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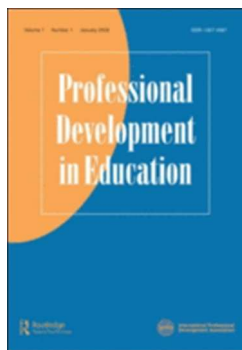
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**Providing support to senior managers in schools via
'clinical' supervision: a restorative and purposeful
professional and personal space**

Journal:	<i>Professional Development in Education</i>
Manuscript ID	RJIE-2017-0072.R1
Manuscript Type:	Original Article
Keywords:	stress, resilience, support, supervision
Abstract:	<p>This paper reports on the first part of a research case study that provided senior leaders and SENCOs in schools with an opportunity to reflect on, air and discuss professional practice issues in a confidential, non-judgemental setting. The project was evaluated using qualitative questionnaires at three stages of the project and via a thematic analysis. The paper explains the genesis of the project and gives a brief overview of the relevant literature on clinical supervision. It outlines the model used and describes the process and issues identified. Key findings were that the participants found clinical supervision to be a powerful and restorative experience, professionally, personally and emotionally. National data detailing entry and retention figures to the teaching profession (DfE, 2015a), alongside the pressures of meeting targets and work / life balance (NUT / YouGov, 2015) suggest that the experiences of these seven participants in a small sample are not unusual or isolated. The findings will be of interest across the teaching profession.</p>

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6 **Providing support to senior managers in schools via ‘clinical’ supervision: a purposeful,**
7 **restorative professional and personal developmental space**
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10 **Abstract:** This paper reports on the first part of a research case study that provided senior
11 leaders and SENCOs in schools with an opportunity to reflect on, air and discuss professional
12 practice issues in a confidential, non-judgemental setting. The project was evaluated using
13 qualitative questionnaires at three stages of the project and via a thematic analysis. The paper
14 explains the genesis of the project and gives a brief overview of the relevant literature on
15 clinical supervision. It outlines the model used and describes the process and issues
16 identified. Key findings were that the participants found clinical supervision to be a powerful
17 and restorative experience, professionally, personally and emotionally. National data
18 detailing entry and retention figures to the teaching profession (DfE, 2015a), alongside the
19 pressures of meeting targets and work / life balance (NUT / YouGov, 2015) suggest that the
20 experiences of these seven participants in a small sample are not unusual or isolated. The
21 findings will be of interest across the teaching profession.
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37 **Key words: senior leader stress, resilience, retention, support, supervision**
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39 **Introduction**
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41 This project commenced in recognition of the need for quality ‘clinical’ supervision in
42 schools based on the previous experience of one of the authors as a Special Educational
43 Needs Coordinator (SENCO) in a school. Since the introduction of the National Curriculum
44 in 1988, of Ofsted in 1992 and the broadening role of schools in supporting the holistic needs
45 of their pupils, there has been an ever-growing challenge for education professionals to raise
46 the standard of learning and of examination results, whilst at the same time supporting the
47 needs of their communities. League tables, Ofsted inspections and a business approach
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3 towards the running of schools has put immense pressure on educators and especially senior
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5 leaders in meeting the expectations of politicians, governors and parents, in addition to
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7 keeping budgets out of deficit. Whilst this may be the role of a senior school leader, the
8
9 additional demands on schools and educators to care for the social, emotional and physical
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11 health of pupils (and often the families) can cause immense friction, conflict and distress.
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13 Within the current context of economic austerity, the complexities of leading and working
14
15 within a school have increased with teachers, teaching assistants, Family Liaison Officers and
16
17 mentors expected to support pupils and families who have experienced serious social issues,
18
19 including domestic violence, abuse, drug and alcohol addiction. They are also expected to
20
21 help manage and maintain children's medical conditions, with the latest statutory guidance
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23 highlighting the complexity of the role and the skills needed to be an educator. The guidance
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25 states:
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29 Training should be sufficient to ensure that staff are competent and have confidence
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31 in their ability to support pupils with medical conditions, and to fulfil the
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33 requirements as set out in individual healthcare plans. They will need an
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35 understanding of the specific medical conditions they are being asked to deal with,
36
37 their implications and preventative measures (DfE, 2015b, p.18).
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40 To support the enforcement of this, the same document says:

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42 Ofsted's new common inspection framework came into effect on 1 September 2015...
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44 Inspectors must consider how well a school meets the needs of the full range of
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46 pupils, including those with medical conditions. Key judgements will be informed by
47
48 the progress and achievement of these children alongside those of pupils with special
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50 educational needs and disabilities, and also by pupils' spiritual, moral, social and
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52 cultural development (DfE, 2015b, p.17).
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3 The impact of medical conditions and of social needs on the ability of children to
4 access and engage with learning is not in question, but these are in addition to meeting the
5 Teachers' Standards (DfE, 2011) and many other demands. Such heavy workloads and
6 responsibilities may influence the ability to maintain the role, as a teacher, SENCO and other
7 senior leadership positions in the long term. We argue in this paper, that this is likely to be
8 more problematic without specialist 'clinical' supervisory support. As one SENCO stated
9 when asked about whether she would value such supervision:
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18 'As a SENCO I do not feel that the need for such support is recognised let alone
19 available. Unlike other professionals who deal with other people's emotional issues,
20 supervision is not even considered. As schools become the backbone of support for
21 children and families, as other agencies have started cutting back their support due to
22 funding, I feel supervision is required even more than ever. I strongly believe that
23 Head Teachers and Governors and other school staff need to understand the role
24 better as I feel they have a lack of understanding of what the role entails.' (A SENCO
25 on the National Award for SEN Coordination, 2013).
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35 National data indicates that such stresses and strains as indicated above, may be
36 contributing, negatively, on teacher retention. Whilst the Government (DfE, 2016) claims
37 retention has remained reasonably static, their own data shows that from November 2014 to
38 November 2015 one in ten teachers left the profession. This is the highest number in the last
39 decade. A survey carried out by the National Union of Teachers (NUT) and YouGov (2015)
40 reported that over half of teachers were thinking of leaving teaching in the next two years;
41 'volume of workload' (61%) and 'seeking better work/life balance' (57%) were cited as the
42 two top issues causing them to consider this.
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3 Recognising the need for specialist clinical supervision, our university, in partnership
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5 with The Diocese of XXXXX, UK, offered a supervision service to senior staff in a number
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7 of primary/junior schools in the county, alongside undertaking an evaluation study to identify
8
9 whether a supervision service to schools was considered beneficial. The schools were all in
10
11 geographical areas with socially disadvantaged communities. The service entailed each
12
13 participant receiving six, two hour supervisory sessions over the course of an academic year
14
15 with an experienced supervisor. Over a period of two years between 2014 and 2016, seven
16
17 participants volunteered to complete a qualitative questionnaire at three points of receiving
18
19 the supervision service (at the start, mid-way and after the final supervisory session). In the
20
21 first year of the service, the supervisor described the process and summarised the issues
22
23 raised in the sessions. This paper includes the supervisor's summary and reports on the
24
25 findings from the evaluation study of the participants' questionnaires from the first and
26
27 second year of the project. There will be a second study in 2017 to extend the research, via
28
29 conducting in-depth narrative interviews with participants who are continuing into a third
30
31 year, plus seeking the views of the funder of the project on the impact of the service.
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37 **Clinical supervision as purposeful support in schools**

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39 Before progressing further, we should explain what we mean by 'clinical' supervision
40
41 and outline the purpose of the supervisory service discussed in this paper. The literature on
42
43 supervision is outlined in a later section, but using the term clinical supervision can help to
44
45 avoid confusion with line management supervision. Clinical supervision is used in the
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47 therapeutic and nursing professions and involves the practitioner discussing their case work
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49 and related professional issues with an experienced supervisor. The latter may or may not be
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51 a senior colleague and may be part of the organisation or an external expert. Whether the
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53 supervisee is new to their role or an experienced practitioner the purpose is to reflect on
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3 practice, learn from the experience and ensure that a good service is offered to ‘clients’ or
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5 patients. For practicing members of the British Association for Counselling and
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7 Psychotherapy supervision is compulsory. Clinical supervision may also be offered to
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9 practitioners in the health professions, social work, the probation service and other helping
10
11 services.

