Combating Homelessness Creating Opportunities Promoting Change

Fulfilling Lives South East Partnership

COMMUNITY FUND

JH Research

The effectiveness of clinical supervision for workers supporting people experiencing multiple disadvantage

Fulfilling Lives South East Evaluation

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One-page summary

The Fulfilling Lives South East (FLSE) programme includes six Specialist Workers who provide intensive support to people experiencing multiple disadvantage. Regular one-to-one clinical supervision for Specialist Workers has been provided since January 2016.

In-depth interviews were conducted with five Specialist Workers, two Area Leads (who line manage the roles) and the programme's Clinical Supervisor, in order to determine the impact of the clinical supervision.

This research found that the provision of regular one-to-one clinical supervision was highly beneficial to workers and to the FLSE programme. It was critical to their trauma informed practice, and in supporting their well-being. It:

- **Increased workers' understanding and skills around providing trauma informed care.** Workers demonstrated a high level of understanding of trauma informed practice, and described examples where they had skilfully put this into practice to help support people. They attributed this in large part to the clinical supervision they had received.
- **Helped workers to successfully advocate for support from other services**, and to increase other services' understanding of people's needs and behaviours.
- **Helped to protect staff from burnout and compassion fatigue**. Several workers described periods of high emotional or psychological pressure that the clinical supervision supported them with, and said that this helped them to avoid burnout or compassion fatigue.
- **Reduced sickness absence and staff turnover.** Several workers said that they would have required more sickness absence, or would have been unable to continue in the role, if not for the clinical supervision.
- **Benefited the people being supported**, through better quality support, reduced worker turnover, being able to safely keep cases open for longer, and helping some people to understand themselves better and to make positive changes in their lives.

This research suggests that clinical supervision benefits all workers providing intensive support to people with experiencing multiple disadvantage. It is particularly important for workers (i) working mostly alone, with limited peer support; and (ii) with personal experiences of trauma, multiple disadvantage or related issues.

The one-to-one nature of the clinical supervision was important, in providing a safe, dedicated space to both talk about personal issues and focus on one's own clients.

Clinical supervision functioned within a larger framework of support and training. Support from managers and peers, organisational culture, and self-care, were also important for people's learning and well-being, and for the quality and safety of work.

Based on the experiences of this programme, it is highly recommended that projects with workers providing intensive support to people experiencing multiple disadvantage, and working mostly alone, consider providing them with regular one-to-one clinical supervision.

Executive summary

Introduction

The Fulfilling Lives South East (FLSE) programme includes six Specialist Workers who provide intensive support to people experiencing multiple disadvantage (those with current or recent experience of three or more of the following issues: mental health issues, homelessness, drug or alcohol issues, offending).

Regular one-to-one clinical supervision for Specialist Workers has been provided since January 2016. Clinical supervision is the 'provision … of a relationship-based education and training that is work-focused...'[1] The British Association for Counselling and Psychotherapy describes three functions of supervision: normative (focusing on quality assurance, ethical practice and public protection), formative (developing knowledge, skills, attitudes and abilities) and restorative (focusing on the wellbeing of the practitioner).[2]

This report describes the findings of research that aimed to determine the impact of this clinical supervision on workers, working practices, clients and the FLSE programme as a whole. It is based on in-depth interviews with five Specialist Workers, two Area Leads (who line manage the roles) and the programme's Clinical Supervisor. The findings are based on one particular approach to clinical supervision; other Clinical Supervisors may have different styles and approaches which could affect the impact of their work.

The literature on multiple disadvantage, trauma and clinical supervision

A brief review of selected studies suggests the following:

- Experiences of trauma are highly prevalent among people experiencing multiple disadvantage, and these experiences can severely impact people's lives.[3]
- Trauma can affect people's ability to engage with services, and services can unwittingly trigger trauma-related reactions in people.[4]
- Experiences of trauma are common among the general population.[5] There is a likelihood that some workers, as well as those they are supporting, will have histories of trauma, and this is particularly the case for workers with personal experience of multiple disadvantage.

[1] Milne, Derek. (2007). 'An empirical definition of supervision'. *The British journal of clinical psychology / the British Psychological Society*. 46. 437-47. 10.1348/014466507X197415.
[2] British Association for Counselling and Psychotherapy (Oct 2014) *Fit for purpose: getting the best supervision for your practice*, in Coaching Today: Issue 12. https://www.bacp.co.uk/bacp-journals/coaching-today/october-2014/fit-for-purpose/
[3] Bramley, B., Fitzpatrick, S., et.al. (2015) *Hard Edges: Mapping Severe and Multiple Disadvantage in England*. Lankelly Chase and Heriot-Watt University.
[4] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.
[5] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.

- Issues support workers may face include re-traumatisation, vicarious traumatisation, and burnout. [6, 7]
- Effective supervision and reflective practice are central to psychologically informed environments (PIE) approaches, with group or one-to-one clinical supervision often utilised as part of this.[8]
- Guidance for trauma informed services includes the provision of clinical supervision, and support for workers with trauma histories or experiencing vicarious trauma.[9]
- There is a scarcity of research exploring the benefits of clinical supervision within multiple disadvantage and homelessness services, and this current research aims to add to the evidence-base.
- Local and national evaluations of the Fulfilling Lives programme have concluded that support for client-facing workers supporting people experiencing multiple disadvantage is essential, with clinical supervision one important possible means of providing this.[10, 11]
- Studies from the homelessness sector show outcomes for workers receiving clinical supervision including increased well-being, confidence, motivation, reflective practice, insight and understanding of clients' psychological and emotional needs, and decreased negative beliefs, burnout, absence and staff turnover.[12 , 13, 14]

Experiences of providing support to people experiencing multiple disadvantage

The Specialist Workers found their work very rewarding. They enjoyed:

- Building trusting relationships with the people they are supporting.
- Seeing people receiving better support from other services and being more valued and respected.
- Seeing people learning more about themselves and making positive changes in their lives.

Challenges of the role included:

- Systemic barriers to support.

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[6] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.

[7] Moreton, R., Welford, J., Mulla, I., Robinson, S. (2018) *Promising practice: key findings from local evaluations to date*. Big Lottery Fund/CFE Research, University of Sheffield.

[8] Department for Communities and Local Government (2012) *Psychologically informed services for homeless people: Good practice guide*. University of Southampton, Pathway, Homeless Health Care.

[9] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.

[10] Moreton, R., Welford, J., Mulla, I., Robinson, S. (2018) *Promising practice: key findings from local evaluations to date*. Big Lottery Fund/CFE Research, University of Sheffield.

[11] IPSOS Mori Social Research Institute (2019) *Liverpool Waves of Hope evaluation: final report*.

[12] Maguire, N., Grellier, B. and Clayton, K. (2017) 'The impact of CBT training and supervision on burnout, confidence and negative beliefs in a staff group working with homeless people'. *Behavioural and Cognitive Psychotherapy*. (Submitted).

[13] Harrison, J. (2019) *An evaluation of the clinical supervision pilots.* Riverside Care and Support.

[14] Homeless Link (2017) *Reflective practice in homelessness services: an introduction*.

- The effects of trauma on the worker-client relationship. Issues include the risk of re-traumatisation, the rupture of relationships, psychological processes such as the redirection of feelings from client onto worker, or worker onto client (known as transference and counter-transference in the psychodynamic approach), and challenges maintaining professional boundaries. These issues require skill to recognise and work with.
- Regularly witnessing or hearing recounted traumatic incidents, crises and deaths.
- Achievements can take time and are not always sustained.
- Lone working and limited peer support, as a result of the nature of the work and the small size of teams.

The impact of the role on the worker could include:

- Both positive and negative effects on emotional and mental health.
- Vicarious trauma and vicarious transformation.
- Exhaustion and hopelessness.
- Stress, compassion fatigue and burnout.
- Triggering of personal issues and re-traumatisation.
- Negative effect on personal relationships.

The potential impacts on the organisation of lower worker well-being include:

- Absence due to stress, burnout or mental ill health.
- Increased staff turnover due to stress, burnout or mental ill health.
- Poorer quality of support due to stress, burnout or compassion fatigue.
- Disruption in provision of support due to staff turnover or absence.
- Increased pressures on the wider team in covering a person's cases through absence.
- Increased risks around the delivery of safe support when the worker is experiencing mental or emotional ill-being.

The impact of clinical supervision

This research found that the provision of regular one-to-one clinical supervision was highly beneficial to workers and to the FLSE programme. It was critical to their trauma informed practice, and in supporting their well-being. It:

- **Increased workers' understanding and skills around providing trauma informed care.** Workers demonstrated a high level of understanding of trauma informed practice, and described examples where they had skilfully put this into practice to help support people. They attributed this in large part to the clinical supervision they had received.
- **Helped workers to successfully advocate for support from other services**, and to increase other services' understanding of people's needs and behaviours.
- **Helped to protect staff from burnout and compassion fatigue**. Several workers described periods of high emotional or psychological pressure that the clinical supervision supported them with, and said that this helped them to avoid burnout or compassion fatigue.

- **Reduced sickness absence and staff turnover.** Several workers said that they would have required more sickness absence, or would have been unable to continue in the role, if not for the clinical supervision.
- **Benefited the people being supported**, through better quality support, reduced worker turnover, being able to safely keep cases open for longer, and helping some people to understand themselves better and to make positive changes in their lives.

