

STAFF SUPPORT AND SUPERVISION FOR OUTCOMES BASED WORKING

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Part One: Principles and purpose of this guidance

There has been a recent shift in policy and practice towards focusing on outcomes in health and social care. A clear distinction has been identified between needs led ways of working, and outcomes focused practice. The key difference is that whereas needs led assessment tended to view the delivery of service as the endpoint (e.g. referral to daycare), outcomes focused assessment and planning focuses on the person and the likely impact of the plan (e.g. living safely within their own community), and consideration should always be given to the role of the person in identifying and achieving their outcomes. Practitioners tell us that an outcomes approach supports practice that has been undermined by task orientated and service driven approaches. Focusing on outcomes can require a significant shift in thinking, and learning from implementation has identified the importance of continuing support and supervision for staff in achieving outcomes based working. This guidance has been produced to support this shift.

Supervision for staff involved in complex work can help them to reflect on their practice and to practice effectively in face of resource and time limitations. Frontline managers have a key role in this, and are the primary intended audience for this guidance. This guidance will not attempt to cover all the principles and purposes of supervision, as these will vary between professions and settings. Rather, it will highlight existing principles of supervision that are consistent with an outcomes approach as well as examples of outcomes focused conversations between supervisor and supervisee. The guidance has also been produced with recognition that not all staff involved in outcomes focused practice are subject to formal supervision, and the principles can also apply to other forms of staff support, as identified below.

Although this guidance has been produced as a result of a specific outcomes based approach called Talking Points**, which has a community care focus, it is suitable for practitioners and managers working with a range of individuals including children and families and adults of all ages, and using any personal outcomes based approach

General principles of supervision and support

Before going on to consider outcomes in supervision and support, brief consideration will be given to the purpose of supervision in general. Over time, attempts to define supervision principles in social work for example, have remained fairly consistent and highlight core, sometimes competing elements. Dawson (1926) defined the purpose of supervision as *Administrative, Educational and Supportive*. This means that supervision provides an opportunity to marry agency priorities, quality assurance, support for the practitioner and opportunities for reflective practice.

With regard to supervision for nursing professionals, the Nursing and Midwifery Council (NMC), recently updated their guidance, identifying the aims of clinical supervision as

- To identify solutions to problems
- To increase understanding of professional issues
- To improve standards in patient care

- To further develop skills and knowledge
- To enhance the person's understanding of her or his practice (NMC, 2006)

These aims can be viewed as consistent with the administrative, education and supportive elements highlighted by Dawson, and as relevant to a variety of agencies.

However, some staff groups who might use personal outcomes approaches do not receive one to one supervision. It is therefore intended that the principles and examples can be adapted for group supervision or peer mentoring sessions. Indeed, some practitioners have identified specific advantages to peer support sessions, including the opportunity for colleagues to come together to share experience, knowledge and skills.

Principles of outcomes focused practice, supervision and support

In this section, three key practice elements are highlighted which to support outcomes based working; an outcomes focus, reflective practice and a solutions focus. In each case, the implications for practice and implications for supervision are highlighted.

Outcomes focused practice, supervision and support

Practitioners have reported that outcomes based working has re-asserted their role as a significant resource in working with individuals. Until recently there has been a reduced emphasis on the importance of relationship building with people using services. An outcomes based approach is based on more direct involvement with people, and the role of the professional as agent of change. This can require quite a different emphasis for staff who have become used to very prescriptive ways of working, and staff need to know they have permission to do things differently

Outcomes focused work is based on the concept of a conversation, based around the outcomes that we know are important to people. Practitioners are therefore establishing rapport and listening to the person's 'story'. Where practitioners have become used to pre-determined question and answer formats, it can be a challenge to move towards less structured formats. There is significant skill involved in being able to work flexibly around a framework of outcomes, allowing the person to determine the order in which they want to talk about their lives, while ensuring that core areas are covered. Smale et al (1993) describe three models of assessment;

The **questioning model** – where the *assessor* is the expert and asks all the questions in order to determine what the person needs

The **procedural model** – where the *forms and procedures* are the expert and the assessor just follows there instructions which will determine what services should be provided

The **exchange model** – where *everyone* is an expert, including the assessor, service user (by experience) and carer, assessments and planning including review are therefore co-produced.

An outcomes approach would support the “exchange model” where the strengths, capacity and aspirations of the services users are central to the assessment.

