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Nurse-Family Partnership® (NFP) International

Guidance Document: Reflective Supervision | 2019.06.10

This guidance document sets out the expectations for NFP reflective supervision and the framework that is utilized for reflective supervision within the program. It has been created to support countries as they implement Core Model Element # 12. The framework was developed as part of the international project undertaken during 2018-19, in which Clinical Leads, NFP nurses and Supervisors from all NFP implementing countries participated.

Expectations regarding reflective supervision are embedded within the Core Model Elements for the program¹, specifically:

Core Model Element #12:

Each NFP team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular reflective supervision.

Organizations are more likely to achieve the three NFP program goals when NFP nurses and supervisors are skillful, knowledgeable, clear about their roles, and are assisted in their practice by sound guidance and emotional support from a supervisor with whom they have a trusting, professional relationship. NFP clinical work is emotionally demanding, carries many clinical challenges, and is carried out by individual nurses who are rarely observed within home visits. NFP nurses need to practice with high levels of autonomous decision-making, working with vulnerable families where there is often risk and uncertainty. The relational nature of the work and the expectation of ongoing emotional availability to clients and families, can drain a nurse's emotional and physical energy. For all these reasons, having a supportive, encouraging space to critically reflect on their work is a core element of the NFP implementation model. It enables NFP nurses to; maintain emotional resilience, make appropriate/comprehensive clinical decisions and continue to enhance their knowledge, skills, and abilities related to NFP. It is also an important element of the quality assurance and improvement framework for the program. Thus, reflective supervision enhances safety for the nurse and for NFP enrolled families. The fidelity expectations for this CME are:

- *Individual reflective supervision should be provided weekly for a full-time NFP nurse (approximately one hour in length) (and on a pro-rated basis for part time nurses).*

¹ The full expectations and rationale for all CMEs can be found in the document 'International Core Model Elements'

- *Accompanied home visits: every 4 months the supervisor makes an observation visit with each nurse to at least one client and additional visits on an as needed basis at the nurse or supervisor's request. Joint reflection on the visit can support a deeper understanding of observed family dynamics and relationships as well as enable exploration of the nurse's clinical practice.*

Where countries have approved associate roles within the NFP teams (such as Family Partnership Workers or Mediators), it is expected that they are also provided with the same access to reflective supervision and that observations of their work are made, mirroring those provided for NFP nurses. In the hour-long weekly individual sessions, supervisors encourage nurses to discuss and examine their interactions with clients and other aspects of their role, including an exploration of the feelings engendered by the work. A reflective practice model (usually Gibbs¹ or Kolb²) is used to guide this process so that the analysis of past actions and emotions can inform more effective action in the future. It takes time to learn reflective practice and to build the network of supportive supervisory and peer relationships.

Countries should note that the text supporting CME #12 also states:

"In addition to carrying out supervision, the supervisor will; manage the team, develop and sustain NFP implementation and client recruitment, guide the nurses' learning, lead quality improvement initiatives and represent the program within the local community" and

"It is recommended that where possible, the supervisor carry a small caseload to assist them in understanding the clinical aspects of the program, provide them with ongoing experience and enhance their credibility and effectiveness as a clinical supervisor"

The positive benefits of both the holistic NFP supervisor role and the recommendation regarding supervisors having a caseload were reinforced by the findings of the Reflective Supervision international project.

Components and Expectations of NFP Reflective Supervision in NFP

Reflective supervision is a collaborative relationship between the NFP supervisor and nurse that will constantly evolve and mature, as they embrace new knowledge and skills together. Effective reflective supervision requires regular, protected time for facilitated, in-depth reflection on clinical practice and other components of the NFP program. Reflective supervision is built upon a trusting relationship, fostered in a safe and protected environment.

The success and effectiveness of the NFP reflective supervision relationship is contingent upon the NFP nurse and supervisor mutually committing to an honest, collaborative, regular, safe, consistent, respectful, confidential, and dependable relationship. Supervisors need to respectfully acknowledge power, their accountabilities to organizational and professional protocols, as well as engage in a mutually dynamic and positive interrelationship with the NFP nurse (Hair, 2014).³ Developing an

environment of acceptance, trust and support requires time and a commitment to protect that time. A commitment to be prepared and open for learning through reflection, is also essential and is a core attribute to seek when recruiting NFP nurses and supervisors.

