



National Association of Link Workers
CONNECT LINK

Peer Group Clinical Supervision Review & Evaluation

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Executive summary

Research conducted by National Association of Link Workers has highlighted Social Prescribing Link Workers expressed need for independent peer clinical supervision and reflective practice to enable them to work effectively^{6,4}.

In order to fill the gap for peer clinical supervision, National Association of Link Workers ran a small pilot of five on-line peer group clinical supervision sessions with eight Social Prescribing Link Workers from across UK.

A variety of topics were covered including supporting a variety of clients with diverse, complex needs, housing, addiction issues and lack of services to refer clients to.

Areas that are important for their role included self-care and coping strategies, sharing 'good stories' of clients, peer support and further training.

The research highlighted that the role of a Link Worker is varied and that their clients can come from any walk of life with a variety of needs so their skills must reflect this too.

Findings from the research show that independent peer clinical supervision provided Social Prescribing Link Workers with: -

- additional support
- a safe space to offload and reflect on their practice
- an opportunity to get peer support and reassurance

It enabled them to improve their practice by: -

- allowing them to see the bigger UK picture and feel more connected
- learning variety of different ways of working (for themselves and for their clients)
- exploring how others with the same role work differently
- Getting fresh perspectives and coping strategies from colleagues

The overall conclusion from the evaluation of the peer clinical supervision sessions and the 2019 autumn national/regional conferences was that peer clinical supervision is vital for Social Prescribing Link Workers and should be made available for all.

1.0 Introduction

1.1 Background

Social Prescribing Link Workers have become an integral part of the NHS workforce facilitating move to a personalised social model of health which improves wellbeing for the whole population as opposed to those needing non-medical support being prescribed pills or inappropriately accessing GP and hospital services. They serve as the missing 'Glue' between Community Health and Social Care linking the system together to improve patient and population health outcomes.

With such a new profession there are many models of working and Social Prescribing Link Workers can often work independently and in isolation, with varying levels of understanding and support from other health and social care professionals.

National Association of Link Workers (NALW) is the only UK professional network for Social Prescribing Link Workers increasing professionalism and reducing isolation. A UK community of practice for all Social Prescribing Link Workers to share learning, build resilience, develop, network and support each other in order to achieve improved quality of life for themselves, their clients/patients and communities.

1.2 The Future of Social Prescribing Link Workers

There is ongoing and increasing recruitment of Social Prescribing Link Workers across UK. NHS England initially planned to recruit 1,000 Social Prescribing 'Link Workers' as part of the NHS Long Term Plan and have them in place by 2020/21 with significantly more after that so at least 900,000 people will be referred to Social Prescribing by 2023/24¹ with this number rising to 2.5 million people by 2023/24 as Social Prescribing will be a key component of Universal Personalised Care².

There are long term plans in Scotland³, Northern Ireland⁴ and Wales⁵ although it is difficult to gauge how far along they are in their long term goals as there are so many different models of Social Prescribing or Link Working being developed and funding is being provided from different sources with the additional issues around the variety of job titles for the role. However, it is clear that there has been a shift in how wellbeing is perceived and how it's imperative to address holistic needs not merely focusing on disease through an increased drive to embed Social Prescribing Link Workers across UK.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity⁶.

Given the scale of investment in this new workforce and importance of realizing the desired benefits their role brings to the health care eco system, attention need be given to their expressed needs to be set up to succeed.

Peer clinical supervision was highlighted as crucial to Social Prescribing Link Workers in our March 2019 report⁶ and a report by NESTA outlined the importance and need of peer support⁴.

We ran a small pilot project to test our Peer Group Clinical Supervision model and commissioned an independent research to evaluate the effectiveness of our peer Clinical Supervision sessions as there is currently no research highlighting effectiveness of Social Prescribing Link Worker peer clinical supervision.

1.3 Methodology and analysis

The research wanted to explore the effectiveness of the peer clinical supervision and used depth telephone interviews to capture peer clinical supervision session attendees' views. A total of eight Link Workers attended on-line sessions each lasting between 60 and 70 minutes which was facilitated by a qualified therapist and experienced Link Worker clinical supervisor. The sessions were conducted through a platform called 'Zoom'⁷ who provide video conferencing facilities. Session were confidential and not recorded.

