Analysis of the clinical supervision needs assessment

SUMMARY REPORT

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Appreciation

We would like to thank all the respondents to the questionnaire used in this exploratory research.

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1. OBJECTIVES OF THE SURVEY

In response to the needs of interveners to receive more support and clinical supervision, the FNQLHSSC, between August and November 2012, sent a questionnaire to the health and social services directors designed for all 1st- and 2nd-line clinical supervisors in Quebec communities (except the Cree and the Inuit). The questionnaire was intended to clarify staff expectations, as well as to identify the support measures that the organization would like to set up to promote the strengthening and development of skills and practices. The method used in this survey is a self-administered questionnaire containing 26 multiple choice questions or short answer responses. It should be noted that the number of respondents in the sample is insufficient to verify the statistical significance of the observed results.

This document is a status report summarizing the results of the needs assessment and provides recommendations and measures to facilitate and support the implementation of the function of clinical supervision in the community. The results will be validated and shared with communities and government authorities to support the actions and recommendations suggested in the report, taking into account the four (4) main functions of clinical supervision:

A primary function of an administrative nature is to ensure the quality control of actions taken by the person identified as being responsible for the supervision that will ensure support workers integrate and respect the procedures (progress notes, intervention plan, reporting, etc.) and the policies of the organization (the sector).

A second function, educational, is accomplished through the transmission of knowledge, the sharing of expertise and the development of skills and attitudes relevant to the work interveners are tasked to accomplish.

A third function, support, is designed to help interveners deal with the effects of stress related to their involvement, to constructively release stress and regain the personal balance needed to help the people they are working with.

A fourth function, targeting clinical objectives, is to provide interveners coaching sessions so that they can learn from interventions they have made, develop their professional judgement and their ability to diagnose a situation and take effective action.

2. PROFILE OF RESPONDENTS

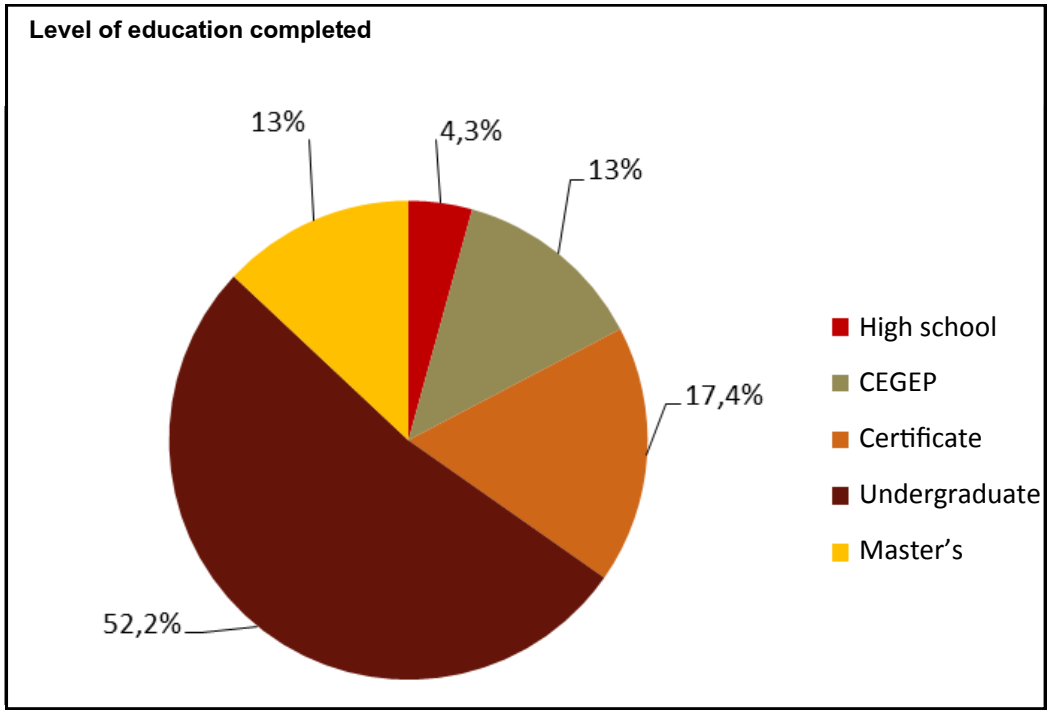
In total, 23 clinical supervisors from the first and second line responded to the questionnaire. These respondents are from five English-speaking and 13 French-speaking communities, as shown in Table 1 below.

