# Supervision and Reflection
# Guidance for Accredited Members



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# Contents

# Introduction

UMHAN believes that supervision, alongside continuing professional development (CPD) and lifelong learning is fundamental to ensure safe and accountable practice and high quality clinical and professional services. Reflective practice is an important component of supervision, and an activity which can take place both within, and outside of, formal supervision sessions.

UMHAN concurs with the Department of Health's definition of supervision as a structured process of professional support and learning that helps practitioners develop their knowledge and competence, take responsibility for their practice, and improve safety and consumer protection in complex situations. It is vital for continuous learning and expanding practice, and it promotes self-assessment, analytical, and reflective skills (1993).

UMHAN is aware that the roles of Specialist Mental Health Mentors (SMHMs) and Mental Health Advisers (MHAs) can be highly demanding, and at times, emotionally complex. Supervision assists practitioners in managing demands, enhancing emotional resilience, and improving their personal and professional services development.

# UMHAN Supervision Requirements

We have benchmarked our supervision requirements against a variety of other professional bodies and recognise that some members may be bound by the requirements of different organisations. Accredited Practitioner members will be audited against these requirements.

Our current supervision requirements are:
- If a member works full-time AND during the summer (35 hours or more per week) we require a minimum of 1.5 hours recorded group or individual supervision per month, totalling 18 hours per annum
- If a member works part-time AND during the summer (less than 35 hours per week) we require a minimum of 1 hour recorded group or individual supervision per month, totalling 12 hours per annum
- If a member only works term-time, they will not have to record any supervision during the summer months (9 hours of supervision in total per annum).

A minimum of one hour's supervision per month is required even for staff who work a minimal number of hours, due to the need for regular supervisory input; in fact, for staff who work minimal hours, regular supervision can help to ensure that the supervisee does not become isolated or out of touch.

## Mitigating circumstances

UMHAN recognises that exceptional circumstances may arise which prevent the completion of CPD and supervision requirements, normally as a result of a break from practice. These include but are not limited to: sabbatical, extended sick leave, maternity or paternity leave. If you are selected for audit and believe that mitigating circumstances may apply or if you are planning to take time out from practice, please contact us for further information and advice at admin@umhan.com

# The benefits of supervision

Supervision is necessary in order to ensure an excellent service to clients, accountability to employers, monitoring and gate keeping of professional standards, and support, professional and personal development for the practitioner.

It is widely accepted that supervision benefits the employer, the employee and service users on a variety of levels. First of all, employees have some protected, regular time away from their work in a confidential one-to-one or group setting, where reflection and open discussion can take place in a supportive learning environment, without fear of possible performance management consequences. Working with psychological distress and mental ill health inevitably involves working with issues of risk at times and is associated with higher levels of staff burnout. Quality supervision helps employees to manage these factors, reducing risk of stress and burnout. It also provides opportunities for employees to receive feedback about their work, encouraging high work performance and a positive environment:

> *It has also been invaluable for me over the past 18 months since I have become a carer, to be able to reflect on and discuss my own wellbeing and the work life balance aspects of my practice with someone. I think this has really made a difference in preventing burnout and overwhelm and identifying too closely with some of the issues my students are also struggling with* (Mentor).

> *Challenges in responding to and managing an increased workload has led to self-reflection on how my communication style has been affecting my stress levels. It has encouraged me to make some changes to the level of assertiveness taken when setting and maintaining work boundaries and when communicating with and making referrals to the local GP and MH teams* (Mental Health Adviser).

Secondly, research consistently supports the correlation between employer-provided supervision and increased staff retention and can result in greater feelings of contentment in, and commitment to, the workplace. Additionally, effective supervision produces motivated, confident employees who can be mentors and better peers to others in the organisation:

*Areas of my own style of working practice have been improved, along with adapting approaches taken by my peers where appropriate within my own caseload. I have felt a clear improvement in managing my own wellbeing after managing traumatic situations* (Mental Health Adviser).

*Supervision has been particularly helpful this year in managing the burden of traumatic information related to student incidences. It has also helped to maintain a sense of boundaries at times when students have been in greater need, by identification of effective signposting recommendations and discussions around the benefits of "less is more" in order to keep mentoring as an empowering supportive role, rather than creating any dependence. Regular contact with my supervisor gives me a sense of the increasing confidence, resilience and competence I have developed over the years as a mentor* (Mentor).