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13
14 The purpose of this specific supervision project was agreed with the funder and
15
16 shared with the participating schools. The purpose was to provide an external supervisor so
17
18 that senior managers and SENCOs had an opportunity to reflect on, air and discuss
19
20 professional practice issues in a confidential setting. Thought was given to how a ‘safe space’
21
22 was created where issues could be shared and explored. It was agreed that the sessions could
23
24 take place either within or outside of the normal teaching hours. An outcome would be the
25
26 opportunity to consider strategies for developing professional practice, through fulfilling the
27
28 *formative, normative* and *restorative* functions of supervision (Inskipp & Proctor, 1993). In
29
30 other words, to attend to the development of best practice, the management of best practice
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32 and provide a space to discuss and manage the emotional and psychological effects of the
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34 work.
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40 **Establishing the context for the service**

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42 In terms of the delivery of a supervisory service, potential participants were identified
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44 through The Diocese and all participants were volunteers. The offer comprised of six by two
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46 hour sessions delivered to four participants on a one-to-one basis, and to three participants in
47
48 a group setting. The service was offered on school premises, although this was negotiable and
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50 two participants preferred to meet with their supervisor away from the school setting in a
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52 mutually agreed alternative location. As noted above, the supervision sessions in the first year
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54 were facilitated by an experienced counsellor, educator, researcher and supervisor based at
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3 the University. In the second year other experienced colleagues from the University acted as
4 supervisors. A number of principles were established within the contract for the service and
5 discussed with supervisees in the first session. These were considered key to the successful
6 development of an effective supervisory relationship and were:
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11 • A supervision contract should be agreed with each individual or group during the first
12 session, ensuring that supervision is 'boundaried'
- 13
14 • A separate transparent supervision contract should exist between the supervisor's
15 organisation (the University) and the employer (education authority/diocese). This
16 should include issues such as record keeping of supervision sessions (normally bullet-
17 pointed/anonymised records are kept and held in a safe and confidential place). In
18 terms of the first year of the project participants were made aware that an anonymised
19 case study report would be written for the research study
- 20
21 • The first session should include an initial hour's 'training' on the purpose of
22 supervision
- 23
24 • Ideally there should be no issues of 'hierarchy' in the 1-1 relationship or in the group
25 which could result in oppressive practice. This should be a safe space where all are
26 able to contribute openly
- 27
28 • Head Teachers, because of their particular responsibilities, should be supervised in a
29 one-to-one session (or in a group of Head Teachers)
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31 • It should be made clear that supervision is voluntary, not compulsory. However, it is
32 strongly recommended that those who decide to participate are committed to all six
33 sessions.
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51 On the point about supervision being voluntary, Feltham, writing from the perspective of
52 counselling, reminds us that 'supervision is at least partly a form of surveillance' (2002,
53 p.27). Clinical supervision is a collaborative enterprise, designed to be non-judgemental,
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empowering and supportive, rather than concerned with standards, monitoring, accountability and, potentially, the disciplining of the participant (XXXX, 2007). There is a danger that supervision, if imposed, can infantilise the supervisee.

Literature

Contracting, as above, is vital to ensure that the aims, purpose and practice of supervision is understood by all involved, that is, the participants as supervisees, the supervisor, the school and the employing organisation(s). A clear and agreed contract can then be referred to if problems arise around purpose and boundaries at a later stage of the service. The supervisor in the first year and the researcher were experienced in the concept of clinical supervision and had written and delivered supervision training to professionals, presented conference papers on a range of issues related to the practice and have published professional articles, peer reviewed journal papers (XXXX, 2007, 2010), an edited book (XXXX & XXXX, 2006) and a co-authored text (XXXX & XXXX, 2013). What now follows is a brief overview of the wider literature on clinical supervision, selected for its resonance with the context of our project. The literature within psychotherapy and counselling is extensive and there are numerous theoretical and practical models that can be applied to the practice. However, within the limitations of this paper the integrated model used to structure the sessions for the project will be outlined.

In offering definitions on the purpose and functions of supervision there is a danger that we become reductive, however in order to achieve some breadth, definitions are drawn from the literature across a range of professional contexts. Schuck and Wood state:

Supervision is a collaborative process in which the supervisor works with the supervisee to explore their work reflectively. ... Fundamental to the relationship is good rapport and a working alliance (2011, p.15).

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3 Within counselling, Bradley and Kottler (2001) discuss purpose via the principles, process
4 and practice of supervision. Hawkins and Shoheit's (1989, p.37) writing is well known within
5 the literature – they suggest that a supervisor requires 'helicopter ability' being able to both
6 move in close and move away to get a wider perspective. Supervision, like counselling, is a
7 not a straightforward process. The supervisor is not working directly with a 'client' and in
8 most cases is not observing the supervisee's practice, as would be the case in many
9 educational settings where teaching practice is supervised. In clinical supervision, it is the
10 supervisee who selects what to 'bring' to the session. In later work, Hawkins and Shoheit
11 (2006) stress the collaborative nature of the work and emphasise the importance of
12 encouraging a learning culture in the practice of supervision. The emphasis on learning is
13 important and one understood by educators, which in turn moves the practice away from
14 being perceived as akin to line management supervision.

15
16 An effective supervisor needs to refrain from an expert stance, be an excellent listener
17 and able to contain anxiety. Anxiety from the supervisee but also their own in order to
18 acknowledge that they too are learners within the context of supervision. The latter is
19 particularly the case when the supervisor is not working in the same setting or profession as
20 the supervisee (and there are benefits to this situation as assumptions about professional
21 knowledge are less evident). Openness and a willingness to learn is the hallmark of building
22 rapport and a trusting relationship: without it there will be no 'safe space' for supervision and
23 power issues will be difficult to overcome.

24
25 In defining supervision, Harris and Brockbank draw on the work of a number of
26 writers (see, Harris and Brockbank, 2011, p.153) and suggest the following as descriptors:
27 support, a series of tasks, a developmental process, training, a consultative process, a
28 reflective process, an interpersonal interaction, an impossible profession, keepers of the faith
29 (and they suggest the last one is a little grandiose). In attempting to define what clinical
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3 supervision is, there appears to be a consensus about what it is not, and although the effects
4 may not be entirely separate, most writers would separate supervision from therapy. For
5 further reading, useful overviews of the historical development of supervision are offered by
6 Wiener, Mizer and Duckham (2003) and Harris and Brockbank (2011).
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11 The literature on the purpose, functions, theoretical and conceptual frameworks,
12 methods, models, tasks and practice can all be explored further. What can be clarified here is
13 that clinical supervision has more than one function or task. Weiner *et al.* (2003, p.4) describe
14 four primary tasks of supervision, as: facilitating, encouraging and informing the work of the
15 supervisee throughout the development of their professional life; attending to the dynamics
16 of the supervisory relationship within an organisational context; ensuring competent and
17 ethical practice is taking place within the developmental stage of the supervisee, and,
18 maintaining the good reputation of the profession as a whole - through attention to
19 professional standards and governance. Writing from the context of counselling, and
20 outlining the benefits of supervision for the supervisee, Inskipp and Proctor (1993) are often
21 cited and describe supervision as having *formative*, *normative* (which can be viewed as a
22 monitoring function) and also *restorative* qualities. Also well known within social work,
23 Kadushin (1976) offers the terms *educative*, *administrative* (which can be interpreted as
24 managerial) and *supportive*: focusing on the role of the supervisor. In addition, Hawkins and
25 Shohet (2006, p.57) use the terms *developmental*, *qualitative* and *resourcing*, and suggest that
26 their definitions add new distinctions to a process that 'both supervisor and supervisee are
27 engaged in.' The *developmental* function is about 'developing the skills, understanding and
28 capacity of the supervisees' (*ibid*), via reflection and discussion of the work with clients. The
29 *qualitative* function of supervision is the 'quality control' aspect and helps the supervisee to
30 identify 'blind spots', areas of vulnerability, prejudices and biases. The *resourcing* function
31 pays attention to how the work is affecting the supervisee personally, emotionally and
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3 physically. This function of supervision can counter ‘burn out’ in a profession where giving
4 of one’s self can be overwhelming. The resourcing function is similar to Inskipp and
5 Proctor’s *restorative* function.
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9 Hawkins and Shohet draw on a powerful metaphor to emphasise the importance of the
10 restorative aspect. They point to the battle fought by British coal miners in the 1920s, where
11 they eventually won the right to ‘wash off the dirt of their labours’ at the pit head, in the
12 employer’s time – rather than in their own time away from the workplace: ‘Supervision is the
13 equivalent for those that work at the coal-face of personal distress, disease and fragmentation’
14 (Hawkins & Shohet, 2006, p.58).
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22 Which function is required within a supervisory session at a particular point will vary
23 according to the context, current circumstances and the experience of the supervisee. The
24 participants in our project were all senior teachers. In many cases the opening or ‘presenting
25 issue’ may appear to be about a formative or developmental task relating to an on-going
26 situation, but the underlying restorative or resourcing function may need to be addressed in
27 supervision - before the practitioner can find the resource or solution to the presenting issue.
28 It takes a skilled supervisor with the appropriate skills to listen and to ask appropriately
29 challenging questions to move beyond superficial work that fails to address the central issue.
30 Effective supervision is about asking good open questions, not about giving the answers.
31 Good questions help the supervisee to find their own answers, supported by the relationship,
32 the ‘working alliance’. This does not mean that suggestions which may be helpful are never
33 offered, but these must be carefully timed, appropriately discussed and tentative.
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50 **The supervision model used in the project**

