
# Interim Guidance on

# Clinical and Professional Supervision for Children's Disability Network Teams

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## Purpose of this Guidance

The purpose of this interim guidance is to provide service managers and practitioners with guidance on ensuring appropriate supervision arrangements are in place. Clinical supervision is one aspect of professional supervision and occurs within the broader clinical governance framework under which disability services and the Progressing Disability Services for Children and Young People Programme (PDS) operates. This document is not a policy document and does not specify how to conduct clinical and professional supervision but rather how it should be arranged. Clinical and professional supervision are part of everyday professional practice and a significant body of guidance, training materials, agency policies and professional codes of practice are already available.

In acknowledgement of the challenges posed by on-going reconfiguration of services, historical contextual variations and the development of new working relationships, this guidance is being issued as *interim guidance* and will be reviewed within six months of the date of issue. The National Clinical Programme for People with Disability (NCPPD) commits to reviewing and updating this guidance in accordance with emerging needs, based on the learning and feedback from frontline practitioners, service providers and managers, Children's Disability Network Team managers, Heads of Service and Heads of Disciplines across HSE divisions and voluntary agencies.

## Documents which have been considered in this guidance:

- HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employees 2015
- CHO Governance of Children's Disability Network Services 2021
- Children's Disability Network Manager Job Specification
- CHN – ECC Therapy Manager Roles and Responsibilities
- National Policy on the Lead Agency Model 2019
- Policy Framework for Children's Disability Network Teams 2020
- HIQA Standards for Safer Better Healthcare 2012
- CORU Codes of Professional Conduct and Ethics
- HSE Governance for Quality and Safety Documents - QID