In NFP, it is recognized that reflective supervision is an essential component of the program model in order to support nurses and supervisors to explore and professionally develop their practice. In order for reflective supervision to work, NFP nurses must be able to trust that the information they share is confidential (unless there are exceptional circumstances) and that the work they do in supervision is part of a professional growth process. This is facilitated by setting aside time and private space for supervision. In situations where nurses have previously experienced the supervisory approach to be less relational and more administrative, it may take time to build the kind of trust necessary for effective reflective supervision.

In order to benefit from the full potential of reflective supervision, the NFP supervisor, NFP nurse, and site decision-makers need to understand its purpose and their role within the supervision process. Specific content and skill building regarding reflective supervision must be built into the core education curriculum and ongoing phase of NFP education to ensure NFP nurses and supervisors have the knowledge, skills, and ability to commit to the reflective supervision model. Reflective supervision provides an opportunity for the NFP nurse to experience the essence of the therapeutic relationship as it is role-modelled by the supervisor, and she is then able to re-create this process with her clients through the parallel process. The supervisor will assist the NFP nurse to discover solutions/concepts through consciously using strategies that include good communication skills, such as active listening and waiting.⁴

Often NFP nurses are promoted to supervisory roles because of their outstanding clinical skills and knowledge, however NFP sites/organizations must ensure they are also provided with the necessary knowledge, mentoring and support to become skilled in their new role, in particular their responsibility for facilitating effective reflective supervision.

Purpose and Objectives of NFP Reflective Supervision

The **purpose** of NFP reflective supervision is to enable participants to learn and continually refine their professional skills, fostering insightfulness, supported by a collaborative, respectful, trusting relationship between nurse and supervisor. Using the parallel process, it focuses on the development of skills, knowledge, attitudes; client engagement and safety; high quality service to the client/family, containment of the nurse; and achieving the three NFP program goals.

NB: Although this document refers to NFP nurses, in countries where associate NFP practitioners (e.g. family Partnership workers, mediators) are also team members the purpose, objectives and framework for reflective supervision should also apply to them.

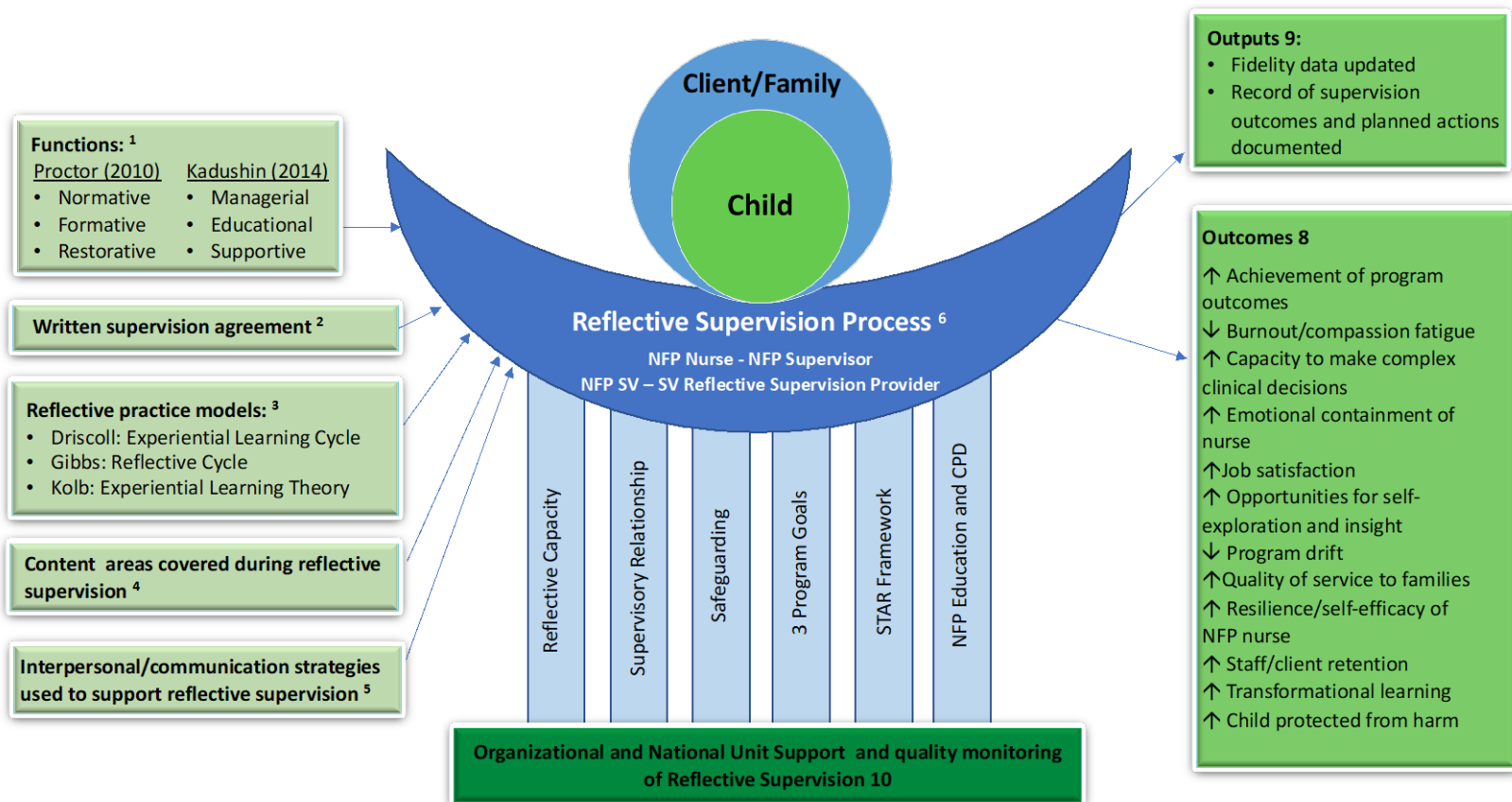
Objectives:

- To enable NFP nurses to reflect on their experiences and clinical practice so that they develop deeper insight and a repertoire of potential responses to similar situations in the future.

- To enhance and support best-practice clinical skills aimed at improved outcomes for clients/families
- To facilitate the NFP nurse's learning and development in the practice of new methods, skills and approaches to working, so enhancing their understanding of their own practice and maximising their potential
- To provide a space where participants feel safe to think, feel, reflect, analyse and explore issues of culture and diversity
- To facilitate the NFP nurse's learning and development in the practice of new methods, skills and approaches to working, specific to NFP
- To acknowledge and contain the emotional impact of working with a cohort of parents and their babies who live with high levels of need and in close proximity to vulnerability.
- To ensure that child protection and safeguarding of the baby and mother remain a focus of practice
- To monitor progress through the review of individual nursing care plans and data reports
- To avoid program "drift" while supporting the NFP nurse to agenda match and ensure the program is adapted to meet the unique needs of each client
- To acknowledge and contain the emotional impact of working with extremely disadvantaged families and their children
- To increase the capacity of the NFP nurse to identify solutions to problems, increase understanding of professional issues, and improve quality of service delivery to families

The framework for reflective supervision within NFP that countries should use to meet these objectives is described below.

NFP Reflective Supervision Framework



*The **purpose** of NFP reflective supervision is to enable participants to learn and continually refine their professional skills, fostering insightfulness, supported by a collaborative, respectful, trusting relationship between nurse and supervisor. Using the parallel process, it focuses on the development of skills, knowledge, attitudes; client engagement and safety; high quality service to the client/family, containment of the nurse; and achieving the three NFP program goals.*

Components of NFP Reflective Supervision Framework

Each component of this framework is described below:

1. Functions:

The reflective supervision approach used should clearly reflect the three different functions of supervision identified by Proctor⁵ and Kadushin.⁶

- Restorative/Supportive function: Gives attention to the emotional needs of the NFP nurse, how they have been affected by the work, and how to deal with these feelings constructively.⁷
- Formative/Educational function: Focuses on developing skills, understanding and ability, by reflecting on and exploring the work of the person being supervised. This includes supporting the integration of different elements of the program model.
- Normative/Managerial function: A key element of ensuring that the professional standards and professional/ organizational roles are met; a quality-control function (including preventing program drift). This would include review of data reports to shape discussion in reflective supervision.

2. Written supervision agreement:

- A written reflective supervision agreement/contract should be drawn up jointly at the beginning of every supervisory relationship, clarifying the NFP expectations for reflective supervision, its purpose, and benefits.
- There are eight key areas that should be included in the agreement: 1) clarifying the roles, responsibilities and professional accountabilities of NFP Nurses and Supervisors as they participate in Reflective Supervision; 2) agreeing on practicalities (scheduling, place, frequency, documentation etc.); 3) establishing clear boundaries related to confidentiality; 4) sharing mutual expectations that work towards establishing trust, respect, and an effective working alliance; 5) clarifying any expectations the organization may have related to reflective supervision; 6) clarifying the session format, including how the nurse and supervisor will prepare for the session, agenda matching expectations, content expectations; how often cases will be reviewed; how often fidelity/client outcome data reports will be reviewed; format for presenting cases etc.; 7) how the reflective supervision session will be recorded; and 8) a section regarding “What will we do if there are difficulties working together.” This should include processes to resolve any issues that cannot be resolved by the nurse and supervisor alone. These recommendations are adapted from Hawkins and Shohet, 2012.⁸
- We recommend adapting the NFP facilitator “How is it Going Between Us” or developing a similar document for the Nurse and Supervisor to use to assess how reflective supervision is working between them periodically.
- The supervision agreement is reviewed/updated at least annually and as needed.