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52 Having described the purpose of the project and the function of clinical supervision,
53 the integrative supervision model used in the project will now be outlined in brief. An
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3 integrative model, as the name implies, draws on more than one theoretical approach. It
4 provides a structure that combines process and skills with the focus on what is needed to
5 support the supervisee, thus is supervisee-centred. This allows for flexibility where a range of
6 theories can be drawn on, according to the nature of the work being supervised and the
7 specific issue under discussion. This suggests that the supervisor needs an extensive
8 knowledge base as the selection needs to be thoughtful, underpinned by an understanding of
9 particular approaches and their suitability for different situations and supervisees.
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18 XXXX (in XXXX & XXXX, 2013) suggests that an integrative approach recognises
19 that different approaches will help to address some, but not all of the aspects that a supervisee
20 is likely to bring to a supervision session. However, the integrative model that XXXX
21 advocates provides a framework within which the functions of supervision (as discussed
22 above) can be met. Egan's (2007) three stage model used in counselling and other helping
23 interactions provides the structure that can guide a session. Egan's model offers a process that
24 moves from identifying the issue, to considering options and then planning for change. This
25 beginning, middle and end framework has a beguiling simplicity, but its effective use in
26 supervision relies on the careful use of relevant skills. Equally important are the core attitudes
27 derived from the person-centred approach of Rogers (1961); i.e., empathy, congruence and
28 unconditional positive regard. There is a risk that any integrative model can be treated
29 superficially, but those new to supervision, or unfamiliar with the Egan model, can explore
30 further (e.g. XXXX & XXXX, 2013). The three stages can be summarised as:
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- 46 • Enabling the supervisee to tell the story of 'where they are' at the current time with
47 their 'problem' / or a particular case
- 48 • Enabling the supervisee to explore the options available to resolve the problem / move
49 forward with the case
- 50 • Enabling the supervisee to suggest, evaluate and plan action for the future.
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Clinical supervision in schools – the process in practice

Moving on, in order to explain the process and highlight the key issues that participants discussed during the first year of the supervisory service, the supervisor provided an anonymised case study. The summary of the case study that follows, whilst maintaining confidentiality, illustrates what was referred to above as ‘the careful use of skills’ and the purpose, functions and principles summarised earlier.

All supervision sessions took place in a private and confidential space, either in the school or in the diocesan office. Sessions were not interrupted or overheard, ran for two hours in each case, within the agreed time boundaries. Brief records of each session were kept by the supervisor as agreed at the outset. These records are confidential and were not shared with the supervisees’ employing organisation. The sessions began with each supervisee sharing their feelings about their day in the ‘here and now’, as a way to set that to one side. This enabled them to reflect and focus on the issues that they identified as being the priority for the session – they also chose the order for this exploration. Sometimes issues from previous sessions were reviewed, if the supervisee thought that this would be helpful, but often new material was brought each time; thus the supervisee set the agenda for the session. The sessions were both reflective and solution focused. Supervisees worked hard to explore the issues they were bringing, to ‘tell their story’ and then evaluate possible courses of action that would help to effect positive change. Occasionally, supervisees used the time to offload, if they felt weighed down by a particularly complex or emotional issue. Being listened to empathically is a very powerful experience. On other occasions, the sessions focused much more on discussing practical strategies rather than emotional issues. This was entirely guided by the supervisee and the supervisor’s task was to listen with empathy and without judgment,

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3 and ask appropriate questions, summarise, use an appropriate challenge when required,
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5 alongside applying the skills of immediacy and silence to encourage deep reflection.
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7 The boundary between the professional and the personal inevitably overlap, and it
8 was the role of the supervisor to ensure that the boundary was maintained, without ignoring
9 or dismissing the impact of the personal. In other words, being clear that supervision is about
10 best professional practice, not personal therapy. In every case, once the purpose of
11 supervision was explored and understood, and as the relationship between supervisor and
12 supervisee/s developed, every supervisee engaged fully and worked hard to reflect on their
13 practice. By taking time to step away from the work, supervisees were able to see for
14 themselves often small and straightforward actions that could be taken in order to effect
15 change.
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26 A number of key issues or themes were raised during the sessions. Many of these
27 were shared across the participants, working in different schools. The themes noted by the
28 supervisor were evident in the responses from the supervisees who participated in the
29 research study. We will return to these in the results section, but first the methodology for the
30 evaluation study will be explained.
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41 **Methodology of the evaluation study**

42 Before engaging in the supervisory service, those participants who took part in the
43 evaluation had an opportunity to discuss the research study and clarify the purpose and
44 process. An information sheet was sent in advance and a consent form signed (if they agreed
45 to take part). Ethical approval for the research was granted by the University. Participants
46 were then asked to complete the first qualitative questionnaire, which had been piloted in
47 advance. Participants were informed that the questionnaire would be completed again on two
48 further occasions, at mid-point of the service and on completion of the study. The completed
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3 questionnaires were sent to the researcher, not the supervisor, in the first year. One
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5 participant was unable to complete the third questionnaire due to a health issue, which meant
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7 they were not in school at this time.
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10 It was agreed that all participants would receive a copy of the evaluation report
11 (XXXX & XXXX, 2015). The evaluation report did not name individual schools or
12
13 individual participants who took part. All participants were free to withdraw at any time
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15 without having to give a reason (none did, other than as mentioned above for non-associated
16
17 health reasons). Each qualitative questionnaire opened with the same statement to re-
18
19 introduce the purpose of the study. The questions were kept very similar to allow for
20
21 comparison, but were adapted slightly to reflect the passage of time and the supervisees'
22
23 experiences of supervision. An further question was added to the final questionnaire to
24
25 measure the impact of the supervisory service once it was completed. Participants were free
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27 to write as much or as little as they wished. Over the two years, seven participants completed
28
29 the questionnaires.
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33 Our research questions, as reflected in the questionnaire were:
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- 36 1. What is the participants' understanding of the purpose of supervision?
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38 2. What aspects of their role do they think benefits from engaging in a process of
39
40 supervision?
- 41
42 3. What do they envisage the impact of engaging in supervision is in terms of their well-
43
44 being?
- 45
46 4. What are the main goals of supervision in terms of their practice?
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48 5. How would they describe their expectations from involvement in the supervision
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50 service, both personally and professionally?
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3 When all the questionnaires were received, the responses were anonymised and combined for
4 each stage and a thematic analysis took place. The two authors conducted a separate analysis
5 and then met to share their individual results, which were closely aligned. The findings were
6 disseminated in a report to the participants, the supervisors and to the funder for the service.
7 The findings reported in what follows draw on the evaluation from the first and second year
8 of the service.
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15 16 **Findings**

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18 The questionnaires sought to ‘measure’ any changes in understanding of the purpose
19 of supervision and to assess individuals’ views on the benefits that the service did, or did not,
20 bring. The results were overwhelmingly positive. We would not claim that the findings are
21 representative in any way and the sample is small, but as an illustrative case study, the
22 comments are powerful.
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29 *Questionnaire 1*

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31 At the start of the service participants saw the purpose of supervision as a time to
32 “develop ways of dealing with the aftermath of managing emotionally charged situations” in
33 a confidential space. There was a desire to off-load the stress that the role brings. When asked
34 about how that role would benefit from engaging in supervision, the responses included
35 professional as well as personal considerations. They referred to the need to perform well in
36 challenging situations with children, families, agencies and at times other staff members,
37 within a context of targets and Ofsted expectations. Supervision, in a confidential setting, was
38 perceived as a way to manage these challenges, “to enhance a work/life balance and to keep
39 strong and reflective for families.”
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51 Creating a work/life balance was a key theme throughout the material as participants
52 recognised the need to take care of themselves in order to take care of others in their work. It
53 was also thought the supervision would “help to develop strategies to manage work-based
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3 pressures”. All the participants were striving to be consistent, to do a good job and to
4
5 persevere – there is a strong sense that they saw supervision as a way to ‘keep on keeping
6
7 on’. One participant spoke of “sleepless nights and worrying about school 24 hours a day”.
8
9 Enjoying time away from school seemed to carry feelings of guilt for this person, also
10
11 expressed as “hoping supervision would stop me feeling that I should always be doing more.”
12

