

Policy for Restorative Clinical Supervision

Specialist Services Community Health Newham
Directorate: Children & Young People Services.

Date: July 2015.

Document Control Summary

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Lead Director	Ian McKay, Head of Children, Young People and Women's Services, Community Health Newham
Sponsor Group	Paediatric Community Governance Group and Standards Group
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Reference (network)	Sonya Wallbank
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INTRODUCTION

What Is Restorative Clinical Supervision?

A model of supervision that demonstrates effectiveness in reducing burnout and stress for a range of Health Professionals, Restorative supervision positively impacts the ability of professionals to risk assess and take appropriate action.

Restorative supervision opens up a space for the supervisee to think about and reflect on the demands and issues they find challenging, stressful and would value an alternative perspective to think about.

To deliver an effective programme of care practitioners need a constructive space to think about and process their experiences. The Restorative Supervision process ensures that practitioners improve their capacity to engage with clients/patients by providing them with the opportunity to reflect on the content and process of their work and on how any personal issues might be impacting on this.'

They are able to build constructive relationships with their immediate management team and the wider organisation improving the workplace environment and ensuring that external relationships remain positive, meaning the practitioner can be supported within the wider team context.'

On the other hand, 'the restorative element (of clinical supervision) has been regarded as an essential ingredient to increase job satisfaction, vitality and reduce stress and emotional exhaustion' Gonge and Buus 2011

What people who have received restorative supervision say:

"I'd like to say thanks for the whole experience. It's been incredibly valuable and I have found the experience extremely motivating, challenging and positive. It's been refreshing to work with someone who has been able to demonstrate such a skilled professional approach. I've learnt a large amount throughout the process, which has enabled me to develop both personally and professionally" - A Health Visitor/School Nurse

Key Features:

You will receive supervision and be trained to deliver the model
The restorative model is evidence-based and has been delivered to a range of health professionals.
The model will support your capacity to think and make decisions therefore reduce risk.
The experience of supervision will leave you feeling restored.

Purpose and function of supervision

The Nursing and Midwifery Council defines clinical supervision as:-
'A recognised, structured process that facilitates the opportunity for practitioners to explore and reflect on personal and professional experiences in a safe, supportive environment with the aim of continually developing the quality of patient care'

- i) This definition incorporates each of the different types of clinical supervision that a practitioner might experience, managerial (normative), educational (formative) or supportive (restorative).
Currently the most frequently practiced model of supervision is managerial with the intention of ensuring that professional standards are maintained and that the policies and procedures of the organisation are adhered to.
- ii) The essential aim of clinical supervision should be to increase the resilience of the professional ensuring they can act on risk appropriately as well as guaranteeing and improving the quality of care delivered to families (Wall bank 2012).

Once you have processed your workplace experiences. Clinical Supervision allows you to use the safe environment to explore your learning needs. Perhaps, supporting you to make clearer decisions or bringing other aspects of your thinking to your attention.

This approach supports your ability as a professional to mobilise your ideas. You are more likely to be in a position to build positive relationships with your workplace and recognise your crucial role in informing and shaping workplace practices.

Purpose of the restorative supervision Policy

The purpose of this policy is to provide a framework of core principles and minimum

Standards for the Restorative supervision available to health visitors and school nurses within the organisation, It will in due time apply to all other staff, including administrative staff, managers and temporary staff (bank and volunteer staff) working within the Trust. The core principle of this supervision policy is to ensure that the people for whom we provide a service are well served. In addition the whole supervision process should ensure that staff are valued and developed as individuals and professionals.

There are many other supervision carried out in the organisation and there is need to make it clear that restorative supervision is not a replacement of those already in place and therefore different from Managerial supervision, Clinical/Professional Supervision, 1 to 1 supervision and informal supervision.

Definitions of other forms of supervisions

Managerial Supervision

This is focussed on an individual's overall workload, functioning within the team and maintaining clarity about role, responsibilities and accountability. It is a collaborative process and takes place with the line manager or delegated management supervisor. It is task-oriented, with a formal, service-led agenda. It is a planned process ensuring tasks are carried out to a satisfactory, safe standard in line with organisational objectives, and may include issues relating to professional development. It takes place in conjunction with the Trust's formal performance appraisal.