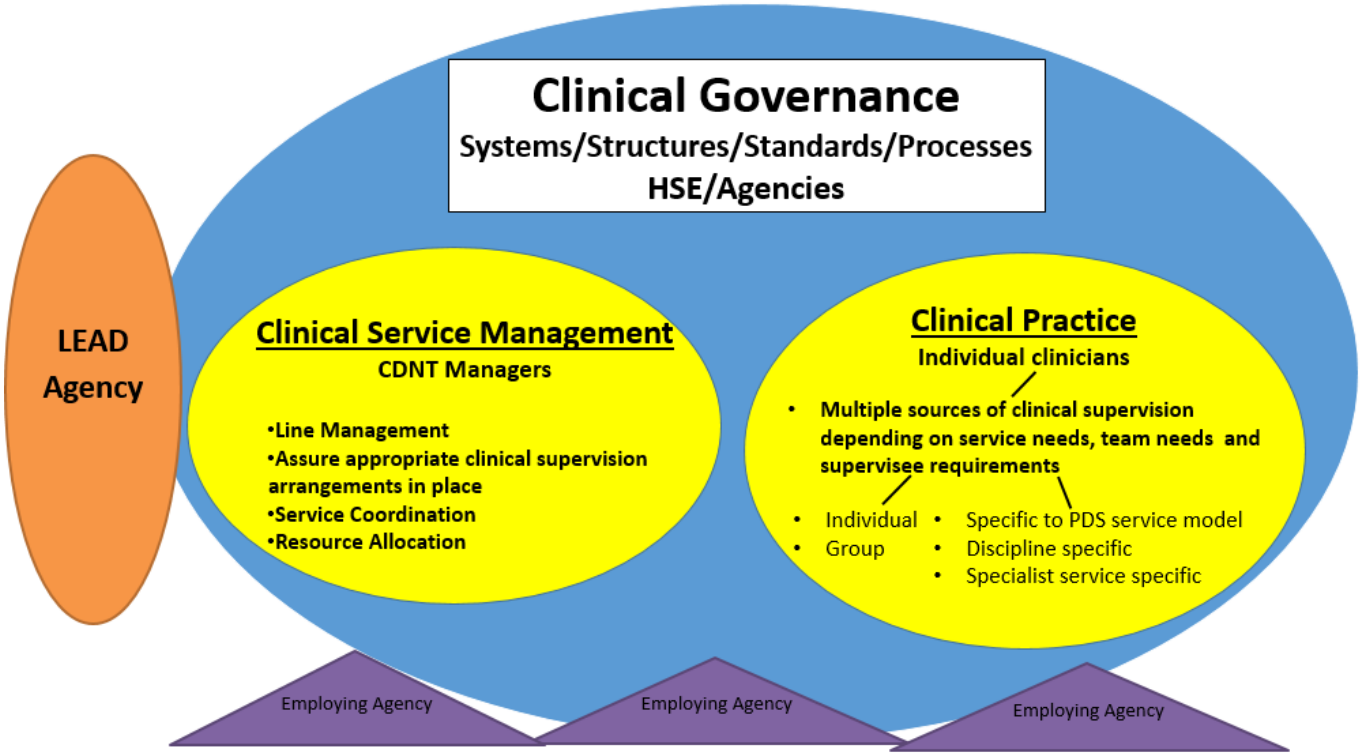
## Scope of Document

All staff in Children's Disability Network Teams.

## Conceptualisation & Definitions

Figure 1 outlines a conceptual schematic for which the definitions below are relevant.

**Figure 1 Schematic of the broader Clinical Governance context in which Clinical Supervision occurs.**




Adapted from "Differentiating Clinical Governance, Clinical Management and Clinical Practice" - Brennan N, Flynn M, *Clinical Governance: An International Journal*, 2013, 18(2): 114-131.

**Clinical Governance** - Refers to the systems, structures, processes and standards through which health and social care teams, and others, contribute to and are accountable for the quality, safety and experience of service users in the delivery of services. Multiple individuals have important roles and responsibilities within an overall system of clinical governance; while there are lines of individual clinical responsibility, good clinical governance emerges from the practice of interlocking and integrated working throughout the system.

**Children's Disability Network team (CDNT)** is an interdisciplinary group of health and social care professionals who work together to deliver local accessible health and personal social services to children and young people aged from birth to 18 years with complex needs. The CDNT is the provider of services for children with complex difficulties in functional skills

and/or applied skill sets required for activities of daily living, learning new skills and social interactions. This may involve physical, social, emotional, communication and behavioural domains.

**Children's Disability Network Manager (CDNM)** is the accountable and responsible person for ensuring the delivery of high quality, safe, integrated children's disability services to the population within their designated network(s). The CDNM is the line manager for all staff members of the CDNT. The CDNM manages, coordinates and allocates resources (including people resources) to promote effective, efficient and equitable services to children within their area. They are employed by or seconded to the *Lead Agency* to deliver this function.

**Children's Disability Network Team (CDNT) Members -** : May be employed by different agencies and are members of the interdisciplinary team of health and social care professionals and related staff who provide services and supports for all children with complex needs from birth to 18 years of age in the Children's Disability Network (CDN). Their direct operational line manager is the CDNM. CDNT Members will benefit from interdisciplinary and peer support from other team members through their daily interaction as a team.

**Heads of Discipline (HOD) –** are managers for their specific discipline (e.g. Occupational Therapy, Physiotherapy, Speech and Language Therapy, etc.), in some cases acting across several divisions (e.g. in HSE across mental health, disability, primary care and acute services) and service types (e.g. adult and children). HODs provide discipline-specific support and leadership regarding professional clinical practice, clinical supervision, clinical audit, quality and standards within Community Healthcare Organisations (CHOs) and Section 38/Section 39 Agencies; across the health and social care services. They may be employed by a different agency from other members of the CDNT and will work collaboratively with CDNMs in ensuring the delivery of quality and safe services.

**Professional Discipline Leads** – refers to clinical leaders within some professions who are not Heads of Discipline but may be an acknowledged leader within their profession in relation to a specific area or practice (e.g. a Clinical Specialist, or a Motor Management lead), and who can provide disciplinary and clinical leadership and advice in relation to specific aspects of clinical practice, quality and standards.

## Supervision and Models of Supervision

***(from HSE HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employees 2015)***

'Supervision is a workforce development strategy that can contribute to higher quality service outcomes, improve practitioner skills and inform and consolidate training and development. It contributes to employees having a positive employment experience through which they are appropriately engaged with their job, their team, their profession and their organisation. The supervision engagement also contributes to employee well-being and reduces incidences of burnout. For supervision to be effective it needs to combine a performance management approach with a dynamic, empowering and enabling supervisory relationship. Supervision improves the quality of practice, supports the development of integrated working and ensures continuing professional development. Supervision contributes to the development of a learning culture by promoting an approach that develops the confidence and competence of all involved in the process'.