13
14 When asked to assess the need for a supervisory service on a scale from 0 (no need) to
15
16 4 (high need), two participants scored 2 (the middle position) and the others scored 3 or 4.
17
18 When asked what they hoped to achieve via supervision for their practice, there was some
19
20 difference of view about the purpose or functions of supervision at this early stage. For
21
22 example, one participant thought it would be a confidential area for ‘discussing difficult
23
24 pupils’. The same person also spoke of the weight of responsibility they experienced in their
25
26 role and expressed the desire that supervision ‘will allow me to continue in my role to support
27
28 vulnerable pupils.’ Another spoke of expecting that supervision ‘would help me to identify
29
30 specific situations in which I feel pressure’ and here there is a suggestion of the learning
31
32 space that supervision can provide in order to develop skills and strategies. The need to avoid
33
34 burnout and to continue in a role they valued as committed professionals is very apparent in
35
36 the responses. Overall, their expectations at the start of the service can be summarised as
37
38 managing stress and a hope that work/life balance would be enhanced, through the
39
40 confidential setting with an external expert. Supervision was perceived as a potential space
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42 where the learning process could lead to clear thinking and an increased ability to help others
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44 in their teams. *Questionnaire 2*
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48 At the mid-point of the service, participants were asked to complete the second
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50 questionnaire. Their understanding of the purpose and functions of supervision had developed
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52 and the responses were (not surprisingly) more nuanced, for example ‘the chance for us, as
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54 senior leaders, to talk freely and openly to an independent listener.’ And, ‘an opportunity to
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3 reflect ...resolving emotional conflicts through discussion and compartmentalising the
4 issues.’ The benefits they perceived at this point stress the support that supervision provides
5 in terms of the development of their leadership of others, alongside the management of their
6 own emotions. One said, ‘I am surprised at how far reaching this process has become, and
7 how it has made me reflect back into previous headships and events with families...’ The
8 benefits of being provided with a safe reflective space are echoed by others as supervision
9 took place ‘in a calm but purposeful atmosphere.’
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18 The word purposeful is significant – supervision is not a cosy chat, it is hard,
19 purposeful work for all involved. One said, ‘I feel less stressed after a supervision session, I
20 put things into perspective... I realise I have a choice in how I cope with stress.’ There is
21 evidence of movement in that statement and the notion of choice in how to react to
22 challenging situations, in contrast to being overwhelmed by stress. Another said they now
23 realised ‘that colleagues were feeling as stressed as I was.’ This points to the isolation that
24 they may be experiencing, particularly perhaps the Head of a school. Once again, participants
25 referred to the value of the confidential space that can be provided by a skilled supervisor
26 who is independent of the school. Participants were also asked to look back to their
27 responses in the first questionnaire and to assess the impact of supervision at this mid-point.
28 The help and support was described as ‘invaluable ... allowed me the space to think and
29 reflect and to keep strong and resilient.’ In the group setting there was recognition that the
30 opportunity to share and learn from each other was effective. For another participant the
31 development involved a broader perspective on the work, as no longer overwhelmed by stress
32 – this was described as being able ‘to see the big picture’. There was also a sense that the
33 problems that were evident in their challenging work roles were being recognised as
34 inherently difficult, rather than caused by personal inadequacies or an inability to cope.
35 Micheal White (1989, p.7), in the context of family therapy, expressed this externalisation as,
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3 'It is not the person that is the problem, but the problem that is the problem.' Overall, the
4
5 level of reflexivity had increased.
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7 In terms of scores against the 'need' for a supervisory service, these were all 3 and 4
8
9 (high), with all the participants expecting their goals would be met. In considering what else
10
11 may have changed with regard to their practice as a result of engaging with supervision, one
12
13 said, 'I have on occasions made different decisions for better well-being in relation to issues
14
15 or dilemmas discussed during a session.' Another spoke of actively looking forward as they
16
17 recognised that they can change the situation, rather than 'just accepting things the way they
18
19 are'. This suggests that beyond coping better, there is a growing sense of 'agency' for this
20
21 individual.
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24 All the participants expressed the hope that the service would continue and be
25
26 available to others, but emphasised that the supervisor needs to be someone who is suitably
27
28 skilled. Participants made reference to the benefits of being listened to within a dedicated
29
30 time away from the work – 'headspace' leading to the ability to plan and move forward. One
31
32 said, 'Having the time to stop and reflect in this way is a totally different kind of professional
33
34 development. One where issues can be shared and addressed without anxiety, fear of
35
36 burdening others, or appearing vulnerable or unable to cope.'
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39 Again reference was made to what we might call enhanced leadership skills, 'better
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41 work/life balance ... has enabled me to make better professional decisions due to the
42
43 opportunities to discuss problems / concerns for the better[ment] of our school.' Also
44
45 expressed as 'taking control back', suggesting a sense of increased professional autonomy
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47 and a way of managing, 'the pressure of expectation placed on the role of Head Teacher in
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49 order to make myself a more effective practitioner.'
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3 Other comments offered at this mid-point referred to how much individuals valued the
4 sessions and the positive impact supervision was having on their work. One said they ‘found
5 the process very rewarding even though I was sceptical at first.’
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9 *Questionnaire 3*
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11 The final questionnaire was completed once the supervisory sessions had ended. The
12 participants had by this stage arrived at a confident understanding about the purpose of
13 supervision, for example:
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17 ‘Supervision is the opportunity to talk confidentially to an independent listener, about
18 issues that, if bottled up, could seriously affect your emotional wellbeing and mental
19 health’ And;
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23 ‘An opportunity to reflect upon life within education and discuss the issues faced that are
24 emotionally draining, with a view to resolving these emotional conflicts through
25 discussion and compartmentalising the issues.’
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29 Plus;
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33 ‘To give the chance to offload and a chance to reflect rather than taking things home or
34 worrying about them.’
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38 And;
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41 ‘At the beginning of the project I was ignorant and unaware of the impact of supervision.
42 Now at the end of the project I am much more aware of what supervision entails, have
43 greater awareness of the different approaches to supervision and a much deeper
44 understanding of the impact and positive benefits which are associated with supervision.’
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49 In enumerating the benefits of supervision participants repeated points made before,
50 but with a stronger emphasis. They highlighted the importance of having a structured process
51 that was independent and confidential. The experience was constructive, countering against
52 the isolation that the weight of their responsibility imposes on them. The ‘safe space’, to
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3 develop their thinking and strategies for managing their complex work, was viewed as
4 crucial. The ability to ‘park work’ and gain a new perspective was a major benefit –
5 suggesting that supervision provided a very necessary *restorative* space.
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9 Looking back on the experience, they recognised the importance of an empathic and
10 non-judgemental listener, which appears to be of particular significance in a context of targets
11 and Ofsted inspection. They also mentioned physical benefits – ‘being able to sleep better at
12 night.’ At the end of the project, all the participants scored 4 (the highest score) in terms of
13 the need for a supervisory service and agreed their needs were met. The opportunity for time
14 for ‘quality reflection’ was mentioned and how the goals they work towards in the desire to
15 be effective in their work are all interconnected. Regarding their ongoing expectations, they
16 all wanted the service to continue. One said, ‘This project has helped me enormously. I look
17 forward to the sessions and often ask myself, ‘What would the supervisor ask me? What
18 would she say?’ and that helps me see issues from an outsider’s point of view.’ Such
19 statements highlight the on-going reflexive learning that develops from supervision – the
20 *formative* function – and provides evidence that leadership skills are enhanced.
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35 The additional question in the final questionnaire asked participants to express how
36 they feel supervision has affected them both professionally and personally. Participants
37 spoke of being more relaxed and better able to do their challenging work. One said:
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42 ‘Supervision has been the only time when I can be honest about how I am feeling: in
43 the school context senior leaders have to ‘put a brave and positive face’ on at all
44 times, support their staff and not let their fears / emotions show. I cannot discuss my
45 concerns with others as it is not professional to burden staff with my worries – they
46 have their own.’
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53 Anxiety can be seen ‘as a weakness and judged accordingly’ whereas supervision provides a
54 confidential and non-judgemental space. Others spoke of ‘enhanced professional judgements’
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3 of being ‘refreshed and a lot calmer’ of having the ability to ‘improve work/life balance’. The
4
5 participants were invited to make final comments, one said:

6
7 ‘I did not realise how much I needed the chance to just talk about worries and stresses. I
8
9 would like to thank the supervisor for her support and the wonderful way she helped me
10
11 (and the others in our group) to think of solutions to any difficulties so they no longer
12
13 caused me worry or stress.’
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16 Another said:

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18 ‘I would like to say how much we enjoyed supervision, although maybe sceptical and
19
20 unsure in the beginning. The supervisor was always calm, listened and made us ask, and
21
22 on many occasions answer/think about solutions to our concerns. So often we would say
23
24 ‘I really haven’t got time for this today’ – however the positives of these sessions always
25
26 made us feel better about the situations we were faced with and made us realise how
27
28 important they were.’
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32 Participants were able to comment on the wider benefits to the school:
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36 ‘Being able to really focus, identify and discuss the impact of these concerns with a
37
38 supportive, experienced and skilled listener has been invaluable and has helped me
39
40 resolve some of the most challenging problems that I just couldn’t see a way of
41
42 resolving on my own. Supervision has been hugely beneficial, not just to my own
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44 well-being but on the school effectiveness.’
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48 What one person alludes to in the above is that supervision is not about telling, or
49
50 teaching or even coaching. Good supervision is all about the relationship, but, to repeat, it is
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52 also about asking good questions, not providing answers. There is recognition throughout the
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54 material that this is a constructive use of time with wide beneficial effects, both personally
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56 and professionally. The need for protected time, in a safe space, is essential for achieving
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3 these benefits - like the coal miners, in order to 'wash off the dirt of their labours'. The quote
4 is worth repeating: 'Supervision is the equivalent for those that work at the coal-face of
5 personal distress, disease and fragmentation' (Hawkins and Shoheit, 2006, p.58).
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10 11 **Discussion**

12
13 The analysis of the responses to the questionnaires shows that at the beginning of the
14 service participants were experiencing work related anxiety and stress, which they did not
15 know how to alleviate and were trying to cope with on their own. They were also having
16 difficulty in creating a work / life balance. Recent national figures looking at rates of
17 professional suicides indicate that this might not be an uncommon situation for educators.
18 Data from the Office of National Statistics (March 2017) shows that during the period 2011
19 to 2015 there were 139 suicides among teaching and educational professionals with 73% (102
20 suicides) of these being recorded as primary and nursery schoolteachers. Although we cannot
21 explore the causes here, it is notable that the risk of suicide for primary and nursery school
22 teachers was found to be 42% higher than the national average. There is also a link to
23 inspection (Ofsted) in a specific case of suicide. In 2015 a Coroner concluded that a Head
24 Teacher 'just felt she was under so much pressure' and 'it's a reminder that when schools are
25 judged 'Inadequate', immediate support should be offered to lessen the trauma. Heads and
26 staff are human – and damning judgements can have devastating consequences' (Local
27 Schools Network, 2015). Findings from our research showed that all the supervisees wanted
28 to do a good job, to take care of others in their work and to persevere with their roles. As the
29 sessions progressed, positive comments about the supervision were provided for the study
30 and participants remarked that it gave them a learning space in which to develop skills and
31 strategies and an opportunity to reflect. Importantly they also recognised that the supervision
32 sessions provided them with a safe, calm and purposeful atmosphere in which to solve
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3 problems. After the final supervision sessions, all participants repeated points made earlier
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5 about the benefits of supervision, but with a clarity and a stronger emphasis. They stated that
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7 to be constructive it was vital that the service needed to be a structured process, independent,
8
9 confidential and delivered in a 'safe space.'

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11 The responses also demonstrated how the participants' understanding of the purpose
12
13 of supervision grew throughout the project. Significantly, answers to the scoring of the
14
15 'need' for a supervisory service by the end of the sessions all indicated the highest score (4),
16
17 emphasising the value each participant placed on the service they had been enabled to access.
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19 This strongly suggests that supervision was seen as a benefit to them both as individuals and
20
21 as school leaders. Additionally, all participants recognised the importance of the expertise of
22
23 the supervisor in enabling supervision to be beneficial and constructive.
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27 There are three consistent themes that emerged from the evaluation of the supervision
28
29 sessions; they are:

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31 **1. Professional safety**

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 - The need for a confidential and safe space
 - The importance of a non-judgemental environment when under the disciplinary
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37 gaze of Ofsted etc.

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40 **2. Professional resilience**

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 - The prevention of burn out and the management of stress
 - The intense commitment of the professional – they have a vocation
 - They felt re-energised as a result of the project
 - The main function / purpose for the participants was the provision of a *restorative*
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51 space (Inskipp and Proctor, 1993), in other words, taking care of self in order to
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53
54 take care of others.

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56 **3. Professional development**

- The development of greater reflexivity, leading to finding their own solutions
- An indication that supervision leads to greater strategic thinking and enhanced leadership development
- Gaining of a new and broader perspective, being able to shoulder responsibility
- Suggestions of benefits to the individual, the school, the pupils and the profession
- Overall, alongside the provision of a restorative space, there was evidence of normative and formative functions, i.e. the development of ‘good’ practice.

Conclusion

In conclusion, findings from this small-scale case study, strongly suggest that access to clinical supervision enabled all seven senior leaders who participated in this two year project to develop their ability to be reflective, reflexive and to problem solve. Supervision appears to have helped them feel they could continue as effective education leaders, whilst still managing to maintain a positive work / life balance. Using phrases to describe outcomes from their sessions, such as ‘enhanced professional judgements’, ‘refreshed and a lot calmer’, and improve work/life balance’, support the claim that clinical supervision could be a valuable tool to help build professional resilience. Recent national data concerning teacher retention indicates that the professional and emotional feelings our supervisees expressed could be common for senior leaders in similar schools across the UK.

The research reported in this paper shows that supervision provided the supervisees with a safe space and non-judgemental environment in which to reflect, evaluate and resolve difficult and often complex issues. This support took place within the boundaries of structured, clinical supervision facilitated by experienced supervisors. Beyond this limited study and its tentative findings, research would be needed to explore whether supervision sessions help prevent senior leaders in schools from ‘burning out’, and help to manage and maintain a work/life balance which enables them to be strategic, effective and confident

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3 leaders. Although the data and analysis from our case study cannot claim that pupil
4
5 achievement will be improved as a result of supervision, or that staff retention is a direct
6
7 result of engaging in supervisory support, these are, potentially, associated benefits worthy of
8
9 further consideration. It is noteworthy that one Head Teacher commented:

11 'The sessions have had an immediate impact. I come out of each session 'uplifted'
12
13 because I can see a solution and I have a plan as to how to address an issue. This is a
14
15 highly effective method of solution focussed support for Head Teachers.'
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9 **Providing support to senior managers in schools via ‘clinical’ supervision: a purposeful,**
10 **restorative professional and personal developmental space**

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13 **Abstract:** This paper reports on the first part of a research case study that provided senior
14 leaders and SENCOs in schools with an opportunity to reflect on, air and discuss professional
15 practice issues in a confidential, non-judgemental setting. The project was evaluated using
16 qualitative questionnaires at three stages of the project and via a thematic analysis. The paper
17 explains the genesis of the project and gives a brief overview of the relevant literature on
18 clinical supervision. It outlines the model used and describes the process and issues
19 identified. Key findings were that the participants found clinical supervision to be a powerful
20 and restorative experience, professionally, personally and emotionally. National data
21 detailing entry and retention figures to the teaching profession (DfE, 2015a), alongside the
22 pressures of meeting targets and work / life balance (NUT / YouGov, 2015) suggest that the
23 experiences of these seven participants in a small sample are not unusual or isolated. The
24 findings will be of interest across the teaching profession.
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36 **Key words: senior leader stress, resilience, retention, support, supervision**
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38 **Introduction**
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40 This project commenced in recognition of the need for quality ‘clinical’ supervision in
41 schools based on the previous experience of one of the authors as a Special Educational
42 Needs Coordinator (SENCO) in a school. Since the introduction of the National Curriculum
43 in 1988, of Ofsted in 1992 and the broadening role of schools in supporting the holistic needs
44 of their pupils, there has been an ever-growing challenge for education professionals to raise
45 the standard of learning and of examination results, whilst at the same time supporting the
46 needs of their communities. League tables, Ofsted inspections and a business approach
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6 towards the running of schools has put immense pressure on educators and especially senior
7 leaders in meeting the expectations of politicians, governors and parents, in addition to
8 keeping budgets out of deficit. Whilst this may be the role of a senior school leader, the
9 additional demands on schools and educators to care for the social, emotional and physical
10 health of pupils (and often the families) can cause immense friction, conflict and distress.
11 Within the current context of economic austerity, the complexities of leading and working
12 within a school have increased with teachers, teaching assistants, Family Liaison Officers and
13 mentors expected to support pupils and families who have experienced serious social issues,
14 including domestic violence, abuse, drug and alcohol addiction. They are also expected to
15 help manage and maintain children's medical conditions, with the latest statutory guidance
16 highlighting the complexity of the role and the skills needed to be an educator. The guidance
17 states:
18