'With this client group, clinical supervision is absolutely necessary. It should be built into service contracts, budgeted for and seen as a priority. It's about the quality of the work and also the impact on worker retention. Clinical supervision is not just about providing support, it's critical for workers' ongoing professional development.' – Area Lead

'Clinical supervision helps build more trauma-aware professional relationships with clients and helps keep workers and clients safer.' – Specialist Worker

Challenges of the work and how clinical supervision can help

Challenge	How clinical supervision can help	Example
Systemic barriers to support	Clinical Supervisor helps advocate and write letters to services in clinical language. Helps workers develop a trauma-informed understanding of clients, which they can share with external agencies.	*"I was working with a client in a hostel, she was being threatened with eviction. I couldn't get them to understand where she was coming from. I spoke to [Clinical Supervisor] and she helped me advocate for her.* ***The eviction got revoked because they could understand that behaviour*** *instead of seeing it in a different way; [at first] they saw it as a negative behaviour against the hostel and actually it wasn't, it was a trauma behaviour. Since then, they've been able to work with her. That's kept someone a home." – Specialist Worker*
The impact of trauma on the worker-client relationship	Clinical expertise supports workers to take a trauma-informed approach, to build safe, trusting relationships, and to avoid re-traumatising people. Helps workers practice safely.	*'[Clinical Supervisor] is amazing at helping us understand what people's attachment styles are, so that we're working in the most effective way. Without that, we're just kind of doing what other services are doing without meaning to. I've got quite a few clients that are quite avoidant attachment style and that would often mean they'd be discharged from services, but she helps me understand how to work with that so they're not given up on …* ***I've kept them engaging and it's been through her insight*** *into that.' – Specialist Worker*

Traumatic incidents, crisis and deaths	Provides emotional and psychological support for workers who have witnessed or experienced traumatic incidents. Helps workers avoid longer-term negative psychological effects.	*'In two days I had three women call me saying they had been sexually assaulted… I thought I was going to fall apart. I spoke with [Clinical Supervisor] and she offered me extra supervision. That helped me through and meant I didn't have to take any time off work….* ***Without having [Clinical Supervisor] to talk to, I think I could easily have burnt out.****' – Specialist Worker*
Positive change can be slow and not always sustained	Helps workers become aware of compassion fatigue or the signs of burnout or stress, to maintain resilience and reignite compassion, and to take action (such as time off) where this would be safer for worker and clients.	***'[Clinical supervision] has eliminated compassion fatigue for me****; I haven't felt that with any clients. The ones I get close to feeling like that, [Clinical Supervisor] has been able to renew some enthusiasm for me … Without the clinical supervision, undoubtedly I think I'd have had compassion fatigue by now, I would have felt I'm banging my head on the wall. She's good at re-motivating you, helping you see the small victories.' – Specialist Worker*
Lone working and limited peer support	A dedicated space to discuss cases, practice, relationships, and personal responses.	*'[The job is] isolated, or autonomous. Every day I'm operating within my own terms, you've got your own approach.* ***When I hit a roadblock it's handy to step back and get an outside view****.' – Specialist Worker*

This research suggests that clinical supervision benefits all workers providing intensive support to people with experiencing multiple disadvantage. It is particularly important for workers (i) working mostly alone, with limited peer support; and (ii) with personal experiences of trauma, multiple disadvantage or related issues.

The one-to-one nature of the clinical supervision was important, in providing a safe, dedicated space to both talk about personal issues and focus on one's own clients.

Providing clinical supervision costs FLSE £563 per worker per year. This compares with an average cost, per recruit, of recruitment and selection in the third sector of £1,612[15], and an average annual cost of sickness absence per full time employee in the third sector of £843[16].

[15] Agenda Consulting (2019) *Charities in the UK: Findings from People Count 2019*.

[16] Agenda Consulting (2017) *People Count Third Sector 2017: HR and workforce benchmarks for the third sector. Volume 2.4: Absence Management.*

A broader framework of support

Clinical supervision functioned within a larger framework of support and training. Support from managers and peers, organisational culture, and self-care, were also important for people's learning and well-being, and for the quality and safety of work.

Recommendations

- Based on the experiences of this programme, it is highly recommended that projects with workers providing intensive support to people experiencing multiple disadvantage, and working mostly alone, consider providing regular one-to-one clinical supervision to those workers.
- The clinical supervisor should be able to demonstrate an understanding of trauma and a non-judgemental understanding of the client group. Ideally, workers who are to receive clinical supervision will be involved in the decision about who to appoint.
- Larger scale research across different projects would strengthen the evidence around the benefits of clinical supervision and enable broader conclusions to be drawn about its effectiveness in different contexts. A more detailed consideration of the respective benefits of one-to-one and group clinical supervision would also be helpful. Research to assess the financial costs and benefits of clinical supervision, including effects on staff turnover and absence due to sickness, would help to provide evidence on which funding decisions could be based.

1. Introduction

Fulfilling Lives South East

Fulfilling Lives South East (FLSE) operates across Brighton & Hove, Eastbourne and Hastings. It commenced in July 2014 and has been funded over eight years by the National Lottery Community Fund. The project is delivered by BHT in partnership with Equinox in Brighton & Hove, and Brighton Oasis Project in Eastbourne and Hastings.

FLSE aims to improve the lives of people experiencing multiple disadvantage (also termed multiple complex needs)[17] - those with current or recent experience of three or more of the following issues: mental health issues, homelessness, drug or alcohol issues, offending.

The programme includes six Specialist Workers who each provide intensive support for a small number of people, providing assertive, specialist, personalised interventions.

Clinical supervision

Clinical supervision can be defined as:

> *'The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s […] The main methods that supervisors use are corrective feedback on the supervisee's performance, teaching, and collaborative goal-setting.'*[18]

It is most commonly used in mental health disciplines such as psychotherapy and counselling, and also in NHS nursing. Within the homelessness sector, as trauma-informed and psychologically informed environment (PIE) approaches become more common, clinical supervision is increasingly being used. This is often in a group format, and one-to-one clinical supervision remains relatively rare.

The British Association for Counselling and Psychotherapy describes three functions of supervision: normative, formative and restorative:

- 'The **normative** function focuses on the managerial and evaluative aspects of supervision such as quality assurance, ethical practice and public protection.'
- 'The **formative function** focuses on the 'educational' aspects of supervision, such as developing knowledge, skills, attitudes and abilities.'

[17] There are several terms that are used to describe this group of people: others include severe and multiple disadvantage, and complex disadvantage. In this report 'multiple disadvantage' will be used.

[18] Milne, Derek. (2007). 'An empirical definition of supervision'. *The British journal of clinical psychology / the British Psychological Society*. 46. 437-47. 10.1348/014466507X197415.

- 'In the **restorative function** supervisors will focus on the holistic wellbeing of the practitioner, their capacity for self-management and self-care and contextual factors that may enable or constrain learning and development.'[19]

One-to-one clinical supervision for FLSE's Specialist Workers has been provided since January 2016. Workers have regular sessions with a Clinical Supervisor who takes a psychodynamic, trauma-informed approach and has a background of working therapeutically with people experiencing multiple disadvantage and those supporting them. Sessions take place every six weeks and last for an hour and fifteen minutes. They took place in person until March 2020, when restrictions relating to Covid-19 came into place; following this they have taken place online. The Clinical Supervisor also offers workers the opportunity to contact her between sessions, free of charge, if necessary – people have done this, for example, after the death of a client. One Area Lead also receives clinical supervision, from a different supervisor.

Group supervision was piloted by the programme for a short period alongside the one-to-one supervision.

The research findings are based on one particular approach to clinical supervision; other Clinical Supervisors may have different styles and approaches which could affect the impact of their work.

This research

This research aims to answer the question: What has been the impact on workers, working practices, clients and the FLSE programme of the provision of clinical supervision for client-facing workers, and what can be learnt from this for future practice?

The aims of the research are:

- To explore what the value of clinical supervision has been to FLSE workers, in terms of their wellbeing, approach to problem solving and client outcomes.
- To identify and record evidence-based learning that can be shared with other multiple disadvantage-related services.
- To benefit future decisions by service providers and commissioners on whether to budget for/fund clinical supervision for similar roles in the future.

A brief review of the key literature was conducted. In-depth interviews were conducted with:

- Five Specialist Workers (who had been in the role for between 18 months and 4 years). They included three Complex Needs/Dual Diagnosis Workers, and two Specialist Women's Workers.
- Two Area Leads (who line manage the Specialist Worker roles).
- The programme's Clinical Supervisor.

[19] British Association for Counselling and Psychotherapy (Oct 2014) *Fit for purpose: getting the best supervision for your practice*, in Coaching Today: Issue 12. https://www.bacp.co.uk/bacp-journals/coaching-today/october-2014/fit-for-purpose/

2. Background: multiple disadvantage, trauma and clinical supervision

This section summarises key selected literature about trauma among people experiencing multiple disadvantage, how trauma relates to support workers in this sector, and current knowledge about the benefits of clinical supervision for support workers in this and related sectors.

Trauma among people experiencing multiple disadvantage

Experiences of trauma are highly prevalent among people experiencing multiple disadvantage, and these experiences can severely impact people's lives. The Lankelly Chase and Heriot-Watt University research reported in *Hard Edges: Mapping Severe and Multiple Disadvantage in England*[20] showed that 85% of people facing severe and multiple disadvantage (SMD; experiencing homelessness, offending *and* substance misuse) had experienced traumatic experiences[21] in childhood. Almost one quarter (24.3%) had been abused, nearly two in ten (17.9%) had been neglected, three in ten (29.3%) had had violent parent[s], and three in ten (29%) had parent[s] who misused drugs or alcohol. The research found that:

> *"As children, many [people facing SMD] experienced trauma and neglect, poverty, family breakdown and disrupted education. As adults, many suffer alarming levels of loneliness, isolation, unemployment, poverty and mental ill-health."*[22]

The report concludes that:

> *'The increasing policy interest in 'trauma-informed' services seems particularly pertinent with regard to SMD groups.'*

In their guide to creating cultures of trauma-informed care, Fallot and Harris[23] also describe a connection between trauma and mental health issues, substance misuse and other issues:

> *'Trauma exposure increases the risk of a tremendous range of vulnerabilities: mental health problems like posttraumatic stress disorder, depression, excessive hostility, and generalized anxiety; substance abuse; physical health problems; interpersonal struggles; eating disorders; and suicidality, among many others.'* [24]

[20] Bramley, B., Fitzpatrick, S., et.al. (2015) *Hard Edges: Mapping Severe and Multiple Disadvantage in England*. Lankelly Chase and Heriot-Watt University.
[21] Experiences considered were: in care, homeless family, left home <16, left home >16-17, ran away, starved, abused, neglected, parent[s] violent, parent[s] drug/alcohol, parent mentally ill, not get on with family.
[22] Lankelly Chase (2015) https://lankellychase.org.uk/resources/publications/hard-edges/ Accessed on 20.11.2000.
[23] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.
[24] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.

