How does Supervision Contribute to Professional and Organisational Development?

A Case Study of a local Voluntary Drug Sector Organisation.

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<u>Abstract</u>

The Drug Strategy (2002) is a cross-government programme of policies and interventions that concentrate on the most dangerous drugs, the most damaged communities and problematic drug users. The emphasis is to improve effective service delivery and therefore the outcomes for service users however, Commissioners have expressed concerns that the systems put in place are outdated and limited. The National Treatment Agency has the power to inspect services and enforce changes under the Community Care Act 1990 s.48. Failure to comply can lead to reductions or loss of funding. This in turn may lead to financial 'cuts' and subsequently impact on human resources.

The main aim of this case study is to consider and explore the contribution of supervision in professional and organisational development, within the context of a third-sector organisation, as well as exploring the mechanisms that support or hinder the process. The views of managers and team members, within this multi-disciplinary organisation, were actively sought to examine the culture and processes of supervision.

Methods employed include an extensive review of relevant literature and exploration of the organisations supervision policy, staff development policy and staff review and developmental appraisal system, alongside questionnaires and semi-structured interviews with managers and staff. Qualitative methods of data collection were utilised to analyse the data based on grounded theory. Emerging themes were found and analysed in order to understand the nature of the findings.

The evidence indicates that while the organisation appreciates the value of supervision, as can be demonstrated in the policy, there are practical issues that have not been addressed as well as a culture of crisis management, real or perceived, that negates prioritisation of the supervision process. Individuals appear to value supervision however, the culture of an 'open door policy' appears to take away from the importance of supervision. This culture may stem from the organisational roots and warrants further investigation.

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Glossary of Terms

BASW	British Association of Social Workers
CDAT	Community Drug and Alcohol Team
DANOS	Drug and Alcohol National Occupational Standards
FREC	Faculty Research Ethics Committee
IFSW	International Federation of Social Work
KU/SGULS	Kingston University/St. Georges University London
NHSCCA	National Health Service Community Care Act
NTA	National Treatment Agency
NVQ	National Vocational Qualification
POVA	Protection of Vulnerable Adults
QuADS	Quality in Alcohol and Drug Services
TCS	Task-Centred Supervision
TOP	Treatment Outcome Programme
UK	United Kingdom
US	United States

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Chapter 1

Introduction

The researcher's interest in supervision stems from seventeen years experience as a supervisor based within a medical setting of a CDAT and more recently as a lecturer and social work practice teacher, in a multi-disciplinary voluntary sector organisation, specialising in addictions. The case study was initially triggered by personal experience of non-supervisory support as a manager and social worker, in a medical setting. Miller et al (2001) describe the '*medical model'*, as one that constitutes a hierarchical approach to patient care and dominance in decision-making.

The voluntary sector organisation, on whom this case study is based, was established forty years ago and has grown from an entrepreneurial management structure with informal communication and mutual adjustment. At this time fewer employees and the ethos of the unit could be maintained via informal support networks (Mitnzberg, 1979). The organisation can be argued to reflect the organisational and cultural aspects of the statutory sector from two perspectives. The organisation consists of medical, social care and outreach teams, inclusive of a number of disciplines i.e. qualified medical professionals – consultant and nurses, social workers and non-qualified staff. The second factor may relate to government policies and regulatory bodies such as the NTA, DANOS and QuADS, all of which dictate standards and targets.

The Drug Strategy (DoH, 2002) is a cross-government programme of policies and interventions that concentrate on the most dangerous drugs, the most damaged communities and problematic drug users. The NTA has the task to improve availability, capacity and effectiveness of treatment for drug misuse in England (DoH, 2002). They were created to standardise and oversee services delivered by local authorities and voluntary sector organisations, under the NHSCCA s.46(3) (Brammer, 2007). One of the measurement tools requires agencies to participate in performance indicators such as the TOP. The NTA have the power to inspect services and enforce changes under the Community Care Act 1990 s.48. Failure to comply can lead to reductions or loss of funding.

This raises some interesting questions for voluntary sector organisations or third-sector organisations as described by Whelan (1999), in terms of autonomy and their role as adversaries. Whelan (1999, p.3) questions the status of voluntary organisations,

> 'Many of the organisations which constitute the (voluntary) sector have strayed too far from the principles of voluntarism.'

Third-sector organisations should arguably not be tied to the state or the commercial sector and as Whelan (1999, p.9) points out,

> 'Those who have harnessed themselves to the coach of state...must obey the reins.'

The rationale for this case study is to consider and explore the contribution of supervision in professional and organisational development, within the context of a third-sector organisation. The term third-sector will be utilised throughout the study. The literature review is based within the epistemology of social work however, it is relevant as staff and managers are working with vulnerable adults under the NHS and Community Care Act 1990. The majority of the service users seeking help from the project are or have been subject to statutory services. This includes the Children Act 1989, the Mental Health Act 1983, POVA 2004 and the Mental Capacity Act 2005. The literature reviewed is subsequently relevant to this case study.

Chapter Two will explore and discuss literature pertaining to models of supervision and the process from a UK and international perspective in order to make comparisons. Chapter Three focuses on presenting the methodological approach utilised in this case study, clarifying the methods used. Chapter Four presents the findings of the research, analysis and discussion. Chapter Five explores and analyses the emerging themes followed by a Conclusion with debate about the initial research questions, how they were considered and possible solutions for the future with recommendations.

Chapter 2

Literature Review

Introduction

Professionals sometimes bemoan the poor quality of supervision they receive, often citing lack of time as the main culprit. This leads to the supposition that supervision may not be prioritised, due to uncertainty about whether or not it makes a difference to practice. This contrasts with the perceived wisdom that supervision is a crucial tool in ensuring effective practice (Tsui, 1997). Privatisation of health care and restructuring of teams because of decreasing budgets are strategies designed to remain competitive in the market place (Berger, 1993). One of the consequences of these strategies has led to 'cuts' in management positions where traditionally supervisory responsibility is held. Also as a consequence of 'cuts' in addiction services, for not meeting targets, investment in staff training, practice skills and professional development is less likely (DrugScope, 2007).

The researcher explores relevant literature and research related to supervision and aims to achieve this by using Kadushin's (1976) functional model as a structural basis for the review i.e. administrative, educative and supportive, as cited in Tsui (2005). Kadushin (1973 and 1989) conducted two large-scale national surveys of 1500 randomly selected social workers, from the National Association of Social Workers, in the US. For both groups the most useful function was educational followed by supportive while the administrative function caused the most dissatisfaction. Kadushin's model of supervision is the most widely used in the UK however; the administrative function has led to supervision becoming intertwined with accountability. It may now be useful to explore concepts of supervision and the supervisory process.

Although Morrison's (2005, pg.32) definition of supervision does not appear to emphasise the supportive element his description may be a useful starting point:

> '*A process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users.*'

Supervision has become an increasingly important aspect of social care as it is argued to determine the quality of service clients receive as well as endeavouring to ensure professional development and job satisfaction (Harkness, 1995; Harkness and Hensley, 1991; Harkness and Poertner, 1989; Kadushin and Harkness, 2002). Professional development however may be what the organisation wants for particular areas of work as opposed to the supervisees desires. A comprehensive definition of

supervision often appears in the literature as including administrative – which aims to ensure agency policy and service delivery is implemented; educational - aiming to enhance the values, knowledge and skills of practitioners and supportive - to ensure job satisfaction and good morale (Kadushin and Harkness, 2002) and mediation (Morrison, 2005). The '*process*' of supervision is often seen as an event or process whereby a formal one-to-one session is at the centre, set within the context of the management of the team (Brown et al, 1996).

The Administrative Function

The administrative function of supervision tends to be carried out by senior members of staff who oversee the work of others (Schein, 1985). Hawkins and Shohet (2000) argue the organisational culture of supervision can be seen in its policy but also in respect of frequency, with whom and where and the importance and priority. The authors' refer to policy as '*high culture'* and the practicalities as '*low culture*' suggesting there is a split in culture. Policies will refer to the importance of supervision and staff development, however supervision is often one of the first things to be cancelled. They observed a number of cultural dynamics that may lead to degenerative supervision (Table 1).

Table 1

Cultural Dynamics that Lead to Degenerative Supervision
Hawkins and Shohet (2000, pg.129)
 • **Hunt the personal pathology** – see's all problems as located in one individual • **Strive for bureaucratic efficiency** – high on task orientation and low on personal warmth i.e. supervision is literally about checking that all tasks have been completed. • **Watch your back** – when the climate is highly competitive or politicised. • **Driven by crisis** – there is regularly something more important that requires attention and supervision is cancelled. • **The addictive organisation** whereby   • The supervisor may be addicted to substances such as alcohol

Managers are often responsible for providing supervision and may arguably have a difficult task as they attempt to '*juggle*' the needs of the service user, staff and the organisation. In Israel Erera and Lazar (1994) undertook a national survey of all supervisors including team leaders, service-orientated and treatment orientated supervisors. They endeavoured to avoid bias by including all supervisors although a detailed breakdown of who actually responded is lacking. Perhaps not surprisingly, they found team leaders experienced a higher level of ambiguity and role conflicts than the treatment oriented supervisors due to the high level of administrative functions. Further analysis seems to indicate the administrative function as opposed to the educational or supportive functions were where the greatest discrepancies were found. The research study by Tsui (2005) however raises some different perspectives.

Tsui (2005) undertook a research study of social work supervisors and supervisees in Hong Kong. Following six focus groups, in-depth interviews were carried out with representative groups of twenty supervisors and twenty supervisees. The study found respondents agreed as to the purpose of supervision, with the primary role of ensuring improved service delivery as well as enhancing staff development. Supervisees felt supported and appreciated while communication within the supervision process allowed for co-ordination and co-operation by individuals to work as a team. The perception of the function of supervision in Hong Kong contains three distinguishing characteristics. In Chinese culture authority is respected with emphasis on compromise and harmony therefore it can perhaps be argued that agreement between the supervisor and supervisee about the purpose of supervision is not surprising (Tsui, 2005). There is also a traditional Chinese view that a superior must be authoritative as well as benevolent to a junior as an '*effective leader makes clear decisions and takes care of subordinates*' (Bond, 1996; Leung and Nann, 1995 as cited in Tsui, 2005, p.91). This perhaps accounts for the significant amount of time spent in discussing personal matters (Tsui, 2005).

Tsui argues that the functions of supervision in Hong Kong are not just professional and organisational but also cultural and personal. This view of the supervisory process, particularly in relation to the manager taking a benevolent view of subordinates may not however transfer to western culture. Participants were not randomly selected, opting to attend perhaps indicating an interest and therefore useful contributions. To check validity a constant comparative approach was utilised. It may now be expedient to consider a supervisory model within health care settings, as social workers seconded within mental health Trusts or third-sector organisations may in future be supervised by professionals within these institutions.

