The effectiveness of clinical supervision for workers supporting people experiencing multiple disadvantage:
Executive summary
Fulfilling Lives South East Evaluation

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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 summary 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.

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[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/

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.

- 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]

[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.

[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*.

- 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.
- 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.

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[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 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*

Challenge	How clinical supervision can help	Example
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].

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.

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[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.*