They describe a number of ways in which trauma is relevant to service provision, noting that trauma can affect people's ability to engage with services, and that services can unwittingly trigger trauma-related reactions in people:

- 'People who are poor, who are homeless, who have been diagnosed with severe mental health problems, who are addicted to drugs, or who have developmental disabilities - all of these groups are at increased risk of violent victimization.'
- 'Trauma affects the way people approach potentially helpful relationships. Not surprisingly, those individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many human services.'
- 'Trauma has often occurred in the service context itself. Involuntary and physically coercive practices, as well as other activities that trigger trauma-related reactions, are still too common in our centers of help and care.' [25]

Trauma and support workers

Experiences of trauma are common among the general population; according to Fallot and Harris (in the US), 'between 55 and 90% of us have experienced at least one traumatic event.' There is a likelihood that some workers, as well as those they are supporting, will have histories of trauma. The value of workers with personal experience of multiple disadvantage is becoming increasingly recognised in this area of work, and it is more likely that such workers may have experienced multiple forms of trauma.

In their guide to creating cultures of trauma-informed care, Fallot and Harris are clear that supporting people who have experienced trauma can affect workers:

> *'Trauma affects staff members as well as consumers in human services programs. Stressors deeply affect administrators, clinicians, and support staff working in human services. Not only is "secondary" or "vicarious" traumatization common but direct threats to physical and emotional safety are also frequent concerns.'* [26]

Evaluations of the Fulfilling Lives partnerships across England have found that workers supporting people experiencing multiple disadvantage have faced particular challenges:

> *"The keyworker role can be particularly challenging – they regularly deal with demanding and difficult behaviour, beneficiary relapse and even death – with a risk of burnout."*[27]

> *"The work of navigators is emotionally draining with professionals having to cope with frequent rejection, challenging behaviour, setbacks and the prospect that*

[25] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.
[26] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.
[27] Moreton, R., Welford, J., Mulla, I., Robinson, S. (2018) *Promising practice: key findings from local evaluations to date*. Big Lottery Fund/CFE Research, University of Sheffield.

'success' may be barely discernible or elusive. The emotional and physical well-being of navigators emerged as a significant issue." [28]

From March 2020, the coronavirus pandemic brought new practical and emotional challenges for support workers, as routine ways of working became inappropriate and new approaches needed to be rapidly developed, service provision was disrupted, and clients (as well as workers) faced serious potential health risks.

In summary, issues workers may face include re-traumatisation, vicarious traumatisation, and burnout.

Psychologically informed environments and trauma informed-approaches to multiple disadvantage

Psychologically informed environments (PIE) and trauma-informed approaches are increasingly being adopted by services working with those with experience of multiple disadvantage, as well as in the broader homelessness sector. These approaches are based on an understanding of the psychological and emotional needs of the people receiving support, with trauma-informed approaches emphasising an awareness of trauma, its impact, and how re-traumatisation can be avoided.

Psychologically informed environments

One of the five key elements of the psychologically informed environments (PIE) approach is 'valuing training and support for staff (and volunteers) as well as service users'.[29] Effective supervision and reflective practice are central to this, with group or one-to-one clinical supervision often utilised as part of this. Good practice guidance to PIE in homelessness services by the Department for Communities and Local Government states that:

'Effective staff supervision, both individual and group, is an essential component of a psychologically informed environment.' [30]

It gives several examples of homelessness services that offer clinical supervision to staff. It also emphasises the importance of reflective practice in improving practice and reducing burn out:

'Key working clients with complex trauma can be challenging and exhausting, but adopting a reflective approach, especially after difficult incidents, can enable staff to learn from experiences and thereby improve the way they respond when something similar happens again […] Reflective practice […] can significantly reduce staff burn out.'

[28] Sheffield Hallam University Centre for Regional Economic & Social Research (2016) *Briefing paper: Navigator Practice in the WY-FI project.* West Yorkshire Finding Independence Evaluation.
[29] PIElinkNET (2020) *PIEs 2.0* http://pielink.net/pies-2-0-the-up-dated-formulation/ Accessed on 14.09.20
[30] Department for Communities and Local Government (2012) *Psychologically informed services for homeless people: Good practice guide*. University of Southampton, Pathway, Homeless Health Care.

Trauma informed approaches

FLSE has designed its own principles of Trauma Informed Practice that draw on the work of Fallot and Harris, SAMHSA, and Karen Treisman.

Fallot and Harris suggest that five guiding principles of trauma informed services should be applied to the experience of both clients and staff: safety, trustworthiness, choice, collaboration and empowerment. Their proposed self-assessment protocol for trauma informed services includes questions about clinical supervision:

> *'Do all staff members receive clinical supervision that attends to both consumer and clinician concerns in the context of the clinical relationship? Is this supervision clearly separated from administrative supervision that focuses on such issues as paperwork and billing?'*
>
> *'Do program directors and clinical supervisors have an understanding of the work of direct care staff? Is there an understanding of the emotional impact (burnout, vicarious trauma, compassion fatigue) of direct care? How is this understanding communicated?'* [31]

These questions suggest that a trauma informed service is likely to provide clinical supervision, and that the degree of understanding that clinical supervisors have of the nature and impact of the support work is important.

Guidance for a trauma-informed approach proposed by SAMHSA, that builds on Harris and Fallot's work, proposes six key principles of a trauma-informed approach: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues. It proposes that in a trauma-informed service:

> *'The organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and /or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals with complex trauma.'* [32]

Karen Treisman, when identifying values and principles of adversity, culturally, and trauma-informed, infused and responsive organisations, highlights the following question:

[31] Fallot, R. D. and Harris, M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections.

[32] Substance Abuse and Mental Health Services Administration (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD.

'Do people have a space/forum where they can reflect on the work itself, & the impact of the work, such as reflective supervision? Does this space feel safe, containing, supportive etc?'[33]

She found that key 'success ingredients' for trauma-informed organisations included:

'Spaces to reflect, feedback, and think; such as supervision, consultation, and reflective spaces.'

Clinical supervision for support workers: key research evidence

There is a scarcity of studies exploring the benefits of clinical supervision within multiple disadvantage and homelessness services, and this current research aims to add to the evidence-base. The key findings of selected studies are described here.

Local and national evaluations of the Fulfilling Lives programme have concluded that support for client-facing workers supporting people experiencing multiple disadvantage is essential, with clinical supervision one important possible means of providing this:

'Support for staff resilience is critical […] Support may be formal, such as clinical supervision and team psychologists, informal support of colleagues and self-care. Psychologically informed environments have also been found to help.' [34] *– National evaluation*

'Staff need appropriate supervision, both from managers and through clinical supervision, to make sure the team is healthy and can work effectively. Clinical supervision helps staff to gain perspective on their work and the difficult things they encounter.' [35] *– Liverpool Waves of Hope evaluation*

Within the homelessness sector, the University of Southampton conducted a study[36] into the outcomes of providing training and regular clinical supervision in basic cognitive-behavioural formulation and intervention techniques for frontline homelessness workers. 15 homelessness workers received training and fortnightly clinical supervision. Results included: 'confidence increased and negative beliefs decreased […] Burnout significantly decreased.'

Riverside Care and Support conducted an evaluation of a pilot of clinical supervision across several of its services.[37] Up to 45 staff members received supervision over nine months, primarily in the form of group sessions, but also with some receiving one-to-one peer

[33] Treisman, K. (2018) *Becoming a more culturally, adversity, and trauma-informed, infused and responsive organisation*. Winston Churchill Fellowship Report.
[34] Moreton, R., Welford, J., Mulla, I., Robinson, S. (2018) *Promising practice: key findings from local evaluations to date*. Big Lottery Fund/CFE Research, University of Sheffield.
[35] IPSOS Mori Social Research Institute (2019) *Liverpool Waves of Hope evaluation: final report*.
[36] Maguire, N., Grellier, B. and Clayton, K. (2017) 'The impact of CBT training and supervision on burnout, confidence and negative beliefs in a staff group working with homeless people'. *Behavioural and Cognitive Psychotherapy*. (Submitted).
[37] Harrison, J. (2019) *An evaluation of the clinical supervision pilots.* Riverside Care and Support.

supervision sessions. Managers and staff reported a 'very positive impact on their services', including in the areas of:

- Wellbeing, engagement, motivation, teamwork and morale, absences and retention.
- Greater insight and understanding of clients' psychological and emotional needs, as a result of adopting new practices and using tools identified by practitioners.
- Reflective practice, with 'many staff feel[ing] that they are more reflective, self-aware, self-critical and analytical in relation to their job,' with managers' observations supporting this.

In a survey reported by Homeless Link, 100% of staff at Liverpool YMA, who were receiving clinical supervision as part of the service's psychologically-informed Cognitive Analytic Therapy (CAT) case management approach, answered 'yes' to the question 'do you feel the use of clinical supervision helps your practice?'.[38] This report found that positive move on rates from this service were 91%, compared with an average of 65% for other supported accommodation providers in Liverpool.

Summary of key findings from the literature

The studies referred to above suggest the following current state of knowledge about clinical supervision in the area of multiple disadvantage:

- Experiences of trauma are highly prevalent among people experiencing multiple disadvantage, and these experiences can severely impact people's lives.
- Trauma can affect people's ability to engage with services, and services can unwittingly trigger trauma-related reactions in people.
- Experiences of trauma are common among the general population. There is a likelihood that some workers, as well as those they are supporting, will have histories of trauma, and this is particularly the case for workers with personal experience of multiple disadvantage.
- Issues support workers may face include re-traumatisation, vicarious traumatisation, and burnout.
- Effective supervision and reflective practice are central to psychologically informed environments (PIE) approaches, with group or one-to-one clinical supervision often utilised as part of this.
- Guidance for trauma informed services includes the provision of clinical supervision, and support for workers with trauma histories or experiencing vicarious trauma.
- There is a scarcity of research exploring the benefits of clinical supervision within multiple disadvantage and homelessness services, and this current research aims to add to the evidence-base.
- Local and national evaluations of the Fulfilling Lives programme have concluded that support for client-facing workers supporting people experiencing multiple disadvantage is essential, with clinical supervision one important possible means of providing this.

[38] Homeless Link (2017) *Reflective practice in homelessness services: an introduction*.