There are strong parallels between the role of the practitioner working with the individual to identify and work towards the outcomes important to them, and the role of the supervisor working with the practitioner to identify their strengths and skills, and to be outcomes focused in the work that they do. Outcomes focused supervision requires a future focus (Bucknell), developing clear descriptions of the desired outcomes and goals, and envisaging the endpoint at the beginning. Just as a focus of work with people using services is to formulate a plan with a clear sense of direction, a key outcome for the professional leaving supervision or support session is that they will have a sense of clarity about the direction of the work and steps they are going to take.

The primary characteristic of outcome focussed supervision is maintaining a focus on the intended results of the work, and to use this focus as a way of structuring supervision. Associated with the outcomes are activities that the supervisee, [the] person and others carry out as part of the plan (Bucknell, p44).

Frontline managers have informed that they would also welcome outcomes focused support and development opportunities, to develop their practice as managers. Where available, supervisors have benefitted from an outcomes focus in management training and in supervision sessions with their line managers.

Reflective practice, supervision and support

Engaging in reflective practice is consistent with outcomes focused practice and associated with improved quality of care and support, stimulating personal and professional growth and closing the gap between theory and practice (Jasper, 2003). Writing from a social work perspective, Yelloy and Henkel (1995) highlight the following characteristics of the reflective practitioner:

- engages with the experience of the service user
- collaborates with the user to assess strengths, resources, needs and risks
- helps the service user make sense of and understand their experience in terms of their own histories, cultures and values
- works with the services user on generating potential action plans, goals, strategies, resources, solutions and services
- reviews progress against shared goals

Although reflection could be described as a continuous process, supervision and support sessions should afford some protected “thinking and talking” time. A key role of the supervisor, frontline manager or peer mentor therefore, is to ask questions to support colleagues to analyse and make sense of interventions. Reflective practice is necessary to support an outcomes focus and it is helpful to think of outcomes for staff being as important for outcomes for users and carers e.g. feeling valued and respected. Just as the professional needs to actively listen to the person they are supporting, the supervisor needs to listen to staff with a constructive ear, listening for positive aspects of practice and identifying things that are going well. Although it is tempting for the busy supervisor to provide quick answers to the practitioner under pressure, supporting staff to be reflective in their practice enables them to think more independently in the longer term.

Solutions focused practice, supervision and support

While acknowledging the challenges people face, there is a role for solutions oriented thinking and focusing on outcomes can support this. Solution focused approaches assume that change is inevitable and that the worker's role is to support people to notice, to take control and to shape change in ways helpful to them. Motivation can be improved considerably through enhancing a sense of the possible (Bucknell, 2006). From this perspective the practitioner's role is to be an enabler and support the person to make the changes. This doesn't mean 'fixing' the problems presented, but that active listening skills are paramount. Even where there is no prospect of reversing identified difficulties, such as deteriorating health, the focus should still be on supporting the person to identify what needs to happen to make the most of the life they have, and where there is a terminal illness, to plan for the best end of life possible. This includes building on past or present strategies that they have used to achieve their goals.

In parallel to this, outcomes focused supervision involves encouraging the practitioner to identify previous strategies which proved successful. Although practitioners can feel "stuck" in complex situations, acknowledging that is healthy and provides opportunities for progress. A key aspect of the role of the supervisor in supporting analysis in supervision involves being solution focused and finding ways to move forward.

Again, while there is existing practice which focuses on solution-finding, service led approaches to assessment have created a tendency to focus on deficits and problems. Solution focused supervision treats supervisees and service users as experts in their own work and lives, and prioritises partnership that addresses individual autonomy and experience, emphasises strengths and enhances a sense of control (Wei-Su Hsu 2009). Solutions and outcomes focused supervision therefore include use of therapeutic skills, such as the miracle question and approaches which require the individual to imagine what their future could look like, e.g. "What will it look like when you have solved your problem?" or "What would you be doing if you achieved your goal?" Other questions support the person to think about 'exceptions' to the problem, what tactics they have used to cope with their situation and what they have 'noticed' themselves. These questions can help the individual to reflect on their own situation and develop solutions.

Recording

The outcomes are described in detail, and these descriptions form indicators that help the supervisor and the supervisee review the progress of the work and 'keep on track' (Bucknell, p45).

Clear planning is critical to effective outcomes based practice. The practitioner should have 'heard the story' of the person they are working with, and engaged with the person to develop ideas about what they want to achieve in terms of 'desired outcomes.' From the point of identifying the outcome, the steps required to achieve that outcome should follow. The plan may or may not involve a service, and should also involve consideration of the role of the person in working towards that outcome.