Berger and Mizrahi's (2001) researched the types of social work supervisory models being utilised within hospital settings and the factors associated with their different use. Their concern related to the decrease in costs by hospitals in order to survive in a modern health care market and subsequent elimination of many supervisory posts. They sent two self-administered questionnaires to a stratified random sample of 750 hospitals. The second questionnaire contained the same information allowing for triangulation. They found three models of supervision - traditional, peer group and non-social work. The traditional model of one-to-one supervision was most frequently used although this decreased significantly over four years, followed by peer supervision that increased in 1994 but had dissipated by 1996. There were low numbers reporting non-social work supervision but a significant increase was found over the period of the study. This large comprehensive study attempts a longitudinal approach and despite surprise at their findings, this information was not excluded indicating good ethical practice.

Morrison (2005) argues nursing professionals are often accountable to an administrative manager (who may not be qualified as a health care professional) and to professional bodies for clinical practice. A third form of 'personal supervision' may potentially mean supervisory support from three differing supervisors which arguably could be problematic or advantageous. Similar to Kadushin's (1976) 'triangle' of supervision, Morrison (2005) discusses the advantages of a single supervisor who can more easily move between four functions (educative, supportive, administrative and mediatory) although they may at times fail to address each function. They may also not possess the relevant clinical knowledge as well as possible differences between the supervisors and agencies agenda reflecting on the needs of the service. Parkinson (1992) studied this 'separated' model of supervision for nurse's finding significant benefit for all concerned. If this model were utilised there may be difficulties in

relation to meeting the '*needs*' of social and health care staff, particularly if the supervisor is not conversant in their field. Bearing these points in mind, the implications of financial constraints will now be explored.

Friere (1973) promotes for equality between the social worker and service user although as '*agents of social control*' (Alaszewski et al, 1998) this may be problematic. The care workers role may be one of empowerment however this may not sit comfortably with the managerialist preoccupation with targets which are externally set and do not necessarily reflect accurately the quality of service (Winchester, 2000). The NTA's performance management systems and targets were designed to ensure all drug services achieved the aims of policies however as one commissioner commented in DrugScopes' (2007, pg.35) consultation paper,

> '*The performance management systems that have been put in place by the Home Office and NTA are acknowledged as outdated and limited.*'

The pre-occupation with standards, targets and outcomes as opposed to the '*process*' could therefore be argued to take away from quality service delivery. This is perhaps supported by Richard et al (1990) as cited in Pritchard (1995, pg.6) who argues from an ethical standpoint,

> 'T*o imagine that control and accountability can ensure quality is both short sighted and oppressive*'.

The area of risk management is also monitored particularly in relation to mortality rates. Beck (1992) considers the changing culture of society in terms of a '*risk society*' and argues that modern society no longer seems concerned with reaching a state of '*good*' but in making sure the worst does not happen. This emphasis leads to self-limiting behaviour of individuals and society, rather than one of self-realisation and links with Furedi's (1997) '*culture of fear*'. The work of Maturana (2004, p.13) as cited in Bilson (2007) challenges the commonly held view of what is considered to be a mistake. He argues that if we reflect on our mistakes, '*in the honest acceptance of its validity at the moment that it was done,*' it was not a mistake and it is only later that it can be viewed as a mistake. Within addictive behaviour there is arguably a higher proportion of service users, compared with the wider population, who are at risk of accidental overdose and health related issues. If this is taken into account alongside monitoring there are increased pressures on services to ensure mortality rates remain low. This could possibly lead to overzealous crisis management placing managers in a difficult position.

Miller et al (2001, pg.30), from their in-depth case studies of six multi-professional teams, identified three types of multi-professional working as integrated, fragmented and core and periphery. The integrated team worked collaboratively with a shared culture and sense of purpose. Fragmented working was often related to aspects of patient care such as management, problem solving and decision-making being held by a single professional group. While core and periphery working combined both integrated and fragmented working with dislocation of the core group from the peripheral groups due to lack of understanding about roles and responsibilities of other professional groups and poor communication. This leads to the area of power and authority.

Thompson (2007) argues that '*power over'* may be viewed as power that can be used to dominate within a personal relationship or at a structural or cultural level. Foucault (1978) refers to discourse as frameworks of language, meaning and behaviour that contain '*power rules'*. From a sociological perspective Lukes (2000, p.26) as cited by Thompson (2007) views power from three dimensions: the behaviour in reaching decisions where there is conflict, concern with decision and non-decision making and the significance of a social context describing social patterns that create sets of power relations.

The Educative Function

In health and social care the increasing tension between what employers want and what practitioners feel is important for advancing their careers, is evident (Eby in Brechin et al, 2000). Professionals in this study argued their education should not be so strongly employer-led. Organisations however have to take into consideration the targets as set by government and educate team members to provide a service that meets targets or risk withdrawal of funding. DANOS, launched in 2002, advise of what is expected from the individual working within the field of addictive behaviour, for both statutory and non-statutory organisations. This may limit an organisation regarding training options for employees although they may become caught-up in performance indicators and targets, forgetting that supervisors also have an important educational function.

Kolb's (1994) experiential learning cycle is a model of individual learning that can be applied to an organisation in order to support exploration of culture to facilitate change and development. This model of reflection could prove useful for individual

supervision sessions. Schon (1994, p.11) argues that for an organisation to solve a problem a collective approach is effective with an outcome to,

> '*Become embedded in the organisation's maps, memories and programmes, the holding environments for organisational knowledge, so that they become accessible – not only to those who are engaged in the process of enquiry, but to those who are beneficiaries of its results*.'

Attempts have been made to identify characteristics of successful learning organisations. Iles and Sutherland (2001) suggest five features – organisational structure and culture, information systems, human resource practices and leadership. Hawkins and Shohet (2000, p.179) observe supervision as flourishing best in a learning culture - that is one whereby an organisation is learning and developing from the top to the bottom. They argue not only will the organisation meet the needs of the service users but also the staff. To do this they advocate the supervision process move beyond Kadushin's (1976) three functions to be practiced in such a way as to afford learning to emerge in the interaction between:

- '*The client situation and context*
- *The supervisees experience and understanding*
- *The supervisors experience and understanding*'

Whereas Argyris and Schon (1996) promote learning organisations as those that transform continuously via the practice-theory loop. Harrison (2002) views this concept as too simplistic as there is no account of politics and power struggles. She argues that managers may manipulate or exercise control in order to '*home grow'* for their teams and organisational needs rather than the individuals learning needs. Education can arguably be said to start within the supervisory relationship although it may not be the only source. The supervisory relationship however may also be dependent on the quality of the manager's knowledge and expertise.

Harris (2003, p.137) discusses how management control tends towards restrictive practice of '*teams*' and their '*leader,'* with the consequences that leadership could be seen as more akin to management or as an additional management tool. However he argues that leadership can also be seen in a positive light, as that of empowering and supporting professional development. Supervision may be described as the interface between managers and workers and ostensibly the most crucial element in the development of a competent workforce. Therefore the relationship between the

manager and worker is essential, if the organisation is to hear the daily experiences of staff and remain *'in-line'* with policies and procedures that promote a positive influence on practice. It can perhaps be argued that improving the quality of supervision has a direct link to the competence, confidence and effectiveness of the workforce.

Caspi and Reid (2002) present a task-centred model for educational supervision in social work offering strategies and steps for '*how to do*'. The focus is on supervisee learning, as knowledge and skill development takes priority over administrative and supportive tasks. They argue that within administrative supervision the learning needs of supervisees are considered to be less important than the functional needs of the agency. Caspi and Reid advise that supervision includes support and by helping with supervisees frustrations and attending to concerns, they are '*sustaining worker morale and giving supervisees a sense of worth as professionals'* (Kadushin, 1992, pg.19). The authors' impetus for this model appears to come from personal experience of practice, supervision and teaching but does not appear to be based on an epistemological framework therefore bringing into question its validity.

There is evidence to support learning via other routes rather than just supervision i.e. experience, peers and case studies. In Finland a study of social workers (Narhi's, 2002) found that knowledge was based on their experience of working with service users, personal experience, peers and case examples including values and moral interpretation. Supervision was seen as aiding the process of '*learning*' via the supervisor supporting the supervisee in the decision-making processes. Munro (2002) divides decision-making processes into analytical and intuitive. Analytical can be associated with an evidence-based approach in which the problem is broken down alongside evidence however it is argued that as social work focuses on engagement with reflexive-knowing it should also include analysis of the decision-making process. Schons' (1983) reflection-in-action relates to intuitive practice relying on experience and knowledge when working with the client. Munro (2002) suggests however there is a good chance of rushing to fix the problem, only taking into account evidence that the worker gives credence to rather than new knowledge.

The Supportive Function

A critical aspect of supervision is support whereby the supervisee can discuss and critically reflect on their practice without fear of reprisal or ridicule (Azar, 2000). In a survey of 111 social workers, Rauktis and Koeske (1994) found when work demands

were high emotional support in supervision tended to be less beneficial although this was the reverse for job satisfaction. Bowers et al (1999) however found evidence to support different styles in practice approach as having a possible influence on the supervisory relationship. Their research indicated problems occurred when there was a significant difference relating to the degree in which the supervisor and supervisee adopted a client centred-approach.

Azar (2000) argues that a critical aspect of the supervisory process is that of providing a '*safe*' and supportive space in which the supervisee can discuss and critically reflect on their practice. Parallel process, an aspect of psychodynamic theory, may be a useful tool when considering the supportive function as it can be seen as a way in which the relationship with the service user/family and worker can be transferred into professional relationships (Searles, 1995). The supervisor is able to support the supervisee in considering the issues that may be affecting their relationship with the service user. Furthermore, if we consider Granzer and Ornstein (1999) they argue that supervision, which includes parallel processing, should also consider each player as contributing '*expert*' knowledge to explore the dynamics of the scenario. This would perhaps require a highly skilled supervisor and the reality of competing demands and priorities may not allow for this style of supervision. This leads to the area of supervision within a medical setting.

Traditionally in hospital settings supervision is focused on clinical support aimed at improving skills in the delivery of clinical services and administrative supervision that focuses on organisational accountability (Berger and Mizrahi, 2001). Morrison (2005) adopts Kadushin's model with the addition of mediation. He argues that it is essential to recognise the importance of different roles and needs in supervision as there will be times when the needs of the service user, supervisee, supervisor and agency are in conflict. Research in the mental health field (Poertner and Rapp, 1983) found the majority of supervisory tasks were administrative while only a comparatively small proportion were supportive or educational. He further argues the four functions should be interdependent as an imbalance can become problematic.

Menzies (1959) discusses ways in which institutions endeavour to support staff via the supervision process to '*protect*' against anxiety as this is a reality of practice. Menzies research of nursing support systems found certain characteristics of the work including depersonalisation of the patient and denial of the importance of the individual. Furthermore, while these systems were seen to be central in supporting work; nurses' performance was actually impaired as anxiety levels increased. The importance of

peer relations may therefore be significant in offering another avenue of support. (Yoo, 2002)

While there is evidence to show the supportive role of supervision is required there is no clear understanding of how it is actually carried out. A study by Stanley and Goddard (2002, pg.168) discovered that over half of the social workers interviewed spent supervision going through cases and meeting deadlines. This may be due to the possibility that supervisors find it difficult to provide emotional support (Rushton and Nathan, 1996) as well as the contributory factor of their perception of their role within the organisation.