3. Reflective practice models:

- A reflective practice model will be used within reflective supervision to guide exploration, reflection and analysis of the content brought to supervision (see item 4), with plans developed and agreed as a result.
- Each country will choose between the three reflective practice models in use in NFP (Kolb, Gibbs and Driscoll) they feel best fits their unique context.
- Use of the reflective practice model within reflective supervision should be covered in NFP nurse and supervisor core education sessions and it is recommended that opportunities for further exploration of this are provided through Continuous Professional Development (CPD) as nurses and supervisors gain experience.

4. Content areas covered during reflective supervision:

The content of each RS session should be agreed through a process of agenda matching between the NFP nurse and supervisor. Both NFP nurse and supervisor should prepare for the supervision session beforehand with reference both to plans made in previous sessions and priority issues of the moment. The nurses' agenda should mostly be prioritised. However, it is expected that the content should include all the elements listed below over time²:

- Using the STAR framework (or equivalent) to review priority areas to focus on with the client and assess any needed adaptations of the program. This would include:
 - Exploring the client's situation and safety, engagement in the program, and progress towards achieving their personal and program goals
 - Exploring the child's experiences which are distinct from the client or other family members. Some countries ask the question "if the child could speak, how would he/she say life was like for her/him in this family?" This focusses attention on the child's wellbeing and experiences within the family and community, encouraging a concern for child safety/protection issues to be considered.
- Exploring the nurse's experiences (including use of NFP model and materials) and the successes and challenges the nurse is experiencing with both use of the program model and enabling change and progress with clients.
- Exploring the nurse's relationships with client/family, her supervisor, NFP team, and wider context
- Exploring what was experienced and observed during joint home visits. This provides an opportunity for joint reflection on the visit in a collaborative, strength-based and dynamic way. This reflection supports a deeper understanding of observed family dynamics and relationships. It also enables exploration/assessment of the nurse's clinical practice.
- Reviewing fidelity and/or client outcome data reports to reflect on trends and patterns, for individual clients or across caseloads. This reflection on practice: identifies areas of strength and requiring attention/improvement; prevents program "drift"; and strengthens clinical practice

² These recommendations are adapted from Hawkins and Shohet, 2012.²

- Reviewing recent educational experiences to ensure understanding and support the integration and application of this new learning into everyday practice.
- Reviewing nurse performance and progress in the NFP role, including competency development.

5. Interpersonal/communication strategies used to support reflective supervision:

A range of communication strategies need to be employed by the supervisor to ensure a positive reflective space for supervision. An important element of this is to model the program approaches through a parallel process. This provides an opportunity for the NFP nurse to experience a supportive, non-judgmental, trusting relationship as it is role-modelled by the supervisor. The nurse is then able to re-create this process to develop a therapeutic relationship with her clients. The parallel process “Describes the interlocking network of relationships between supervisor, supervisees, families, and children” (Heffron & Murch, 2010, pg. 9).

Other strategies (drawn from the literature, in particular Ladany et al., 2013; ⁹ and Wallbank & Wonnacut, 2015.¹⁰) include:

Strategy	Approach by the supervisor:
Encourage autonomy	Encourages the nurse’s self-directed decision making and performance as well as self-reflection and independent thinking.
Strength based	Provides affirmations, feedback, and reinforcement in order to increase the nurse’s confidence and competence to deliver the NFP program skillfully.
Active listening	Uses MI skills (especially OARS) to support accurate recall of events and nurse reflection
Promote formal reflection	Uses a reflective practice structure that supports formal reflection, analysis and the development of plans. The supervisor challenges assumptions and biases driving practice.
Provide constructive challenges	Challenges the NFP nurse to go beyond her comfort zone. This may include use of elements of the program model that the nurse is less comfortable with.
Create emotional safety	Creates a positive, trusting relationship/alliance in which emotional safety is created to facilitate the exploration of difficult feelings, progress towards achieving goals. This process, sometimes referred to as “containment” or “emotional regulation”, supports and fortifies the NFP nurse to continue working with their complex families even when progress is slow or appears stalled.
Foster resilience	Supports the NFP nurse in exploring any feelings, distress, anger, role conflict, or unhappiness in working with clients/NFP program using an