There are a number of different approaches to supervision commonly used in the professions. The following are some of the models in common usage:

- Professional supervision
- Clinical supervision
- Line manager supervision
- Peer supervision
- Group supervision

The appropriateness of the different forms is generally dictated by factors such as the level of experience of the practitioner, the demands or requirements of the particular service or professional discipline, the models advocated by the relevant professional body, the resources or opportunities available. Sometimes more than one model may be used together depending on the needs. While different professions may recommend different approaches, elements that they all share are that they should be planned for, formally structured, contracted for and managed with appropriate records kept. Supervision can take place across disciplines where professionals agree to provide supervision to each other but must have an understanding of professional and practice issues across both disciplines

**Clinical Supervision –** Is a component of overall professional supervision, focussing on issues related to clinical practice. It is a formal professional relationship between two or more people in designated roles, which facilitates reflective practice, explores ethical issues and develops skills. It is about the clinician, their clinical work and their learning needs. It is always clinician focused according to individual goals. The essence of clinical supervision is that clinicians have an appropriate supervisor specific to their context, negotiate a working agreement and focus on their learning goals within a safe, and supportive relationship.

There is no necessary sense of hierarchy in a clinical supervision arrangement. Clinical supervision uses the supervisory alliance to fulfil the tasks of maintaining professional standards, focussing on educational needs and providing emotional support (adapted from The Australian Clinical Supervision Association 2015).

**Operational/Line Management Supervision** - involves meeting organisational expectations usually in the form of predetermined hierarchical reporting relationships that focus on performance appraisal systems and individual accountability (adapted from The Australian Clinical Supervision Association 2015). Service/line managers oversee the implementation of processes and procedures and resource clinical staff to efficiently, effectively and systematically deliver high quality, safe clinical care.

**Professional Supervision –** There are multiple definitions of professional supervision. For the purposes of this guidance we are defining professional supervision as that relating to broader profession specific matters and issues not already covered by the more narrow definition of operational/line management and clinical supervision, e.g. professional career development and opportunities, discipline specific matters and standards, codes of practice, etc.. Professional supervision may be provided by the CDNM where appropriate, a Head of Discipline or a trained/experienced supervisor, generally from the same profession.

**Employing Agency** – The Employing Agency is the Health Service Executive (HSE) or Section 38/39 organisation who is the employer of CDNT staff.

**Lead Agency**- The Lead Agency can be the HSE or a Section 38/39 agency responsible for the provision of services for children aged 0-18 with complex disability in the CDNT assigned to that agency/division.

## Roles and Responsibilities

***Children's Disability Network Team Members***

- Keep themselves up to date with developments relevant to their role within the organisation
- Commit to seeking out and engaging in continuous personal and professional development
- Seek support and assistance from line manager if they have concerns around any aspect of their work or if they are unsure how to proceed in a work matter
- Adhere to the professional standards set by regulatory bodies or professional associations in relation to clinical supervision
- Maintain professional competence and registration with the relevant regulatory authority

- Be clinically responsible for their own practice; adhere to the standards of conduct set by their employer and Lead Agency
- Actively participate in discussions on issues that affect them
- Seek support and feedback on their operational and professional development
- Undergo HSE, Lead Agency or other training in clinical supervision practice as deemed appropriate by the Lead Agency

***Children's Disability Network Managers***

On behalf of the Lead Agency:

- Provide day-to-day line management for CDNT members. This includes supervision related to team working and development, PDS interdisciplinary and family-centred model of practice, performance issues
- Ensure that appropriate clinical and professional supervision arrangements are in place for CDNT members. Work collaboratively with HODs and other relevant clinical personnel to ensure quality and relevant professional and clinical supervision is sourced. Supervisors may be drawn from within CDNTs, across different CDNTs or in some circumstances may be sourced from outside CDNTs and regions.
- Promote evidence informed practice working collaboratively with HODs and other profession discipline leads as relevant to specific elements of clinical practice
- Liaise with other CDNMs and different profession discipline leads as required in relation to clinical supervision, on-going education/training, clinical audit and other matters that contribute to good clinical governance
- Manage mandatory and other relevant training for staff to ensure professional development requirements are met
- Ensure that supervisees are appropriately informed and trained in clinical supervision practice
- Are available to provide clinical and professional supervision within their discipline and across network teams, as appropriate to their individual experience and competencies
- Manage mandatory and other relevant team training to ensure professional development requirements are met. This will be done in consultation with HODs and relevant other Discipline Leads in accordance with the service training policy and subject to training budget.
- Work with Heads of Discipline / Discipline Leads to establish the clinical experience required to meet the needs of trainee/student placement programme(s). To engage in performance review processes including personal professional development planning as appropriate.