Summary of Literature Search

The review of the literature seems to indicate that the supervisory process not only contributes to personal and professional development but also aims to create an effective and competent workforce.

1. There are many theoretical models of social work supervision although the review found a number of models and studies based around Kadushin's (1976) three functions, which appear to be a generally accepted model with one supervisor (Erera and Lazar, 1994; Hawkins and Shohet, 2000; Morrison, 2005; Tsui, 2005). Parkinson (1992) studied a '*separated*' model of supervision i.e. more than one supervisor, for nurses finding significant benefit. If this model was utilised it could arguably be beneficial and/or problematic.

2. The review indicates that the supervisory functions of social work not only aim to contribute to the professional development of social workers but also to ensure an effective and competent workforce (Kadushin, 1976; Kadushin and Harkness 2002; Morrison, 2005; Tsui, 2005). There was a consensus that the administrative function of supervision tended to dominate with little time left for development (Poertner and Rapp, 1983; Erera and Lazar, 1994b; Caspi and Reid, 2002; Morrison, 2005).

3. The imbalance in supervision could be viewed as oppressive as argued by Richard et al (1990) cited in Pritchard (1995, pg.6). Caspi and Reid's (2002) TCS model of educational supervision contrasts starkly, as the focus is on supervisee learning as knowledge and skill development take priority over the administrative function.

4. The culture of supervision and learning is explored (Hawkins and Shohet, 2000; Tsui, 2005). The supervisory functions in Hong Kong are professional and organisational as well as cultural and personal, possibly accounting for supervisees reports of feeling supported and appreciated (Tsui, 2005). Observations from Hawkins and Shohet (2000) suggest there is a '*split*' in culture as supervision policy may say one thing when in reality supervision is the first thing to be cancelled. Narhi (2002) found that supervision was seen as aiding the process of '*learning*' via the supervisor supporting the supervisee in the decision-making processes.

5. The study by Berger and Mizrahi, (2001) show the numbers reporting non-social work supervision as low, although a significant increase was found over three years. This may be an indication of future trends for social care workers within medical settings.

Conclusion

In summary, the review of the literature reveals there is evidence to support the importance of Kadushin's three functions of supervision i.e. administrative, educative and supportive however the administrative function tends to be given priority and has become intertwined with accountability. The literature review indicates that supervision is a crucial tool in ensuring effective practice, however decreasing budgets and the complexity of the role of the manager, where traditionally supervisory responsibility is held, have further eroded the supervisory process particularly in terms of the educative and supportive functions. The literature review found supervision as flourishing best in a learning culture and where the supportive function was in place supervisees reported feeling supported and appreciated.

This research aims to find out the views and experiences of practitioners and their managers regarding the supervision process in order to ascertain if there are the same concerns impinging on supervision as evidenced in the literature review. Whether or not it is important to be supervised by a manager from the same discipline will also be explored. Comparison will be made with the literature reviewed to corroborate or disprove findings.

Chapter 3
Methodology, Methods and Research Design

Introduction

The aim of this research is to draw out managers and staff's views regarding supervision and the link with professional and organisational development. The research is based within the epistemology of a constructionist paradigm whereby the focus is 'bottom-up' encompassing relativism and understanding as opposed to positivism i.e. 'top-down' with the focus on generalisability and causal explanation.

Methodology

Qualitative methods were utilised as they enable the researcher to begin with their experience or observations allowing themes to emerge, as well as supporting the researcher in interacting with the respondents (Alston and Bowles, 2003). A major criticism of qualitative methodologies is that of ignoring social structures and the 'macro' forces that may influence individuals concentrating on the 'micro' forces. Quantitative research techniques tend to involve large-scale surveys, questionnaires and structured observations, therefore this approach was considered inappropriate, as the techniques of questionnaires, collation and analysis of statistics matched against the facts tend not to suit social research. The methodological approach of this research is to draw out managers and specialist workers' views, utilising qualitative methods over quantitative, with the aim of implementing training.

There is disparity as to whether social research is scientific although Robson (2002) promotes the idea of drawing together the scientific with social research. From a positivist perspective the researcher's presence is minimal, if at all, in order that 'pure' reality can be studied (Mark, 1996). Subsequently qualitative methodology will be used as this is argued to support the researcher in interacting with the people researched (Alston and Bowles, 2003). This case study does not plan to make 'political' changes although it is envisaged where discrepancies or concerns are identified, the organisation can implement changes. Action research was therefore not considered appropriate, as it tends to differ from other methods although from the perspective of positivism and interpretivism it may be utilised.

Structured interviews were utilised as they consist of questions about facts, knowledge and attitudes using open/closed-ended and scaled questions. The quantitative

interviewer may ask to clarify any misunderstandings but this approach does not allow for 'controlled-non-directive probing' (Sarantakos, 1998, p.263) as with semi-structured interviews. In-depth interviews were considered, as discussion is respondent led as opposed to the open-ended questions of semi-structured interviews. Quantitative experimental design is often not possible or appropriate in social work research nonetheless some of the methods can be used and are derived from experimental design. For example, it may be useful to replicate studies at different times/places. Rubin and Babbie (2001, p25) argue,

> 'It is almost impossible to capture the complexity of human relationships and interventions by experimental means'

The case study approach was utilised as this enables examination of the whole organisation, to fully investigate and analyse the data, affording insights and does not seek generalisations or comparisons. There are limitations including lack of quantification and ability to generalise to other cases although this is perhaps debatable. If generalisation is not possible why would researchers utilise this approach. Guba and Lincoln (1985, p.124) argue that the variables could never be repeated therefore 'local conditions, in short, make it impossible to generalise'. This case study however may be of interest to other third-sector organisations and it would be for them to decide on transferability.

The issue of bias in relation to qualitative research pertains to sampling issues and researcher bias. Sampling issues may relate to who will be included and excluded in the research and the area to be enquired into, although there is a need for some flexibility regarding new information. Consideration should be given in relation to the timing of the case study, for example organisations may be experiencing redundancies which could skew the data. Researcher bias is naturally introduced and in order to reduce such bias triangulation should be utilised. Patton (1990, p.464) outlines four different means of triangulation as methods, triangulation of sources, analyst triangulation and theory perspective triangulation.

Research Design and Methods to Gather Data

The Target Group

The questionnaires (appendix 1 and 2) were hand delivered to 21 actual respondents whose primary task is in managing or working with drug using clients. Respective

respondents were reminded to complete the questionnaire however it was important not to '*hound*' individuals as this could be viewed as coercive therefore contaminating the findings. Out of a possible 21 questionnaires, 15 were returned and 8 were purposively selected for interview. These comprised the service manager and three managers responsible for the medical team, the outreach service and care coordination plus three staff members from the respective teams and a social worker who is based within the medical team. The hostel manager and team were excluded from the research, as their primary role is to offer supportive housing as opposed to substance misuse support.

Data Collection

The case study research method focused on the supervisory process within the organisation and is defined by Alston and Bowles (2003) as a single case or group, whereby different perspectives are explored to understand a particular area more fully. There are advantages with this approach as it supports the exploration of a complex situation, requiring fewer resources, and can be applied in both quantitative and qualitative research. This approach is flexible enabling a deeper understanding of the issue.

Difficulties can occur as respondents may be afraid to '*speak out*' affecting diversity. In order to try to counteract the researcher borrowed from a feminist perspective by developing a relationship that is based on equality rather than that of '*expert*' (Alston and Bowles, 2003). Semi-structured interviews of managers (appendix 3) and staff (appendix 4) allowed those interviewed to reflect on the issues raised via a set outline of topics. Once a particular question had been asked the interviewer was able to utilise follow-up questions and/or probe. Open-ended questions tend to be the norm while '*probes*' may include '*summary techniques*' and '*controlled non-directive probing*' in which further questions are asked (Sarantakos, 1998 pg.263). A pilot of the questions was undertaken with social workers in a substance misuse setting enabling some adjustments.

Reliability

One method of checking reliability is to ask the same question differently and to increase validity, triangulation was utilised (Berg, 1995). Triangulation may support a finding by the use of independent measures that agree or do not contradict. Different sources to synthesise results included the semi-structured interviews of the service manager, team supervisors and staff. These comparisons proved useful - although the

teams are housed within the same building, they are '*separate*' with their own identities.

Alston and Bowles (2003, p96) argue there are five important elements regarding questionnaires including the covering letter (appendix 5), the instructions (appendix 6), the actual structure of the questionnaire, the layout and follow-up procedures. Reliability was ascertained via purposive sampling – the researcher chose the completed questionnaires, which indicated insights into the subject area thereby giving the most useful data (McLaughlin, 2007). The four managers were purposively sampled as they have supervisory responsibility. The sampling paradigm may be referred to as theoretical sampling because the respondents have been chosen to support the researcher in understanding the phenomena under study and highlight the emerging theory. As this study is small, random sampling was not utilised.

Data Analysis

Qualitative analysis of data or the grounded theory approach (Padget, 1998) involves interpretation and logic as opposed to statistics used in quantitative analysis although a system of coding was utilised for respondents. Qualitative data analysis is about finding the meanings respondents ascribe to their experience. There are not the rules in the same way as quantitative researchers – they are less explicit and more subjective allowing for more creativity. Qualitative analysis takes place simultaneously to data collection utilising a variety of methods whereas quantitative data analysis is determined at the start of the research and commences when all the information has been collected.

The method of semi-structured interviews supported the researcher in checking the data between the staff, managers and service manager – if stakeholders were not consistent, this was reflected in the findings with questions designed to clarify discrepancies. It was important for the follow-on questions to include an outline of topics with pre-tested questions and prompts thereby supporting the respondents to reflect on the issues raised.

Data coding and memoing were used throughout the process leading to new data i.e. '*theoretical sampling*' which can be viewed as a technique of triangulation (Ragin, 1994). By using independent information from the questionnaires and interviews, the researcher was able to get a better idea about something that was only partially known or understood. The interviews were audio taped and transcribed with reflections and marginal remarks. Significant themes were identified and coded under

categories, using Kadushin's Triangle of administrative, educative and supportive. To further support this process the constant comparative approach was utilised, in order to try and saturate the categories leading to a small set of themes (Creswell, 1998).

The researcher made use of methodological and data triangulation as described by Denzin (1989). Methodological triangulation combines qualitative with quantitative data to seek further explanations and explore unexpected findings.

Practical Issues

The semi structured interviews were audio-taped therefore the information obtaining consent to take part included reasons for recording ensuring accurate information is obtained. The researcher listened to the recordings and transcribed, storing the document as password protected. Participants were given a transcription of the interview and two weeks in which to make any changes. This was undertaken to ensure participants were comfortable with the reflection of their interview as well as ensuring accuracy. A minority of participants (2) requested changes which were accomplished within the timeframe. As a self-reflective practitioner, the researcher was aware of the implications of the study in terms of unequal power relations challenging constructions of language that disempower (Fook, 2000).