19 Training should be sufficient to ensure that staff are competent and have confidence
20 in their ability to support pupils with medical conditions, and to fulfil the
21 requirements as set out in individual healthcare plans. They will need an
22 understanding of the specific medical conditions they are being asked to deal with,
23 their implications and preventative measures (DfE, 2015b, p.18).
24

25 To support the enforcement of this, the same document says:
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27 Ofsted's new common inspection framework came into effect on 1 September 2015...
28 Inspectors must consider how well a school meets the needs of the full range of
29 pupils, including those with medical conditions. Key judgements will be informed by
30 the progress and achievement of these children alongside those of pupils with special
31 educational needs and disabilities, and also by pupils' spiritual, moral, social and
32 cultural development (DfE, 2015b, p.17).
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The impact of medical conditions and of social needs on the ability of children to access and engage with learning is not in question, but these are in addition to meeting the Teachers' Standards (DfE, 2011) and many other demands. Such heavy workloads and responsibilities may influence the ability to maintain the role, as a teacher, SENCO and other senior leadership positions in the long term. Professional development activities do take place 'to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans' (ibid). However, we argue in this paper, that ~~this is likely to be more increased responsibilities dealing with troubling issues is~~ problematic for senior staff without specialist 'clinical' supervisory support. Clinical supervision is a form of professional development that can assist colleagues to manage both the personal and professional demands of such intensive, and often disturbing, work. As one SENCO stated when asked about whether she would value such supervision:

'As a SENCO I do not feel that the need for such support is recognised let alone available. Unlike other professionals who deal with other people's emotional issues, supervision is not even considered. As schools become the backbone of support for children and families, as other agencies have started cutting back their support due to funding, I feel supervision is required even more than ever. I strongly believe that Head Teachers and Governors and other school staff need to understand the role better as I feel they have a lack of understanding of what the role entails.' (A SENCO on the National Award for SEN Coordination, 2013).

National data indicates that such stresses and strains as indicated above, may be contributing, negatively, on teacher retention. Whilst the Government (DfE, 2017) claims retention has remained reasonably static since 2006, their own data shows that ~~from November 2014 to November 2015 one in ten teachers left the profession.~~ the percentage of teachers that were

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still in post three years after qualifying and entering service was 74 per cent, decreasing to 69 per cent and 60 per cent after five and ten years respectively (DfE, 22 June 2017). These figures are supported by Des Claves (2017,p.1) who states that ““The number of qualified teachers leaving the state sector has been slowly increasing year on year. Currently around 10-11% of qualified teachers leave each year.””

~~This is the highest number in the last decade.~~ A survey carried out by the National Union of Teachers (NUT) and YouGov (2015) reported that over half of teachers were thinking of leaving teaching in the next two years; ‘volume of workload’ (61%) and ‘seeking better work/life balance’ (57%) were cited as the two top issues causing them to consider this.

Lynch *et al’s* (2016, p.15) research found that teachers identified workload “as a causal factor in two negative outcomes – poor health and feeling undervalued.”” They also found that teachers wanted to learn from others, have more time for planning and to have time to reflect on their own practices.

Recognising the need for specialist clinical supervision, our university, in partnership with The Diocese of XXXXX, UK, offered a supervision service to senior staff in a number of primary/junior schools in the county, alongside undertaking an evaluation study to identify whether a supervision service to schools was considered beneficial. The schools were all in geographical areas with socially disadvantaged communities. The service entailed each participant receiving six, two hour supervisory sessions over the course of an academic year with an experienced supervisor. Over a period of two years between 2014 and 2016, seven participants volunteered to complete a qualitative questionnaire at three points of receiving the supervision service (at the start, mid-way and after the final supervisory session). In the first year of the service, the supervisor described the process and summarised the issues raised in the sessions. This paper includes the supervisor’s summary and reports on the

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findings from the evaluation study of the participants' questionnaires from the first and second year of the project. There will be a second study in 2017 to extend the research, via conducting in-depth narrative interviews with participants who are continuing into a third year, plus seeking the views of the funder of the project on the impact of the service.

Clinical supervision as purposeful support in schools

Before progressing further, we should explain what we mean by 'clinical' supervision and outline the purpose of the supervisory service discussed in this paper. The literature on supervision is outlined in a later section, but using the term clinical supervision can help to avoid confusion with line management supervision. Clinical supervision is used in the therapeutic and nursing professions and involves the practitioner discussing their case work and related professional issues with an experienced supervisor. The latter may or may not be a senior colleague and may be part of the organisation or an external expert. Whether the supervisee is new to their role or an experienced practitioner the purpose is to reflect on practice, learn from the experience and ensure that a good service is offered to 'clients' or patients. For practicing members of the British Association for Counselling and Psychotherapy supervision is compulsory. Clinical supervision may also be offered to practitioners in the health professions, social work, the probation service and other helping services.

The purpose of this specific supervision project was agreed with the funder and shared with the participating schools. The purpose was to provide an external supervisor so that senior managers and SENCOs had an opportunity to reflect on, air and discuss professional practice issues in a confidential setting. Thought was given to how a 'safe space' was created where issues could be shared and explored. It was agreed that the sessions could take place either within or outside of the normal teaching hours. An outcome would be the

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opportunity to consider strategies for developing professional practice, through fulfilling the *formative, normative* and *restorative* functions of supervision (Inskipp & Proctor, 1993). In other words, to attend to the development of best practice, the management of best practice and provide a space to discuss and manage the emotional and psychological effects of the work.

Professional development in education and supervision

~~It is undoubtedly true that~~ In the present climate teachers frequently feel they need to demonstrate they are adaptable and willing to engage in professional learning (Meijer *et al.*, 2017) in order to maintain and progress in employment (Mackay, 2017). However recent research has supported the need to create learning cultures in schools which encourage a view “of learning for individual growth and enlightenment” and not just for employability (ibid, p.152). Professional development interventions which support this approach, Mackay argues, promote motivation, self-awareness, professional efficacy and enhances resilience. Lunenberg *et al.* (2014) and Meijer *et al.*, (2017, p.821) describe the characteristics of effective professional development interventions as including “learning with and from peers; studying one’s own daily classroom practice; and learning support.” This approach has also recently this approach has also been supported in a House of Commons Education Report, (2017, -p.27)

Supervision we argue is one such professional development method, as it encompasses collaboration, reflection and dialogue, enabling a supervisee (teacher) to reflect on their own experiences with another professional, (s) facilitating the development of their professional skills and classroom practice (Alila *et al.*, 2016; Carroll, 2010) within a supportive learning culture (Hawkins and Shohet, 2012). Further, Hawkins and Shohet (2012) and Alila *et al.*,

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(2016) ~~all~~ advise that in supervision teachers can expand their professional knowledge and increase their skills, as well as learn how to cope with ~~all~~ the many challenges faced. Supervision also helps supervisees recognise their areas of expertise and strengths, as well as their areas for further development, all of which supports personal and professional growth and learning.