- Report to the lead agency, through existing management structures, regarding the management of the CDNT, including clinical, operational, finance, HR and other relevant matters as might arise.

***Heads of Discipline***

- Work collaboratively with CDNMs as required to source discipline-specific, appropriate and quality clinical and professional supervision for members of the CDNT. Supervisors may be drawn from within CDNTs, across different CDNTs or in some circumstances may be sourced from outside CDNTs and regions. At times, depending on circumstances and context, the HOD may provide clinical and professional supervision in line with their own experience and competencies.
- In collaboration with the CDNMs provide discipline specific clinical leadership and assurance regarding professional practice, quality and standards within the overall framework of clinical governance arrangements, including the Clinical Advisory Group (CHO Governance of Disability Network Service)
- Are knowledgeable of the operational principals of the CDNTs, particularly Interdisciplinary team work and Family Centred Practice
- Collaborate with CDNM and other relevant line managers in establishing a discipline specific competency framework, standards of practice and clinical audit relevant to service needs.
- Collaborate with CDNMs in relation to required specific training needs for CDNT members within their discipline in line with resource availability and risk prioritisation.
- Collaborate with CDNMs in relation to discipline-specific requirements of an overall performance management framework for CDNT members.
- Ensure that supervisors within their discipline are appropriately informed and trained in clinical and professional supervision practice
- Work with the CDNMs to establish the clinical experience required to meet the needs of the trainee/student placement programme(s). To engage in performance review processes, including personal professional development planning as appropriate.

***Supervisors***

- In accordance with supervision agreements with supervisees, engage with CDNMs in relation to matters arising during the clinical supervision process which may have implications for service users, service delivery, staff training, development and

performance. The CDNM may subsequently engage with HODs or other relevant personnel on discipline-specific issues and for advice as required.
- Shall have knowledge and understanding of and undertake to support the CDNT service model
- Shall engage in formal training in relation to clinical and professional supervision practice.

***Lead Agency***

- Through the CDNM, is responsible for the governance of all CDNT services and associated pathways assigned to it within the CDN and will engage with all relevant internal and external stakeholders as required with the requisite experience in children's disability services to ensure appropriate governance, supervision and oversight. **See CHO Governance of Children's Disability Network services 2021**

- Has responsibility to ensure that all staff have appropriate supervision in partnership with employing agencies/HSE. See **National Policy on the Lead Agency Model 2019**

- Holds governance responsibility and accountability for CDNT services in their assigned Children's Disability network and this includes resource and performance accountability for the CDNT.

- Will, in line with the CDNM job description, ensure that the CDNM will provide clinical assurance regarding the professional supervision of each health and social care professional working on the CDNT (See Interagency Agreement for the provision of services by Children's Disability Network Teams 2021)

- Will ensure that CDNT members are

    - well informed;
    - understand the management and clinical governance structures
    - are clear and confident in their roles and responsibilities
    - are appropriately trained and developed
    - are involved in decision making
    - receive feedback on their contribution and role in their team
    - are constructively challenged to enhance their performance

***CHO Children's Disability Networks Governance Group***

- Ensure clear and effective standards that contribute to good governance in the delivery of supports and services across all CDNTs in the CHO

- Support the essential training and development needs for teams (See CHO Governance of Children's Disability Network Services Policy)

**CDNM Operational Management Group**

- Identify, analyse, prioritise and support essential training and development needs of teams and where necessary, identify gaps to the CHO Children's Disability Network Governance Group (CHO Governance of Children's Disability Network Services Policy)
- Ensure that a structure is in place across the CHO that includes performance management, supervision and support for all CDNT staff
- Engage with and take advice from the Clinical Advisory Group and/or HODs as required/relevant in relation to matters of clinical governance, professional development and practice.