Bias

Researcher bias is perhaps unavoidable particularly as this is the researcher's field of expertise, the constructionalist researcher's presence could affect the behaviour of respondents who may want to 'please' or 'contaminate' the findings. As an employee of the organisation the researcher is familiar with the discourse of addictive behaviour, which was advantageous although this familiarity also meant the necessity to be extra vigilant in order to remain objective and neutral. Discourse of language proved useful for the researcher when approaching the organisation to ascertain their interest and willingness to take part in this study. The gender, age, socio-economic grouping and ethnicity of the interviewer can also influence respondents' answers. Some feminist researchers match the interviewer's characteristics with the respondents as they consider they will be more open and honest if the interviewer is similar to them (Alston and Bowles, 2003). In some ways, the researcher's characteristics match that of the respondents.

Ethical Considerations

Ethics are an integral part of social work practice and research, the researcher followed ethical guidelines as provided by the Federation of Social Work (IFSW), the

British Association of Social Workers (BASW) and the University. Ethical clearance was sought (appendix 7) and agreed by the research ethics committee of KU/SGULS (appendix 8) and the Chief Executive of the organisation.

The UK government requires all social care research to be sponsored which entails responsibility for arrangements, accountabilities are documented, a scientific independent review has been undertaken and there are the necessary resources. Social work history shows there are those who have been unethical in their research methods hence the need for tight controls, in order to ensure the individual is not harmed (McLaughlin, 2007). There are those such as Furedi (2002, p.57) however, who suggest:

> '*Research ethics committees are more concerned with protective paternalism and act as bureaucratic gatekeepers using ethics as the new managerial ideology.*'

BASW incorporated Butlers (2002, pg.243) ethical guidelines for research which is based on the principles of '*respect for autonomy, beneficence, non-malevolence, justice and 'scope.'* This would include respondents being fully informed and having the right to withdraw at any time, which is of particular importance as their contribution is voluntary (Oliver, 2003).

Bogdan et al (1982, p.50) as cited in Blaxter et al (1996) argue there are four principles of research:

1. The subjects' identities should be protected so that information collected does not embarrass or otherwise harm them
2. Treat subjects with respect and seek their co-operation in the research
3. In negotiating permission to do a study you should make it clear to those with whom you negotiate what the terms of the agreement are, and that you should abide by the contract
4. Tell the truth when you write up and report your findings

To protect participants' and the researcher from harm, prior to and post interview, informed and signed consent was obtained (appendix 9 and 10). Respondents' were aware of what was expected of them and some assurance of their commitment although they had a right to leave at any time (McLaughlin, 2007). Covert methods were not used as they flout the principle of informed consent (Homan, 1991).

The researcher had supervisory support and ethical approval from the University Research Ethics Committee thereby protecting her from any harm. If a complaint had been made the researcher would have directed the respondent to the agency service manager or FREC. Anonymity of respondents has been protected and confidentiality ensures comments presented in the findings cannot be linked to individuals or information divulged. Failure to do this would be unethical as it fails to take into account the 'safety' of the respondent. The researcher has depersonalised the date by referring to all participants in one gender (female) as the ratio of male to female is 3:12.

The respondents were chosen for ethical reasons, as they are professionals working in the field of addictive behaviour, and subsequently suitable subjects for this area of study. They received written detail of the aims and objectives of the research, an outline of the interview in terms of length of time, venue and topic to ensure they were fully aware of the detail of what was expected.

During interviews, sensitive topics were addressed via clear and direct questions to avoid ambiguity (Lewis, 2003). Some participants felt uncomfortable when discussing certain topics therefore it was important to check that they were able to continue. As an experienced supervisor, the researcher was able to provide immediate support with further help from the manager, if required. Participants indicating poor practice were given guidance on how to raise the concern with their supervisor. If the welfare of service users or colleagues was in jeopardy the researcher would have reported bad practice to the service manager.

The benefits for respondents may include:
- Increased knowledge and understanding of the supervisory process i.e. Kadushin's three functions.
- Increased understanding of the culture of supervision and the link to professional and organisational development.
- Empowerment of all employees.
- Feedback from the findings of the research.

Respondents may request to check the accuracy of their contribution and request a copy of the tape. This would be inappropriate, as an individual does not have the right to other participant's views, without that person's permission, even though they were part of the same case study. A respondent may reproduce a copy of the tape for purposes that are questionable. As with the conclusion or final report respondents

must wait until this is in the public domain – the intellectual right's of the report are likely to be that of the sponsor therefore it is not for the researcher to supply anyone with a copy until this time. The report will be circulated to the manager and Chief Executive and be available in the administrative office. The information will be destroyed in 2010, as the researcher plans to undertake further research and will ensure ethical research protocols remain in place to protect the information.

Chapter 4

Data Presentation

This chapter focuses on the data collected from the questionnaires and interviews. In order to accomplish this task, the researcher will work broadly within Kadushin's structure of the supervision triangle (1976) i.e. administrative, supportive and educative - the themes in which the data will be presented, analysed and discussed in order to draw from the literature review. This section will follow a structure with the presentation of questionnaire and then interview data inclusive of some analysis and discussion. Chapter 5 will draw together emerging themes with analysis and a conclusion followed by recommendations.

Profile of Respondents

Out of twenty-one questionnaires over half (15) of the population responded of which, 12 agreed to be interviewed (fig.1). Of the 12 respondents who agreed to be interviewed, 8 were purposively selected for semi-structured interviews.

Fig. 1 Professional profile of respondents who agreed to be interviewed.

Team	Staff	Managers	Total
Project Workers	3	1	4
Outreach	1	1	2
Clinical Medical Team	3	1	4
Dual Diagnosis	1		1
Drug Services Manager		1	1
Total	**8**	**4**	**12**

When selecting respondents for interview the researcher was not trying to get a representative sample, nonetheless, it was considered important to endeavour to ensure a good '*mix*' in terms of age, gender, ethnicity, qualifications and length of service as a true representative sample of the organisation.

Of the total questionnaire population (table 1) 12 were female and 3 male. Selection of the interview respondents (8) was roughly based on this ratio with the selection of 6 females and 2 males. There is some discrepancy with the male sample as the researcher considered it appropriate to endeavour to represent a fairer gender balance.

The organisation sample is pre-dominantly white European (13) and black African/Asian (2). Of the 8 participants selected for interview 7 are white European and 1 participant is from the non-European sample. Over half (5) of the sample interview group were aged forty plus, of which 2 were in management positions, 3 were thirty plus, of which two were in management positions and 1 was in the twenty-five plus age group (fig.2). This sample accurately represented the age group of the organisation.

Fig. 2 Age of Respondents

The questionnaire showed that all respondents were employed on a full-time basis with the majority (11) working for the organisation between a period of one to seven years. The remaining respondents (4) had been with the organisation from between three to eighteen months. This was reflected in selection of interviewee's - 6 had worked for the organisation between periods of two to five years and 2 had been employed in the agency for one year and four months respectively. This was to ensure that the majority of participants had a good understanding of the agency thereby hopefully, giving the most useful data.

The majority of respondents (13) held recognised qualifications such as BA's in social work, nursing, education, humanities, counselling and NVQ's. One respondent was working towards an NVQ and one respondent did not reveal their qualifications. Attempts were made to mirror this data in the sample interview whereby the majority (7) reported recognised qualifications. Nearly all respondents (10) advised they had not had formal supervision training.

As this case study has been carried out in a relatively small organisation, the importance of protecting participants' anonymity is crucial. All respondents will be referred to as '*she*' as there are considerably fewer males in the sample and therefore more likelihood of recognition. Reference will not be made with regard to an individual's ethnicity or their role in the organisation. The researcher has utilised coding in order to support accurate data collection i.e. questionnaire data will be

referred to as '*QR*' (questionnaire response) and interview data will be referred to as '*IR*' (interview response) (table 2). Permission has been authorised from participants to use quotations from their transcripts.

The Administrative Function

Culture of Supervision

Questionnaire Data

Respondents were not asked about the culture of supervision in the questionnaire but by asking about frequency of supervision (fig.3) and the length of time allocated to supervision (fig.4), the method of triangulation was utilised with responses from the interviews. Under half of the questionnaire respondents (6) reported meeting for supervision on a regular basis ranging from every two weeks, monthly and six weekly while 5 were less regular reporting quarterly and 2 reported from none to twice annually. While under a half of the sample (7) reported dissatisfaction with regard to regularity of supervision.

Fig. 3 Frequency of supervision

Frequency	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Weekly																
Fortnightly										✓						1
Monthly		✓														1
Six weekly	✓				✓						✓	✓	✓	✓		6
Quarterly			✓	✓		✓		✓	✓							5
Annually																
Other*							✓								✓	2

*QR7 = twice annually   QR15 = none

The time allocated to supervision indicates sixty minutes for the majority (11), over an hour for 2 participants, thirty minutes for 1 participant and for 1 participant they had not had any time in supervision.

Fig. 4 Time allocated to supervision

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
30 minutes								✓								1
60 minutes		✓	✓		✓	✓	✓		✓	✓	✓	✓	✓	✓		11
90 minutes	✓															1
120 minutes				✓												1
Other*															✓	1

* Not yet had supervision but thinks it is 60 minutes

Interview Data

Over half of those interviewed (5) considered supervision was not embedded in the culture of the organisation, which seems to support findings from the questionnaire, in relation to priority and regularity. Of the remaining participants (3) there were however varying degrees as to how far the supervision policy had succeeded (fig.5). These ranged from the culture of supervision being embedded in a particular team to comments suggesting it was '*work in progress'*. One respondent realised during the interview that the possibility of offering informal support may in fact be undermining the formal process of supervision.

> '*Supervision is embedded in the culture of the team but not in the organisation'*. IR5

> '*We're getting there – there is an open door policy in between supervision therefore the function may become less important or focused*.' IR4
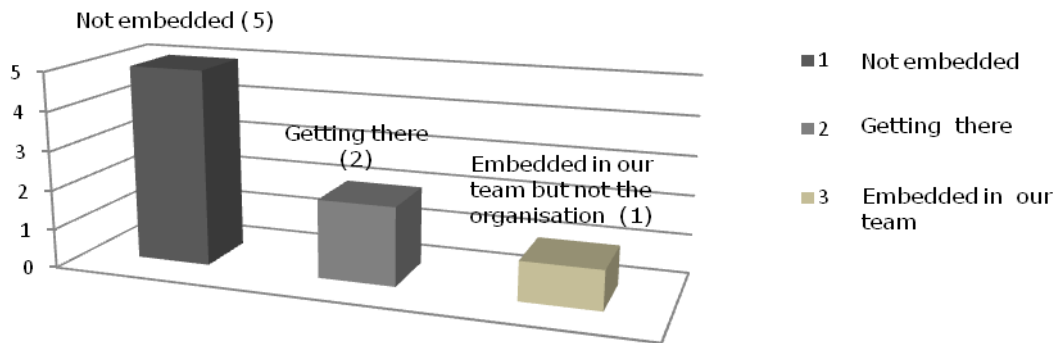
> '*Supervision in 1999 wasn't embedded in the culture of the organisation. In 2008 we're definitely getting there*.' IR14

One participant who considered supervision was not embedded in the culture of the organisation related this to senior management and until they addressed the issue, it would remain the same. While a second participant considered it was not a priority for managers.