Establishing the context for the service

In terms of the delivery of a supervisory service, potential participants were identified through The Diocese and all participants were volunteers. The offer comprised of six by two hour sessions delivered to four participants on a one-to-one basis, and to three participants in a group setting. The service was offered on school premises, although this was negotiable and two participants preferred to meet with their supervisor away from the school setting in a mutually agreed alternative location. As noted above, the supervision sessions in the first year were facilitated by an experienced counsellor, educator, researcher and supervisor based at the University. In the second year other experienced colleagues from the University acted as supervisors. A number of principles were established within the contract for the service and discussed with supervisees in the first session. These were considered key to the successful development of an effective supervisory relationship and were:

- A supervision contract should be agreed with each individual or group during the first session, ensuring that supervision is 'boundaried'
- A separate transparent supervision contract should exist between the supervisor's organisation (the University) and the employer (education authority/diocese). This should include issues such as record keeping of supervision sessions (normally bullet-pointed/anonymised records are kept and held in a safe and confidential place). In

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terms of the first year of the project participants were made aware that an anonymised case study report would be written for the research study

- The first session should include an initial hour's 'training' on the purpose of supervision
- Ideally there should be no issues of 'hierarchy' in the 1-1 relationship or in the group which could result in oppressive practice. This should be a safe space where all are able to contribute openly
- Head Teachers, because of their particular responsibilities, should be supervised in a one-to-one session (or in a group of Head Teachers)
- It should be made clear that supervision is voluntary, not compulsory. However, it is strongly recommended that those who decide to participate are committed to all six sessions.

On the point about supervision being voluntary, Feltham, writing from the perspective of counselling, reminds us that 'supervision is at least partly a form of surveillance' (2002, p.27). Clinical supervision is a collaborative enterprise, designed to be non-judgemental, empowering and supportive, rather than concerned with standards, monitoring, accountability and, potentially, the disciplining of the participant (XXXX, 2007). There is a danger that supervision, if imposed, can infantilise the supervisee.

Literature

Contracting, as above, is vital to ensure that the aims, purpose and practice of supervision are understood by all involved, that is, the participants as supervisees, the supervisor, the school and the employing organisation(s). A clear and agreed contract can then be referred to if problems arise around purpose and boundaries at a later stage of the service. The supervisor in the first year and the researcher were experienced in the concept of

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6 clinical supervision and had written and delivered supervision training to professionals,
7 presented conference papers on a range of issues related to the practice and have published
8 professional articles, peer reviewed journal papers (XXXX, 2007, 2010), an edited book
9 (XXXX & XXXX, 2006) and a co-authored text (XXXX & XXXX, 2013). What now
10 follows is a brief overview of the wider literature on clinical supervision, selected for its
11 resonance with the context of our project. The literature within psychotherapy and
12 counselling is extensive and there are numerous theoretical and practical models that can be
13 applied to the practice. However, within the limitations of this paper the integrated model
14 used to structure the sessions for the project will be outlined.

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23 In offering definitions on the purpose and functions of supervision there is a danger
24 that we become reductive, however in order to achieve some breadth, definitions are drawn
25 from the literature across a range of professional contexts. Schuck and Wood state:
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29 Supervision is a collaborative process in which the supervisor works with the
30 supervisee to explore their work reflectively. ... Fundamental to the relationship is
31 good rapport and a working alliance (2011, p.15).
32
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34 Within counselling, Bradley and Kottler (2001) discuss purpose via the principles, process
35 and practice of supervision. Hawkins and Shoheit's (1989, p.37) writing is well known within
36 the literature – they suggest that a supervisor requires 'helicopter ability' being able to both
37 move in close and move away to get a wider perspective. Supervision, like counselling, is a
38 not a straightforward process. The supervisor is not working directly with a 'client' and in
39 most cases is not observing the supervisee's practice, as would be the case in many
40 educational settings where teaching practice is supervised. In clinical supervision, it is the
41 supervisee who selects what to 'bring' to the session. In later work, Hawkins and Shoheit
42 (2006) stress the collaborative nature of the work and emphasise the importance of
43 encouraging a learning culture in the practice of supervision. The emphasis on learning is
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important and one understood by educators, which in turn moves the practice away from being perceived as akin to line management supervision.

An effective supervisor needs to refrain from an expert stance, be an excellent listener and able to contain anxiety. Anxiety from the supervisee but also their own in order to acknowledge that they too are learners within the context of supervision. The latter is particularly the case when the supervisor is not working in the same setting or profession as the supervisee (and there are benefits to this situation as assumptions about professional knowledge are less evident). Openness and a willingness to learn is the hallmark of building rapport and a trusting relationship: without it there will be no 'safe space' for supervision and power issues will be difficult to overcome.

In defining supervision, Harris and Brockbank draw on the work of a number of writers (see, Harris and Brockbank, 2011, p.153) and suggest the following as descriptors: support, a series of tasks, a developmental process, training, a consultative process, a reflective process, an interpersonal interaction, an impossible profession, keepers of the faith (and they suggest the last one is a little grandiose). In attempting to define what clinical supervision is, there appears to be a consensus about what it is not, and although the effects may not be entirely separate, most writers would separate supervision from therapy. For further reading, useful overviews of the historical development of supervision are offered by Wiener, Mizer and Duckham (2003) and Harris and Brockbank (2011).

The literature on the purpose, functions, theoretical and conceptual frameworks, methods, models, tasks and practice can all be explored further. What can be clarified here is that clinical supervision has more than one function or task. Weiner *et al.* (2003, p.4) describe four primary tasks of supervision, as: facilitating, encouraging and informing the work of the supervisee throughout the development of their professional life; attending to the dynamics of the supervisory relationship within an organisational context; ensuring competent and

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6 ethical practice is taking place within the developmental stage of the supervisee, and,
7 maintaining the good reputation of the profession as a whole - through attention to
8 professional standards and governance. Writing from the context of counselling, and
9 outlining the benefits of supervision for the supervisee, Inskipp and Proctor (1993) are often
10 cited and describe supervision as having *formative*, *normative* (which can be viewed as a
11 monitoring function) and also *restorative* qualities. Also well known within social work,
12 Kadushin (1976) offers the terms *educative*, *administrative* (which can be interpreted as
13 managerial) and *supportive*: focusing on the role of the supervisor. In addition, Hawkins and
14 Shohet (2006, p.57) use the terms *developmental*, *qualitative* and *resourcing*, and suggest that
15 their definitions add new distinctions to a process that ‘both supervisor and supervisee are
16 engaged in.’ The *developmental* function (both professional and personal) is about
17 ‘developing the skills, understanding and capacity of the supervisees’ (*ibid*), via reflection
18 and discussion of the work with clients. The *qualitative* function of supervision is the ‘quality
19 control’ aspect and helps the supervisee to identify ‘blind spots’, areas of vulnerability,
20 prejudices and biases. The *resourcing* function pays attention to how the work is affecting the
21 supervisee personally, emotionally and physically. This function of supervision can counter
22 ‘burn out’ in a profession where giving of one’s self can be overwhelming. The resourcing
23 function is similar to Inskipp and Proctor’s *restorative* function.
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40 Hawkins and Shohet draw on a powerful metaphor to emphasise the importance of the
41 restorative aspect. They point to the battle fought by British coal miners in the 1920s, where
42 they eventually won the right to ‘wash off the dirt of their labours’ at the pit head, in the
43 employer’s time – rather than in their own time away from the workplace: ‘Supervision is the
44 equivalent for those that work at the coal-face of personal distress, disease and fragmentation’
45 (Hawkins & Shohet, 2006, p.58).
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Which function is required within a supervisory session at a particular point will vary according to the context, current circumstances and the experience of the supervisee. The participants in our project were all senior teachers. In many cases the opening or 'presenting issue' may appear to be about a formative or developmental task relating to an on-going situation, but the underlying restorative or resourcing function may need to be addressed in supervision - before the practitioner can find the resource or solution to the presenting issue. It takes a skilled supervisor with the appropriate skills to listen and to ask appropriately challenging questions to move beyond superficial work that fails to address the central issue. Effective supervision is about asking good open questions, not about giving the answers. Good questions help the supervisee to find their own answers, supported by the relationship, the 'working alliance'. This does not mean that suggestions which may be helpful are never offered, but these must be carefully timed, appropriately discussed and tentative.

The supervision model used in the project

Having described the purpose of the project and the function of clinical supervision, the integrative supervision model used in the project will now be outlined in brief. An integrative model, as the name implies, draws on more than one theoretical approach. It provides a structure that combines process and skills with the focus on what is needed to support the supervisee, thus is supervisee-centred. This allows for flexibility where a range of theories can be drawn on, according to the nature of the work being supervised and the specific issue under discussion. This suggests that the supervisor needs an extensive knowledge base as the selection needs to be thoughtful, underpinned by an understanding of particular approaches and their suitability for different situations and supervisees.