Clinical/Professional Supervision

This is focussed on the working relationship between the clinician/professional an individual service users and their carers/ family. It is an opportunity to systematically reflect on and understand the needs of the service user and carer and consider the practitioner's interventions and responses in the work.

Informal Supervision

This happens on a day to day basis in response to urgent and routine work and is about providing guidance and advice on an ad hoc basis. Informal supervision provides immediate advice and guidance within the work setting by senior colleagues and/or peers and support for individuals carrying out their routine work. It is also necessary for senior staff on duty to fulfil their responsibility for responding to issues of concern in relation to safety and quality.

Other forms of supervision

In addition to formal Management and Professional/Clinical Supervision which is available to staff and which this policy is primarily concerned with, there are other ways in which staff receive support, discuss and seek advice on their work and new ideas and methods of working which include:

- Peer discussions
- Team meetings
- Group supervision
- Mentoring
- Coaching
- Specialist advice or consultation

These are valuable and helpful ways in which staff can broaden their knowledge and expertise; however they must never be a substitute for formal, individual supervision

sessions. The team/line manager always remains accountable for the work of their staff and important or sensitive decisions and actions should not be taken without their knowledge, agreement and following relevant procedures.

Minimum standards for the content and conduct of restorative supervision

i) Traditional models of supervision tend to emphasise on the content of the work being undertaken rather than on the practitioner delivering the care. This often means that a managerial approach is taken through the use of checklists and targets for the supervisory space and the practitioner suspends their own autonomous decision making. Restorative Supervision focuses on the practitioner and their own capacity to think and make decisions. It helps the practitioner reflect on their own contribution to the situations they find themselves faced with and aid clarity of thought.

ii) Restorative supervision is a more formal way of delivering support to the practitioner. It contains elements of psychological techniques including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations. The model allows the practitioner to process their emotional reaction to their work events. It focuses on the relationship between the supervisee and their colleagues and/or the patients/clients they work with.

- a) Restorative supervision is not therapy. It is primarily focused on work place events and the impact that these have had upon the practitioner. The relationship between supervisor and supervisee is an important one as the supervisee needs to feel that the supervisor can provide a safe environment to discuss some of their more difficult experiences.

b) The content of the supervision could be about any work or personally related issue however the supervisor may initially guide the supervisee to consider the following :-

- Job satisfaction, strengths and achievements at work
- The natural stressors within the job and how they manage these
- The patients/clients they work with and how they manage these demands. This could be through discussion of specific families or patients
- Staff or colleagues the supervisee works alongside and how these relationships support or challenge them
- Is there anything blocking the supervisee's recent work experiences e.g. colleague difficulty, a patient/client problem or home events?

iii) Some time in each supervision session should be used to reflect on what has and what has not been useful. This will provide both supervisor and supervisee with the opportunity to consider how the session has been. A formal review of supervision should be factored in after four sessions to allow both parties to reflect on the process and whether the supervisee is finding it useful. The formal review will ask the supervisee to reflect on what has been helpful, what has not been helpful, what has been challenging, what they have learnt and what they have done with it. The supervisor should ask the same questions of themselves.

Minimum requirements for restorative supervision contracts

i) Effective supervision is a relationship between two people that begins with thinking about what they want from each other.

ii) Contracting is an important part of the supervisory process. (See the contract at the appendix 2)

iii) The contract will be flexible/verbal but within the context. It will set at the onset of the supervision where the content and boundaries are agreed between supervisor and supervisee. It is important to agree on a mutually convenient time and place where the process of restorative supervision can take place uninterrupted. The supervisor must be open with the supervisee as to what they hope to achieved during supervision and should allow the supervisee time to say what their objective are.

iv) It is important to discuss boundaries of confidentiality with the supervisee and emphasise that these boundaries should apply to both parties. If there is content that either party wants to share with others then this should be agreed within the session. Respecting mutual confidentiality is very important for developing an appropriate and trusting relationship.