Tableau 1

Nations (6)	Communities (19)	Number of respondents (23)
Abénaki	Odanak et Wôlinak	1
Algonquin	Kitcisakik Kitigan Zibi Tiimiscaming First Nation	3
Hurons-Wendats	Wendake	1
Innu	Pessamit Nutashkuan Matimekush Regroupement Mamit-Innuat (Pakua Shipi, Unamen Shipu, Ekuanitshit) Mashteuiatsh Uashat mak Mani-utenam Essipit	11
Micmac	Listuguj	1
Mohawk	Kahnawake Kanesatake	6

The sample consists of 14 women and 9 men. The majority of these workers (82.6%) are involved at the level of first-line services. 17.4% perform their duties with second-line services. As we can see from Figure 1 (below), the majority of clinical supervisors have completed university studies, specifically at the undergraduate level.

Figure 1



Concerning respondents' field of study, 56.5% of them have completed studies in social work. Other disciplines are psychoeducation (8.7%), special education (8.7%) and studies in the field of health (13%).

As for their number of years of experience, approximately 39.1% of the respondents have had between 0 and 5 years of experience as a clinical supervisor, while 34.8% of them reported between 6 and 10 years of experience. Only 17.3% of respondents have had over 11 years of experience. Most respondents (53.3%) have gained their experience working in social services institutions, while 30% of them have acquired their experience in other institutions.

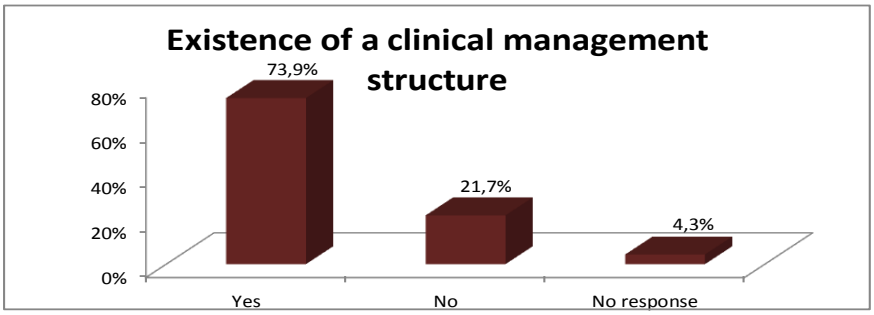
3. PRÉSENTATION OF RÉSULTS

To present the results, we have grouped the responses into three main themes:

1. How clinical supervision functions and the composition of work teams
2. Use of work tools and training needs
3. FNQLHSSC support.