Thirdly, regular, high quality supervision is likely to ensure that students who use the university's mental health services will receive effective service and superior quality ethical care. Supervision also decreases complaints and concerns about the service and general performance through the identification of an employee's training and development needs, and results in increased staff retention ensuring continuity of care for students with mental health difficulties:

*I also find it very helpful to get advice and guidance on how to work with a student presenting with particular needs that I haven't dealt with before, or for a long time e.g. assessing someone hearing voices or supporting a student with an eating disorder* (Mental Health Adviser).

*The supervision has offered opportunity to reflect on difficult support issues, particularly with students with complex MH issues, such as bi-polar and personality disorders, where the mentoring relationship can become nuanced and supportive in ways that may not be immediately connected to the work the student is undertaking, but more in terms of maintaining a supportive space for the student to be held, and know that signposting to broader means of support is available. Individual supervision has helped me to reflect on my approaches to support and to suggest avenues of research that can help me to build on my understanding* (Mentor).

*It has helped me identify and find new ways to maintain good practice and competencies through reflection and assessment of my current knowledge and skills, and to pinpoint areas of understanding and practice that require further training, guidance and practice. It has also helped me to identify CPD opportunities that might help me adapt to new ways of working introduced this year (more drop ins and triaging)* (Mental Health Adviser).

# Types of supervision

Each type of supervision below has its own merit, and it may be that you have a preference for a particular form of supervision. However, it should be noted that at times an issue will be and should be addressed using all three forms of supervision.

For example, an issue concerning safeguarding of a vulnerable adult may need to be discussed with a line manager (to support formal reporting), within group supervision in terms of how the individual managed the situation and within clinical supervision to meet any restorative and reflective needs.

Supervision should be primarily about understanding students and their needs, rather than anything therapeutic for the supervisee. If you feel that you are finding that your mental health is being negatively affected by the work you are doing, you should seek help - from a GP, local Mental Health Team, Counsellor, or staff Wellbeing Service and you should request that your caseload is reviewed.

## Clinical

The goals of clinical supervision are to ensure that the supervisee is using skills appropriately and suitably handling a client caseload, all while being mentored by an experienced professional. This leads to an increased skill set as well as improved outcomes of client care.

There is no one way to conduct clinical supervision, but there are a few principles:
- Clinical supervision allows a person to focus on a particular aspect of their clinical practice in a way that they would not normally do
- It is characterised by reflection on previous action and its implications for future action; a clinical supervisor will often challenge the mentee to think outside of their current ways of working
- The clinical supervisor will offer support and advice - the supervisee tends to learn alternative ways of working and specific skills
- The clinical supervisor will be interested in the quality of the supervisee's performance and will offer constructive feedback.

(Flying Start NHS, 2018).

## Managerial

Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:
- Review their performance
- Set priorities/objectives in line with the organisation's objectives and service needs
- Identify training and continuing development needs.

(Care Quality Commission, 2013).

For members employed by an institution or agency, this might take place in the form of a regular 1:1 meeting and within any performance development review structure.

N.B. Although some members may be line-managed by mental health professionals, it may not be appropriate for them to provide both clinical and managerial supervision, due to potential conflicts, for example, due to resourcing issues a team manager may have to make decisions about the workload of a member of staff; the member of staff may not feel that this is a safe way of working, and might need to work through this with a supervisor who understands their professional background. Similarly, it may be difficult for a supervisee to display any vulnerabilities, therefore preventing any effective learning and development of practice.

## Group supervision

Group supervision provides Advisers/Mentors with the opportunity to be encouraged and supported, to be innovative, to share knowledge and experiences, and thereby generate greater insights than individuals could generate on their own. Group supervision should be a systematic approach between a person and individuals who are of equal ability, standing or value. No one has more or less status than any other by way of seniority, profession or experience. Group supervision requires that Mental Health Advisers/Mentors:

- Actively seek to improve communication and interaction skills
- Improve knowledge and skills through sharing and reflection
- Provide ideas and new perspectives surrounding equality in Higher Education (HE).

Group supervision is governed by professional boundaries, inclusive of a contract and clear arrangements for note taking/dissemination, confidentiality and levels of contribution expected from the peer group.

UMHAN recommends that group supervision is facilitated by an experienced supervisor, in order to help in supporting and structuring the process, alongside a rolling agenda. They can also help to ensure that group dynamics and individual personality types do not impact on the quality of supervision. It will also be important for boundaries to be maintained (such as not introducing conflicts with confidentiality, performance appraisal, policy work, etc).

UMHAN members are encouraged to access group supervision within their organisation, or with local members. When the group is composed of mentors who have been accredited through the UMHAN Route 1 and Route 2 scheme, a professionally qualified supervisor MUST be in place as facilitator.