v) Supervision sessions will be 55 minutes long with the final 5 minutes being used to reflect on the session and deal with the practical aspects of arranging the next session. It is essential that time is managed appropriately and does not run over. This should provide a safe and comfortable space for both supervisor and supervisee.

vi) The one to one supervision sessions should take place six weekly for six sessions, following which group supervision will be formed out of the individuals that have finished their one to one sessions. Group supervision will be formed which will comprise 6-8 supervisees. Once the group supervision is formed will be on going, the group session will be for an hour every six weeks and will be facilitated by a trained supervisor. In order to ensure that RCS is robust and implemented effectively the issues of capacity should be taken into consideration.

vii) As was noted above the agenda of the supervision could include any work or personally related issue. In the early stages before the supervisee gets to know their supervisor in order to avoid/reduce supervisee anxiety, especially for less reflective supervisees, the supervisor may guide the first couple of sessions. However as the relationship develops the session can become completely open and the supervisee can bring whatever is on their mind.

viii) It should be made clear to the supervisee as part of their supervision contract that the supervisor is not responsible for the supervisee clinical caseload and that any concerns regarding clinical decisions need to be brought to the attention of their appropriate manager.

Statement on anti-discriminatory practice:

East London Foundation Trust upholds the equal opportunity policy and this needs to be referred to within the context of restorative supervision sessions.

How restorative supervision will be recorded and the status of supervision notes

i) Restorative supervision differs from other types of supervision in that neither supervisor nor supervisee is required to record the content of the supervision session. This approach facilitates development of an open and trusting relationship between supervisor and supervisee. The supervisee may keep their own notes to include reflective activities and a broad summary of the key issues discussed. This is as an aide memoire and the notes are for use by the supervisee only and should not form part of any personnel or client specific record.

ii) The supervisor will be required to keep a record, hard copy or electronic, of supervision attendance/non-attendance and the dates of these sessions. They may also be expected to capture any themes that emerge from supervision sessions in such a way as to preserve the anonymity of their

supervisees. The supervisors may identify the overarching themes during their own group supervision with other supervisors. These themes will be shared with the organisation to support and promote organisational development.

The relationship between restorative supervision and appraisal

The supervisee should reflect on the content of their restorative supervision sessions when preparing for appraisal with their line manager. That will give them an opportunity for their personal development plan to include development areas that may have been identified through supervision. The process of the supervision may be discussed but not the content.

Rights and responsibilities of both supervisor and supervisee

i) Attendance at supervision must be prioritised by both supervisor and supervisee above all but the most urgent work demands (such as attendance at a child protection conference). Both parties must ensure that they arrive on time for supervision; that sessions are not cancelled or altered unless absolutely necessary without adequate notice (other than in a work or personal crisis situation); that confidentiality is maintained unless by mutual agreement; and that each is respectful of the other.

Effective supervision is a relationship between two people that begins with thinking about what they want from each other.

a) Supervisee

The supervisee should adopt a responsible approach to supervision in an ongoing way by –

- Identifying practice issues with which they may need help
- Becoming increasingly able to share freely
- Identifying the responses they want
- Being open to feedback
- Monitoring tendencies to justify, explain or defend
- Developing the ability to discriminate what feedback is useful
- Becoming more aware of the organisational contracts that affect the supervisor, clients and supervisee

b) Supervisor

The supervisor will have received training in RCS and will have participated in a minimum of four one to one supervision sessions. He/she will participate in regular (*monthly or bi-monthly*) group supervision sessions.

When delivering supervision the supervisor is responsible for setting clear boundaries for each supervision session. This will be through timing, and by keeping to timing. It is vital not to let issues run away. He/she will provide a regular space for the supervisee to reflect on the

content and process of their work, and on how any personal issues might be impacting on this. The supervisor should –

- Provide a safe environment
- Explore and clarify thinking
- Confront personal and professional blocks
- Give clear feedback
- Respect religious, cultural and personal issues
- Respect confidentiality

Methods of resolving disagreements and/or breakdowns in the process

Where there is issues between the supervisor and the supervisee eg personality clash or previous unresolved issues, the restorative supervision committees will review the case and make appropriate changes or support the staff to resolve their differences.