All the attendees were contacted by the researcher via email, as this was the only contact information available, to arrange a suitable time for telephone interview. Reminders were sent out where necessary and if they had not got in touch after two reminders, they were given the option of completing the survey as a self-completion questionnaire.

A total of four interviews were conducted over the phone and one self-completion survey was returned. One participant did respond to say that they were no longer in the same post and that it would not be appropriate take part in the evaluation.

¹ <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

² <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>

³ <https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/pages/3/>

⁴ <https://www.bbc.co.uk/news/uk-northern-ireland-44526598>

⁵ <http://www.primarycareone.wales.nhs.uk/social-prescribing>

⁶ <https://www.who.int/about/who-we-are/constitution>

⁷ <https://zoom.us/>

⁶ https://www.connectlink.org/wp-content/uploads/2019/06/Released_NALW_link-worker-report_March-2019_updated.pdf

1.4 Regional/National Social Prescribing Link Worker conference

National Association of Link Workers ran a series of conference's in the autumn of 2019 and covered six regions in England (London, North West, North East, South West, East of England, South East x 2), Wales and Scotland. A total of 225 Link Workers attended the nine events, circa 32% of NALA Members. Between 20 – 30 Members attended each event and while numbers were limited due to venue limitations all the events were well attended.

A variety of topics were covered including break out discussions around:-

- Managing Case Loads
- Partnership Working
- Measuring Impact
- Mental Health Services
- Working with Emerging Communities

The three key areas discussed in Managing Case Loads included:-

- How are you managing your case loads?
- What do you do about 'complex caseloads'?
- How do you receive supervision? Do you feel this is effective? What suggestions do you have to improve this?

2.0 Results

2.1 Subject discussed in the Sessions

There were a total of five peer group support clinical sessions held, there were two sessions in April, one in May and two in June 2019. Four people took part in each session.

Some the issues covered included:-

- Supporting clients with complex needs
- Maintaining professional boundaries with clients
- Addressing housing issues
- Working with clients who have ambitious goals
- Opportunities for clients to work with animals
- Supporting clients with an alcohol problem who are reluctant to acknowledge the problem

-
- Changes to the Link Workers role e.g. additional responsibility, community development and addressing concerns about the changes and additional pressures
 - Supporting clients with PTSD
 - Safeguarding referrals
 - Self-care and coping strategies
 - The importance of holding onto and sharing 'good stories' of clients who have benefited from the service
 - Frustration and 'hitting a brick wall' when accessing support for clients or with clients
 - Supporting clients with health anxieties and a busy life schedule
 - Further training

The sessions highlighted that the role of a Link Worker is varied and that their clients can come from any walk of life with a variety of needs so that their skills must reflect this too.

2.2. Peer Group Clinical Supervision Sessions

2.2.1 Reasons for taking part

Attendees found out about the Peer Group Clinical Supervision Sessions either from their line manager or through an invitation from the National Association of Link Workers (NALW).

'Via xxxxxx, who invited me to attend.'

'It was my line manager, she sent me an email about it and I value clinical supervision - she said it was clinical supervision, and I have had it before and I found it extremely valuable and thought I would sign up to it.'

A range of reasons were given when asked about their reasons for taking part in the session.

'It sounded interesting and I enjoy connecting with new people and learning about other projects. I also value having a space to talk and share with others who have similar challenges and experiences. I also did it to be helpful and offer my experience to the sessions.'

'It was something that the NALW recommended and it sounded interesting and we don't get these opportunities to reflect and discuss and that is it was scheduled in by someone external so if it is someone outside your organization you can be more strict with your use of time.'

2.2.2 Expectations

Each person attending a session were asked to prepare an anonymous case study that could be discussed during the session for peer ideas. This could be a client with a complex range of problems to just having questions about client. Expectations of the peer group clinical support sessions were explored and there was a range of answers from *'don't know'* to *'whatever was important to the other participants in their professional life.'*

Some expectations of the sessions included

'I thought that it would help me to understand the role and to talk about any anxieties and insecurities that I have in the role and how best to support people.'