> '*The culture of supervision needs to be cascaded down from senior management to support front line staff. This will embed the value and importance of supervision in the organisational culture*.' IR1

'No, I don't think it is. It's not on their (managers) main list of priorities in respect of how often it needs to be.' IR12

Fig. 5 Is supervision embedded in the culture of the organisation?

The Problems and the Solutions for Supervision

The Problem Areas

Questionnaire Data

The data (see fig. 3) indicates that under half (7) of respondents were not meeting regularly for supervision. The data from the interview sample appears to corroborate these findings.

Interview Data

All interview respondents (8) considered one of the major factors hindering the supervision process was due to lack of time relating this to the demands of busy caseloads. Lack of private space was also cited as a contributory factor, this equation also making it difficult to focus on the agenda (fig.6). Another area that was alluded to by respondents (4) related to the interruptions that occurred, considering this as diluting their meeting and therefore taking away from the importance of the supervision process.

'There is lack of space for supervision; there is no room to meet with people'. IR2

'Due to over flowing caseloads, having time for supervision has been a constant issue throughout my time at the project. It is difficult for both my line manager and myself to find time in our schedules to dedicate time to it.' IR9

> '*Supervision should be happening in a quiet room away from the telephone, possibly in another building'*. IR4

The connecting theme of time restraints seems to link directly with casework and the impact of crisis intervention work. This also relates to a point raised by another respondent in relation to crisis intervention whereby it was implied that crisis intervention took priority over supervision. This may be understandable in the context of service users self-harming or possibly overdosing but if we follow this model, the priority of staff supervision may be seen as less important. This theme will be considered more fully in the following chapter.

> '*We're a crisis intervention unit and there will always be a crisis. We're not good at ring fencing (time)*.' IR4

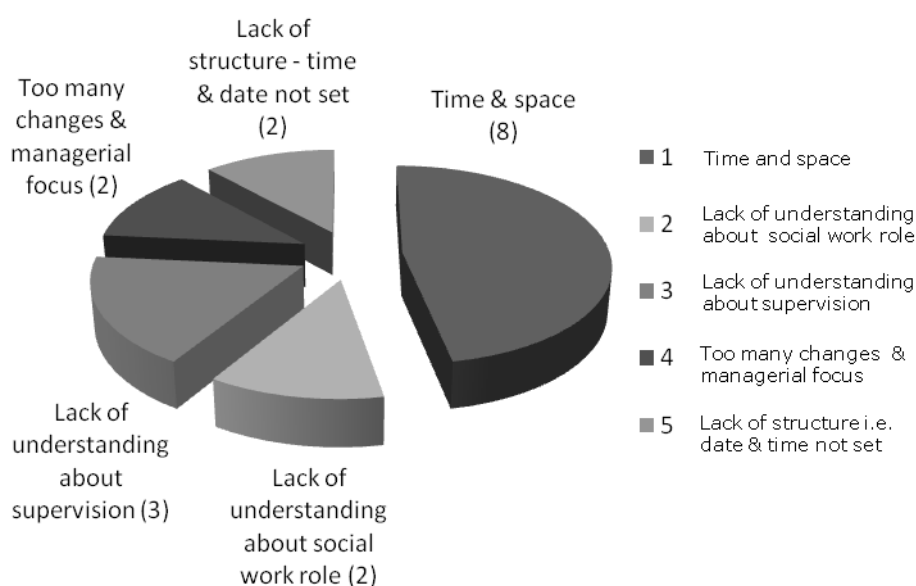> '*People are busy dealing with everyday crisis and sometimes just can't fit supervision in*.' IR9

Concern was expressed about the quality and regularity of supervision. Participants considered it was important that all staff should be supported via supervision in order to meet Kadushin's (1976) three functions. Although one participant also commented, that some staff rarely, if at all, received supervision. This finding supports evidence from the questionnaire where some respondents (6) reported irregular supervision or none (1) at all.

> '*If the staff team is not fully supported the service provided is not going to be the same*.' IR9

> '*I get a sense of disorganisation and chaos as they don't have supervision. This creates a sense of not knowing what's happening***.'** IR5

The issue of the quality of supervision was raised by 2 participants who considered that there was not enough structure in terms of an agenda and meetings were not arranged in advance.

Fig. 6 What hinders the supervision process?

Solutions for Raising the Profile of Supervision

Interview Data

Those interviewed highlighted a number of solutions to improve and raise the profile of supervision. The need for more time and a room in which to meet (6), mandatory supervision training for all staff (5), more focus on casework and less emphasis on managerial aspects (5), monthly supervision meetings (3) and a solid management approach (2)(fig.7).

Participants did not think their needs were always met due to an administrative emphasis. It was suggested this aspect should be kept separate from supervision allowing for a focus on casework, they also muted the idea of counselling support and/or external supervision. Another respondent suggested case study presentations.

'*I'm not getting out of it what I need...it's become clogged-up with managerial stuff...I haven't been able to discuss my cases*.' IR12

'*My ideal supervision would be where I can discuss practice issues even if they are not resolved there and then*.' IR9

'*I've always promoted external supervision as I have benefitted (in the past) so much. You can't talk to your manager about concerns about the organisation. It*

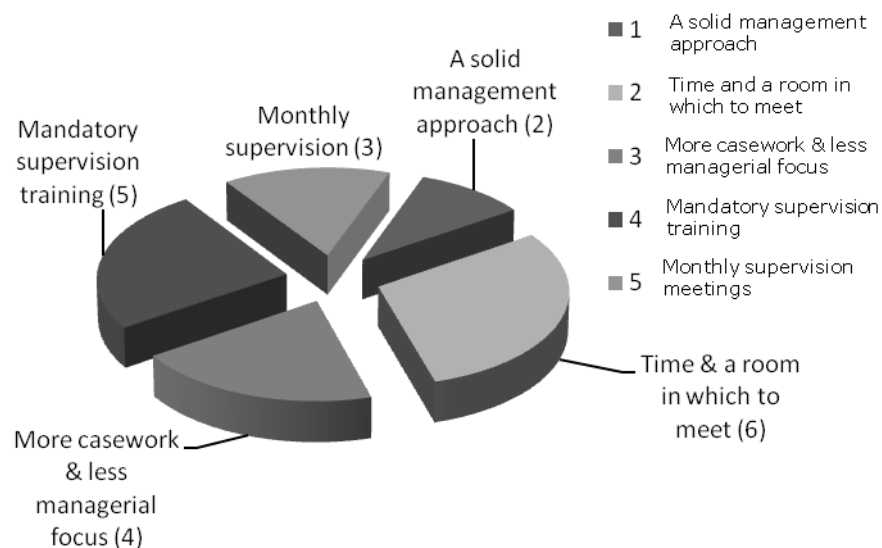*frees you up and is a reflective process as you can bounce ideas off someone*.'
QR12

'*One thing hugely lacking here is the discussion of cases...we should do case study presentations that are multi-disciplinary...case study presentations are not about blame but what we can learn.'* IR14

All those who responded to the questionnaire and all those interviewed were unanimous in their agreement on the importance of supervision although a small minority (2) considered more structure was required to support the process.

'*There is not much structure around supervision. A date and time should be set for next supervision and take place regardless. Supervision is often cancelled...We can forget what's important, supervision is the mechanics of what's keeping us going*.' IR5

'*I would like to see formal time and formal space where both parties feel free to talk and disclose'.* IR9

Fig. 7 What would improve supervision?

Manager's Experience of their Supervisory Role

Introduction

Questionnaire Data

The four managers were responsible for supporting varying sizes of teams, which unfortunately is not truly reflected in the chart (fig.8). The researcher utilised a tick box approach, not asking the question '*how many people do you supervisor*?' One manager is responsible for 10 supervisees as well as the induction of new staff members, including students and providing a '*tour guide*' service for visitors. There is arguably a disproportionate distribution of work.

Fig.8 Number of staff supervised

Code	1 - 4	5 – 10	11 - 15
QR1	✓		
QR2		✓	
QR3		✓	
QR4		✓	

Regularity

Questionnaire Data

The data shows all managers (4) reporting to meet with their staff on a six weekly basis, for an hour, although this is not supported by findings from the interviews. This has implications for employees, the organisation and ultimately service users, perhaps indicating concern about transparency in terms of organisational response. One manager reports that her workload often leads to delays in supervision although the plan is to meet six weekly.

> '*Earlier lack of clarity in regard to this role and higher than average number of supervisee's, some of which have been in an induction or probationary period, has led to delays in supervision and has contributed to a generally poor experience for staff members*.' QR2

Interview Data

The findings contradict the data from the questionnaires. All managers endeavoured to prioritise supervision but reported meetings were not happening on a regular basis. A clue to this anomaly may be found in a fear of transparency whereby there is perhaps a culture of blame. One manager alluded to a '*culture of fear*' (Furedi, 1997) reporting,

'*As managers we need to cover ourselves and this can create a fearful working culture, which is not helpful*.' IR1

The intentions were to prioritise supervision but lack of time, staff management issues and a sense that informal support made up for lack of formal supervision were also cited as the problem areas.

'*I don't always manage to meet for formal supervision every six weeks but meet with staff informally on a daily basis*.' IR1

'*Meant to be six weekly but has fallen apart from any regularity. Time is an issue*.' IR2

'*It doesn't happen as regularly as it should and there is tension around managerial and more clinical supervision*.' IR3

'*…supervision does slip*.' IR4

Managers (3) also reported the managerial side of supervision tended to dominate although there is an emerging theme that the majority of the supportive function takes place outside of supervision.

Casework

Questionnaire Data

Managers were asked, via the use of a Likert scale, about casework support in supervision (fig.9). The findings indicate there is more or less a general consensus of sometimes (1) to sometimes/nearly always (3).

'*Supervision is generally weighted towards management issues rather than caseload, but is still able to inform and support practice in response to service users*.' QR2

'*My supervision is managerial in content. It allows me to float ideas, unpick problems and have guidance.*' QR4

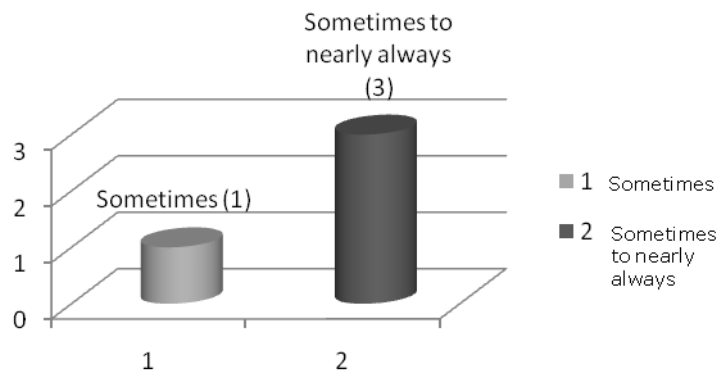'I have external supervision once every eight weeks.' QR3

Interview Data

These findings were also reflected in the interviews. The majority (3) of managers reported supervision as managerially focused and although there was a commitment to discuss casework and innovative ideas for freeing-up supervision from the administrative tasks this did not always succeed. As two respondents comment,

'*I can discuss cases but this doesn't generally happen*.' IR1

'*I asked for a weekly managers meeting...a forum where we can get a different slant on things. Even though the emphasis was to take away the managerial supervision from supervision so much, I think it (the managerial aspect) ends up spreading its self across these two forums*.' IR3

Fig. 9 Does supervision support case work?