Confidentiality

i) Respecting mutual confidentiality is very important for developing an appropriate and trusting relationship.

ii) Normal codes of conduct relating to confidentiality apply to RCS and practitioners are expected to operate within their code of practice at all times. However there may be exceptions to this. The content of the material shared in supervision may sometimes cause concern or the supervisee may demonstrate a lack of fitness to practice which they are unable to recognise in themselves. This could be through failure to seek treatment for physical or mental illness or through revealing poor or dangerous practice during supervision, the nature of which could endanger/compromise patient/client care. It is important that the supervisor shares his/her concerns with the supervisee, and that a discussion is had as to the next steps that should be taken.

iii) Once the next steps are agreed the supervisor should contact, by email the supervisee confirming the action that will be taken. The content of the issue should not be revealed just the action plan. A line manager should be copied into this e-mail and receipt acknowledged. The supervisee should be supported in the continuation of RCS. The supervisors will equally seek supervision for themselves promptly.

Management of 'poor performance' and acknowledgement of 'good performance'

In the case of poor practice the Trust and NMC policy should be followed as already stated. Good practice should be acknowledged and rewarded via promotion and positive responsibility.

Principles of Effective restorative Supervision

The following principles are considered necessary to promote effective supervision and apply to all forms of supervision:

- An honest working relationship, where there is mutual trust and respect for the Individual
- Effective two-way communication
- Maintaining motivation

- A two-way process for enabling and empowering staff
- Promoting equality and diversity through anti-discriminatory practice
- Establishing ground rules about non-discriminatory language and behaviour
- Developing staff competencies by open and honest interaction between supervisor and supervisee
- Enabling staff to have safe haven to think in order to improve performance
- Enabling staff to develop professional autonomy and ownership of their work and life

Conclusion

RCS will be fully embedded in the organisation, so that the organisation can experience the benefits that this can provide, the process of RCS must be included as part of policy development therefore the Restorative supervision committee have developed this policy as a stand-alone policy. We will continue to ensure that it is continued to be robust and structured so that staff will have full benefit of it as well as the organisation and the population we serve.

References

Department of Health (DH). (2011) Health Visitor Implementation Plan 2011–15: A call to Action. London:

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Wallbank. S. (2012) Health Visitors' needs - National perspectives from the Restorative clinical supervision programme. *Community Practitioner*, 85 26-29

Wallbank,S. (2010). Effectiveness of individual clinical supervision for midwives and doctors in stress reduction *Evidence Based Midwifery*, 8, 28-34

Wallbank S (.2012). A healthier health visiting workforce: Findings from the restorative supervision programme *Community practitioner* volume 85 Number 11.

Wallbank S. (2012). Health Visitors' Needs: National Perspective from the restorative supervision programme: *Community practitioner* April 2012 Volume 85 Number 4.

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Appendix A

Impact Assessment Tool

Incorporating: Equality and Diversity; Human Rights and Environmental Issues

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

			Comments
1	Briefly describe the procedure/decision?		This is initial Restorative supervision policy for Health visiting ,School Nursing and other professionals within Community Health Newham
1.1	Briefly describe the purpose or objective of the procedure/decision?		The purpose of this policy is to provide a framework of core principles and minimum standards for the Restorative supervision available to health visitors, school nurses and other professionals within Community Health Newham.
1.2	Does the procedure/decision have a legitimate aim?	Yes	
1.3	Is the procedure/decision necessary, proportionate and lawful?	yes	
2	Will the procedure/decision affect one group or a combination of groups less or more favourably than others on the basis of: Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, Language (Disability includes: learning disabilities, physical disability,	No	

	sensory impairment and mental illness)		
2.1	List or describe the evidence that some groups will be affected differently?		N/A
3	Will the procedure/decision affect or restrict anyone's human rights? (see attached list)	No	
3.1	If the answer to Q3 is yes, which rights will be affected or restricted? a) absolute right e.g. the right to protection from inhuman & degrading treatment b) limited right e.g. the right to liberty c) qualified right e.g. the right to respect for private and family life; freedom of expression; peaceful enjoyment of property etc;		N/A
3.2	Can the procedure/decision be achieved without the infringement of human rights?	Yes	
4	Will this procedure/decision: • Reduce or increase waste • reduce or increase use of energy • Have an impact on the use of transport • Create community employment opportunities	Yes/No No No No	This procedure will support staff to combat stress hence reduces waste. This policy does not creat posts
	What action is to be taken to minimise the impact that the procedure/decision will have on equality and diversity and human rights.		N/A