The role of the supervisor is to support staff to express outcomes in everyday language, and where possible in the language used by the individual. The supervisor could usefully include an outcomes section in a recording template within supervision, to support improved recording of outcomes. The plan will include activities which are designed to achieve the outcomes and identify who is responsible for each activity. Written plans can and should set the direction of travel and are core to measuring

whether any change has been effected. Plans and subsequent reviews afford opportunities to look back on the journey, to evaluate and review progress. Practitioners should routinely involve services users and carers in understanding what and why they record and managers should encourage and promote this involvement in recording.

The supervisor can also use the plan to check whether there is a clear sense of direction. Supervision becomes a forum for clarification and for finding ways of achieving outcomes through identifying opportunities for change and using available resources. Again this mirrors the work between the practitioner and the person.

Plans should also identify risk, the management of risk and contingency planning. The development of a risk averse culture has had a significant impact on the confidence of staff in their decision making. Although complex and challenging, risk is part of every working day. Supervision provides an ideal opportunity to discuss these areas including the identification, planning and management of risk. It is also an opportunity to explore the concept of risk enablement and support reasonable risk taking, such as those taken by most of us in our everyday lives, which can create learning opportunities.

Table: Summary of service led and outcomes focused assessment and supervision

	Service led			Outcomes focused	
	assessment	supervision		assessment	supervision
endpoint	delivery of service	focus on the here and now	<input type="checkbox"/> S	impact of the plan	future focus
format	pre-determined question and answer formats	pre-determined question and answer formats	<input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> F	semi structured conversation = open questions	semi structured conversation = open questions
approach	obtaining information required for form filling	obtaining information to meet agency requirements	<input type="checkbox"/> T	active listening	active listening
person	client, service user or patient	supervisee, learner or trainee	<input type="checkbox"/>	person in their own right with skills, ability and potential	person with skills, ability and potential
practitioner or supervisor	expert	expert, fixer and assessor		enabler & partner	facilitator
focus	identifying problems and deficits	risk aversion and trouble shooting		building on capacities and strengths towards creative solution	identify previous strategies which proved successful
recording	tick box	tick box		building a picture of the person towards a	supporting identification of outcomes and means of

				clear plan for achieving outcomes	achieving them
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Part Two: Focusing on outcomes in practice

Supervision and support sessions should involve staff bringing examples from their own practice. The examples which follow describe situations where an outcomes focus has been used to support staff to think in a different way about the work that they are doing. These examples are based on one-to-one supervision but the principles could be applied to facilitation of group supervision or peer support sessions.

Conversation One – Preparing for the work (Carers support service)

Envisioning times when work is successful can be used to rehearse the action the worker needs to take, building a sense of possibility. This involves supporting the supervisee to do what they are good at and to try out new ideas and to be creative in achieving goals. The supervisee needs to remain the expert in identifying what might work for them and the person they are working with.

Supervisor: So what are you hoping to achieve with Mr. Brown?

Supervisee: Well, it is difficult because he is really resistant to accepting respite. His GP is clearly saying that unless he gets a break from caring for Mrs. Brown, he is at real risk of becoming exhausted and he is showing signs of depression

Supervisor: Have you tried offering anything other than respite?

Supervisee: Well, we did suggest a short break to let him get away for a couple of days but the thing is that last year he made a promise to his wife to look after her as her dementia progressed. He doesn't want to let her down, but what's worrying me is that he won't be able to continue to carry on as he is at present

Supervisor: Have you tried to talk to him in terms of what seems to be his key outcome, of being able to continue to care for his wife?

Supervisee: Not in those terms no, but it might be worth starting the conversation with that outcome, and identifying the risks of carrying on as he is. We might be able to reconsider his health issues as something that must be addressed to be able to continue. Maybe we should scale back from the idea of a couple of days break for now. I think I'll suggest a support worker coming in for a couple of hours.

Supervisor: That sounds like a good plan. He might feel more comfortable with small steps to start with.

Conversation Two – Building on exceptions (Community mental health team)

Listening out for exceptions is an important aspect of outcomes and solutions focused supervision. This is based on the assumption that there will be a time when the problem is absent or reduced, or different. Consideration of 'exceptions' can help people feel more optimistic about the possibility of change. Describing the desired future can help individuals feel that change is possible, and to articulate goals they can work towards.

Supervisor: How was Susan since your last visit?

Supervisee: She was pretty low, and she hasn't been out of the house much in the last few weeks. Her confidence took a knock since she fell out with her neighbour.

Supervisor: Were there any areas where she had made progress?

Supervisee: Well, following the discussion we had last time about how unhappy she is in her flat, she had phoned two housing associations and got application forms sent to her. Her plan is to move out of the area to be nearer her family. She had already started filling the forms in herself, and was going to have them finished for me to check over next time.

Supervisor: So she took the initiative herself to do that?