2.2.3 Method of Delivery

As attendees could come from across the UK, it was felt that an on-line methodology would be the best way to facilitate the sessions. Zoom, an on-line video conferencing platform was chosen and overall the attendees found that it was easy to use although there were a few teething problems.

'Strange at first but great after getting used to it.'

'Zoom is really easy, its just good and quick and much better than Skype, as you have both video and sound and is just as good as face to face.'

2.2.4 Thoughts on the sessions

When asked about the enjoyable aspects about the peer support sessions all attendees were very positive.

'Opportunity to share knowledge and experience. Opportunity to get feedback and support from others.'

'The chance to talk about the general workload, the stress of it all, individuals that are being supported - folk that have been particularly difficult - just talking about the structure and that you are working against the systems and structures'

A variety of subjects were covered including *'clients, operational side of role, challenges, resources.'*

The sessions were between sixty and seventy minutes each and this was felt to be about right although one attendee did feel that they could be a bit longer to ensure that everything was covered in detail.

'Yes, the time was just right it didn't feel too long or too short and it wasn't too rushed and there was enough time to go round to everyone.'

'Could be slightly longer just to make sure that we go through all the issues properly'

All attendees felt that all their concerns, questions or thoughts were allowed to be expressed and no one felt that they were not given enough time or space to talk. It was also crucial that the sessions were completely confidential.

'I think that some things came up quite naturally and then things came up that turned out to be really helpful measures, so everything I wanted to talk about was covered.'

'No, just the freedom to talk about anything knowing its 100% confidential. One of the sessions was a bit more hesitant and everyone was a bit quieter to start off with as we didn't have anyone or thing in particular to discuss, as the first session we brought a case study to discuss but once we got talking and sharing it didn't really matter that we didn't have anything to discuss.'

The sessions have also allowed the attendees to explore new ways of working and to try out alternative ways of working both with clients and for themselves.

'How to think about time management in a more effective way.'

'Probably the main thing that was so helpful was listening to how others work, as we are so flexible and listening to others was really helpful, as we learnt new ways of thinking and working.'

2.2.5 Current Support & Further Afield

Attendees were asked about the support that they received in their role, either from colleagues, line managers or others and overall, they all felt fully supported (apart from one attendee) and were given opportunities to discuss complex cases, seek advice and help with referring.

'I work alone mainly but I get support from my line manager.'

'We have a line manager and my colleagues even if they are based at other sites and we can reflect if there are any safeguarding issues.'

'I have got a line manager but the Link Worker team has expanded greatly - lot of pressure on my line manager, lots of pressure as contracts have changed and it all went out to tender so all a lot of pressure and a more staff have been employed. Line manager has been distracted and with the type of role that it is we need supervision more often and it

needs to be very structured rather than just a conversation - so that things aren't missed. There should be specific questions about the role and how things are going.'

Support through the peer group support sessions was an important addition to the support that they receive through colleagues.

'I wish it could happen more often, we can see so many different people and it can be quite over whelming at times, when you come to the end of the month and you have your supervision there could be nothing in particular or there could be loads, it (peer support sessions) is really beneficial, I have felt much better afterwards compared to before.'

The sessions also allowed the attendees a view into the wider Link Worker world and allowed them to feel connected to something bigger than their team and/ or organisation.

'I definitely feel more connected than I was – as we haven't connected to anyone externally. Would be good to get to know more people through the sessions and engage in more sessions.'

'Was really good to get validation from our peers on what we do.'

'Yes, great to hear from different parts of country.'

The sessions have also helped as they provide the attendees a window to the UK Link Worker picture.

'It can be very isolating as although I have a team that supports me, I do work on my own and being to see the national picture has been really helpful.'

'Space to feel understood and a sense of knowing others are in similar positions.'

'Yes, to get perspective from people who aren't in their immediate team or organisation.'

'Felt re-assuring and comforting.'

Attendees were asked whether they would recommend the peer group support sessions or not.

'Yes definitely, I think it is really helpful and get to meet other people who are just as passionate as you and doing the same thing just in different way to you. I found that helpful too as you get used to your team and how they work, brilliant listening to their passion and I definitely would recommend it to other Link Workers.'