5.1	What action is to be taken to minimise the impact that the procedure/decision will have on the environment		N/A
6	Have you consulted with relevant groups around this procedure/decision? - Staff members - Service Users - Carers - Other agencies	Yes No No Yes	This document has been circulated to the wider groups of services within children services.
6.1	Do you have further plans to consult with the relevant groups	yes	Governance Group For ratification
7	Will the procedure/decision be monitored?	Yes	Through 1to 1 supervision and groups supervisions
7.1	Will the procedure/decision be reviewed? If yes, when?	Yes	All Trust policies & Procedures need to be review in three year time frame.
7.2	Will this procedure/decision and this Impact assessment be published? If yes, list when and where this information will be available.	Yes	As an appendix to the policy.

This Impact Assessment Form must accompany the procedure to the relevant committee and copied to: Robert Jones, Associate Director of Equality and Diversity, 9 Allie Street. , London E1 8D

Appendix B:

Implementation Plan Template

Procedure title: Restorative clinical supervision
Lead Director: Ian McKay
Procedure lead: Charity Anyika
Sponsor Group: Paediatric Governance Committee

Objective	Action	Lead	Timescale	Progress/Outcome
1. The procedure is properly disseminated throughout the Trust.	Document sent to the various departments within children and young people services including the paediatric governance group	Charity Anyika and the Restorative supervision committees	4weeks	Disseminate procedure at locality team meetings; emails, 121 meetings and IPR Supervision.
2. Appropriate training is provided to staff.	To ensure that most senior staff undertake restorative supervision training in order to provide supervision to all staff to support them in delivering quality care services Safely.	Integrated team managers/ Clinical Team Leaders, and restorative supervision lead	Training needs identified when managers are providing staff 121 and IPRs	

Appendix C - DISTRIBUTION LIST

Ian McKay, Head of Children, Young People and Women's Services
Sarah Rolfe, General Manager and Lead Nurse, C&YPS
Diane Humphries, Assistant Group Manager, C&YPS
Agnes Adentan – Acting Named Nurse for Child Protection and Safeguarding
Children Team
Safeguarding Children Advisors and Paediatric Liaison Officer
Children, Young People & Sexual Health Governance Group – Community
Health Newham Directorate
Health Visitors
Integrated Team Managers
Clinical Team Leaders – Health Visiting Service
Zoe Vowles – Family Nurse Partnership
Mojisola Ogunsola – Integrated Team Manager
Omowunmi Adebayo – Integrated Team Manager
Nasim Patel – Central Child Health Information Team.
Sophie Njiri – Operational Lead for Child development Service

APPENDICE 1



Terms of Reference Restorative Clinical Supervision Programme Supporting health visitors and school nurses

The role of the contemporary specialist community public health nurses means frequent exposure to demanding emotional challenges, the pace of change within service as well as the rising demand from students' needs especially in the Health Visiting.

Implementation Plan (Department of Health (DH), 2011) moves forward are all vulnerability factors for professionals working in this area. It is important to bear in mind that where a visit has been difficult or emotionally demanding the content of the work undertaken, especially

Within safeguarding, is not appropriate to be shared with colleagues, friends or family because of confidentiality other than in the context of formal professional information sharing. This can have an impact on the professional feeling alone within their work and not benefitting from the usual social support networks, which are key protective factors (Regehr and Bober, 2005), therefore the organisation has bought into the restorative supervision programme to support practitioners in elevating stress and burnout

1. MEMBERSHIP

1.1 List of Members are the first set of senior health visitors who were trained by Sanya Wallbank team and one ITM.

- Practice teacher coordinator– Restorative supervision programme lead.
- Integrated Team Manager – Clinical Governance lead
- Integrated Team Manager- Quality and Performance
- Three Practice Teachers
- Childrens Triage specialist health visitor

1.2 Exclusions/Dismissals

Initial trained supervisors who hold their positions by the virtue of their initial training; consequently should a named member cease to attend the committee meeting and up taking of the RS, his/her membership will automatically lapse, and he/she will be replaced by the new trained member. When a member leaves or retires from the Trust.