# Remote supervision

In recent years, some members have found remote/online supervision a useful way to access supervision. This has been particularly beneficial for those in a remote or rural location, or for disability-related reasons.

We do not require members to contact us before starting supervision remotely, however, please see our key notes on remote supervision below:

- This must be a video call, for example, using Google Meet, MS Teams, Zoom etc. Telephone is not an acceptable means of undergoing supervision apart from in exceptional and occasional circumstances.
- It should occur in a secure, quiet environment
- Firm boundaries should be established from the outset especially regarding confidentiality and suitable space (see above).

# Peer support

Peer support differs from more traditional forms of supervision in that it does not require the presence of a supervisor. Peer support usually refers to reciprocal arrangements in which colleagues work together for mutual benefit where developmental feedback is emphasised and self-directed learning and evaluation is encouraged (Coach Mentoring, 2008).

Peer support is an important way of providing a reflective practice opportunity.

Peer support should be seen as an addition to, rather than replacement for other supervision types as described above. An example format of peer support is provided in the Appendices.

## Professional supervision

Professional supervision is a positive and enabling process that offers the opportunity to bring an employee and a skilled supervisor together to reflect on work practice. It is the process by which someone can review and evaluate their work through discussion, report and observation with another colleague. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional and clinical issues. An outcome of professional supervision may be identification of work-related learning needs and CPD.

# Reflective practice

Reflective practice is an integral part of supervision, and also a complementary separate activity. It is often a requirement of registration in the healthcare professions, and a skill that will be taught during professional training.

There are multiple models for reflective practice - a simple model is a cycle of 3 questions: 'what?', 'so what?' and 'now what?'. Many reflective practice models have been critiqued over recent years, and feedback from our members show it can feel too easy to focus on 'what went wrong'.

To create a more positive environment for self-reflection which also focuses on practitioner wellbeing, UMHAN encourages the use of the SELF model which is grounded in positive psychology. Members should ensure that this aligns with the requirements of their professional body:

- **S**tart with something positive
- **E**xplain key points of the experience
- **L**earn from the experience
- **F**rame the experience in terms of what is valued, for example, in relation to a set of professional standards.

# Considerations

## Finding the right supervisor

Ideally you should be able to choose your own supervisor. Due to the personal nature of supervision, we suggest entering into a contract on a temporary basis, or having an initial meeting, to see if you feel you can build an effective relationship. Any good supervisor will understand the need for this.

Similarly, your needs may change over your working life, as you develop in experience, or as your role evolves. You should periodically review whether your current supervisory arrangements are fulfilling your needs.

Feedback from current members has shown that it can be challenging to find the right supervisor. Current members' supervisors include:

- Former colleagues with the same professional background
- Mental Health Advisers from the same or a different institution
- Counselling staff within the same institution
- Academic staff within the same institution who have a professional background
- Supervisors who are listed on a professional register, such as BACP
- Supervisors from a different professional background.

It may not be enough for a supervisor to have particular qualifications or training; substantive experience/depth of knowledge in the field of mental health is needed, and you should

research this, and be prepared to ask questions. See Appendix A for more information on generic supervision skills which may help you identify a supervisor.

Members and applicants can contact admin@umhan.com for a list of potential supervisors if needed.

## Ensuring your supervisor understands the context

Due to the unique nature of the roles of Mental Health Adviser and Specialist Mentor, it is important that your supervisor understands the context of your work. Your supervisor should be willing to try and understand the specific boundaries and challenges of the role, and it is important to consider how this might be done without it impacting on individual supervision sessions too greatly. For this reason, some members have found it easier to find a supervisor who already works within HE.

## Funding

Supervision can be expensive, although some members report they have been able to get it for free. You should check with your employer, whether a university or employment agency, what funding they will provide, and how payment will be made.

UMHAN continues to work to develop employers' understanding of the need for supervision, with the hope that more members will receive fully funded supervision.

## Supervision agreement

We recommend a supervision agreement is drawn up to detail practicalities, such as frequency and duration of meetings, but also to clarify roles and responsibilities, and the boundaries of the relationship. This should include details about when a supervisor is obliged to raise concerns about your practice and who to communicate these to. This should include UMHAN.

We have provided an example in the Appendices.