- Studies from the homelessness sector show outcomes for workers receiving clinical supervision including increased well-being, confidence, motivation, reflective practice, insight and understanding of clients' psychological and emotional needs, and decreased negative beliefs, burnout, absence and staff turnover.

3. Supporting people experiencing multiple disadvantage: workers' experiences

This section describes the rewards and challenges of the support worker role, and the impact these have on the worker and the organisation. It also looks at the strengths workers feel they possess. The finding are based on in-depth interviews.

Rewards and challenges of the role

Workers described their roles providing intensive support to people with multiple disadvantage as both challenging and deeply rewarding.

Rewards of the role

All of the Specialist Workers enjoyed the client-facing part of their role and found it very rewarding. They enjoyed:

- Building trusting relationships with the people they are supporting.
- Seeing the people they are supporting receiving better support from other services and being more valued and respected.
- Seeing the people they are supporting learning more about themselves and making positive changes in their lives.

> *'The women are amazing. There's loads I enjoy: seeing people smile, seeing them learning to be playful where that's not normally in their day because the people around them treat them so harshly. I enjoy seeing other services start to see them differently and be more willing to work with them, and then start to see the woman be supported […] I've seen women completely turn their lives around.' – Specialist Worker*

> *'I absolutely love the job role. The most rewarding thing is helping someone to become a bit more self-propelled … more independent and self-efficacious. I went swimming with a client yesterday, he's not had a drink for 5½ weeks and he's really focused on going to rehab and he wants to improve his physical health. He brought his own bottle of water with him, he was like "look, I bought water, I haven't bought water in ages but I want to look after myself," so I find that amazingly rewarding.' – Specialist Worker*

Challenges of the role

Workers described the following challenges they faced in their role.

Systemic barriers to support

Workers described some excellent support from, and joint work with, external agencies. But they also described difficulties and frustrations with some elements of the system, when it did not provide adequate support for people experiencing multiple disadvantage.

> *'[The people we are supporting] are complex and their needs are complex, there's no surprises there, you're expecting that. It's the systems that should operate fairly and have equitable access that don't - that's the harder one.' – Specialist Worker*

The effects of trauma on the worker-client relationship

The people being supported have experienced trauma that affects their relationships and behaviour. Issues relating to this can include:

- People are at risk of re-traumatisation.
- Relationships can become ruptured and require repair.
- Psychological processes can take place in the worker-client relationship, such as the redirection of feelings from client onto worker, or worker onto client (known as transference and counter-transference in the psychodynamic approach).
- Workers' personal issues may be triggered in the work, and they need to be able to recognise this and respond appropriately.
- Maintaining professional boundaries can sometimes be challenging.

> *'When you're working with people that are incredibly disconnected, incredibly in states of trauma, as workers we are going to experience some of that disconnection. The counter-transference that we experience is very real … so part of the clinical supervision is to process that so that doesn't accumulate. I've used disconnection as an example, but it could be something like the sadness of it, it could be loss, there's a lot of unconscious strong emotions that could get transferred to the worker and therefore the worker is processing all of that and it's for us to look at and unpick that so the workers can go back in fully aware of what's happening in terms of the process between them and the client.' – Clinical Supervisor*

Traumatic incidents, crisis and deaths

Workers described being alongside people during times of crisis, and listening to experiences of trauma on a regular basis. All workers had experienced the deaths of one or more of the people they were supporting. Small caseloads combined with no time limit on support resulted in very intensive work with people; for example, workers may accompany people to mental health appointments where trauma is recounted. Multiple clients can experience multiple crises at any time, and there are high levels of risk and safeguarding considerations.

> *'I was fighting fires just working to keep people alive. I felt I was doing the job of – not a nurse, but constantly battling with medical professionals to say "this person is dying," and then I was just going home having no-one to talk to.' – Specialist Worker*

> *'I say to people, each time something bad happens with a client it takes away a part of your soul.' – Specialist Worker*

Workers reported that women could be at higher risk, and more likely to experience traumatic experiences such as sexual abuse, abusive relationships and issues around pregnancy and loss of children into care. The Specialist Women's Workers interviewed reported a much higher emotional toll of the work than those who worked primarily with men.

> *'Most of the women I work with have experienced violence from partners and they have been in some of the worst situations you could imagine, and they talk about that with us [... We're] exposed to hearing more of the really heavy and painful past*

experiences of the clients, which can leave you thinking about those quite a lot.' – Specialist Worker

Achievements can take time and are not always sustained

For people experiencing multiple disadvantage, making positive changes can often take time. Positive changes can be small and may not always be sustained.

'Most of my caseload, about half, have been on my caseload since the start, so that's four years of working with someone. Some of the movement in terms of progress has been so small and for some minimal, without the clinical supervision undoubtedly I think I'd have had compassion fatigue by now, I would have felt I'm banging my head on the wall.' – Specialist Worker

'There's often a lot of non-linear recovery. We might find that after 5 years [of support] a person is in exactly the same place they were in 4 or 5 years ago. That can have detrimental impact to your sense as a worker of having efficacy and impact in your role. Clinical supervision is really important for recognising the reasons why someone might be stuck in their recovery or have setbacks, but also reflecting on and managing the impact that has on the worker, and having a sense of the progress that is made.' – Area Lead

Lone working and limited peer support

Teams are small (in each geographic area, there are two Specialist Workers and one Area Lead) and work is primarily conducted alone. Especially post-Covid, workers could go for weeks without seeing colleagues face to face. Of the three small teams in the project, some had a stronger sense of cohesion than others. Several workers said that the peer support that they had found protective to their well-being in other roles was more limited in this role, because of the small size of teams:

'I feel very alone.' – Specialist Worker

Strengths of the worker

People described and displayed a range of strengths and skills needed for the role. These included:

- Compassion.
- Empathy and intuition.
- Patience and perseverance.
- Humour and playfulness.
- Creativity.
- Reflection on one's own practice.
- Learning, testing and applying new knowledge and ways of working.
- Self-inquiry and insight.
- Flexibility.
- Proactively maintaining resilience.

'We need to remember the strengths and skillsets of the workers, the stamina needed for this work. We need to think about what amazing strengths people have working in this field, because it's a hard ask.' - Clinical Supervisor

Impacts of the work on the worker and the organisation

Impacts on the worker

Workers described the following impacts that the role could have on them.

Exhaustion and hopelessness

Workers described times when they had struggled to remain positive and hopeful about the people they were supporting. The Clinical Supervisor described the psychological difficulty of working to support people where things are not changing:

'[There is a] level of exhaustion that people can feel working with people when things aren't changing. So the workers are experiencing the level of tiredness, exhaustion or hopelessness maybe that they're carrying for the client, and their own hopelessness at the situation where actually there aren't any potential housing options and … there is no clear linear way forward at this point in time. ' – Clinical Supervisor

Stress, compassion fatigue and burnout

All workers were aware of the risks of stress, burnout and compassion fatigue. Most of the workers reported high levels of resilience in the role. Despite this, several said that they had had moments where they thought they had come close to burning out, and several had experienced burnout in similar previous roles. Several said they had experienced moments of compassion fatigue.

'We have a high turnover in this field… It's often the very good workers I see burn out, because they're compassionate and clients will think "I can trust you, I'll tell you what's happening to me." If you keep listening to that and have nowhere to take it, you'll burn out. That's what happened in my last role, I was off sick with stress. It can make people think they can't do this job when they can but they need proper clinical supervision.' – Specialist Worker

Vicarious trauma

Workers described the high emotional toll of both witnessing traumatic incidents, and listening to people recounting experiences of trauma.

'On a daily basis I can be hearing very traumatic things. We can witness it, the violence, the exploitation. I've just been involved in a big case where a guy was sexually grooming my client. We worked with the police and he's now in prison. It was a massive achievement but it took quite a lot of toll. [The woman] was often calling me saying "he made me do this or that, is that ok?". She wanted to keep finding out what was abusive and what wasn't, but it meant I had to keep listening to some quite graphic, horrific abuse. That's what's really challenging, to hear it all the time.' – Specialist Worker

'The sounds and smells will linger with me of things I've been unexpectedly exposed to. There's still perfumes I smell in the street and that takes me back to a scene in a hospital with a client that wasn't very pleasant at all. I guess that's a kind of mild PTSD. It just takes someone to pass me in the market and I go: that's not a very nice memory! It shakes me for a few minutes.' – Specialist Worker

The Clinical Supervisor explained this further:

'Whether it's their disconnection, or their story, whether people are recounting the multiple traumas they've been through, the physical attacks, the sexual attacks, the sex working that happens, the abuse that happens within relationships – there's a lot more content in this client group to process, in terms of story and in terms of emotional energy to be contained. And also how we get mobilised into anxiety working with people who might say "I'm going off to kill myself now", and how we contain that [anxiety], the self-regulation we need as workers in this field.' – Clinical Supervisor

Triggering of personal issues and re-traumatisation

Psychological 'triggering' can occur when a stimulus prompts a memory of a traumatic experience. Several workers referred to memories and emotions relating to personal experiences (such as deaths of loved ones or traumatic childhood experiences) that had been triggered by the work.

'Where people have something going on that mirrors something in my personal life, I find that quite hard. So I'm working with a client who had a child removed and I was adopted, so I find that quite tough sometimes to navigate my way through emotionally.' – Specialist Worker

'You've got your own experiences and certain things will trigger you … I'm very clear it's not therapy, but I do think the whole of somebody is very important and therefore if somebody's being triggered by something that is affecting their work then that's really important to talk about.' – Clinical Supervisor

Negative effects on personal relationships

Three Specialist Workers said that their relationships with friends, family or partners had suffered as a result of the emotional demands of the work, leaving them with less energy or time for loved ones.

'It can be hard on relationships. There are lots of times in the evenings I just need to switch off, which makes me a bit anti-social when people want to see you and spend time with you, but you're just so tired.' – Specialist Worker

Effects on emotional and mental health

Most workers described the role having both positive and negative effects on their emotional and mental health, but felt able to manage the negative effects.