2. ROLES

2.1 Formal:

The Restorative supervisors in both health visiting and school nursing are trained to provide supervision sessions to specialist community public health workforce in East London Foundation Trust who are dealing with complex cases on a day to day basis, to enable them to explore their fears and ensure that health and well-being at work issues are addressed.

3. MEETING FREQUENCY

The Restorative supervisors will meet 3 weekly and then every six weeks once all necessary policies and documents have been formulated. The meeting will last no longer than 2 hours.

4. QUORUM

Minimum of four people need to attend for the meeting to convene.

5. CONDUCT OF MEETINGS/VOTING ARRANGEMENTS

The chair will be the Specialist practice teacher coordinator – Restorative supervision programme lead.

Decisions will be by consensus or direction of the chair where a decision cannot be made.

5.1 Agenda

Agenda will be collected via email by the chair and circulated ideally one week before the meeting.

5.2. Minutes

Minutes will be taken by the group on a rota basis.

Minutes will clearly identify all action plans and who is responsible for those actions.

Minutes will be approved at the next group meeting.

Meeting will take approximately 2 hours.

6. REPORTING ARRANGEMENTS

- a. Action plans will be cascaded to all members and Acting Group Manager- Lead Nurse

- b. Completed policy and other documents will be taken to the Clinical Governance Sub Committee for ratification on a quarterly basis.

APPENDICE 2



CLINICAL RESTORATIVE SUPERVISION CONTRACT

Date of contract:

Supervisor:

Supervisee:

Purpose of supervision:

- To enhance positive outcomes for staff who work with complex clinical caseloads
- To encourage continuous professional development
- To support in managing the demands of the job by providing safe place for reflection.
- To provide listening and support to supervisee in a safe and appropriate manner where demands of the job exceed staff capacity
- To ensure that health and well-being at work issues are addressed
- To allow HCPs to explore their fears and learn new ways of communicating and building confidence: this will enhance individual interpersonal skills and positive behaviour.
- To enable HCPs to have an informal space where the impact of stress can be alleviated and for staff to use this forum as a protective factor against stress.
- To support HCPs in the development of leadership skills.

Terms of contract:

1. **Boundaries for sessions:** Confidential, no cancelations, respect of personal concepts and values punctuality, honesty, commitment and openness required.
2. **Frequency of meetings:** TBA
3. **Length of sessions:** 1 hour: this will be recorded in attendance record with supervisor.
4. **Location:** To be arranged by supervisor
5. **How the agenda will be set:** Supervisee sets tone of supervision
6. **Cancellation arrangements:** The session can be cancelled in advance: if 2 sessions cancelled supervisee contract will be terminated and be replaced by someone else in the queue.

Storage and access to supervision contract: Attendance form on completion will be stored in personal file.

Supervisor's signature: Date:

Supervisee's signature: Date:

APPENDICE 3



SUPEVISION ATTENDANCE RECORD

SUPERVISEE	DATE	ACTION	Next supervision date	signature

Appendix 4
Contacting Your Allocated Supervisee

Now that you have been allocated some staff to supervise you will be planning contacting them to set up the supervision. The way in which you approach this process is the starting of the relationship you will establish with them so it is important to consider how you will do this. It is perfectly normal to feel some anxiety and apprehension about this. Your supervisee will be feeling the same. Ideally it is recommended that you contact them by phone so it feels personal and the relationship can begin, however if this is not possible you may wish to send an e-mail. Below are template e-mails if you wish to use them or adapt them. You will need to alter some of the information which is in italics and underlined. It is important that any difficulties in engaging with staff are fed back to the Implementation Committee.