Supervisory Role

Questionnaire Data

The questionnaire findings (fig.10) indicate that managers (3) considered supervision adequately supported their supervisory role although 1 manager did not feel she could really comment.

'*Generally happy but supervision is taken over by staffing and HR issues, I can discuss cases but this doesn't generally happen*.' QR1
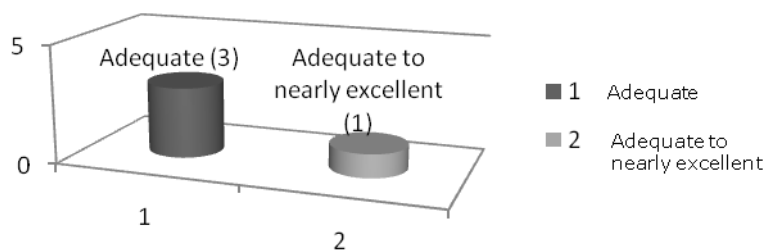
'*I have not had enough supervision sessions with the current manager to be able to answer this well. Generally (supervision) has been supportive and helpful*.' QR3

Interview Data

The interview responses did not corroborate this view. All 4 managers considered their supervision was dominated by administrative aspects therefore leading to the assumption that the educative and supportive functions did not occur in the formal setting of supervision meetings. Of the respondent's 3 described this support as adequate and 1 described as adequate to nearly excellent.

'*Managerial based due to targets with the supportive element taking place outside of supervision*.' QR4

Fig. 10 Does supervision support your supervisory role?

The Educative Function

Qualifications

Questionnaire Data

Of the questionnaire sample 6 respondents held professional qualifications and 4 interview respondents held non-professional qualifications. Respondents were asked what role their supervisor had in the organisation. The majority (10) of respondents were supervised by managers who did not hold professional qualifications although 1 of these managers held an M.A. Over half (5) of the respondents were supervised by managers with professional qualifications.

Interview Data

The interview sample consisted of 2 managers with professional qualifications and 1 manager with an M.A. There were also 2 staff members with professional qualifications. Out of this sample, 4 respondents were asked if they considered it was important to be supervised by someone from the same discipline.

This is an area of interest for the researcher who is aware of the possible consequences of isolation, for individuals from their discipline. The question was asked of 2 social work and 2 nursing professionals. The majority of respondents (3) seemed to agree that as long as the supervisor was experienced and knowledgeable, about addictive behaviour; their professional background was not a major consideration. This group however made contradictory statements particularly as one professional has regular outside clinical supervision. While one respondent clearly stated it would be unacceptable to be supervised by a manager from a different discipline.

> '*I've found it difficult not to be supervised by people who are not trained or grounded in supervision such as my profession*.' IR4

> '*I don't consider this important but the skills in supervision and knowledge in addictions is important*.' IR3

> '*There are definite issues about having a nursing supervisor as she's not that aware of social work issues and that is problematic. She is good at knowing the client's, at how we work. They (supervisor) need to be somebody who knows the area of work*.' IR5

> '*I definitely think it's important for any professional to be supervised by a manager from the same discipline*.' IR14

Professional Development and Training

Questionnaire Data

The questionnaire indicated professional development and training were mainly focused via internal training courses. A Likert scale indicated respondents views of professional development as unacceptable (6), adequate (6) and excellent (3) (fig.11). It would perhaps be fair to say that the findings indicate the majority of respondents (12) were not satisfied with internal training. Findings in the comments section however do not seem to corroborate this information as there was a ratio of 8:7 regarding those who gave favourable feedback about both internal and external training.

There were a number of reasons put forward to explain concern regarding professional development and training - lack of finance and rapid changes (2), being a minority discipline (1) and training not relevant (2).

'*Management training was requested within each of the roles fulfilled since joining the organisation: but not forthcoming, possibly as a result of rapid changes within the overall management structures at the project*.' QR2

'*Difficulty of being a lone social worker in a team of nurses. There appears to be little professional space for social work professional development*.' QR5

'*Not enough relevant training. There should be more training from outside*.' QR7

A number of respondents (8) however highly rated the training they had received and it would appear that there has been more of an emphasis on training in the last year. As two respondents commented,

'*I didn't access any training in my first year and a half. With a rationalisation of my role/workload and a greater emphasis on training, I have now identified my training needs and have attended a course provided by the DAAT*.' QR1

'*Professional development has improved greatly – list of courses and we decide who will attend in our team*.' QR10

Interview Data

The interviews revealed the majority of respondents (7) had accessed internal training therefore corresponding with the questionnaire data. There were however concerns about the quality of internal training, 3 respondents considered it was not in-depth enough and there should be improved use of outside provision. While a minority (1) considered time constraints due to high caseloads and staff shortages made it difficult to attend training.

'*I feel there should be more training from outside professionals on relevant subjects. Training should be more regular. I have been offered little relevant training*.' IR7

'*In-house training has not been in-depth enough and managers were not consulted as part of the training needs analysis for the boundary training*.' IR1

'*There is partly however a culture of learning towards in-house training. As an organisation we have not made the best of outside courses.*' IR2

'Due to constant pressure on the staff team (shortage of staff) it has been difficult for staff to attend courses or training. In addition, there hasn't been a clear coordinating figure in regards to training opportunities.' IR9
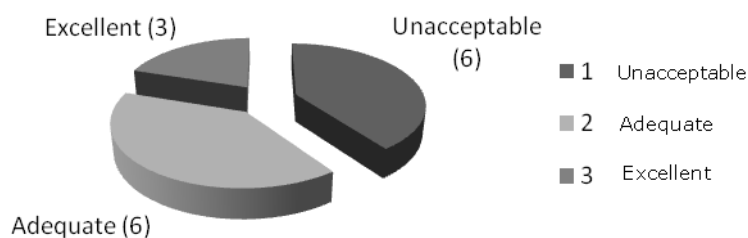
'The opportunities for growth are being stymied by high caseloads, working practice that we have at the moment and freedom within the rota which is being addressed. Until we address the core issue of not enough staff we are not going to achieve what we want to achieve.' IR2

Over half of the interview respondents (5) however considered the organisation was providing more training and a number of respondents were very enthusiastic, seeing this as a very positive step.

'I had more training in the last 12 months than I had in my whole stay with the project. The culture (training) is slightly changing into a more professional structured organisation.' IR9

'The professional development situation has improved greatly from when I commenced employment here. We are provided with a list of upcoming courses throughout the year and choose which we are interested in, and decide within the team who will attend.' IR10

Fig. 11 Particpants views of professional development

Supervision Training

Interview Data

Another emerging theme relates to respondents (3) who were concerned there was not necessarily a good understanding, among some staff, of what was expected of them from supervision. The point was raised that managers had been offered supervisory training however, this had not been cascaded down to staff. This raises

the assumption that if supervisee's do not know what is expected of them, they can perhaps not be expected to make the best use of supervision.

> '*If you ask the question, have people had training on how to be supervised, I think the answer is no'*. IR3

> '*I don't think people are informed of what is expected of them in supervision or what their rights are in supervision*.' IR9

There was an array of opinion within the organisation regarding professional development and training although there are clearly emerging themes: lack of time due to work pressure and crisis management, lack of coordination from the organisation, the quality of in-house provision and lack of opportunity to attend more formal long-term study/training. Opinion seems to be divided, there are some who are satisfied with the increase in internal training however there are those who do not consider it is in depth enough. This may be a reflection of the different levels of learning needs and suggests a training needs analysis is required.

The Supportive Function

Content of Supervision

Questionnaire Data

Nearly half of the questionnaire population (7) considered the supervision they received was adequate, 2 unacceptable to adequate, 2 unacceptable, 3 adequate to excellent and 1 could not comment due to lack of supervision (fig.12). This related to a number of areas including too much empathise on managerial tasks (3), lack of regular supervision (3), not enough casework discussion (3) and too little structure (3).

> '*I think the informal supervision and handovers with my peers better supports the work I do with service users*.' QR14

> '*Individual client work is not discussed, support and training needs are not met*.' QR7
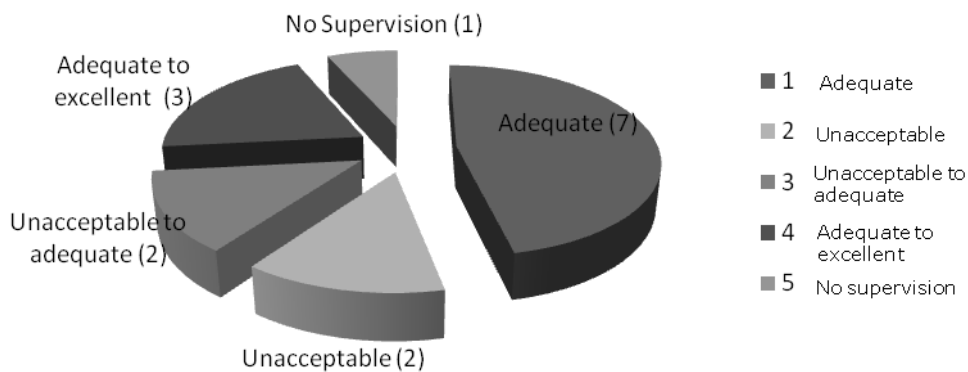
While there was a consensus among staff (15) that supervision is a crucial element in their practice there were varying ideas as to what was expected of them as well as what should take place within this process. Medical staff considered social workers had a better understanding of supervision and wanted to make better use of the process.

'*As supervision comes from the social work model I realise that I don't really know what it is*.' QR14

'*I don't think people are informed of what is expected of them in supervision or what their rights are in supervision*.' QR9

'*I would like to use supervision more effectively*.' QR14

Fig. 12 Supervision experience of questionnaire respondents

Interview Data

The interview sample corroborates the findings obtained from the questionnaire, raising some pertinent areas for the organisation. Findings suggest employees are unsupported via the supervision process in becoming competent professionals, bringing into question the quality of service provision. There are comments in relation to regularity and casework discussion while new themes are emerging in relation to different disciplines and critical reflection. Comments include too much emphasis on managerial tasks (4), lack of regular supervision (3), not enough casework discussion (2), lack of knowledge about professional discipline (1), lack of opportunity to critically reflect (1) and as supervision is evolving it will improve (1). Respondents were clearly not fully satisfied with the supervision process but considered there had been an improvement since implementation of the supervision policy (appendix 11).