'[The role] has an effect on my energy levels, my tiredness, the amount of time I spend with my partner. Sometimes it makes me feel unhappy that it has this effect, but at the same time it makes me feel proud that I'm doing a good job. It's had both positive and negative impacts on my mental health… The trick is maintaining that balance.' – Specialist Worker

At least two of the five workers interviewed were receiving personal therapy; in both cases this was at least in part directly related to their roles, in order to help them cope with the effects of the work on their well-being.

One worker was struggling:

'The impact on my emotional resilience is challenging […] I feel that emotionally I'm quite drained, I'm often very tired, I avoid doing things I should be doing in the evenings and weekends because I'm just emotionally exhausted. I let [friends] down by not seeing them. I often come home and watch TV, which isn't me at all. That's become more frequent. For my health, I think, it's not so good.' – Specialist Worker

Vicarious transformation

Vicarious transformation has been defined as:

'a positive transformation in the self of the therapist or other trauma worker that comes about through empathetic engagement with the traumatized people we attempt to assist, their courage and their struggles, their losses and sorrow, and active engagement with the changes in ourselves that come about in response to that work.'[39]

The Clinical Supervisor describes the vicarious transformation that can take place as a result of the work:

'The vicarious transformation that can happen via a client moving [forward] is really important… Where the therapeutic piece of work has been successful, there's something that happens to us that's kind of an internal healing process... an achievement of having been the channel of that piece of work.' – Clinical Supervisor

Whilst remaining aware of the potential and actual negative effects of the work, many workers stressed the positive impacts that the work had on them:

'That's probably one of the most rewarding things, knowing that someone has decided to trust you with their life story, or parts of that, and will accept support from you. And seeing people move on and achieve things - seeing people achieve some of their goals, it's incredible.' – Specialist Worker

[39] Wilcox, P. (2015) *Vicarious transformation: a powerful force for good*. ACEs Connection. Attributed to Pearlman & Saavitne. https://www.acesconnection.com/blog/vicarious-transformation-a-powerful-force-for-good. Accessed on 14.12.2020.

Impacts on the organisation

Interviewees described the following potential impacts on the organisation of reduced worker well-being such as stress, burnout and compassion fatigue:

- Absence due to stress, burnout or mental ill health. Several people described needing absences for these reasons in previous similar roles.
- Increased staff turnover due to stress, burnout or mental ill health. One worker reported seeking new work because of the emotional and psychological toll of the role, and several workers described observing turnover for these reasons in other similar roles.
- Poorer quality of support due to stress, burnout or compassion fatigue.
- Disruption in provision of support due to staff turnover or absence, meaning those being supported need time to rebuild relationships with new workers.
- Increased pressures on the wider team in covering a person's cases through absence.
- Increased risks around the delivery of safe support when the worker is experiencing reduced mental or emotional well-being.

4. The impact of clinical supervision

This section considers the impacts of clinical supervision on: workers' practice and well-being; the people being supported; and the organisation. It ends by summarising interviewees' views on clinical supervision and its overall value in client-facing roles, considering the costs and benefits of the provision of clinical supervision, and setting out (in figure (a)) ways in which clinical supervision can help overcome some of the challenges of the work.

Benefits for workers' practice (formative)

The formative function of clinical supervision 'focuses on the 'educational' aspects of supervision, such as developing knowledge, skills, attitudes and abilities.' [40] It is one of the three functions of clinical supervision (along with the normative and restorative functions, which are considered in subsequent sections) described by the British Association for Counselling and Psychotherapy.

Interviewees said that clinical supervision:

- Helped them find ways of continuing to work with people when they were 'stuck' and unable to see a way forward, including times when they had been considering closing cases.
- Increased their knowledge and understanding of trauma-informed theory, and helped them develop a trauma-informed understanding of the people they were supporting, of their own emotional and behavioural responses, and of the psychological processes in the worker-client relationship.
- Through increased understanding of the processes at play in behaviours and relationships, helped reignite their compassion, and strengthened their trauma-informed practice.
- Helped them generate creative, trauma-informed ideas for action, resulting in trauma-informed practice that better met people's needs.

Increased understanding of people and processes, resulting in empathy, compassion and a more trauma-informed approach

Workers said that the clinical supervision helped to increase their understanding of people's behaviours, of their own responses to these, and of processes happening in the worker-client relationship. They described the Clinical Supervisor helping them to 'make sense of' behaviour, and to ground their understanding in theory. This increased understanding could have a positive effect on workers' own empathy and compassion, and they also described sharing this understanding with other services, which could positively affect their support:

> *'[Clinical supervision has] helped me understand how people that have experienced the levels of abuse our client group have, how it impacts their behaviour. And by making sense of it, I can use that with other services as part of advocating, because*

[40] British Association for Counselling and Psychotherapy (Oct 2014) *Fit for purpose: getting the best supervision for your practice*, in Coaching Today: Issue 12. https://www.bacp.co.uk/bacp-journals/coaching-today/october-2014/fit-for-purpose/

once you understand the behaviour it makes a lot of sense; they're not just shouting everywhere they go, they're shouting when they don't feel safe, so let's understand that, what's triggered them?' – Specialist Worker

'You can describe a situation to [Clinical Supervisor] and she's good at putting theory and context behind it, the missing bit of the jigsaw. Like "they're doing this, this and this," and she's like "you've often said that this was their childhood experience so they're probably displaying elements of whatever attachment theory, so therefore…" and you're like "it makes sense", it helps you make sense. She gives the theoretical framework behind the experience.' – Specialist Worker

Processes in the worker-client relationship that people described included: transference and counter-transference (when emotions are transferred between client and worker); triggering of emotions or traumatic memories in workers by the work; and vicarious trauma (which can result in, for example, guilt, over-identification with clients, difficulty in maintaining professional boundaries, and hopelessness[41]). Workers described the clinical supervision helping them to become aware of these processes and therefore respond to them.

'[Clinical Supervisor] is aware of key things that have happened in my life, which then kind of make sense as to why a certain element of a client's behaviour is triggering something in me. She can find that link between your personal self and your work self and just help you unpick that and process it … So rather than like "the client's doing this to me," it's more that they're just showing me something from your own life and that's why you're getting caught up in something. She's very good at unblocking, unsticking, getting you back on course, so it's less muddied.' – Specialist Worker

'We can think of the dynamics between somebody [and the worker] and what is happening […] If we're really understanding the person, the interventions flow a lot easier because we know what's going to hit the mark and what is going to be rejected by the client.' – Clinical Supervisor

By being more trauma-informed, workers said that they were able to avoid replicating the systemic barriers to support that clients had previously experienced, and to provide them with more appropriate, effective support.

Generating creative, trauma-informed ideas for action

The Specialist Workers brought cases for discussion at clinical supervision, and described leaving their sessions with concrete ideas for action. Several workers said that clinical supervision helped them to find a way forward when they were 'stuck' and did not know how to continue working with people:

'It's a really good opportunity if you're stuck with a client. It gets stressful when you're trying things and nothing's working. If you mention it to [Clinical Supervisor]

[41] British Medical Association (2020) *Vicarious trauma: signs and strategies for coping* https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping Accessed on 07.09.2020

she says "have you tried this?" and it's like "why haven't I done that!" You need someone who's detached slightly from the frontline work with the clients that can look at it very methodologically.' – Specialist Worker

'With all of this, what I want is there to be ideas that people go away with and at least they've got the opportunity of trying something different. So it's always bringing it back to: what can you do? This is what you're experiencing, this is the impact, and what can we do about it, or how can we take it back to the organisation or the hub of joint working, and what support do you need to be able to do that?' – Clinical Supervisor

This included finding ways to keep cases open when workers had thought they needed to be closed:

'I've gone in thinking "I've reached this point with this client … he's not engaging … it's probably time to close him", and she'll just pick up on some little thing and you'll leave with a bucket of empathy for the client and not closing him and with a new plan… She's able to … totally flip my perception on its head'. – Specialist Worker

Case study: 'Keeping the playfulness'

'I'm working with a client who suffers a lot domestic abuse from her partner. We go food shopping [with the personal budget provided by the project] every week.

I kept struggling with going over the budget with her. I asked [Clinical Supervisor] "why can't I say no, and then keep overspending?". [Clinical Supervisor] helped me understand, she just picked it open, "tell me what you like about meeting with her, what does it bring?". It brought up that I like being playful with this client, it's the only time she feels safe enough to laugh, the only time she can get away from abuse. We're playful, make a joke of things, it's a lovely hour she has, and I like to treat her to a thing she likes. It came down to, I was afraid of losing that. I was afraid if I was strict with her, I'd lose the playfulness and feel like I had power over her and say "no you can't have that," whereas in her life she's experiencing that a lot.

The money is a complex element of the relationship. It brings in another dynamic: some women have been groomed, bought things and spent money on and people pretended that means they care for them. So I'm very mindful of: I don't want to repeat what it looks like as a groomer. We have to really think about these things because to someone who's experienced that it can feel really painful and rejecting when you say no.

We worked out a way for me to introduce being playful but keeping to budget. [Clinical Supervisor] said "why not buy a big calculator? Make it really goofy and playful." I did that and we've kept under budget every week since. [Clinical Supervisor] helped me understand what I was seeking; I would not have come that conclusion [without her]. So we kept the playfulness and because we've kept to budget it means I can treat her now and again to extra things.'

– Specialist Worker

Benefits for workers' practice (normative)

The normative function of clinical supervision 'focuses on the managerial and evaluative aspects of supervision such as quality assurance, ethical practice and public protection.'[42] Those interviewed said that line managers played a key role in this area of work, but that the Clinical Supervisor also supported this, in particular in relation to safe practice.

Safer practice: protecting worker safety

Several workers described the clinical supervision as helping them to practice more safely.