First E-Mail –

Dear.....

Thank you for expressing an interest in receiving Restorative Clinical Supervision which is a model of supervision currently being *rolled out/introduced across theservice*. I will be your supervisor and very much look forward to meeting you. I too have received and continue to receive Restorative Clinical Supervision and have found it very beneficial in terms of my own well being and also professional development.

There is some information attached in the form of frequently asked questions which will hopefully answer any questions you may have.

I would be most grateful if you could respond to this e-mail or alternatively call me *on.....* so that we can make arrangements for the first session.

As a preliminary suggestion I do have availability *on*

There is a growing demand from staff to access Restorative Clinical Supervision so please can I request a response by..... *If* you do not wish to proceed at this stage please provide a brief explanation as to the reasons why as it helps us to know what the issues and challenges are within *your role/department/service* resulting in you being unable to access supervision.

Please do not hesitate to contact me with any queries and I look forward to meeting you shortly.

With Regards and thanks

.....
Second e-mail-

Dear.....

I hope all is well with you. You may recall I e-mailed you on.....to offer you Restorative Clinical Supervision and as yet have not heard back from you. Time does catch up with us all so maybe you have not had the opportunity to reply therefore can I ask that if you wish to book supervision sessions that you contact me by.....

Should I not hear from you by this date I will assume that at this time you do not wish to take up the offer of Restorative Clinical Supervision and will allocate the time to somebody else.

Please, if at any time you wish to receive Restorative Clinical Supervision please

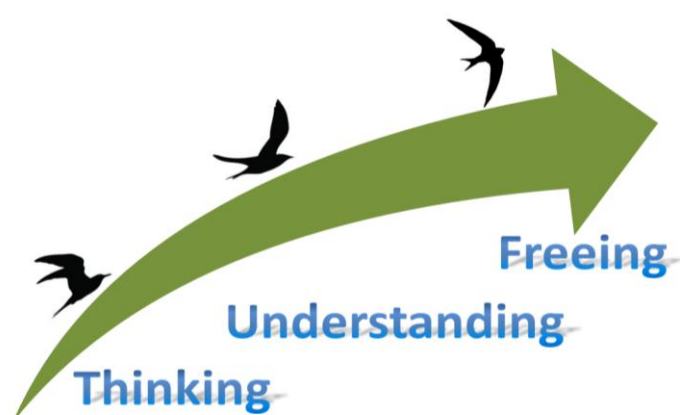
Contact Who will arrange for sessions to commence?

With regards and thanks

APPENDICE 5



SWFT Restorative Experience Creating Thinking Space



POINTS TO CONSIDER FOR NEW SUPERVISORS COMMENCING DELIVERING INDIVIDUAL SUPERVISION SESSIONS

FORWARD PLANNING

Offering several months of sessions can optimise availability for your supervisee and also allows them the opportunity to book rooms. Six sessions is the current model being offered before commencing group sessions?

Ideally the supervision is encouraged to occur away from the supervisee's base but without an excessive distance for both of you to travel.

Parking – Being able to let your supervisees know about parking availability can help to reduce their concerns about arriving on time

ENVIRONMENT

Seating may need adjusting to create an appropriate space in the room.

A sign to place on the door can avoid interruptions e.g. “Restorative Clinical Supervision Please do not disturb”.

Ensuring your phone is switched off signals your commitment to the session.

Tissues – not always needed, but nothing else will do when they are!

If you are able to offer a drink this can feel welcoming, but is not essential. A glass of water is fine too.

SELF PREPARATION

Prior to your first session you may find it useful to revisit your training manual for clarity and guidance about the Restorative Supervision process.

Clearing your head before each session will allow you to think more succinctly about what the supervisee is communicating. Allow yourself a few minutes between sessions for this and possible comfort breaks.

ACTUAL SESSION

It is best to avoid open questions as you welcome the supervisee into the room. It may be difficult to interrupt their flow and it is important to establish your contract first of all.

Also, not everyone will be familiar with Restorative supervision, so please explain it and use the model from your manual. You will need to explain that you too have been through the process and have been trained.