# Appendix A: Fundamentals of supervision

**Generic supervision skills**

- Knowledge of educational principles which influence learning and skill development and knowledge of educational principles which can be applied in supervision
- Knowledge of the context within which supervision is provided (including relevant professional, ethical and legal frameworks)
- Understanding of the ways in which professional and ethical issues are represented in supervision (e.g. managing boundaries, confidentiality, managing power differentials)
- Understanding of issues of difference and diversity in supervision and how these relate both to supervision itself and to the discussion of casework
- Developing and maintaining a working partnership
- Understanding of the importance of a safe environment for facilitating learning and of the factors that affect the development and maintenance of a good supervisory relationship
- Conducting supervision in group formats: knowledge and skills to structure group supervision and to manage group process appropriately
- Knowledge of procedures relevant to the assessment of poor performance and failure, and skills in implementing these
- Knowledge and skills to identify supervisee's training needs
- Knowledge of supervision models and how and when to apply these in practice.

# Appendix B: Peer support example

Typically, peer support will include:

- A 'check in' round where participants identify the issues to be discussed, add to the agenda, and divide the time appropriately

- In addition, the group decides on who will adopt particular roles should these be helpful. For example, a participant may be a facilitator (to keep track of the agenda and ensure balanced contributions) or a minute-taker. If these roles are adopted, they should rotate to prevent people being viewed in particular ways

- Participants can choose different methods in analysing both successful and challenging incidents, issues and dilemmas. Some tools involve structured questioning, others involve the sharing of practice and most involve feedback

- Participants need to be intuitive in their responses and ensure there is a balance of positive and challenging feedback

- The session ends with a final review in order to increase the group's cohesiveness and ensure that members leave 'intact'

- If there are any issues which the group identifies need bringing to the attention of the service provider, then a nominee is chosen to do this. Personal issues arising from peer support can be brought to the manager's attention also.

# Appendix C: Supervision agreement template

| | |
|---|---|
| Supervisee Name | |
| Supervisor Name | |
| Practical arrangements | *For example, time, venue, frequency and duration* |
| Contact arrangements | *What method will be used between sessions, any agreement about ad hoc or telephone supervision* |
| Content of sessions | *For example, any standard agenda, how items will be raised* |
| Expectations of the supervisee | *This might include information about past experiences of supervision, as well as their expectations of the supervisor* |
| Expectations of the supervisor | |
| Preparation | *By the supervisor to understand the context of the supervisee's work and the supervisee in terms of what they might want to discuss* |
| Resolving difficulties | *How either side might recognise any problems working together and how these might be worked through* |
| Communicating concerns | *Under which circumstances a supervisor might need to raise concerns about a supervisee's professional practice, and the name and contact details for this communication* |
| Recording | *How sessions are going to be recorded, and any ad hoc discussions, and who has access to this.* |

**As a supervisor, I take responsibility for:**

1. Ensuring a safe environment for the supervisee to discuss their practice in their own way.
2. Helping the supervisee explore, clarify and learn from their own thinking, feelings and perspectives regarding their practice.
3. Giving and receiving open, honest and constructive feedback.
4. Sharing with the supervisee information, experiences and skills appropriately.
5. Challenging professional practice in an open and honest manner.

Signed.........................................................Supervisor. Date....................................

**As a supervisee, I take responsibility for:**

1. Identifying issues for which I need help and asking for time in which to deal with them.
2. Becoming increasingly able to share these issues freely and honestly.
3. Identifying and communicating the type of response which is useful to me.
4. Becoming aware of my own role and scope and its implications to myself and the organisation and profession for which I work.
5. Being open to others feedback.
6. Noticing when I justify, explain or defend before listening to feedback.
7. Informing my line manager of my supervision arrangements.

Signed.........................................................Supervisee. Date....................................

**We shall take shared responsibility for:**
1. Arranging when, where and how long each ensuing supervision session will take place.
2. The frequency of supervision sessions.
3. The limits to and maintenance of confidentiality.
4. Reviewing regularly the usefulness of supervision at agreed and predetermined intervals.
5. Knowing the boundaries of the clinical supervision process.
6. Our responsibilities should the boundaries be infringed.

Signed.........................................................Supervisor. Date....................................

Signed.........................................................Supervisee. Date....................................

# Appendix D: Models of supervision

There are multiple different theoretical approaches and models for supervision. Here are some examples:

- Proctor's model - this identifies three separate areas of supervision: normative (managerial), formative (reflective) and restorative. Many other models of supervision use Proctor's model as a basis.

- Resilience-based Clinical Supervision - is a form of restorative clinical supervision which focuses on the 'emotional systems motivating the response to a situation' and includes elements of mindfulness-based exercises with a view to 'enhancing wellbeing, resilience and improving care'.

- The seven-eyed model of supervision - this is a relational model, where an issue is looked at through different perspectives.

- The queer people of colour resilience-based model of supervision - is a model of supervision that encourages queer people of colour supervisors to draw upon their own histories of oppression and resilience in providing culturally competent and affirmative supervision to trainees.