'I would recommend the sessions to some colleagues, not to others, some would be cynical about them and not really benefit them, but these people are experienced and maybe wouldn't benefit. For me being new to the role, it has been really beneficial to me, it is an invaluable thing and I have good experiences of this in the past whilst others won't need it and are happy with line manager support.'

'I don't think that they could have been improved, essentially how it has worked for me in the past, only difference is that we are talking through a computer screen and are in different parts of the country. It's a good way of doing it. You get a report back about what was said during the sessions. That was really good - I don't have any complaints about it.'

'Not sure. Wouldn't see them as a replacement for real face to face supervision as I believe the best support happens in real life, but as supplementary they are excellent for learning and getting different type of perspective and support.'

'I think that they are OK as they, hopefully it is something that can continue as there are other folk that would benefit from this. They have been good, beneficial and hope they continue!'

2.3 Conference Feedback

The findings from the nine group break outs in the regional/ national conferences shows that there is a need for peer clinical supervision support and reflective practice. All the group discussions have mentioned that support is needed and overall helps to improve wellbeing, provides moral support, peer support, share best practice and that it is vital for Link Workers to be supported so that they can support their clients. Although clinical supervision support is provided in different ways depending on the organization, funding provider or employer it was highlighted that any support should include *'management understanding of role, Induction, open door policy, trusting relationship, reassurance and validation of judgement and debrief.'*

Overall most felt that they were being supported but that there could be better support, an increased frequency of support or that there was a lack of clinical supervision support, whilst there was sometimes a lack of understanding from managers and/ or employers of the importance of clinical supervision.

'Battles over clinical supervision, manager says not needed.'

'Have to recognise the need for more clinical supervision not just patient supervision.'

3.0 Discussion & Conclusion

Social Prescribing Link Workers work in a variety of ways across the UK and is still a relatively new profession which can be isolating. The Peer Group Clinical Supervision Sessions provided Social Prescribing Link Workers with additional support, a safe space to reflect on their practice, an opportunity to get peer support and explore how others with the same role work differently.

Seeing the bigger, UK picture was very helpful to all attendees and they learnt a variety of different ways of working both for themselves and for their clients. The overall response was that the sessions should be continued and was a very positive addition to their role.

The sentiments outlined in the depth interviews showed how valuable the peer clinical supervision sessions had been and this is very clearly echoed in the group discussions from the regional/ national conferences.

Appendix One

Peer Group Support Evaluation

Topic Guide for telephone depth interviews

Hello, my name is xxx and I am calling from xxxx. We have been asked to evaluate your experiences of the Peer Group Clinical Supervision sessions that you had in xxxx. It will take about 20-30 minutes to go through and the findings are being used to improve the sessions that are offered in the future.

Ask permission to record the conversation and explain that anything they say is totally confidential. The evaluation is being conducted using Market Research Society guidelines.

- How did you find out about the peer group support sessions?
- Why did you take part?
- What did you think you would be doing/ talking about in the sessions?
- What were you hoping would be the outcome?
- How did find using Zoom?
 - Was it video or audio?
 - Any technical troubles?
 - Did you feel that you were able to say all that you wanted to?
 - Do you feel that an alternative to Zoom might be better?
- What did you enjoy about the sessions?
- What subjects did you cover?
 - Did you feel that there was enough time to go through each subject?
 - Were there any subjects/ areas that you felt should have been covered?
- What new ideas, skills, etc have you since used at work or with clients?
 - Or would like to use in the future?
- Thinking about your role, do you work alone or as part of a team?
 - Do get enough support from your colleagues/ line manager?
 - Have the sessions been able to support your further?
 - Do you feel more connected with the wider Link Worker community?
 - How has helped you?
- Would you recommend the sessions to other Link Workers? Why?
- Do you have any thoughts on what could improve the sessions?
- Are you still in touch with the other Link Workers who were on the sessions?
- Do you have any thoughts on how the sessions could be rolled out?
- Anything else?

