Department of Health

Using Restorative Supervision to Improve Clinical Practice and Safeguarding Decisions

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Using Restorative Supervision to Improve Clinical Practice and Safeguarding Decisions

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

In these exciting and challenging times for the health visiting profession, Central Surrey Health recognised the need to support its health visiting team by implementing the innovative model of restorative supervision. The Department of Healthôs *Health Visitor Implementation Plan 2011–15: A call to action* (2011) sets out a framework to ñexpand and strengthen health visiting servicesò It is acknowledged nationally that health visiting is emotionally demanding, particularly within safeguarding. With the impact of extra workload in relation to the Health Visitor Call to Action programme, health visitorsôstress levels have continued to rise.

Our objective is to improve clinical practice and safeguarding decision making, potentially reducing risk to children and families, by initiating the restorative supervision programme within Central Surrey Health. Using the evidence documented in Sonya Wallbankôs recent research published in *Community Practitioner* in November 2012, we see restorative supervision as a support for professionals that will ñrestore their capacity to think and make decisions, potentially reducing riskò

As well as incorporating this supervision programme, the projectôs innovation is to ask participating health visitors to collect anonymous family feedback. We aim to evaluate the outcome of restorative supervision on the clientôs perception of the health visitor intervention during a home visit.

Being able to evidence the outcome of restorative supervision will support our objective to roll out this model across the whole of the Central Surrey Health health visiting service.

Achievements

- Our first achievement was securing the funding to commission the restorative supervision training. With many staff having read Sonya Wallbankôs recent

publications, participants would feel involved in an innovative project which could become part of the future for health visiting.

- The project team were delighted to achieve full participation for the training (11 places), and as momentum for the project increased so did the waiting list. This was the result of a successful promotional campaign which included:

  ï designing a flyer and emailing it to the health visiting team; this was developed to present a positive theme of enhancement and recognition of the skilled workforce and the emotional demands of their work
  ï presenting an outline of Sonya Wallbankôs research and programme at a training day for health visitors from Central Surrey Health, thereby offering an insight into the concept of the model of restorative supervision.

- Further achievements followed this presentation as staff who had felt unable to commit previously applied for a place on the course. Health visitors from other organisations spoke of feeling excited and inspired that there was a model of supervision which focused on them. We received a text message that confirmed our success in instilling motivation for the project: *"*enjoyed your presentation, it was inspiring.*"*

- From the outset we have been able to work in partnership with the restorative supervision trainers; within the first week we had confirmed a date for our interim evaluation meeting and formed an implementation working party under their guidance.

- We achieved full engagement and commitment by giving the participants time to discuss the project with us, including them in decisions, respecting their ideas and taking these forward swiftly.

- A further achievement is the development of our own innovative evaluation project: obtaining family feedback to assess the impact of restorative supervision on our clients. We received feedback within the first four days of the projectôs commencement.

Benefits

Restorative supervision as an Early Implementer Site (EIS) project benefits our staff and organisation by demonstrating that we value them by offering supervision that focuses on them as professionals. Supporting them with best practice means that the organisation will benefit by having motivated staff working with the Health Visitor Implementation Plan to sustain and improve the health visiting service for the future.

Restorative supervision also restores the participantôs capacity to think, which will ultimately improve practice for safeguarding families.

Benefits to the staff have developed as the project has gained momentum. As the initial training date came nearer, the participants moved from feeling overwhelmed to feeling positive excitement about their involvement. This suggests that participation in this project is already having a positive impact on staff wellbeing, which potentially will have a positive impact on their team and the clients around them.

The organisational benefits continue as, since the initiation of this project, the team have been approached from outside professionals regarding working within Central Surrey Health, indicating that we are perceived to value our staff.

Our project links into the Quality, Innovation, Productivity and Prevention (QIPP) programme by:

- enhancing the **quality** of our health visiting service by introducing an evidence-based model of supervision that aims to ñreduce burnout and stress ... and develops a healthier workforceò
- increasing **productivity** by potentially reducing staff sickness, thus saving money and increasing efficiency
- enhancing **prevention**: restorative supervision ñrestores capacity to thinkò, thereby improving clinical practice and safeguarding decisions.

Innovation is demonstrated by the use of a family feedback questionnaire. This is offered by the participating health visitors to 10 random families each month for the six months the health visitor is receiving restorative supervision. It is completed at the end of a home visit and placed in a sealed envelope by the client. Data is being collated monthly, with 110 questionnaires potentially being completed each month. We plan to analyse the data received from the families to review if there is any correlation between client satisfaction with their home visit by the participating health visitor at the beginning of the programme and after six months of restorative supervision.

A quote from one of our first questionnaires received: ñmore funding and health visitors please ï a valued resource!ò

Challenges

Staff engagement was our major challenge.

Taking note that Sonya Wallbank had reported of her 2010 cohort (in *Community Practitioner*, July 2011) that staff were not engaging initially due to their stress levels, we recognised the need to support staff so that they would personally feel motivated to commit to this project. Staff needed to be given permission to reflect on their personal wellbeing and the impact of the emotional demands of health visiting.

One challenge anticipated and resolved by using our presentation and by offering an introductory training session prior to the start of the project was that of practitioners feeling overwhelmed by yet another form of supervision. By explaining the types of supervision available and how this model is different we were able to resolve their concerns.

In recognition of how we value our health visitors, and with further funding, we secured a relaxing venue outside Central Surrey Health offices.

By offering a secondment opportunity for the EIS project lead, staff saw Central Surrey Health as openly committed to the Health Visitor Implementation Plan.

During our preparation time there were discussions about the risks involved in our evaluation project (see below). Discussion about the family questionnaire offering the best outcome for analysis of data led to an alternative being developed by us. However, we were advised by our DH coach to use the original.

We were concerned to reduce the potential for not achieving quality data from our evaluation: should the questionnaire only be offered on random visits, solely on Universal new birth visits or solely on safeguarding visits? We choose random visits on our coachôs advice.

Compliance from staff to complete the questionnaires as outlined for quality data continues to be a risk. By offering an understanding of restorative supervision and commitment by the project team, we hope to have gained full engagement for compliance.

Anticipated risks continued as the project evolved, such as dealing with those practitioners who wanted to engage but who, due to part-time working or health visiting aligned non-clinical work, did not have the capacity to complete the project; they had to understand that they could not be part of this cohort. However, as the reserve list grew participants understood the commitment needed and this problem was resolved.

A challenge beyond our control was the availability of the restorative supervision team which has meant that the project timeline has slipped. The six-month training programme and the final data for our project will not be completed until April 2013.

Learning, Sharing and Sustainability

Learning: We are learning throughout our journey with this project.

Initially we have learned from experience that, even at the beginning of the project, staff perceived that they were valued by the introduction of a model that focuses on their wellbeing as professionals. Morale of the participants appeared raised and their ability to engage with the project and discuss challenges improved as the project gained momentum.

Sharing: We have established a local restorative implementation group with Sonya Wallbank's team, and we have commenced disseminating information to Central Surrey Health staff through our intranet newsletter. We have already presented the concept at a Surrey-wide training day and we will be presenting our EIS posters at the Community Practitioners and Health Visitors Association conference. We anticipate sharing our learning with Communities of Practice and are happy to present or share our journey and project outcomes in the future.

Sustainability is key to our success. We are anticipating that on completion of the project each participant will supervise four health visitors in Central Surrey Health using the restorative supervision model. This would then give us 55 health visitors who have received restorative supervision by the end of 2013. Ultimately we look forward to implementing this as the model of choice within our organisation, thereby aiming to improve clinical practice and safeguarding decisions for better outcomes for our children and families.