Supervisee: Yes, I was really pleased actually. She wouldn't have done that a few months ago. When I see her again next week, I need to remind her that this shows what she is capable of.

Supervisor: Yes, you have said before that she never gives herself credit for what she has achieved. Your reinforcing that will mean a lot to her.

Conversation Three – Focusing on the future (Criminal justice team)

Outcomes focused supervision adopts a future focus, developing clear descriptions of desired outcomes and goals and envisaging what success or achievement of outcomes will look like. Envisaging success can help to build a sense of the possible and may involve reframing from a current sense of being stuck.

Supervisor: So how are things going with Mr. Jones?

Supervisee: Well, I wish I could say that we were making progress but we just don't seem to be able to move things on.

Supervisor: You were hoping to finally get past his resistance to working with you?

Supervisee: Yes, but he just wants to get us 'out of his life' and I wonder if someone else should take over working with him because things have been stuck for a long time

Supervisor: Do you think there is maybe a different way of looking at the outcome he is expressing – that is, to get us 'out of his life'. Maybe that could be viewed as a positive intended outcome? And we could identify the steps that would need to happen to achieve that.

Supervisee: I could give it a try. We did talk before about 'self-management' and he wasn't having it, but if we framed it in terms of him getting services out of his life, he just might consider it.

Supervisor: If he is going to consider it, we could maybe re-assess Mr. Jones on the risk issues involved, as well as his capacity for self-management

Supervisee: We might even get the issue of getting his own tenancy back on the agenda

Supervisor: That certainly sounds worth a try

Conversation Four – Using scales to review progress (Community diabetes team)

One of the goals of supervision is to support the supervisee to review progress and keep on track. The scaling technique can be useful both for reviewing progress, and for bringing a sense of realism into discussions about what is achievable.

Supervisor: So if you think back to when you starting working with Jean, how would you describe things compared with where you are now?

Supervisee: Well, when I think back to how poorly managed Jean's diabetes was six months ago, I would say that things have moved from about a two to a six. It took some time to get her on board on first, but now that she is managing her medication so well, and walking nearly every day, she can see and feel the benefits for herself.

Supervisor: That's pretty impressive, because if I remember, Jean wasn't keen to work

with us at first.

Supervisee: No she wasn't. One of the things that made a difference for Jean was seeing her brother's health deteriorate recently with the same condition. But we had already done a lot of work to get to know Jean before that happened, and she had already made some changes.

Supervisor: So your work on building rapport with Jean has definitely resulted in significant improvements. Do you think you can move things to a seven or even eight?

Supervisee: Well, I am happy to keep trying but Jean's husband Hugh is the one who manages their diet and I'm not sure there is anything more we can do to get him to improve that. I think possibly I have to accept that I can't do much more on that front, but remind them about the diet sheets, and encourage them to keep up with the things that are going well.

Conversation Five – Acknowledging and sharing good practice (Community addictions team)

Where systems have been focused on problems and on being service-led, moving towards an outcomes focus requires recognizing and acknowledging examples of outcomes focused practice. This reinforces the practice of each individual. Encouraging practitioners to share their practice with their colleagues also improves understanding and development of outcomes focused practice amongst the team.

Supervisor: So what are you planning to do the next time you visit?

Supervisee: I will be asking Jim how things have gone in the past two weeks, and whether he feels any better about himself as his confidence was really pretty low

Supervisor: Where did you leave it with him the last time?

Supervisee: Well, Jim was considering going back to college to finish his course. But he was worried about taking on too much too soon at his stage of recovery.

Supervisor: What do you think about that?

Supervisee: I thought about using a decisional balance sheet with him, to help think things through.

Supervisor: I haven't heard of that before. Do you mean weighing up the pros and cons of going to college?

Supervisee: Yes pretty much. It's something we used in my old office. It's a good way of thinking things through and working out if the timing is right to make a change.

Supervisor: That sounds like a great idea. The next team meeting will be after your next visit. Would you be happy to tell the team about the tool and how it goes with Jim?

Supervisee: Yes, I'd be happy to do that

Conversation Six – Negotiating Conflicting Outcomes (Children and Families)

One of the core skills required in working with complex situations is being able to negotiate a way forward when there are strongly conflicting views between an individual and the professionals involved in their life. Outcomes focused planning can help here, through identifying and recording the outcomes for each party involved

Supervisee: I think at last I might have made a breakthrough with Jill

Supervisor: Last time we discussed your thoughts about removing the children's names from the child protection register, as you thought that might help Jill to engage with you in a more constructive manner. On reflection we agreed, given the significant risk, it would not be appropriate.