Many thanks

Appendix Two

Results from Survey around support (March 2019)

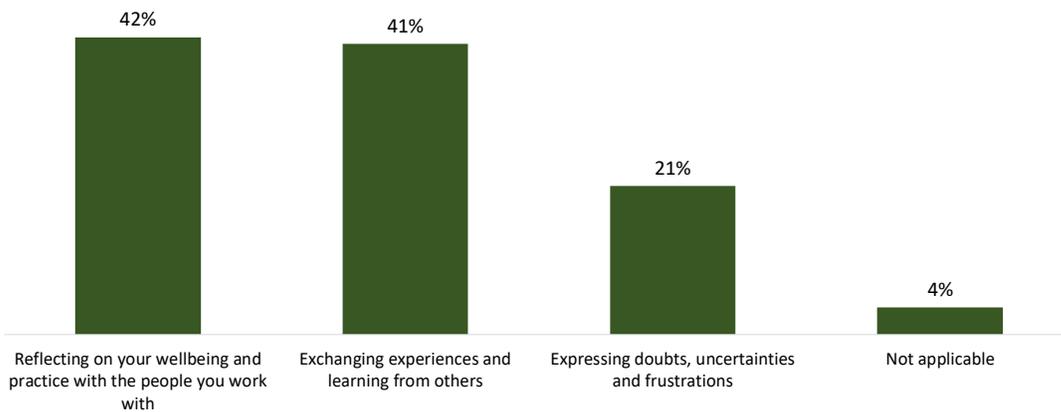
Most Valuable Parts of Supervision

Participants were asked to think about the most valuable aspect of supervision and were given three choices to choose one from:-

- Reflecting on your wellbeing and practice with the people you work with
- Exchanging experiences and learning from others
- Expressing doubts, uncertainties and frustrations

Most participants felt that reflecting on their own wellbeing and practice with the people that they work with was just as important as exchanging experiences and learning from others (42% versus 41% respectively). Just over a fifth felt that expressing doubts, uncertainties and frustrations was the most valuable (21%). A minority did not have access to supervision as for example, they worked on their own with no support or were managing a team of Link Workers (4%) and a few felt that they were all equally important (5%).

Most valuable aspect of regular supervision



Q6. If you do undertake regular supervision, what do you think is the most valuable aspect of it?

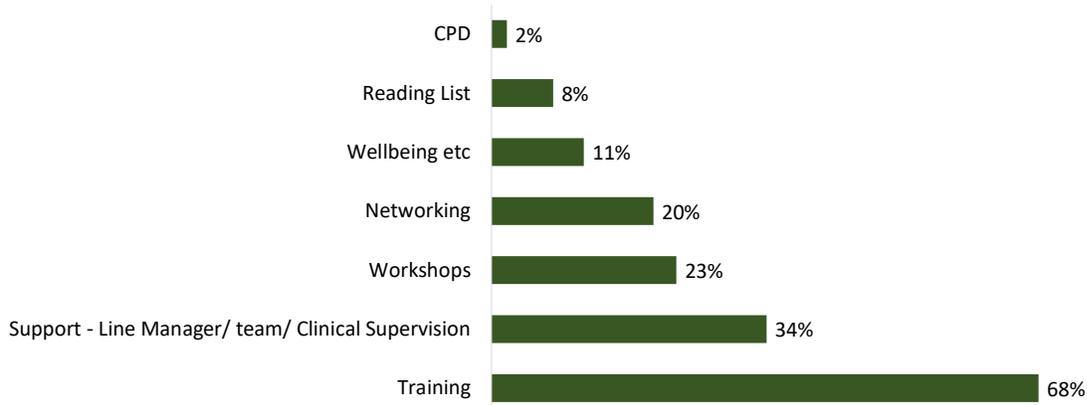
Base: 105

NB: Numbers do not add up to 100%

Additional Support

When asked what additional support they might need in order to fulfil their role, most mentioned training (68%) followed by support from their Line Manager and/ or colleagues and clinical supervision (34%). Workshops (23%) and networking (20%) were mentioned by around a fifth of participants and wellbeing by around a tenth (11%).

Additional Support



Q8. In what ways (such as training/workshops/reading list/wellbeing etc.) can you be best supported in your role?

Base: 105

NB: Numbers do not add up to 100%

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A single point of access for link workers support and development.

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