3.1 How clinical sipervision functions and the composition of work teams

Figure 2

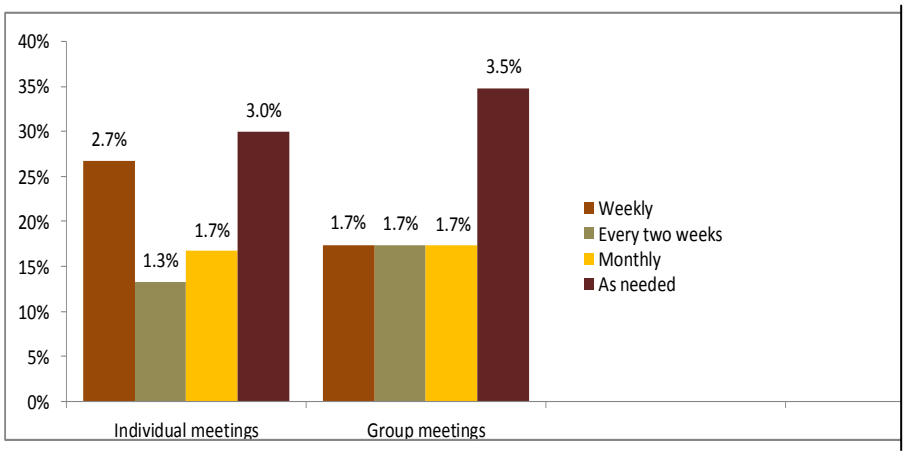


As shown in Figure 2, the majority of organizations where respondents work have a clinical management structure. The modalities include: individual meetings (24.3%), group meetings (21.6%), and the transmission of knowledge and the sharing of skills (16.2%).

To a lesser extent, quality control by the provision of a contact person (14.9%) as well as support to help offset the effects of stress (14.9%) are also provided by clinical supervisors who responded.

As far as communities in which a clinical management structure does not exist, some respondents stated that no formal clinical supervision is available from a certified practitioner. In cases where there is no clinical supervisor in place, we do not know what functions the respondents perform. We assume that they hold management positions or are experienced interveners.

Figure 3 : Frequency and types of meetings



It was found that individual meetings are mainly used on an ad hoc (30%) or weekly (26.7%) basis. Group meetings are mainly used as needed (34.8 %).

3.1.1 Composition of work teams

A job profile for the position of clinical supervisor exists in 56.6% of organizations and is absent in 34.8% of them. The teams are made up on average of from 4 to 6 interveners, as shown in Figure 4. Also note the presence of teams made up of 10 interveners (16.3%). Psychosocial workers (20%), social workers (18.2%) and other types of workers (18.2%) such as: NNADAP agent, cultural worker or prevention counsellor make up the majority of teams. See Figure 5 below for detailed results.

