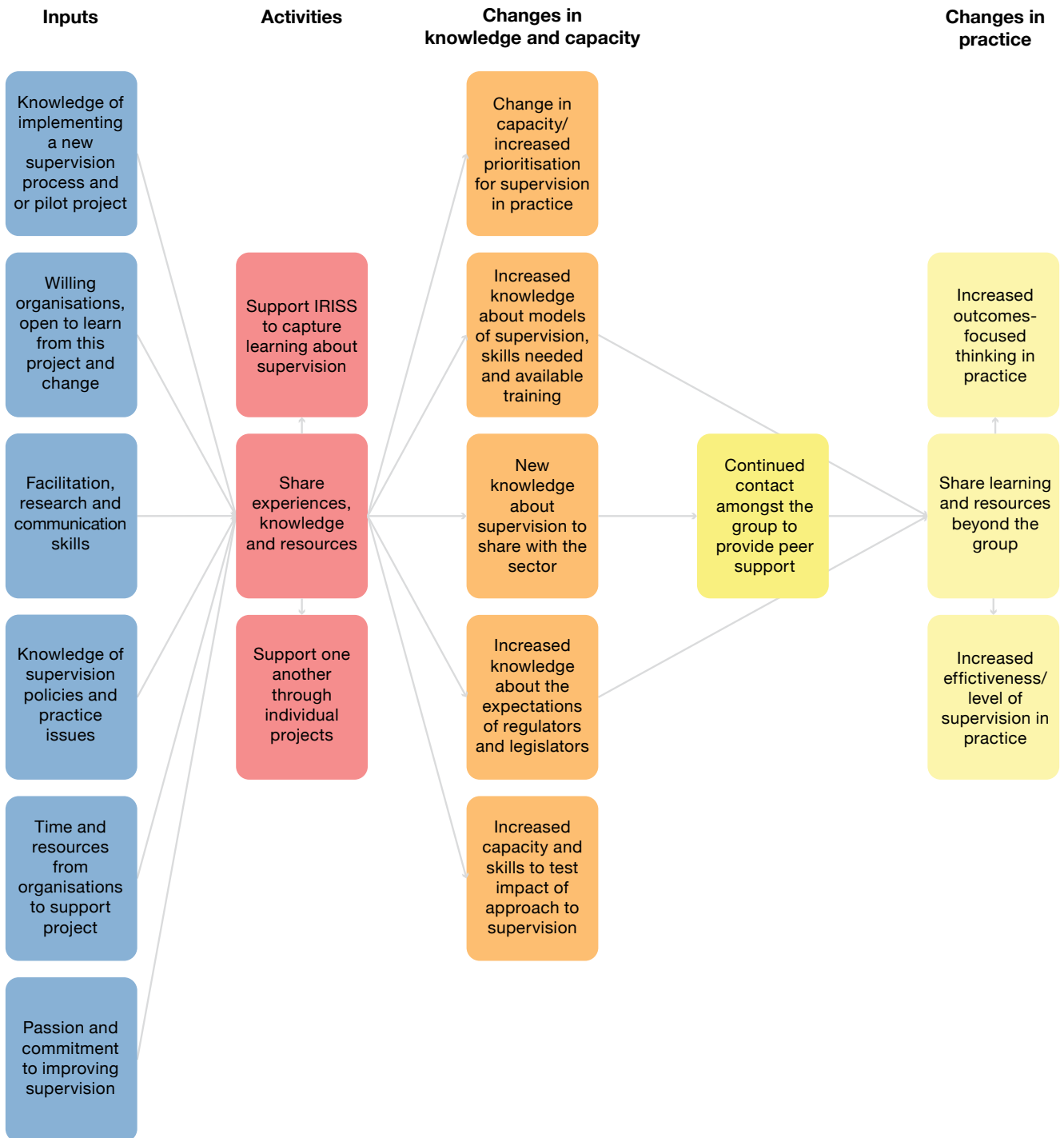
Scottish Social Services Council (2014) *Social Care Codes of Conduct and Practice for Social Services Workers and Employers*, Dundee: Scottish Social Services Council

Scottish Government (2002) *National Care Standards*, Edinburgh: Scottish Government

Scottish Government (2014) *The keys to life: Improving quality of life for people with learning disabilities*, Edinburgh: Scottish Government

Appendices

Appendix 1: Group logic model



Appendix 2: Project planning tool

Discussion points	Thoughts and ideas
1. What issue does your project / idea seek to address?	
2. What resources (time, money, skills, partnerships) do you need to do this work?	
3. What activities does the project involve?	
4. What outputs will the project produce?	
5. Who needs to be involved? How will you work with them?	
6. What changes in awareness will this work create?	
7. What changes in knowledge, skills or capacity will this work create?	
8. What changes in behaviour or practice will this work create?	



Discussion points	Thoughts and ideas
9. How will you measure and capture these changes?	
10. What are the risks? What could inhibit this project's success?	
11. How would you like to communicate the impacts of this project?	
Notes...	

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