	empathetic, non-judgmental approach. The aim is to enhance the capacity of the nurse to remain resilient, feel restored, and to recognize personal triggers, when working with clients/families who have many complex issues.
Encourage use of support systems	Guides/encourages the NFP nurse to build positive relationship with her team members and engage with other service providers in order to avoid feeling isolated in her NFP work. The supervisor assesses for any signs of vicarious trauma and/or compassion fatigue and intervenes as appropriate.
Support development of clinical knowledge and skills	Provides specific guidance related to implementing the NFP model and promotes increased confidence and competence of the nurse through development of her knowledge and skills.
Support analysis and critical thinking	Guides/encourages the NFP nurse to question her practice, critically analyze and evaluate her experiences, and debrief (formally and informally) after challenging or stressful work-related encounters. The intent is to support the nurse to a better understand the cognitive and emotional elements of her NFP practice.

6. Reflective supervision process:

- The regularity and process of reflective 1:1 supervision should be maintained in line with CME #12 and this NFP Reflective Supervision framework.
- It is essential that NFP supervisors also participate in reflective supervision with someone knowledgeable about NFP and clinical issues that may arise. Each country will determine the frequency of reflective supervision provided to supervisors, however the approach used should be consistent to that for NFP nurses.

7. Six pillars to support reflective supervision:

- **Reflective Capacity:** The NFP nurse must be aware of her own personal thoughts, feelings, beliefs, and attitudes; understand how these practices affect her behaviours and responses when interacting with others (client/family, team, and wider context). She must also be willing and able to commit to exploration, reflection, and accept challenges.
- **Supervisory Relationship:** The NFP nurse and supervisor must mutually commit to a collaborative, regular, honest, safe, consistent, respectful, confidential, and dependable relationship.¹¹ Participants should feel safe to think, feel and reflect. Any challenges to the relationship should be openly discussed and addressed by use of the contract and associated materials. Effective supervisors:¹²
 - Display a positive attitude towards, and active involvement in, supervision
 - Display positive personal characteristics that facilitate supervision, as well as professional qualities that serve as a model or positive influence for the NFP nurse.

- Display support, encouragement, acceptance, respect, trust, empathy, open-mindedness, and other behaviours that contribute to the development of a positive supervisory relationship.
- Demonstrate clinical knowledge and skills related to NFP. Having current clinical experience of program delivery enhances this aspect.
- **Safeguarding:** Paying particular attention to the child's experiences within the family as a central component of reflective supervision enables the child's needs and safety to be specifically attended to, with the goal of preventing child maltreatment and intervening early when there are safeguarding concerns. The essence of a good safeguarding supervision is supporting the capacity of the practitioner to think, reflect and develop their own solutions around what needs to happen next with families.¹³ NFP teams should have access to externally run, structured and intensive debriefing sessions for staff following serious safeguarding and other critical incidents.
- **Program goals:** The NFP nurse and supervisor pay attention to the extent to which the NFP nurses' actions/use of the NFP program model are supporting the client's progress in the achievement of the three NFP program and any individual goals.
- **(Strength and Risks) STAR Framework:** The findings from the client's STAR (or its equivalent) is used to explore and guide the NFP nurse's understanding of the client/family strengths, risks, and attributes and supports nurses to prioritise and individualise activities in relation to specific client needs.
- **NFP Learning and Education:** Specific content and skill building regarding reflective supervision must be built into the core education curriculum and ongoing phase of NFP education to ensure NFP nurses and supervisors have the knowledge, skills, and ability to commit to the reflective supervision model and process.

8. Expected outcomes of reflective supervision

- The expected outcomes of the RS framework are derived from the experiences of NFP clinical leads, supervisor and nurses
- The supervisor should keep the expected outcomes in mind as she undertakes RS and should also reflect on her impact on the supervisory process as part of her ongoing reflective supervision.
- It is expected that countries will develop an evaluative process for monitoring both the process and selected outcomes over time.

9. Expected outputs from reflective supervision

A number of products are expected to arise from each RS session. These should include:

- *Data monitoring for fidelity to CME #12.* This will include at minimum a record of the regularity and length of supervision undertaken. Countries may also wish to include a summary of topics explored in RS as this will enable analysis of the extent to which SVs are exploring the range of content areas included in this framework. A sample data form for this purpose is available on the international website.