Figure 4 : Number of interveners in work teams

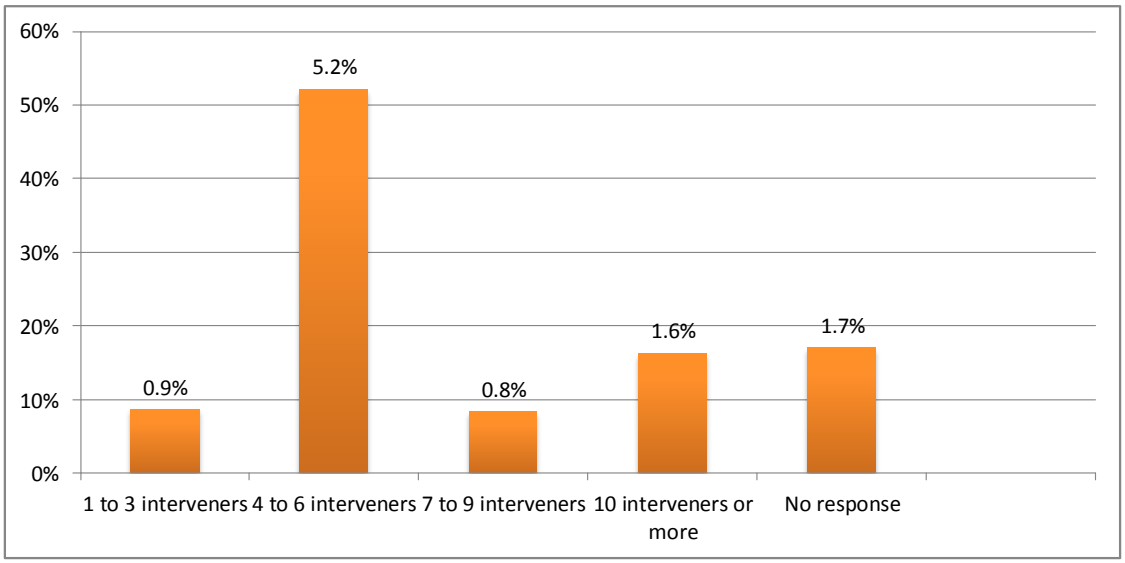
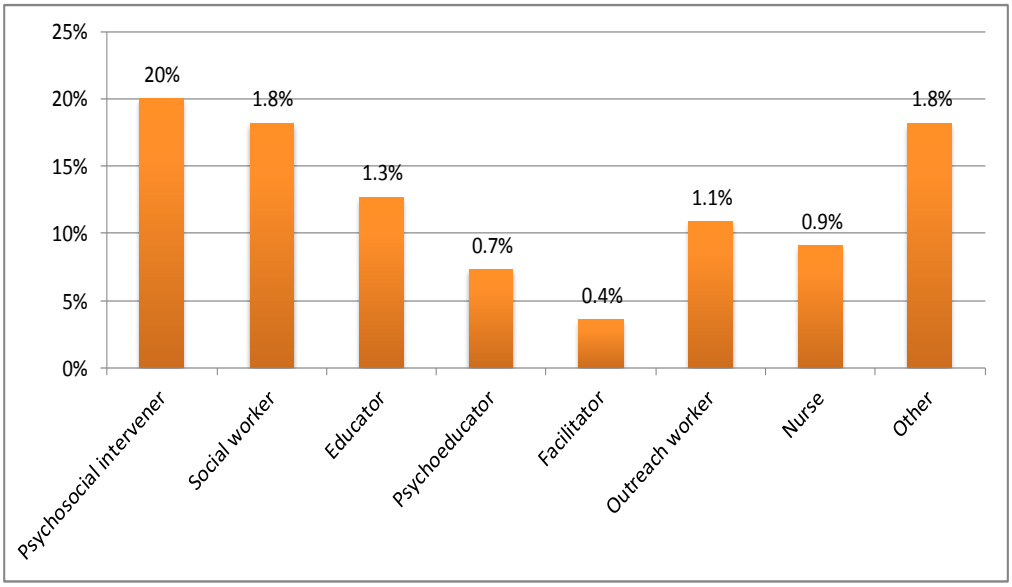
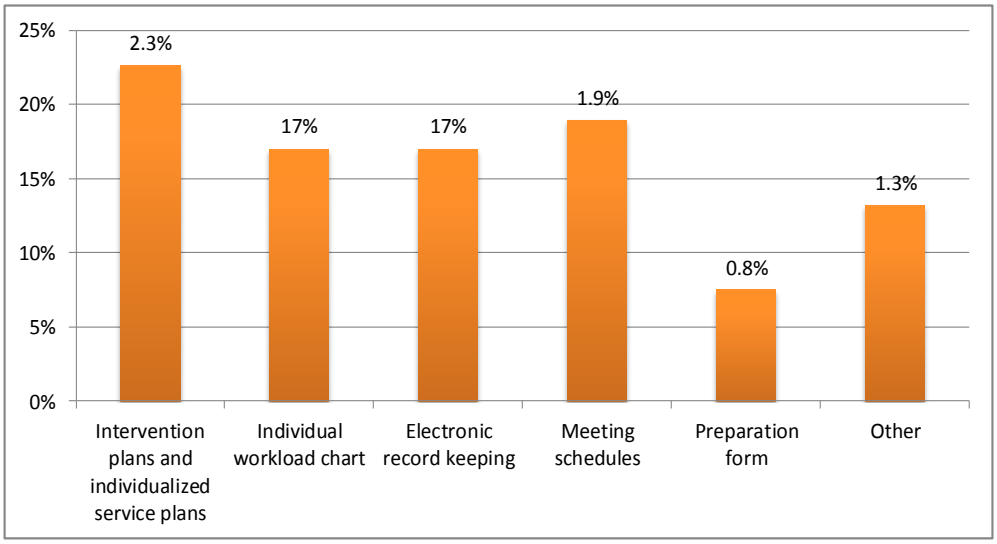