[42] British Association for Counselling and Psychotherapy (Oct 2014) *Fit for purpose: getting the best supervision for your practice*, in Coaching Today: Issue 12. https://www.bacp.co.uk/bacp-journals/coaching-today/october-2014/fit-for-purpose/

'There was a client that was going to be nominated to me... It felt like quite a risky referral … I took it to [Clinical Supervisor] and she offered really good advice about how to approach it. I was able to articulate [my concerns] in a way to managers where I didn't get the referral. She helped me talk through the risks; she was really good at helping me navigate that.' – Specialist Worker

Safer practice: enabling people with high levels of risk to continue to receive support safely

Workers found that the Clinical Supervision helped them to practice more safely with people with high levels of risk:

'If you're working with anyone who has high level of needs or risk … It gives me the space I need to be able to take my emotional reaction to the work I'm doing with people, and [Clinical Supervisor] always comes up with some gems about ways to word things or to explore topics that are sensitive or difficult and to do that safely. I think it has improved safety.' – Specialist Worker

In the following case, the advice of the Clinical Supervisor enabled the project to safely keep working with a person whose case would otherwise have been closed. After a disturbing incident, the Specialist Worker informed the police (who conducted a welfare check), and informed his managers who made sure safeguarding procedures were followed. The worker discussed the incident with the Clinical Supervisor who, firstly, suggested a way of having a conversation with the person, as a result of which the person's case was kept open; and secondly was able to encourage the Specialist Worker to be more alert to any risks to his own safety:

'I had a client, and his behaviour was becoming more and more concerning, aggressive and threatening … I was able to talk that through with [Clinical Supervisor], she said just go and openly challenge him, make sure you're in a safe space … I went back to see him and felt confident after having that conversation … I think [without the support of the Clinical Supervisor] we'd have closed him there and then rather than looking at it and having conversations with him … It was always useful talking to [Clinical Supervisor] because it was like "actually I should be a bit worried about this, rather than being quite blasé about things". I'd say "it's ok, he's not threated me, it's just his odd behaviour," she'd say "how do you know he's not threatening you?", I'd say "he's not said anything," she'd say "he doesn't have to, to threaten you." It was like "yeah, that's true."' – Specialist Worker

Safe practice: a check that workers are able to practice safely

The Clinical Supervisor also described being alert to any indications that workers were unwell or unable to practice safely, ensuring the organisation was aware of this, and ensuring that workers in this situation did not continue to work.

Benefits for workers' well-being (restorative)

The restorative function of clinical supervision focuses 'on the holistic wellbeing of the practitioner, their capacity for self-management and self-care and contextual factors that may enable or constrain learning and development.'[43]

Interviewees said that the Clinical Supervision helped them with the following:

- Protecting against stress, compassion fatigue and burnout
- Support to deal with the emotional and psychological impact of crises and deaths
- Support when personal issues are triggered by the work
- Improved resilience

They described the following impacts of the Clinical Supervision.

Reduced compassion fatigue

Several people described the clinical supervisor 'reigniting their compassion' at times when they were struggling to feel compassionate:

> *'It [clinical supervision] has eliminated compassion fatigue for me; I haven't felt that with any clients. The ones I get close to feeling like that, [Clinical Supervisor] has been able to renew some enthusiasm for me … Without the clinical supervision, undoubtedly I think I'd have had compassion fatigue by now, I would have felt I'm banging my head on the wall. She's good at re-motivating you, helping you see the small victories.' – Specialist Worker*

> *'Part of my role is to offer a different and deeper way of thinking about that client. It might be that sometimes it's difficult to feel compassion towards someone because they've worn you out, that's a very real part of this work, so sometimes when we're thinking about [the person in more depth], it can reignite the compassion for the client.' – Clinical Supervisor*

Reduced burnout

The Clinical Supervisor described staying alert for the early signs of burnout in people. Several workers described times of high stress when they thought they were at risk of burnout, and said the support from the Clinical Supervisor helped them to manage this and avoid burning out:

> *'During Covid, I was working from home for the first two weeks… In two days I had three women call me saying they had been sexually assaulted. It was too much, in my home, it felt so different than being at work. But in my home … it was too much for me. I thought I was going to fall apart. I spoke with [Clinical Supervisor] and she offered me extra supervision. That helped me through and meant I didn't have to take any time off work…. without having [Clinical Supervisor] to talk to, I think I could easily have burnt out.' – Specialist Worker*

[43] British Association for Counselling and Psychotherapy (Oct 2014) *Fit for purpose: getting the best supervision for your practice*, in Coaching Today: Issue 12. https://www.bacp.co.uk/bacp-journals/coaching-today/october-2014/fit-for-purpose/

'I've always got one eye on the components of burnout. If we're seeing some of that occurring then I want to be thinking about trauma, how they're keeping themselves safe, how they're self-regulating – and the organisation needs to know about that.' – Clinical Supervisor

Reduced emotional and psychological impact of crises and deaths

Several people said that being able to talk through, in Clinical Supervision, the impact of crises and deaths of people they were supporting had helped them to deal with these.

'[After someone died] I struggled with my role in not having that client feel able to say to me "things are starting to unravel" … he hadn't felt safe enough to share that with me. I took that into the Clinical Supervision and we unravelled that a bit, [Clinical Supervisor] was like "that's your expectations of responsibility; what could you have done differently?" etc. She was able to help me reframe what I was feeling about why hadn't I developed that trust with him whereas I value that with my other clients … so we unpicked that and that was quite helpful to process.' – Specialist Worker

Support when personal issues are triggered by the work

Workers said that the clinical supervision could help them understand when they had been triggered and to process this.

'I have spoken to her about situations that have come up at work and she's been very encouraging in terms of self-care, looking after myself, taking time, encouraging me to speak to managers so they can understand what's going on, and reassuring me I've done everything I could […] There were aspects of a client being very unwell that were very similar to my experience of somebody close to me passing away, and you get unexpectedly thrown into situations without realising it.' – Specialist Worker

'A lot of us workers have personal experiences, of our own physical health, mental health, complex needs, domestic abuse, etc. So having that opportunity to be aware of things that may trigger things in yourself, even though it might be vastly different than the client's experience, it's still good to have that safe space to be able to discuss that.' – Specialist Worker

Improved resilience

Workers said that the clinical supervision sessions had helped to improve their resilience:

'[Clinical Supervisor] is really caring, she really cares for this client group, but she's also very robust, and that's kind of what we're learning to be from her: How do we keep going when it's as difficult as it is?' – Specialist Worker

'I'd have probably had a higher rate of sick leave [without clinical supervision]. I'd probably have felt more frustrated by some of the situations I've had to deal with. Recently, I've been working with this case and I've tried so many things that haven't worked out. One of my collages was saying to me: "you're so calm about it! you've

put all that time into this and then it didn't work out." And I was like "oh yeah, that's alright, we've just eliminated that as a possibility, let's move onto the next thing we can try…' – Specialist Worker

Benefits for the people being supported

The benefits of workers receiving clinical supervision for people being supported include:

- Better quality support from workers who have a better understanding of their needs and ways to effectively provide support.
- Sometimes cases can be safely kept open for longer.
- Reduced staff absence and turnover means consistent support from the same worker for longer; this is very significant for people who have experienced trauma, for whom building trusting relationships can take time and be central to recovery.
- The Clinical Supervisor can support advocacy with other organisations, which can result in increased understanding of needs, reduced stigma, and increased access to support.
- More trauma-informed support means people are less likely to be inadvertently re-traumatised by support work.
- Workers' increased understanding can help people to have more insight and understanding into their own thoughts, feelings and behaviour.

'[Clinical Supervisor] helps us come up with plans that are not giving up on a client. Sometimes it can feel like "I don't know where to go with this, I feel stuck." She can help us change that thinking and see things from a different way ... It's taught me a lot about how to build relationships that normally I've wanted to walk away from.' – Specialist Worker

'Making sense of people's behaviour has allowed other services to come back on board… One woman, it took 18 months to get her under the learning disabilities team. [Clinical Supervisor] helped me write all the evidence, we finally got her to be accepted. It's easy to have thought of just giving up, but now she's doing brilliantly, now she's got all the services open to her that she's always needed.' – Specialist Worker

'[I have] more of an understanding of "this is what is happening for this person" ... Now I'm explaining to clients about their trauma symptoms and helping them understand what is happening so they can gain more control. I'm seeing people now who can achieve so much more because they understand their behaviours. [Clinical Supervisor] has been a big part of that, so she helps us and then we help the client.' – Specialist Worker

Case study: 'Coming back into the room'

'I was really stuck as to what to do with a client. He goes off on a rant and I'm struggling to bring him back into the conversation and he'll be talking to the voices in his head, just shouting, ruminating on stuff from the past and he'll just get trapped there.

[Clinical Supervisor] said "why don't you let him have his rant for 5 or 10 minutes and then go "right, enough, come on, back into the room" and just encourage him like that. Allow him that space without stopping him, and then bring him back when you see an appropriate point. I've been doing that with him and it works. [Recently] I can see him looking at me thinking: it's about the time he's going to say to me enough!

Last week he had a home visit from the psychiatrist, and he managed to stop himself while he was talking to him. He was ranting at the psychiatrist and the psychiatrist kept trying to bring him back, and then I saw him almost stop in mid-sentence, he looked in my direction and then went "ok, go on". I doubt I'd have had the confidence or even thought to say "enough, come on, back into the room". I'd have just been coming out of it completely drained, so I think what [Clinical Supervisor] said to me to do has so much had an impact on him. He still goes off onto little rants but he's able to stop himself.'

– Specialist Worker

Organisational benefits

The benefits that workers and managers described for the organisation included:

- Reduced staff sickness and turnover.
- Safer practice, including in relation to boundaries.
- Improved quality of work.
- Better relationships within teams.

Several workers were clear that Clinical Supervision had helped prevent burnout, reduce the need to take sickness absence, and helped them to stay longer in the role:

> *'I think [without Clinical Supervision] I would have left [this job] a very long time ago… I would have left very quickly because I wouldn't have felt safe, and [Clinical Supervisor] has helped this job feel safer.' – Specialist Worker*

> *'Without a doubt [it has had an impact on my well-being]. I'd have probably had a higher rate of sick leave [without clinical supervision].' – Specialist Worker*

The Area Leads (line managers) interviewed both believed that clinical supervision was essential to workers' well-being and their trauma-informed practice. They saw the Clinical Supervisor as an additional source of support and learning for workers which complemented their own roles. Having an independent perspective, the support of

someone with therapeutic training, and a safe space for workers outside the office, were all found to be helpful.