It is important to make clear to your supervisees that they **will not** be delivering supervision unless they go through the training with the Restorative Supervision Team.

Please include all of the following information contained in the 'CONTRACT' section below within your first session.

CONTRACT

This is a verbal and based on negotiation and good will. There is an expectation that you will both attend the planned sessions, and you should agree how attendance/non-attendance is recorded. Providing contact details to each other is necessary in case a session needs to be cancelled.

The session is an open space with no set agenda. The relationship between you and your supervisee is confidential, honest and equal- you are not setting yourself up as an expert to solve their difficulties.

No written records are kept of the session. **However**, should anything be raised that is professionally concerning which you feel requires action beyond the confidentiality of the session, and then you discuss with the supervisee how to take this forward. This is recorded contemporaneously on the 'Action required' form (attached).

GROUP SUPERVISION SESSIONS

Please continue to access group supervision for yourselves and utilise these sessions to clarify any issues relating to the supervision. Please remember that you should not be providing supervision to others unless you are receiving supervision yourself.

APPENDICE 6



Adapted from South Warwickshire NHS

SWFT Restorative Experience
Creating Thinking Space



Frequently Asked Questions for Preparing to Commence Restorative Clinical Supervision

What is Restorative Clinical Supervision?

South Warwickshire NHS Foundation Trust (SWFT) Restorative Clinical Supervision Team deliver a programme of supervision which is ideal for professionals experiencing an emotionally demanding workload. The difficult emotions that staff are continually exposed to are processed through a supportive, (Kadushin, 1976) confidential relationship rooted in the concepts of the Solihull Approach so that the worker feels restored (Proctor, 1988b).

Is Restorative Clinical Supervision only for professionals who report to be stressed?

Restorative Clinical Supervision is available to all professionals and can be rolled out across a service. To deliver an effective programme of care, professionals need a constructive space to think about and process their experiences. Too often within services the emphasis of clinical supervision is on the content of the work and seen as a managerial function rather than in building the resilience and autonomy of the

professional. There is evidence that some professional groups are subjected to high levels of stress and burnout and that they are not always mindful of prioritising their own physical and psychological wellbeing. Receiving restorative clinical supervision provides some protected time to think about yourself and the aspects of your job which have an emotional impact. By processing some of the challenges and complex situations you encounter can support you in being effective in your role, increasing resilience whilst reducing the negative impact your work may have on you.

What Training has my Supervisor received?

All supervisors delivering restorative supervision have participated in a programme which has been delivered by The Restorative Clinical Supervision Team from SWFT. They have been selected for their ability to deliver effective supervision, attended an introductory day and received one to one supervision themselves and now attend restorative group supervision, which is an essential component to delivering supervision.

Are any notes taken at the session?

No there will not be any notes taken during or after supervision. You may wish to keep reflective notes. The only record kept is attendance. If you are unable to attend a session, which we ask you to try and avoid unless absolutely unavoidable, you must contact your supervisor in good time and inform them of the reason why you cannot attend. This is the only information that is recorded and passed onto your line manager.

Is the content of the session confidential?

Yes the content of the session is strictly confidential. Neither supervisee nor supervisor should be discussing any issues related to the session outside of supervision. If anyone is heard discussing supervision they must be reminded that they are breaching confidentiality and risk being reported to a senior manager.

Should there be any cause for concern raised in the session the supervisor will discuss this with you and together you will decide how it will be raised outside of the session. This action will be recorded on a specific form and you will receive a copy. Your supervisor also holds a copy. Please note: this occurs extremely rarely.

This is all discussed at your first session where you both agree to a verbal contract relating to supervision.

Is it a counselling session?

No, it is not counselling. It is very much supervision. However, within the supervision session you may recognise therapeutic skills and effective interpersonal skills when conversing. Your supervisor is there as an equal to you so there is no assumed expertise or hierarchy between you. If however an issue arises where counselling or another intervention is perhaps required your supervisor may suggest or sign post you to explore this further.

How long do the supervision sessions last and where do they take place?

Each session is for one hour. You will be informed of the venue once session the starts.