Figure 5 : Job profiles of interveners in work teams



3.2 Use of work tools and training needs

Figure 6 : Use of work tools



The survey showed that intervention plans (IP) and individualized service plans (ISP) are the most widely used tools (22.6%), along with meeting schedules (18.9 %). Note that the rubric “Other” includes such tools as: assessment tools, simulation exercises and co-intervention. On another note, 60.9% of respondents were willing to share their tools with other interveners and communities.

3.2.1 Training needs

The survey reveals that the majority (47.8%) of respondents had not assessed the training needs of their team. In these situations, the interveners express their needs directly to the supervisor and receive their training from the provincial network or FNQLHSSC. However, 39.1% of respondents have assessed the training needs of their employees.

The survey respondents expressed a large number of training needs in psychosocial intervention. According to the results of the survey, the majority of respondents would like to benefit from mental health counselling and crisis intervention training. Training focussing on work organization (record keeping, time management) is also desired. In addition, respondents indicated a desire for training to develop intervention techniques incorporating a family oriented, holistic and multisectoral approach. Basic training for managers and training related to youth protection were among the programs mentioned in the “other” category.

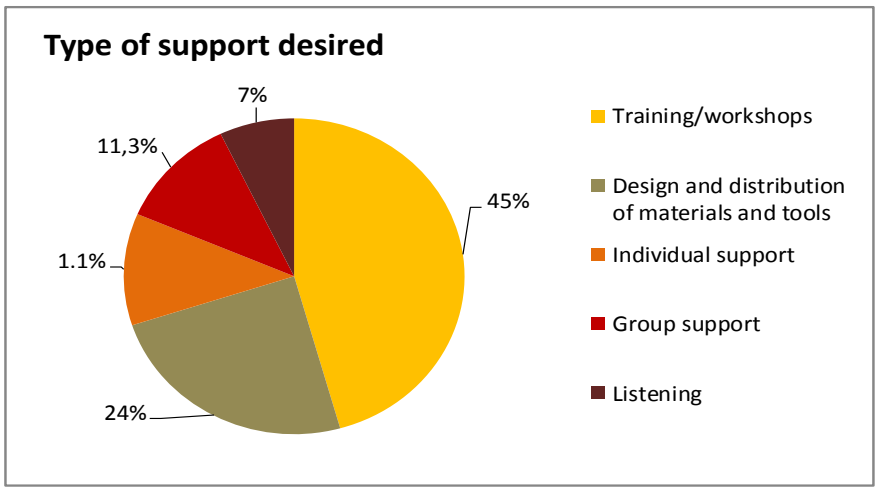
3.3 FNQLHSSC support

The objective of the FNQLHSSC is to support clinical supervisors at the regional level through the establishment of forums where people can find solutions, share expertise, get things off their chests, build relationships and participate in processes leading to the implementation of local clinical supervision.

According to the results, 65% of respondents can already count on the support of other clinical supervisors or managers. However, it should be noted that this support comes from internal partners (41%), such as the Health Center or colleagues with similar responsibilities. Some participants (38%) also receive support from external partners such as youth centers, health and social services centers (CSSS), senior professionals or other community organizations (e.g., treatment center, social services team).

However, the majority of participants also would like to benefit from the support of the FNQLHSSC, at several levels. As seen in Figure 7 below, 45% of respondents would like to receive training and workshops from the FNQLHSSC. In addition, a quarter of respondents said they would like the FNQLHSSC to produce and distribute training material and tools. Mentoring and personal support, whether one-on-one or in a group, also appears to be a need expressed by some respondents.