- *Records of analysis and plans for clients and families discussed in Reflective Supervision*
When focused on clients and families, NFP nurses and supervisors should utilize the STAR framework (or equivalent) as the starting point for reflection and analysis. It is expected that through reflective supervision plans and priorities for the nurses work with families are agreed. These should be recorded in line with the country's usual NFP clinical record keeping processes.
- *Records of the RS process, outcomes and plans for NFP supervisor and nurse.*
There should be a record of the non-client focused elements of the RS process, with any decisions, plans and expected actions recorded.

Countries may should also consider whether they develop a *record of the content of supervision*. This would include all non-client issues, such as nurse progress and challenges in delivery of the program. Agreement should be reached regarding the boundaries of RS documentation so that nurses feel safe to share their feelings and responses to their work, without feeling that these will be inappropriately documented. Consideration should be given to storage of these records in line with local information governance processes.

10. Organizational and National Unit (NU)/ National Implementation Team (NIT) Support for Reflective Supervision

- NFP supervisors should be carefully selected through a robust recruitment process. Many countries have found that client involvement in this recruitment adds an important dimension in ensuring the right appointments are made.
- The education process should ensure that that Supervisors are able to develop the capability required for this complex role. Including RS in any Continuous Professional Development model will also ensure that learning is continuous and that the process remains dynamic.
- NFP supervisors must have the support of their organization's decision-makers so that policies and procedures are put in place to ensure that high quality reflective supervision occurs that meets the fidelity requirements laid out in Core Model Element #12.
- Countries should implement quality monitoring processes to evaluate the quality and effectiveness of reflective supervision and develop improvement measures to address any challenges.
- National leaders of each country should ensure that local implementing organizations/sites understand the importance and benefits/outcomes of this NFP Core Model Element. The license holder is accountable for ensuring processes are in place to monitor and report on fidelity to this CME.
- The country's NU/NIT and the relevant decision-maker(s) from the NFP sites should agree on who will deliver NFP-focused reflective supervision to the supervisors and the expected regularity of this.
- The country's NU/NIT should provide comprehensive core and ongoing education focused on achieving the delivery of high-quality reflective supervision to both NFP nurses and supervisors.

REFERENCES

- ¹ Gibbs G. (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit. Oxford Polytechnic: Oxford.
- ² Akella D. Learning together: Kolb's experiential theory and its application. J Manag Organ. 2010;16(1):100-112.
- ³ Hair H. Power relations in supervision: Preferred practices according to social workers. Families in Society. J Contemp Soc Serv. 2014;95(2):107–114.
- ⁴ Zero to Three (2018). Workforce Development: Reflective Supervision: <https://www.zerotothree.org/resources/407-reflective-supervision>
- ⁵ Proctor B. (2010). Training for the supervision alliance: Attitude, skills and intention. In Cutcliffe JR, Hyrkäs K, Fowler J. (Eds.). Routledge Handbook of Clinical Supervision. Fundamental International Themes (pp. 25-46). London: Routledge. <https://www.routledgehandbooks.com/pdf/doi/10.4324/9780203843437.ch3>
- ⁶ Kadushin A, Harkness D. (2014). Supervision in Social Work 5th Edition. New York: Columbia University Press.
- ⁷ Ruch G. Reflective practice in contemporary child-care social work: The role of containment. Br J Soc Work. 2007;37(4):659-680.
- ⁸ Hawkins P, Shohet R. (2012). Supervision in the Helping Professions (4th edition). Berkshire, England: Open University Press.
- ⁹ Ladany N, Mori K, Mehr KE. Effective and Ineffective Supervision. Couns Psychol. 2013;41(1):28-47.
- ¹⁰ Wallbank S, Wonnacott J. The integrated model of restorative supervision for use within safeguarding. Community Pract. 2015 May;88(5):41-5.
- ¹¹ Weatherston DJ, Barron C. (2009). What does a reflective supervisory relationship look like? In S. Heller S, Gilkerson L (Eds.), A practical guide to reflective supervision (pp. 63-82). Washington, DC: Zero to Three Press.
- ¹² Ladany N, Mori K, Mehr KE. Effective and Ineffective Supervision. Couns Psychol. 2013;41(1):28-47.
- ¹³ Wallbank S, Wonnacott J. The integrated model of restorative supervision for use within safeguarding. Community Pract. 2015 May;88(5):41-5.