'Since the policy (supervision) was put in place... I have seen an improvement from not having supervision in 2 years, to having supervision every 2/3 months which is still not good enough but an improvement.' IR9

Another respondent also voices her concerns about the impact of irregular supervision,
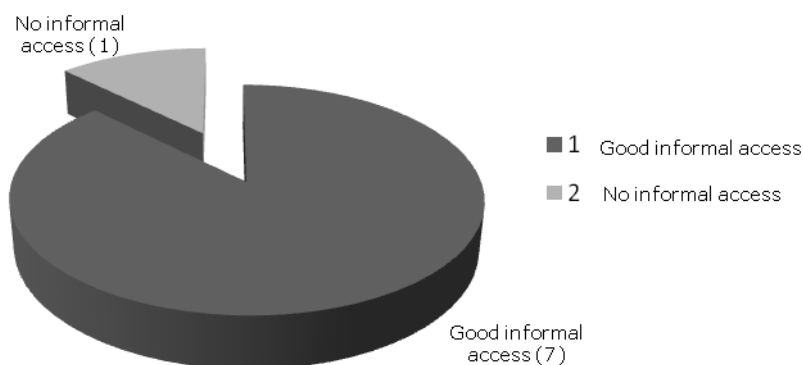
'I think I've had 3 supervisions since last August, so not regular or really meeting the standards. Saying that the manager is accessible. There is a shame in that...what's good with supervision is talking about things you've had a chance to reflect on.' IR3

Interestingly the majority (7) felt that lack of regular supervision was counter-balanced by their supervisor's accessibility (fig.13), suggesting that this informal support culture undermines formal structures of supervision.

'She always makes time (outside of supervision) for me...she sits down and listens.' IR1

'Mostly my experience of supervision is eight weekly although there is a lot of informal supervision.' IR2

Fig. 13 Informal access to supervision

Chapter 5
Emerging Themes and Conclusion

The aim of the research was to find out if supervision contributes to professional and organisational development. The goal is to now discuss and analyse the emerging themes, the significance for the organisation and whether or not the research from the literature review supports the findings or not. As in previous chapters, the discussion will focus broadly within Kadushin's Triangle (1976) of administrative, educative and supportive, followed by a concluding summary.

The Administrative Function

The findings from the case study seem to support evidence from research reviewed in relation to the importance of supervision culture in organisations. As the organisation has expanded becoming increasingly bureaucratic, the necessity for formal support structures has become evident, as has the need to change the culture of supervision. It may be pertinent to discuss this from the perspective of the supervision policy and crisis management. There appears to be a '*split*' in culture, as defined by Hawkins and Shohet (2000), whereby the '*high culture*' (policy) is in place however the '*low culture*' (practicalities) is lacking. The organisation promotes the importance of the supervision through its policy however the inclusion of '*other than emergency situations*' negates this possibly indicating a '*split*' in supervision culture at a higher level (Hawkins and Shohet, 2000).

The policy states the responsibilities of supervisor and supervisee, the frequency, with whom and where, the importance for all i.e. the supervisor, the supervisee, the client and the organisation and stipulates prioritisation. The policy states,

> '*The time and space for supervision sessions must be protected. This should be a mutual convenient space and time to meet. It should be free from interruptions (other than emergency situations)*.'

The inclusion of '*other than emergency situations,*' is perhaps ambiguous and may be open to misinterpretation. Supervisors and supervisees may see this as legitimate authorisation to cancel supervision or as a '*get out clause*'. Employees are aware of the policy, implemented in May 2007, and arguably in its infancy. The supervision process takes the traditional form of a one-to-one meeting undertaken by the manager of the respective teams and the service manager for team managers. This model is reflected in the literature (Berger and Mizrahi, 2001) although it is not being muted as the only supervision model. Fundamentally, supervisors oversee the work undertaken by project members (Schein, 1985) however this is not their only task.

The evidence from the literature reviewed seems to support the findings from the case study that supervision is often one of the first things to be cancelled. Hawkins and Shohet (2000, p.129) observed a number of cultural dynamics that could lead to degenerative supervision, one being the theme of '*driven by crisis*' as also evidenced in the findings. They argue that supervision often does not take place as,

> '*There is regularly something more important that requires attention and supervision is cancelled*.'

This leads into the realm of Beck's (1992) '*risk society*', a societal-wide phenomenon whereby there is a '*culture of fear*' (Furedi, 1997). Beck discusses the change in societal attitude from that of seeing '*good*' to one in which the focus is on preventing the worst outcome. His emphasis relates to the possibility of future risks therefore bringing this into the '*here and now*' which then impinges on our impartiality, influencing attempts to prevent a risk occurring. Furedi (1997) supports this, arguing that the '*culture of fear*' is not confined to one section of society and permeates. Social carers are often in the position of working with disenfranchised sections of society therefore are arguably at the forefront of working with crisis intervention.

The organisation works with the service users who are not considered ready for statutory service providers as they are too chaotic, finding it difficult to keep appointment times. The organisation subsequently works with some of the most chaotic clients and as one respondent commented, '*we work with the chaotic of the chaotic*', therefore leading to the supposition that much time is spent in managing crisis. This leads to the question of how this may affect the supervision process – is supervision regularly cancelled due to the need or perhaps a perceived need to manage risk or respond to crisis? If we consider service users as being the '*chaotic of the chaotic*' this could be argued to be a reflection of the teams. Perhaps it is less challenging or '*safer*' to respond to crisis than it is to address care plans with service users and reflect on working practice, within the safe environment of supervision.

Supervision however may not always be viewed as a '*safe*' place particularly if the administrative function prevails possibly leading to an imbalance. This imbalance could be viewed as oppressive (Richard et al, 1990 as cited in Pritchard, 1995, pg.6) and if staff members view supervision as a threat through fear, real or perceived, of their practice being professionally exposed there is perhaps more likelihood of cancellation. The supervisory relationship can generate anxieties as the supervisee may anticipate

challenges to their working practice, values and beliefs as well as issues of autonomy and independence. The supervisor has a challenging role and the need for understanding and planning is crucial.

Maturana (2004, p.13) as cited in Bilson (2007) challenges the commonly held view of what is considered to be a mistake arguing,

> '*Mistakes are not faults, mistakes are not failures of our capabilities, mistakes do not show our limitations, mistakes arise as reflections on the course of our doings*.'

There is a dichotomy for the organisation particularly if we relate this view of '*mistakes*' in conjunction with a '*risk society*' (Beck, 1992) and a '*culture of fear*' (Furedi, 1997). The reaction of staff and managers' may be to cancel supervision to divert a critical incident such as concern for a service users mental stability, subsequently supervision is not prioritised and ultimately this may impinge on quality service provision. Supervision is seen to be an increasingly important aspect of social care, as it is said to determine the quality of services clients receive (Harkness, 1995; Harkness and Hensley, 1991; Harkness and Poertner, 1989; Kadushin and Harkness, 2002; Tsui, 2005). If we consider evidence regarding the impact of crisis management, it could be argued the organisation is not offering the best service. There is however an ethical dilemma for the practitioner who may justifiably have difficulty in prioritising supervision over a potentially high-risk situation.

The organisation could be said to be at the stage of fragmented working as there are three teams of which the medical team holds recognised and designated statutory responsibility in terms of prescribing (Miller et al, 2001, p.30). The cultural differences between the medical team, social care team and outreach team are evident. There appears to be an emphasis on the medical model, with a tendency towards a hierarchical model with the consultant at the top, placing medical treatment as the priority. The research did not set out to discuss different types of addiction treatment, as in prescribing practices or cognitive behavioural therapy, however a comment made by one respondent links with the culture of the organisation in terms of what appears to be prioritised. They suggested,

> '*We tend to be focused on dispensing and not the addiction, that seems to be one of the biggest issues here and that is to do with care coordination...we tend to be very into the medical model*.'QR5

Conflicts between different professional values and team member priorities occur in the context of unequal status and power. At a *"micro"* level of analysis these problems can be seen to arise because of a clash between the medical and social care model. At a *"macro"* level, issues such as the learning needs of team members may have something to do with professional and power issues, in the context of how medical and social care are organised. This may have some bearing on the different types of practice in the organisation. It is evident from the research that the medical team were the least dissatisfied with supervisory arrangements reporting to meet on a regular basis, with some opportunity to discuss casework. In contrast, team members in the social care and outreach teams did not report regular supervision and when they did meet considered the majority of time was spent on the administrative function. This may lead to a lack of professional identity among these teams as well as a sense of being '*second class citizens*.' This may be seen as a reflection of the organisations priorities in terms of the medical model i.e. ensuring service users receive their medication as opposed to supporting the staff teams that provide care management.

The majority of managers undertake direct client work, supervise staff, ensure the smooth running of the team and are responsible for meeting targets; they have a challenging role to play. Although respondents were not interviewed about role conflict, the study by Erera and Lazar (1994) is useful in considering the position of managers. They found evidence that where managers perform multiple administrative duties including a supervisory role there was more role conflict and ambiguity than those who did not, and suggest that the administrative function should be separated from the other functions. They also found that it was the administrative function and not the supportive or educative functions that caused the differentiation among supervisors in a number of settings. Although this case study has taken place in one building the teams are managed separately, therefore the findings from Erera and Lazar (1994) are relevant. The case study evidence corroborates this particularly in relation to regularity, length of time and content.

The majority of questionnaire and interview respondents were concerned about regularity of supervision, lack of a private place in which to meet and the need for casework support. Nearly half of the questionnaire sample reported lack of regular supervision which corroborates the interview findings. Over half of the questionnaires returned mentioned the difficulties of finding a suitable space in which to have supervision and even when this did occur there was a high likelihood of interruption.

The interviews further corroborated this and there was a sense from participants that implied if the organisation could not even provide somewhere to meet, how could supervisees be expected to manage highly complex caseloads? The supervision policy states there should be protected '*time and space...free from interruptions*' but does not appear to have catered for the '*low culture'* (Hawkins and Shohet, 2000).

Case management is also of concern for both questionnaire and interview respondents as the majority considered supervision was taken over by the administrative function. This compares with the research findings from a number of authors (Poertner and Rapp, 1983; Erera and Lazar, 1994b; Caspi and Reid, 2002; Morrison, 2005). Respondents suggested the administrative function should be kept separate from supervision allowing for a focus on casework. Case study presentations, counselling support and external supervision were all muted as ways forward although the latter would be costly and possibly not financially viable.

The Educative Function

Attempts have been made to identify characteristics of successful learning organisations. Iles and Sutherland (2001) suggest five features – organisational structure and culture, information systems, human resource practices and leadership. It may be pertinent to discuss leadership linking this with the managers' supervisory role. If we take our understanding of leadership to be that of a management tool (Harris, 2003), the educative function may be lost leaving little time for learning or critical reflective practice. The case study evidence appears to corroborate this as managers reported that the majority of supervision came within the administrative function. Pressure on managers and a '*fear*' of not reaching targets may negate this function as well as understanding of other teams roles. Miller et al (2001) argues that in fragmented team's communication between team members tended to be brief as far as information is given about a service user rather than sharing professional perspectives. They also found that understanding of different professions roles was superficial and role boundaries were actively protected. This may also be a contributory factor with regard to the content of current developmental training programmes.