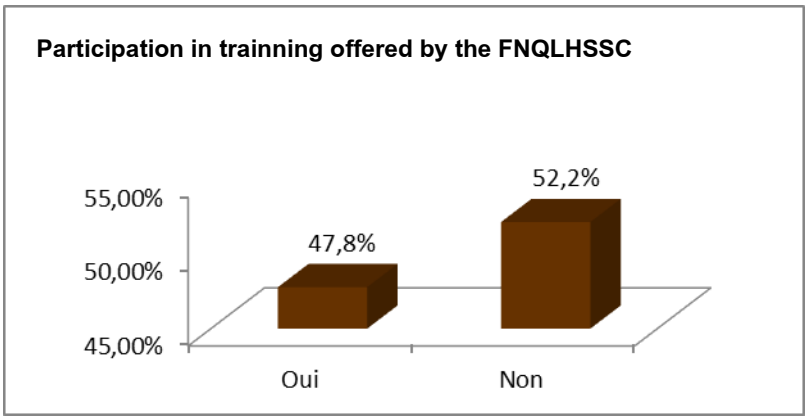
Figure 7



Participants also identified several subjects or themes that they would like the FNQLHSSC to develop. The survey reveals that developing partners and networking (16%), supervision (16%) and leadership (16%) would be specific themes respondents would like support on, as well as intervention techniques and facilitation (10.8%), and case studies (10.8%).

3.3.1 Participation in trainning offered by the FNQLHSSC

Les besoins des répondants en matière de formation offertes par la CSSSPNQL transparaissent également dans le fait que plus de la moitié des répondants (52,2%) n'ont pas participé aux formations spécifiques offertes par l'organisation au cours des deux dernières années.



3.3.2 Preferred way of meeting

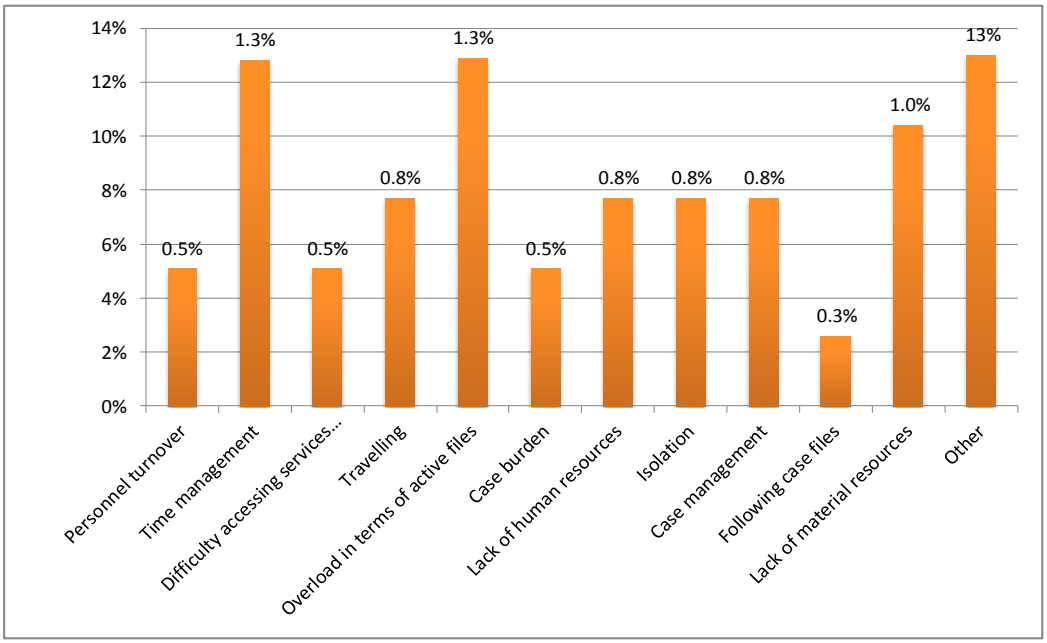
In addition, the survey suggests that the two preferred means of meeting with clinical supervisors are face-to-face (53%) and meetings via videoconferencing (29%).