## Sources of Supervision and Process

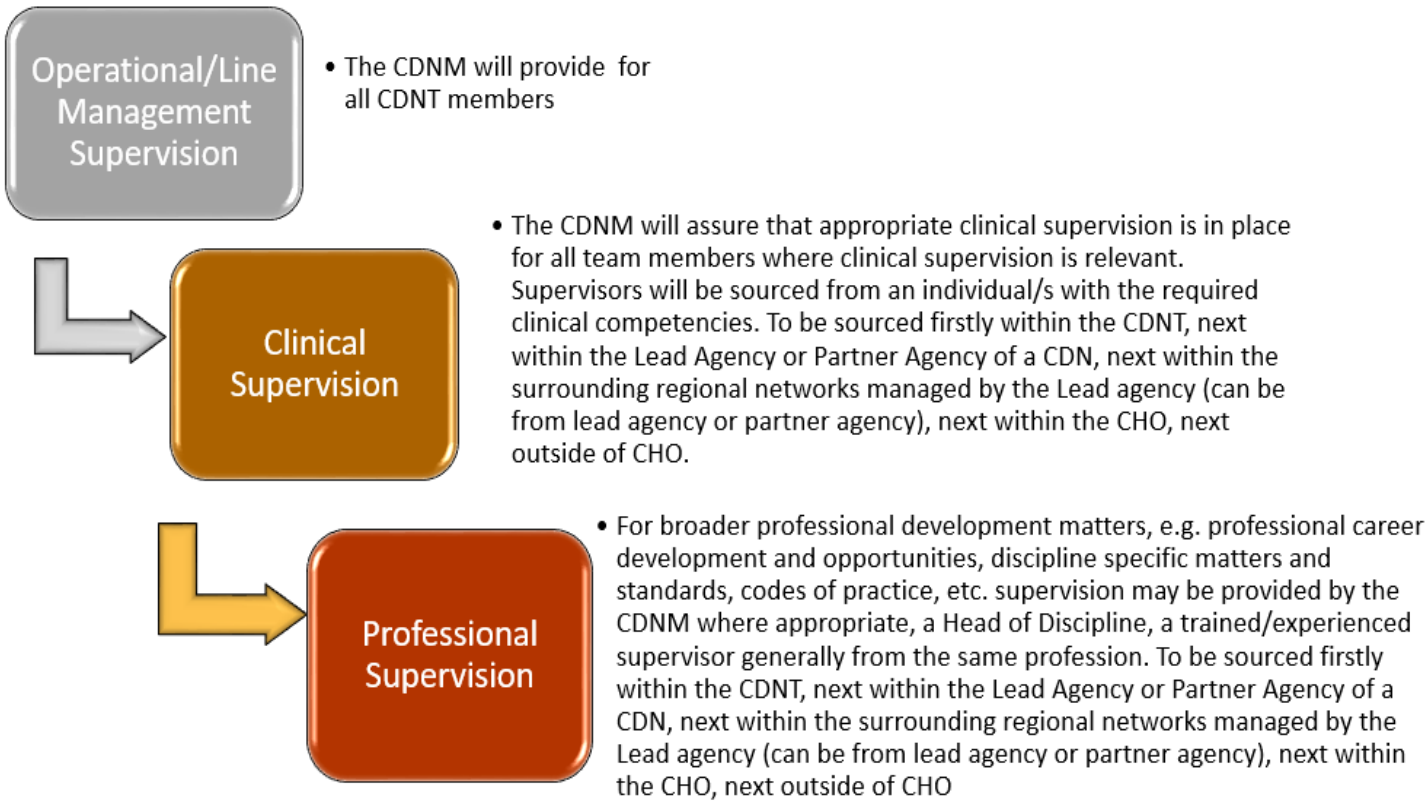
- CDNTs consist of a variety of disciplines including health, social care and administrative grades. Each staff member and discipline will have varying requirements for supervision depending on experience, stage of professional development and career and service needs, among other.
- For day to day operations and line management the CDNM is responsible for supervision.
- For clinical and professional specific supervision the CDNM shall ensure that each team member has access to appropriate and context specific supervision that is relevant to their role, grade, level of experience, discipline and service needs. Frequency of supervision will vary depending on level of need and experience. See Figure 2. Using this flow chart, in some circumstances, the CDNM may provide all aspects of supervision, e.g. a CDNM from a PT background, experienced in children's disability may provide all aspects of supervision to a basic grade or senior PT on their team. In many cases clinical and professional supervision may be delivered as part of the same arrangement. In some cases clinical supervision may be specifically required separate to the professional supervision due to the nature of the clinical supervision required.
- CDNMs on behalf of their lead agencies, in collaboration with partner agencies, with Heads of Discipline and/or other relevant professional leads (e.g. clinical specialists), shall map and keep a record of available sources of supervision and current provision of supervision.
- As previously detailed the CDNM will be responsible to contact the HoDs and/or other relevant clinical personnel in terms of sourcing quality and appropriate clinical and professional supervision and to confirm that these arrangements are in place.