Supervisee: Yes, and as we agreed, I used the quarterly recording summary and the original outcomes plan to help me clarify my own thinking. I started with everyone's outcomes, before I saw Jill yesterday.

Supervisor: And how did the visit go?

Supervisee: Well it began as usual with Jill's anger about registration but I then spoke to her about keeping Ben and Orla safe. I didn't use the word "risk", but language that I have heard Jill use about keeping the children safe. She then agreed that this was what she wanted for the kids, so really we had an agreed outcome.

Supervisor: Were you able to have some of the challenging discussion you thought would be necessary?

Supervisee: Yes, and in fairness to Jill one of her biggest criticisms was that the professionals involved had not been clear with her about change and expectations.

Supervisor: As you are speaking I am looking at the original plan and we use the words "support" and "ongoing" quite a lot - no wonder Jill is not clear.

Supervisee: I think she is clearer now. She still does not agree with us but we were able for the first time to discuss some of the serious issues including the possibility of children being cared for away from home.

Supervisor: How did you leave it?

Supervisee: I left her to write down what she thought prevented the children being safe, including what Jill sees as professionals' interference. I then suggested, no matter how small, that she identifies the actions which she thinks might bring about change - so that the balance shifts and the children would be safer. I agreed with her that I would visit again tomorrow. In the meantime, for this evening, I have recorded a contingency plan and Jill is aware of this

Supervisor: Well, things seems to have moved a few steps in the right direction

Conversation seven – Working across agency boundaries (Community Care, Younger Adults)

In some situations there may be several competing or conflicting views involved in how best to achieve outcomes for an individual, particularly where multiple agencies are involved. Active listening, information sharing and reference to the outcomes plan can all contribute to constructive negotiation

Supervisor: You said you were a bit frustrated about Lorraine and her mum?

Supervisee: Well, Lorraine has been in her own house for four months now. We had said we would reduce the supports going in and this is what Lorraine wants. Everyone is saying they want Lorraine to be independent but I am not so sure

Supervisor: What's worrying you?

Supervisee: Well, last week at the meeting, when I spoke about reducing the service, Mrs. Smith argued that that was not really about Lorraine, and the provider service agreed. It was a difficult meeting and nobody was happy at the end, least of all Lorraine.

Supervisor: Would it help to think about it from the different perspectives? What about Mrs Smith - what do you think her worry is?

Supervisee: I think she is scared. She didn't want Lorraine to move into the tenancy in the first place and it's been a challenge for her to believe that Lorraine could cope. I hoped Lorraine would say more about her wishes at the meeting but it was too tense.

Supervisor: That sounds like a good way forward. What about the provider? Have there been any problems with overnights the past four months?

Supervisee: I looked at all the recordings and there has been nothing. I really think we

could try some assistive technology to give Lorraine a bit more independence.
Supervisor: Have you discussed it separately with the provider?
Supervisee: No but now we are talking about it I think I should review the logs with them. I think they might be surprised at how well Lorraine copes during the night.
Supervisor: Ok, it sounds like you've heard all the concerns and identified that the next steps are supporting everyone involved to listen. The key thing is that Lorraine is supported to make safe choices, and as you've just said, the evidence is there to suggest the risks are low.
Supervisee: I'll arrange to meet with the provider and then Mrs Smith and Lorraine. I'll take the outcomes plan to focus discussion about where we are heading.

Conclusion

Learning from implementation of outcomes based working has identified that remaining focused on outcomes can be challenging amidst operational pressures. Supervision has been highlighted as a means of supporting practitioners in the longer term. The principles and examples outlined in this guidance are intended to support frontline managers to stay focused when faced with complicated situations which arise in supervisions sessions. Building these principles into supervision can avoid the practitioner and supervisor becoming stuck, and ensure that a sense of direction and purpose is retained. In time the supervisee will begin to anticipate the questions and the process – and will begin to supervise themselves.

The importance of senior management's role, support and leadership to an outcomes based approach has also been highlighted by practitioners and frontline managers. This sends a signal to all staff that the approach is endorsed and supported by the organisation. Additionally, frontline managers have identified that they in turn appreciate support in being outcomes focused, through having outcomes built into their management training, in having opportunities to share learning with peers and through having outcomes focused supervision from their line managers.

Although outcomes based working and outcomes focused supervision are not quick fixes, they offer potential to maximise the potential of each individual involved, to encourage creativity and to make the best use of available resources. This guidance is intended as a foundation for the supervisor to build on, and through practical experience in implementing the principles in their own practice, to work out what works, what they need to change, in order to develop their own style

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**For more information about Talking Points and contact details

<http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>