As for face-to-face, 91% of participants indicated that they would like the FNQLHSSC to plan regional meetings for clinical supervisors.

4. THE CHALLENGES MOST OFTEN ENCOUNTERED

Survey respondents were asked: *What are the challenges you most often encounter as a clinical supervisor (e.g. case burden, case management, time management, travelling, isolation, overload in terms of active files, following case files, difficulties in making referrals …)?* Figure 8 below enables us to visualize the answers to this question.

Figure 8 : The challenges most often encountered



We note here that workload (12.9%) and time management (12.8%) are the main challenges faced by the respondents interviewed. The lack of material resources (offices, stationery, computer equipment) is also found in 10.4% of teams. The “other” category, which accounts for 13%, included answers such as: re-sistance to change, fear of interference and lack of employer support. Note also that travel, lack of human resources, isolation and case management represent 30% of the challenges.

5. RECOMMENDATIONS

As a result of the survey, some recommendations may be issued to meet the needs expressed by the clinical supervisors who responded.

- Some participants suggested that a framework and procedure for clinical supervision should be developed to help them perform their assigned duties.

- Create a job profile for the position of clinical supervisor to facilitate the recruitment of qualified personnel in the communities.

- Ensure that new clinical supervisors have access to a mentoring program (with senior clinical supervisors, for example).

- Enhance the offer of services in the social services sector to provide support for clinical supervisors, including the development of appropriate tools and training to support them in various aspects of their work (time management, personnel evaluations, training in clinical supervision, etc.). With respect to specific training needs, provide training in crisis intervention as well as mental health intervention. In addition, training that is developed should be provided by videoconferencing to remote communities that would have difficulty travelling for face-to-face training.

- The FNQLHSSC should plan regional meetings to allow clinical supervisors to network, share the challenges they face and to learn about solutions and strategies employed by clinical supervisors from other communities (best practices).

- Some participants noted that it is important to take into account the special characteristics of remote communities, where supervision should be done mainly by phone.

- The FNQLHSSC should provide support for clinical supervisors, either through one-on-one or group processes, thereby improving their ability to supervise and support their employees by providing them with the required skills and knowledge.

- Some participants indicated that supplemental budgets would be beneficial to enable them to recruit clinical supervisors who can work directly in the community as well as to develop initiatives dealing with the question of supervision.

- Increase opportunities for networking among clinical supervisors so they can receive support from supervisors in other communities or from external partners.

- The FNQLHSSC should develop mental health couselling and crisis intervention training.

6. CONCLUSION

In conclusion, it is important to mention that the majority of respondents expressed a variety of different needs that enable them to do the work of clinical supervision within their communities.

The presence of a clinical management structure is an important factor in the quality of services offered. In 2014, the first-line services are expected to renew their action plan for another five years. It goes without saying that it is vital for them to discuss their situations in order to consolidate gains that have been made and maintain the resources now in place. The implementation of preventive services has brought about a variety of challenges that can be overcome through a collaborative effort to identify solutions.

In light of the findings in the report, the FNQLHSSC has the responsibility to implement actions and recommendations. The next step is to prioritize actions and develop the four main functions of clinical supervision locally.

Also, in the meantime, the FNQLHSSC, with input from the Center of Excellence in Mental Health is developing two courses to be offered to all communities by winter 2014: *strength-based approach* and *clinical supervision*. The purpose of these courses is to facilitate and support the implementation of the functions of community-based clinical supervision.

Finally, we hope that this review will attract the attention of government authorities and that we can count on their support and collaboration in order to support some of its proposed actions and recommendations, in the aim of assisting all communities that wish to establish a clinical management structure.

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