> *'It gives them another perspective on things different to the perspective I have and encourages them to bring their own solution to things… When I notice someone on the team is struggling we'll talk about what is in place, we've got an Employee Assistance Scheme, but clinical supervision comes up the most, they will say "I'm seeing [Clinical Supervisor] soon, or "I'll give her a call and see if she can talk through it with me quickly," that's cited a lot.' – Area Lead*

One Area Lead received clinical supervision themselves (from a different supervisor to the workers) and found this very helpful in reflecting on their own role and team dynamics and relationships.

Overall views on clinical supervision

All of those interviewed strongly believed that clinical supervision should be provided in all roles working intensively with people experiencing multiple disadvantage. They compared their experiences in this role with previous roles they had been in and other workers they had observed, and believed that the clinical supervision they received both strengthened their resilience, and helped them to practice in a trauma informed way.

> *'With this client group, clinical supervision is absolutely necessary. It should be built into service contracts, budgeted for and seen as a priority. It's about the quality of the work and also the impact on worker retention. Clinical supervision is not just about providing support, it's critical for workers' ongoing professional development.' – Area Lead*

> *'Clinical supervision prolongs the working life of the worker and helps maintain that resilience. This job can eat away at your soul. If you're not mindful of that it can be damaging, I've seen that in reality when worked at [other service. Staff] were constantly going off [sick], you could see them burning out.' – Specialist Worker*

> *'We are working with some of the most vulnerable people in our communities. They've experienced huge traumas throughout their life and as professionals working to support them we should be doing everything we can to not retraumatise them and to make sure we're taking care of own well-being at the same time. We should strive to have a better understanding of [them] and to achieve creative ways of working and thinking ... I think clinical supervision helps build more trauma-aware professional relationships with clients and helps keep workers and clients safer.' – Specialist Worker*

How clinical supervision can help overcome the challenges of the work

Figure (a) summarises the challenges of the work and how clinical supervision can help.

Figure (a): Challenges of the work and how clinical supervision can help

Challenge	How clinical supervision can help	Example
Systemic barriers to support	Clinical Supervisor helps advocate and write letters to services in clinical language. Helps workers develop a trauma-informed understanding of clients, which they can share with external agencies.	*"I was working with a client in a hostel, she was being threatened with eviction. I couldn't get them to understand where she was coming from. I spoke to [Clinical Supervisor] and she helped me advocate for her.* ***The eviction got revoked because they could understand that behaviour*** *instead of seeing it in a different way; [at first] they saw it as a negative behaviour against the hostel and actually it wasn't, it was a trauma behaviour. Since then, they've been able to work with her. That's kept someone a home." – Specialist Worker*
The impact of trauma on the worker-client relationship	Clinical expertise supports workers to take a trauma-informed approach, to build safe, trusting relationships, and to avoid re-traumatising people. Helps workers practice safely.	*'[Clinical Supervisor] is amazing at helping us understand what people's attachment styles are, so that we're working in the most effective way. Without that, we're just kind of doing what other services are doing without meaning to. I've got quite a few clients that are quite avoidant attachment style and that would often mean they'd be discharged from services, but she helps me understand how to work with that so they're not given up on …* ***I've kept them engaging and it's been through her insight*** *into that.' – Specialist Worker*
Traumatic incidents, crisis and deaths	Provides emotional and psychological support for workers who have witnessed or experienced traumatic incidents. Helps workers avoid longer-term negative psychological effects.	*'In two days I had three women call me saying they had been sexually assaulted… I thought I was going to fall apart. I spoke with [Clinical Supervisor] and she offered me extra supervision. That helped me through and meant I didn't have to take any time off work….* ***Without having [Clinical Supervisor] to talk to, I think I could easily have burnt out.'*** *– Specialist Worker*

Figure continued overleaf

(Cont.) Figure (a): Challenges of the work and how clinical supervision can help

Challenge	**How clinical supervision can help**	**Example**
Positive change can be slow and not always sustained	Helps workers become aware of compassion fatigue or the signs of burnout or stress, to maintain resilience and reignite compassion, and to take action (such as time off) where this would be safer for worker and clients.	***'[Clinical supervision] has eliminated compassion fatigue for me**; I haven't felt that with any clients. The ones I get close to feeling like that, [Clinical Supervisor] has been able to renew some enthusiasm for me … Without the clinical supervision, undoubtedly I think I'd have had compassion fatigue by now, I would have felt I'm banging my head on the wall. She's good at re-motivating you, helping you see the small victories.' – Specialist Worker*
Lone working and limited peer support	A dedicated space to discuss cases, practice, relationships, and personal responses.	*'[The job is] isolated, or autonomous. Every day I'm operating within my own terms, you've got your own approach. **When I hit a roadblock it's handy to step back and get an outside view**.' – Specialist Worker*

Costs and benefits of providing clinical supervision

Providing clinical supervision costs FLSE £65 per session per worker once every six weeks. This totals £563 per worker per year, or a total of £3943 per year for a team of seven workers.

Further research is required to fully assess the costs and benefits of providing clinical supervision. However, the potential benefits and cost savings to a project of providing clinical supervision for staff include:

- **Reduced staff absence** due to stress, burnout and other mental health issues. With less staff absence, teams are less likely to have to cover the work of colleagues, which is likely to result in better quality work, less stress and burnout, and better well-being.
- **Reduced staff turnover** due to stress and burnout, resulting in reduced costs of recruiting and training new staff members. In a role where building trusting relationships over time is central to the work, this also results in better quality support to clients.
- **Improved quality of work.** With guidance and advice from a trained professional, workers can provide more effective, trauma-informed support to clients.
- **Better outcomes for clients.** Outcomes seen in this project and attributed at least in part to clinical supervision include cases remaining open for longer, people retaining housing, leaving abusive relationships, addressing substance misuse problems, and reducing criminal behaviour – all of which may result in reduced overall costs, for example to the criminal justice and healthcare sectors.

Figure (b): Costs of clinical supervision compared with costs of recruitment and selection and sickness absence

Annual cost of providing clinical supervision for one worker	**£563**
Average cost, per recruit, of recruitment and selection in the third sector[44]	**£1,612**
Average annual cost of sickness absence per full time employee in the third sector[45]:	**£843**

[44] Agenda Consulting (2019) *Charities in the UK: Findings from People Count 2019*.
[45] Agenda Consulting (2017) *People Count Third Sector 2017: HR and workforce benchmarks for the third sector. Volume 2.4: Absence Management.* I

5. Implementing clinical supervision: learning from the process

This section includes key learning from FLSE's experience of implementing clinical supervision, including in which circumstances workers should receive clinical supervision, the approach and characteristics of the Clinical Supervisor, how workers made the most of clinical supervision sessions, the respective benefits of one-to-one and group clinical supervision, and ideas for improving clinical supervision within FLSE.

In which circumstances should workers receive clinical supervision?

Interviewees identified a number of circumstances in which they generally believed that clinical supervision was essential:

- **Workers are working intensively with small caseloads** of people all of whom experience multiple disadvantage.
- **Workers are working primarily alone** with limited opportunity for peer support.
- **Workers have lived experience** (for example of trauma, mental health issues, multiple disadvantage or related issues).

  'Where you're isolated in your work physically and at the end of the day you might not catch up with your team or debrief … it's really important to have some one-to-one space that is yours, that's about you.' – Clinical Supervisor

  'I think all frontline workers working with complex people should have clinical supervision. It should be in the employment contract, especially if they're experts by experience or have lived experience.' – Specialist Worker

Approach and characteristics of the Clinical Supervisor

Workers reported that the project's Clinical Supervisor was highly skilled. Characteristics they valued included:

- **Knowledge of the client group and understanding of trauma.** The Clinical Supervisor had knowledge and experience with people with complex needs, and had in fact worked with some of the project's clients one to one in a previous therapeutic role. This was seen by workers to be highly beneficial. Where a different supervisor provided group clinical supervision to workers for a brief period, workers reported that their lack of knowledge or experience of the client group formed a barrier to helpful support. The Clinical Supervisor believed that experience of working with people experiencing multiple disadvantage was not essential to the role, but that an in-depth understanding of trauma was.
- **Flexibility in terms of meeting location and rescheduling.** The Clinical Supervisor does not charge for late cancellations due to workers needing to respond to a crisis – in this case, workers can reschedule within two weeks, including for an online or telephone meeting. Sessions are held in different locations or online.
- **Additional telephone support is offered between sessions where needed**, for example following the death of a client.
- **Clarity of approach**. The Clinical Supervisor clearly set out the scope of her role and agreed the structure of sessions with workers.

- **Supervisee-led and responsive to different needs**. At the start of the meeting the Clinical Supervisor asks what people would like to cover in the session, and time is allocated accordingly, with workers setting the agenda. People use sessions differently depending on what is needed, for example bringing cases to discuss, discussing working relationships, or discussing their own well-being.

Making the most of clinical supervision

Approaches that people said helped them make the most of the clinical supervision included:

- Using different sessions differently depending on need. For example, in some sessions talking solely about clients, in others talking about more personal issues.
- Bringing cases to discuss.
- Not booking in anything beforehand so there is time to reflect (or making appointments first thing in the morning). Allowing 10 or 15 minutes after sessions to reflect and let things sink in. For some people, travel time helped provide this space.
- Arranging to see the client who is going to be discussed soon after the session so ideas are fresh.

One-to-one compared with group clinical supervision: the respective benefits

The programme trialled group supervision for a short period, but it did not continue because workers did not believe that the Clinical Supervisor had an adequate understanding of the client group. Some Specialist Workers felt that group clinical supervision, in addition to one-to-one clinical supervision, would be helpful.

Whilst one-to-one and group clinical supervision share many benefits, workers said that one-to-one supervision provided the following unique benefits:

- A safe, confidential space to discuss personal issues (for example triggers, your own mental health and your history of trauma) openly.
- Dedicated space to discuss your clients in depth.

'I wouldn't feel comfortable talking about personal stuff in a group. I think for client work both [group and one to one supervision] work well. But personally, I wouldn't want to be in a group session and open up about what's going on inside me, there's so much I'll tell and other bits I want kept confidential.' – Specialist Worker

'I think [one-to-one clinical supervision] is a great space just to be able to unpick your own process without having any judgement in the room … There might be things they don't bring to a group reflective practice or group clinical supervision because they feel too vulnerable, it really gets into what's going on for the worker, it's a lot easier to do when 1-1 than in a group.' – Clinical Supervisor

Group supervision, in contrast, provided the following unique benefits:

- The opportunity to receive peer support, learn from others and discuss your own and others' clients in a group.