- For pragmatic purposes this supervision shall be sought from within or as close to the CDNT as possible, in the first instance. Supervisors may be drawn from within CDNTs, across different CDNTs, or in some circumstances may be sourced from outside CDNTs and regions, depending on context (e.g. where the relevant expertise/competency to provide the supervision is not available locally).
- Appropriate clinical and professional supervision shall be based on competencies and experience specific to the contextual requirements of the supervisee and not based solely on profession or professional grades.
- In general, professional staff may be supervised by a more experienced practitioner from within their own discipline for discipline-specific matters. However, there may be times, depending on context and requirements, when staff may be supervised by a member of a different discipline with more experience in a particular area or aspect of work, particularly interdisciplinary work and aspects of work which are common to multiple professionals (e.g. family centred practice, interdisciplinary team working). This may also be the case for a particular specialised area of practice, e.g. complex casting, complex seating assessment.
- In certain circumstances peer-to-peer supervision may be appropriate where it is difficult to locate a more senior or experienced practitioner (e.g. between CDNMs, between clinical specialists), again this will depend on context and shall be decided by the CDNM in collaboration with HODs and/or other relevant discipline leads for discipline-specific supervision.
- In some circumstances group supervision and sharing of learning, challenges and practice may be appropriate.
- CDNMs shall undertake appropriate continuous professional development to maintain their 'clinical currency'. They may be required to hold a clinical caseload from time to time to support this. CDNMs who have a clinical caseload shall themselves engage in supervision arrangements. HODs and/or other professional clinical leads have a role in assisting CDNMs to source appropriate supervision for themselves as required. Non-clinical professional development and management of CDNMs will continue through the normal line management routes for CDNMs.

**Note:** For non-clinical staff where professional lines of supervision are not as clear as within some clinical professions, the CDNM, in addition to providing line management, will source or may provide professional supervision specific and appropriate to the context (e.g. family care workers, social care workers, health care assistants, early years workers and administrative staff).

**Figure 2. Supervision Process and Sources**

**As a general principle supervision shall be sourced in the most appropriate and proximate way to the supervisee and team and delivered in the most streamlined manner to individuals and teams**




## Collaborative Working

The NCPPD recommends that CDNMs, HODs (across divisions) and other relevant Discipline Leads in each CHO meet regularly in a formal and structured way to ensure that professional and clinical supervision arrangements are operating effectively and in a complimentary manner. (Any such forums/meetings shall occur under the governance framework and structures defined for Children's Disability Network Services outlined in the document "CHO Governance of Children's Disability Network Services 2021").

These forums should include oversight and ongoing review of the pool of supervisees and trained supervisors, professional development needs, clinical and professional supervision structures and processes to ensure high quality practices and services, effective reflective practices, integrated needs across different divisions, and the promotion of professional

development in a systematic and planned manner. Specific topics for collaborative working and agreement of approaches shall include:

- Audit of clinical practice and compliance with standards
- Development of and implementation of standardised service and support pathways (aligned to any national guidance from NCPPD)
- Training requirements/needs assessment requiring disciplinary-specific inputs
- Interdivisional interactions in the context of promoting integrated service approaches, joint working, shared learning, overall professional development needs of workforce across divisions
- Service planning and performance management issues requiring professional disciplinary input
- Quality and safety frameworks and quality assurance issues requiring professional disciplinary input
- Organisation and supporting of discipline-specific forums to discuss individual discipline-specific practice issues
- Organisation and supporting of interdisciplinary-specific forums around areas of special interest (e.g. motor and posture management, Feeding, Eating, Drinking and Swallowing (FEDs) issues).
- Organisation and supporting of inter-divisional forums to promote integrated services and supports

## Education & Training

Supervision training is available through HSeLanD. Specific training modules have been developed and are available through the HSE's HSCP Office.