Professional development and career progression are perhaps not an uneasy alliance. To a certain extent, it is the employee who decides what courses it will fund and who and when will have access. There are many interrelated themes influencing training, however two primary areas relate to government targets and the educative function

within the supervision process. Addiction services work within the standards set by DANOS therefore the majority of training has to be focused on these competencies as failure to do so may result in subsequent loss of funding. Eby as cited in Brechin et al (2000) argues that National Occupational Standards tend to rely on the practitioner to be reflective and proactive in order to maintain these standards.

For managers to support this aspect of development, it is important that supervision take place on a regular basis, to include the educative function, as it is perhaps the ideal mechanism for encouraging reflection and critical practice. Kolb's (1984) experiential learning cycle would perhaps be of benefit to supervisors and supervisees in this process, as would Schon's (1994, p.11) ideas for organisational problem solving whereby there is a collective approach. The latter may be a solution to raising the profile of supervision with a '*whole team approach*' for supervision and training.

The organisation is endeavouring to support staff towards becoming competent practitioners as evidenced in their Staff Development Policy (appendix 12) and appraisal system (appendix 13). The majority of respondents had accessed internal training and a small percentage had been able to undertake longer-term study. Over half of the respondents were pleased to see these changes, particularly if they were longer-term employees, having experienced lack of professional development in the past. The supervision policy was launched with a half-day training for managers although this poses the question as to whether or not this was to meet organisational '*high culture*' (Hawkins and Shohet, 2000) or support supervisors in their role. The anomaly in data collected between the questionnaire and interviews hints otherwise, as there is a sense that managers consider they have not adhered to the policy. This can perhaps be related to time constraints and fragmented working. Time constraints obviously pose difficulties, if however there was a whole team approach in terms of '*standing in*', this may negate the difficulties of attendance.

The majority of respondents expressed concern regarding their professional development, which may link with organisational needs as opposed to individual needs. A minority were concerned about lack of formal training having been unsuccessful in their applications. There were mixed reviews regarding training as well as some contradictory evidence. The majority of respondents reported they were not particularly impressed with internal training but when asked to comment, over half of the sample group commented favourably. A minority considered internal training was not in-depth enough with concern expressed by one manager relating to lack of

consultation leading to a level of training, which she considered failed to teach, at the standard required, for practice with this service user group.

The Supportive Function

The need for support, in acknowledgement of the complexity of cases, was expressed by a number of respondents although there was a lack of clarity as to what was expected of them in the process. This suggests that not all members of the sample had experienced Kadushin's triangle of supervision or perhaps lack of training is the issue. The different management styles were not investigated however there is evidence to support different styles as having an influence on the supervisory relationship (Bowers et al, 1996). Managers had an understanding of the supervisory process but it could be argued that the varying levels of training would perhaps indicate different approaches. Bowers et al (1996) found that problems occurred when there was a significant difference relating to the degree in which the supervisor and supervisee adopted a client-centred approach. A number of the sample group were concerned about the lack of client-centred discussion, often feeling unsupported in their supervision meeting.

The majority however felt that they could approach their manager at any time for support. This is an emerging theme, as there seems to be a culture of an '*open door policy*' in which much time is spent in support. This may be useful and considered helpful, although there is a shame in this as supervisees miss the chance to critically reflect on their work thereby missing a learning opportunity. This may also indicate that supervisees are not making the best use of their supervision. One of the respondents interviewed advised they did not have informal access to supervision, often relying on experienced colleagues for support. Another respondent who sought peer support when her manager was not accessible, often finding this of more benefit, echoed this sentiment. The reviewed research corroborates the importance of peer relations (Yoo, 2002).

The importance of providing a '*safe*' and supportive space, in which the supervisee can discuss and critically reflect on their practice, is considered a critical aspect of supervision (Azar, 2000). Respondents valued the supportive role their managers offered outside of supervision however, the majority did not find supervision met their needs and this was reflected in the interview sample. The need for highly skilled supervisors would seem to be appropriate for the complexity of work that employees are managing. Parallel process as discussed by Searles (1955) enables the supervisee

to consider the issues that may be affecting their relationship with the service user in order to explore ways forward. Within this analysis both supervisor and supervisee contribute '*expert*' knowledge to explore the dynamics of the relationship with the service user. If however, as the findings seem to indicate, supervision is not taking place regularly this may mean the supportive function of critical reflection is missing in the organisation.

Conclusion

1. The findings and the literature review each support the view that the supervisory functions not only aim to contribute to professional development but also to ensure an effective and competent workforce (Kadushin, 1976; Kadushin and Harkness 2002; Morrison, 2005; Tsui, 2005). The preferred supervisory model in the organisation is based on Kadushin's Triangle (1976) with one-to-one support from a manager (Erera and Lazar, 1994; Hawkins and Shohet, 2000; Morrison, 2005; Tsui, 2005). The manager's role is to support staff in delivering an effective service as well as an educative and supportive element. The literature supports findings from this case study regarding the administrative function as one which tends to dominate with little time left for development (Poertner and Rapp, 1983; Erera and Lazar, 1994b; Caspi and Reid, 2002; Morrison, 2005).

2. There appears to be a '*split*' in the culture of supervision (Hawkins and Shohet, 2000), with the contributory factor of a pre-dominantly medical model possibly adding to the equation. The issue of time and risk management appear to be intrinsically linked particularly as the latter seems to impinge on supervision. Respondents report supervision being regularly cancelled as there is invariably not enough time or a crisis (Hawkins and Shohet, 2000). There is a great shame in this as supervision is perhaps one of the ideal mechanisms for encouraging reflection and critical practice.

3. Lack of a place to meet for supervision fundamentally appears to undermine the whole process. Respondents reported difficulties in finding somewhere to meet and even when successful there was a high likelihood of interruption. There was a sense that implied if the organisation were unable to accommodate supervision how could supervisees be expected to manage highly complex caseloads.

4. Respondents valued supervision in order to discuss case management but it seems that lack of time and the dominance of the administrative function negated this from happening. This imbalance could be viewed as oppressive as argued by Richard et al (1990) cited in Pritchard (1995, pg.6).

5. Supervisors report lack of time for supervision as they attempt to '*juggle*' the increasing demands of their role inclusive of meeting standards and targets. Evidence would seem to suggest that the challenge in prioritising supervision indicates role conflict (Erera and Lazar, 1994).

6. The literature review found supervisees reported feeling supported and appreciated as time was spent in supervision talking about casework and personal issues (Tsui, 2005). Respondents reported that supervision was over shadowed by the administrative function, suggesting that the supportive and educative functions are missing which may mean employees do not feel supported or appreciated. This may be linked to the supervisors' experience of supervising or ability to provide emotional support (Rushton and Nathan, 1996), particularly if they are unclear about their role in the organisation.

7. An '*open door policy*' can be argued to be a positive aspect but may link with pre-bureaucratisation of the organisation, when formal supervision practice was not the norm. The '*open door*' culture may lead to supervisees not making the best use of supervision and unstructured supervision cannot support critical reflection. The process of aiding '*learning*' in supervision via the supervisor supporting the supervisee in decision-making processes is therefore lost (Narhi, 2002).

8. The importance of being supervised by a professional from the same discipline corroborated the findings of the literature review whereby the numbers reporting non-social work supervision was low (Berger and Mizrahi, 2001). Respondents gave a mixed response about the importance of supervision from an experienced supervisor although knowledge/experience in addictive behaviour featured prominently. The numbers reporting supervision from a manager of another discipline were low; however, this may be an indication of future trends for social care workers employed in medical or third-sector organisations and may be a pertinent area for future research.

9. It seems evident that the organisation is attempting to become a '*learning organisation*' (Iles and Sutherland, 2001) via the provision of internal training to support staff in becoming competent professionals. There is however a need to consider the depth of training required as well as training to support a better understanding of the supervision process. Despite this over half of the respondents were positive about the focus on training.

Recommendations

1. The adequate provision of a '*space*' in which to meet is urgently required as without this supervision cannot take place, perhaps giving the wrong message to employees from employers.

2. The Supervision Policy includes a clause '*other than emergency situations*' (p.2 Process of Supervision, point 4) which could be misconstrued or inappropriately used, in order to cancel supervision. Consideration to be given to removing this clause. Supervision meetings should be changed from six weekly to four weekly, for a period of one and a half hours.

3. In order to embed the culture of supervision in the organisation a team training day may support a collective approach to the understanding and the important functions of supervision i.e. administrative, educative and supportive. This would not only emphasise the organisations commitment to the supervision process but also in terms of valuing employees and service users alike. The Staff Development Policy clearly states that supervision training is mandatory however; the majority of respondents have not accessed supervision training. An audit of training perhaps needs to take place.

4. In order to develop managers in their role as supervisors a more advanced level of supervision training is required. A psycho-social approach may be required in order to support supervisors in understanding their role in the process thereby enabling more effective support to employees within the administrative, educative and supportive functions.

5. Consideration needs to be given to the complexity of the role of managers as they have a challenging role in terms of 'juggling' caseloads, managing the smooth functioning of their respective teams, maintaining standards and meeting targets and supervision of team members. There appears to be a disproportionate distribution of work leading to difficulties in prioritising supervision.

6. The content and quality of internal training provision does not appear to support the learning of all employees. While it is recognised that it can be difficult to please all members, consideration should be given to consulting with managers regarding training needs. Recognition of the different levels of learning needs within the organisation is perhaps required. This will support the development of competent professionals therefore improving service delivery.

7. To further support a competent and effective workforce consider prioritising one staff member (per annum) to attend more formal training i.e. Diploma in Addictive Behaviour, Cognitive Behavioural Therapy.

8. The organisation may consider the possibility of an outside supervisor providing group supervision, on a monthly basis, to further support individual supervision. This will need careful planning and a skilled supervisor who is able to respect confidentiality but also acknowledges the need to keep the organisation informed, on a need to know basis.

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Tables

Table 1 Questionnaires sent out

Team	Staff	Managers	Total
Project Workers	10	1	11
Outreach	2	1	3
Clinical Medical Team	4	1	5
Dual Diagnosis	1		1
Drug Services Manager		1	1
Total	**17**	**4**	**21**

Table 2 Length of service, coding and selection for interview

Project Team	Outreach Team	Medical Team	Dual Diagnosis	Service Manager
✓ IR2 - 5yrs	✓ IR12- 1yr	✓ IR3 - 2yrs	✓ IR5-3mths	✓ IR4 - 4yrs+
QR6 - 6mths	QR11- 18mths	QR10 - 3yrs		
QR7 - 1yr	✓ IR1 - 2yrs	QR13 - 7yrs		
QR8 - 5yrs		✓ IR14 - 2yrs		
✓ IR9 - 5yrs+		QR15 -3mths		

✓ = Respondents interviewed