'Sometimes it's nice when you're in a group and you respect each other as workers and someone says 'this brings up this for me' and you're like 'oh that's good, I'm not the only one!' I think there's something in [group clinical supervision] of teaching us what's ok as a group, so we can share our experiences instead of feeling we have to keep them in our own little teams.' – Specialist Worker

Ideas for improving clinical supervision within FLSE

Frequency of support
Most of those interviewed said that they would like clinical supervision to take place more frequently than every six weeks.

'The only thing is [I'd like it to be] longer or more regular. Lots can happen in six weeks and I have to decide what I can take to it. It would be great if it was once a month.' – Specialist Worker

Group supervision
Some workers believed that group clinical supervision would also be valuable alongside the one-to-one clinical supervision, in order to share experiences and practice. One person suggested that group clinical supervision across organisations (for example where multi-disciplinary teams are working to support a person) would be valuable in understanding team dynamics including conflicts, and supporting more effective team practice.

6. The broader framework of support for workers

This section sets out a broader framework of support for workers supporting people experiencing multiple disadvantage, based on the support described by workers and managers within FLSE.

A framework of support

In this project it was clear that Clinical Supervision performed an important function in protecting workers' well-being and helping them to provide quality support, but other sources of support were equally important. Workers reported that the functions outlined in the following table helped them to maintain their resilience. Where these were absent, workers' well-being suffered, sometimes severely.

Figure (c): Framework of psychologically-informed support for support workers

Area of support	Components of effective support	Example
Organisational culture and processes	• An organisational culture in which the emotional and psychological impact of the work is explicitly acknowledged. • The provision of additional support where needed (for example through an Employee Assistance Scheme or funding a set number of therapy sessions where helpful). • Processes in place for alternative line management support where line managers were absent due to sickness. • The encouragement of learning and provision of training to enable psychologically informed care.	*'FLSE talk a lot about burnout and compassion fatigue to make sure we're not going down that route, which is really good. It's like: we know the emotional toll it takes and want to make sure you're supported… I've been able to attend a lot of trauma training which really helps in my work… They let us try new things and that helps stop me feeling fatigued.' Specialist Worker*
Good line management support	• Regular worker-led supervisions that were focused on the well-being of the worker as well as cases and performance management. • Proactively encouraging workers to contact for debriefs at the end of the day. • Encouraging self-care.	*'[Manager] always encourages us to debrief with her after a difficult day. [Manager] remind[s] us to take time out, that if we're going for a walk to do a bit of grounding we're still working and not feeling guilty about that, so we don't take a difficult session into the next. [Manager] is like: look after yourself, if your tank isn't full you can't help fill up someone else's. Our weekly team meeting isn't about stats or what you're behind on, it's about how you're feeling this week.' – Specialist Worker*

Team/peer support	• Feeling part of a close, supportive team. • A safe space to talk experiences through with colleagues on a day-to-day basis. • Group supervision/reflective practice provide opportunities for team support and learning. • Team check-ins and check-outs. • Building supportive relationships with colleagues from external organisations.	*'It's a tight team, it's small but we all get along, we use a lot of humour to get through some of the dark times. The office feels like a safe space, it's important to come in and be able to offload directly, knowing that's ok. Having that instant outlet to vent means you're not left carrying it at the end of the day.' - Specialist Worker* *'I use other teams around me [for support], I learn who are my allies in city, and what other workers work in the same kind of way.' – Specialist Worker*
Self-care	Having strategies for self-care, for example: • Taking a break when needed. • Recognising the early signs of reduced emotional or psychological well-being, and seeking support. • Talking things through with colleagues, friends or family (where appropriate). • Creating routines to mark the start and end of the working days. • Exercise, including walking between appointments.	*'At 5pm I'll go out and ride my bike, talk to someone in my family or a friend on the phone, and switch off. By the time I'm back home it feels like I'm coming back in from the day. There might be some time for reflection, but I'm not in that work head that I am from 9-5. That self-care is really important.' – Area Lead*
One-to-one Clinical Supervision	• A safe, confidential space to discuss personal issues. • A safe, confidential space to discuss experiences of trauma. • Providing greater understanding of psychological processes in worker and client. • Worker-led agenda. • Supervisor has advisory role.	*'You can't do this work without it having some impact or touching some part of yourself, whatever your experiences have been, and it feels clinical supervision is a good opportunity to unpick that a bit, shine a light on it and go "ah, that's what it's about."' – Specialist Worker*

Overall the Specialist Workers interviewed described receiving helpful support in their role. However, some characteristics of the Specialist Worker role – providing intensive support in small teams – made it difficult for people to receive support in some areas:

- **Small teams and the community-based nature of the role made it harder for workers to access peer support**: workers could go for weeks without seeing colleagues. This could have a significantly detrimental effect on workers' well-being. This was particularly the case since the start of the Covid-19 pandemic when staff

have been home- rather than office-based. It was important that managers proactively offered support and made regular contact.

- **Small teams could make it difficult to provide adequate cover during mangers' absences**. In one case where a manager was absent through sickness over the long-term, workers felt significantly less supported and at least one worker's well-being was significantly negatively affected.
- **It can be hard to engage in self-care and to seek support such as debriefings when working long, unpredictable hours in response to crises**. Again, a proactive approach from managers is important here.

  'Often I've been in [a traumatic situation] and then texting my manager saying I've finished for the day. [I don't seek a debrief because] I know they're at home with their kids because it's 8pm.' – Specialist Worker

More than one of the Specialist Workers was receiving private therapy (paid for by themselves). For one worker, this was needed as a direct result of the emotional and psychological impacts of the role; their well-being declined and they began therapy after changes in their team meant a reduction in important peer and managerial support.

Learning includes:

- Larger teams fulfil a useful function in supporting workers.
- Where teams are small and there are few opportunities for debriefings, a proactive approach from managers (for example encouraging self-care and proactively offering debriefings) helps protect well-being.
- Opportunities for contact and peer support between workers are important.

7. Conclusions and recommendations

Conclusions

This research found that the provision of regular one-to-one clinical supervision was highly beneficial to workers providing intensive support to people experiencing multiple disadvantage and to the FLSE programme. It was critical to their trauma informed practice, and in supporting their well-being.

The provision of clinical supervision:

- **Increased workers' understanding and skills around providing trauma informed care.** Workers demonstrated a high level of understanding of trauma informed practice, and described examples where they had skilfully put this into practice to help support people. They attributed this in large part to the clinical supervision they had received.
- **Helped workers to successfully advocate for support from other services**, and to increase other services' understanding of people's needs and behaviours.
- **Helped to protect staff from burnout and compassion fatigue**. Several workers described periods of high emotional or psychological pressure that the clinical supervision supported them with, and said that this helped them to avoid burnout or compassion fatigue.
- **Reduced sickness absence and staff turnover.** Several workers said that they would have required more sickness absence, or would have been unable to continue in the role, if not for the clinical supervision.
- **Benefited the people being supported**, through better quality support, reduced worker turnover, being able to safely keep cases open for longer, and helping some people to understand themselves better and to make positive changes in their lives.

The literature demonstrates that many of the challenges faced by workers in this programme are experienced more broadly by workers in similar roles supporting people experiencing multiple disadvantage. These include the risk to the worker of burnout, compassion fatigue, triggering and vicarious trauma, and the impact of trauma on the worker-client relationship. In FLSE, the provision of clinical supervision helped workers to work effectively with or minimise these challenges. It is likely that other workers in similar roles would experience similar benefits from clinical supervision.

This research suggests that clinical supervision benefits all workers providing intensive support to people with experiencing multiple disadvantage. It is particularly important for:

- Workers in small teams or working mostly alone, with limited peer support.
- Workers with personal experiences of trauma, multiple disadvantage or related issues.

The one-to-one nature of the clinical supervision was important, in providing a safe, dedicated space to both talk about personal issues and focus on one's own clients.

Clinical supervision functioned within a larger framework of support and training. Support from managers and peers, organisational culture, and self-care, were also important for people's learning and well-being, and for the quality and safety of work.

Recommendations for projects working with those experiencing multiple disadvantage

1. Based on the experiences of this programme, it is highly recommended that projects with workers providing intensive support to people experiencing multiple disadvantage, and working mostly alone, consider providing regular one-to-one clinical supervision to those workers.

2. The clinical supervisor should be able to demonstrate an understanding of trauma and a non-judgemental understanding of the client group. Ideally, workers who are to receive clinical supervision will be involved in the decision about who to appoint.

3. Those designing projects should consider, as far as possible, how other sources of support can be built in. Considerations include: size of team (with larger teams providing more opportunities for peer support); opportunities for peer support; and training for line managers on providing trauma-informed support to workers.

Recommendations for FLSE

4. Area Leads do not currently all receive regular clinical supervision, although they all conduct some client-facing work. It is recommended that FLSE considers offering clinical supervision to all Area Leads (with a different supervisor to the workers) until the client-facing work comes to an end.

5. Several workers said that they would benefit from more frequent clinical supervision. As the FLSE client-facing work begins to come to an end, the project may wish to consider increasing the frequency of clinical supervision, to support workers to bring their support relationships to a positive planned end.

6. Support from managers and peers, alongside the clinical supervision, was very important in protecting workers' well-being. As the Covid-19 pandemic means that workers are working from home and have less opportunity for face to face contact, it is recommended that managers review the support they provide, to ensure they are proactively encouraging self-care, providing regular opportunities for debriefs, and providing forums for team discussions and support.

Recommendations for further research

7. Larger scale research across different projects would strengthen the evidence around the benefits of clinical supervision and enable broader conclusions to be drawn about its effectiveness in different contexts. A more detailed consideration of the respective benefits of one-to-one and group clinical supervision would also be helpful.

8. The costs of providing clinical supervision may deter organisations from providing it. Research to assess the financial costs and benefits of clinical supervision, including effects on staff turnover and absence due to sickness, would help to provide evidence on which funding decisions could be based.


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