## Use Case Scenarios relating to Supervision

For the majority of cases in CDNTs clinical supervision arrangements should be straight forward and reflect service needs, supervisee needs and established professional practice. Accessing an appropriate supervisor shall be based on competencies and experience specific to the contextual requirements of the supervisee and not solely based on profession or professional grades.

**Scenario 1 – A CDNM has two therapists from the same discipline, one with significant experience in Intellectual Disability, the other with significant experience in Physical Disability.**

The therapist with ID experience is a source of clinical supervision for their peer in ID related matters and vice versa. Each are a source for other therapists in broad matters related to ID and PD.

**Scenario 2 – A CDNM has a senior SLT on their team with years of experience in Feeding Eating Drinking and Swallowing (FEDS) assessment and intervention.**

This SLT will serve as a source of supervision for another senior SLT of the same team with none or little experience in this area and indeed for other professions on broad matters related to FEDs. This SLT may also be a source of supervision on FEDS matters for other teams.

**Scenario 3– A CDNM has a team with 2 PTs who are not experienced in managing more complex motor issues related to neurodisability.**

The CDNM will consult with a HOD PT and/or other Discipline Lead (e.g. clinical specialist, experienced senior in this area) to source PTs with this experience who will provide clinical supervision and with a view to sourcing and arranging appropriate CPD in this area.

**Scenario 4 – A situation where 2 senior therapists have two different opinions on a therapeutic approach to a clinical issue for the same individual.**

The CDNM is made aware of this situation, convenes a meeting and tries to resolve any differences of clinical opinion. Failing resolution of opinion the CDNM, if they have the requisite clinical background and experience, may adjudicate, or, may contact an appropriate individual with the clinical expertise and experience who can give an opinion. Failing resolution the CDNM may request a HOD to independently adjudicate on a discipline-specific clinical matter.

**Scenario 5 – A CDNM has concerns about the standard of services or supports being provided by a therapist.**

The CDNM discusses with the individual and agrees to consult with the therapist's clinical supervisor in the first instance, and if relevant, the appropriate Head of Discipline and/or other Discipline Lead (e.g. clinical specialist), for an opinion. If required, the CDNM in collaboration with clinical supervisor, HOD or other Discipline Lead will develop a plan to address any development requirements through clinical supervision or other additional supports/training.

**Scenario 6 – A therapist is performing well in clinical duties but has persistent issues with time keeping and meeting team KPIs.**

The CDNM manages this situation through direct line management engagement with the team member.

**Scenario 7 – A CDNM carries a case load and seeks clinical supervision.**

The CDNM sources clinical supervision from a person with the appropriate competencies and experience. They may engage with a HOD or other discipline lead for assistance and advice in this matter.

**Scenario 8 – A senior therapist is providing clinical supervision for a basic grade therapist. An issue arises during supervision which has implications for performance and/or quality of service delivery. This is not solvable in the short term.**

The supervisor agrees with the basic grade therapist to meet with the CDNM to discuss and resource the required supports for the therapist to address the issue. This arrangement is outlined in the supervision contract.

**Scenario 9 – A CDNT member has been assigned a clinical supervisor by their CDNM. The supervisee is unhappy with the supervision process and there are difficulties in the relationship between supervisor and supervisee. The supervisee reports these difficulties to the CDNM and requests a new supervisor arrangement.**

The CDNM meets and discusses the difficulties with the CDNT member and encourages a three way meeting with the supervisor, supervisee and CDNM. If this fails to resolve the matter the CDNM may engage with the CDNT member in sourcing an alternative supervisory arrangement if this is felt appropriate.

**Scenario 10 – It becomes apparent that the supervisor and the CDNM have differing views on key elements of the supervisee's practice such as size of 'caseload' or the "model of service".**

The supervisor and CDNM meet to discuss and resolve the differences of opinion. Failing resolution the CDNM brings the matter to the relevant local and regional governance structures for PDS, including seeking opinion and advice from the Clinical Advisory Group if required.

**Scenario 11 – A CDNM has two senior therapists from the same discipline on their team. Due to circumstances and capacity issues the CDNM has sourced clinical supervision from different supervisees for those individuals. The therapists report receiving different advice from different supervisors.**

The CDNM arranges a meeting with the supervisors to discuss the inconsistencies in advice and all attempt to resolve the nature of this and agree a consistent approach. Failing

resolution the CDNM brings the matter to the relevant local and regional governance structures for PDS, including seeking opinion and advice from the Clinical Advisory Group if required.