XXXX (in XXXX & XXXX, 2013) suggests that an integrative approach recognises that different approaches will help to address some, but not all of the aspects that a supervisee

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is likely to bring to a supervision session. However, the integrative model that XXXX advocates provides a framework within which the functions of supervision (as discussed above) can be met. Egan's (2007) three stage model used in counselling and other helping interactions provides the structure that can guide a session. Egan's model offers a process that moves from identifying the issue, to considering options and then planning for change. This beginning, middle and end framework has a beguiling simplicity, but its effective use in supervision relies on the careful use of relevant skills. Equally important are the core attitudes derived from the person-centred approach of Rogers (1961); i.e., empathy, congruence and unconditional positive regard. There is a risk that any integrative model can be treated superficially, but those new to supervision, or unfamiliar with the Egan model, can explore further (e.g. XXXX & XXXX, 2013). The three stages can be summarised as:

- Enabling the supervisee to tell the story of 'where they are' at the current time with their 'problem' / or a particular case
- Enabling the supervisee to explore the options available to resolve the problem / move forward with the case
- Enabling the supervisee to suggest, evaluate and plan action for the future.

Clinical supervision in schools – the process in practice

Moving on, in order to explain the process and highlight the key issues that participants discussed during the first year of the supervisory service, the supervisor provided an anonymised case study. The summary of the case study that follows, whilst maintaining confidentiality, illustrates what was referred to above as 'the careful use of skills' and the purpose, functions and principles summarised earlier.

All supervision sessions took place in a private and confidential space, either in the school or in the diocesan office. Sessions were not interrupted or overheard, ran for two hours

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6 in each case, within the agreed time boundaries. Brief records of each session were kept by
7 the supervisor as agreed at the outset. These records are confidential and were not shared with
8 the supervisees' employing organisation. The sessions began with each supervisee sharing
9 their feelings about their day in the 'here and now', as a way to set that to one side. This
10 enabled them to reflect and focus on the issues that they identified as being the priority for
11 the session – they also chose the order for this exploration. Sometimes issues from previous
12 sessions were reviewed, if the supervisee thought that this would be helpful, but often new
13 material was brought each time; thus the supervisee set the agenda for the session. The
14 sessions were both reflective and solution focused. Supervisees worked hard to explore the
15 issues they were bringing, to 'tell their story' and then evaluate possible courses of action that
16 would help to effect positive change. Occasionally, supervisees used the time to offload, if
17 they felt weighed down by a particularly complex or emotional issue. Being listened to
18 empathically is a very powerful experience. On other occasions, the sessions focused much
19 more on discussing practical strategies rather than emotional issues. This was entirely guided
20 by the supervisee and the supervisor's task was to listen with empathy and without judgment,
21 and ask appropriate questions, summarise, use an appropriate challenge when required,
22 alongside applying the skills of immediacy and silence to encourage deep reflection.
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38 The boundary between the professional and the personal inevitably overlap, and it
39 was the role of the supervisor to ensure that the boundary was maintained, without ignoring
40 or dismissing the impact of the personal. In other words, being clear that supervision is about
41 best professional practice, not personal therapy. In every case, once the purpose of
42 supervision was explored and understood, and as the relationship between supervisor and
43 supervisee/s developed, every supervisee engaged fully and worked hard to reflect on their
44 practice. By taking time to step away from the work, supervisees were able to see for
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6 themselves often small and straightforward actions that could be taken in order to effect
7 change.
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10 A number of key issues or themes wasere raised during the sessions. Many of these
11 were shared across the participants, working in different schools. The themes noted by the
12 supervisor were evident in the responses from the supervisees who participated in the
13 research study. We will return to these in the results section, but first the methodology for the
14 evaluation study will be explained.
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21 **Methodology of the evaluation study**
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23 Before engaging in the supervisory service, those participants who took part in the
24 evaluation had an opportunity to discuss the research study and clarify the purpose and
25 process. An information sheet was sent in advance and a consent form signed (if they agreed
26 to take part). Ethical approval for the research was granted by the University. Participants
27 were then asked to complete the first qualitative questionnaire, which had been piloted in
28 advance. Participants were informed that the questionnaire would be completed again on two
29 further occasions, at mid-point of the service and on completion of the study. The completed
30 questionnaires were sent to the researcher, not the supervisor, in the first year. One
31 participant was unable to complete the third questionnaire due to a health issue, which meant
32 they were not in school at this time.
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42 It was agreed that all participants would receive a copy of the evaluation report
43 (XXXX & XXXX, 2015). The evaluation report did not name individual schools or
44 individual participants who took part. All participants were free to withdraw at any time
45 without having to give a reason (none did, other than as mentioned above for non-associated
46 health reasons). Each qualitative questionnaire opened with the same statement to re-
47 introduce the purpose of the study. The questions were kept very similar to allow for
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comparison, but were adapted slightly to reflect the passage of time and the supervisees' experiences of supervision. A further question was added to the final questionnaire to measure the impact of the supervisory service once it was completed. Participants were free to write as much or as little as they wished. Over the two years, seven participants completed the questionnaires.

Our research questions, as reflected in the questionnaire were:

1. What is the participants' understanding of the purpose of supervision?
2. What aspects of their role do they think benefits from engaging in a process of supervision?
3. What do they envisage the impact of engaging in supervision is in terms of their well-being?
4. What are the main goals of supervision in terms of their practice?
5. How would they describe their expectations from involvement in the supervision service, both personally and professionally?

When all the questionnaires were received, the responses were anonymised and combined for each stage and a thematic analysis took place. The two authors conducted a separate analysis and then met to share their individual results, which were closely aligned. The findings were disseminated in a report to the participants, the supervisors and to the funder for the service. The findings reported in what follows draw on the evaluation from the first and second year of the service.

Findings

The questionnaires sought to 'measure' any changes in understanding of the purpose of supervision and to assess individuals' views on the benefits that the service did, or did not, bring. The results were overwhelmingly positive. We would not claim that the findings are

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representative in any way and the sample is small, but as an illustrative case study, the comments are powerful.

Questionnaire 1

At the start of the service participants saw the purpose of supervision as a time to “develop ways of dealing with the aftermath of managing emotionally charged situations” in a confidential space. There was a desire to off-load the stress that the role brings. When asked about how that role would benefit from engaging in supervision, the responses included professional as well as personal considerations. They referred to the need to perform well in challenging situations with children, families, agencies and at times other staff members, within a context of targets and Ofsted expectations. Supervision, in a confidential setting, was perceived as a way to manage these challenges, “to enhance a work/life balance and to keep strong and reflective for families.”

Creating a work/life balance was a key theme throughout the material as participants recognised the need to take care of themselves in order to take care of others in their work. It was also thought the supervision would “help to develop strategies to manage work-based pressures”. All the participants were striving to be consistent, to do a good job and to persevere – there is a strong sense that they saw supervision as a way to ‘keep on keeping on’. One participant spoke of “sleepless nights and worrying about school 24 hours a day”. Enjoying time away from school seemed to carry feelings of guilt for this person, also expressed as “hoping supervision would stop me feeling that I should always be doing more.”

When asked to assess the need for a supervisory service on a scale from 0 (no need) to 4 (high need), two participants scored 2 (the middle position) and the others scored 3 or 4. When asked what they hoped to achieve via supervision for their practice, there was some difference of view about the purpose or functions of supervision at this early stage. For

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example, one participant thought it would be a confidential area for ‘discussing difficult pupils’. The same person also spoke of the weight of responsibility they experienced in their role and expressed the desire that supervision ‘will allow me to continue in my role to support vulnerable pupils.’ Another spoke of expecting that supervision ‘would help me to identify specific situations in which I feel pressure’ and here there is a suggestion of the learning space that supervision can provide in order to develop skills and strategies. The need to avoid burnout and to continue in a role they valued as committed professionals is very apparent in the responses. The responses reflect particular and early examples in the project of how clinical supervision is perceived as a learning process, alongside offering both personal support and professional development that is not found in other professional development activities. Overall, their expectations at the start of the service can be summarised as managing stress and a hope that work/life balance would be enhanced, through the confidential setting with an external expert. Supervision was perceived as a potential space where the learning process could lead to clear thinking and an increased ability to help others in their teams.

Questionnaire 2

At the mid-point of the service, participants were asked to complete the second questionnaire. Their understanding of the purpose and functions of supervision had developed and the responses were (not surprisingly) more nuanced, for example ‘the chance for us, as senior leaders, to talk freely and openly to an independent listener.’ And, ‘an opportunity to reflect ...resolving emotional conflicts through discussion and compartmentalising the issues.’ The benefits they perceived at this point stress the support that supervision provides in terms of the development of their leadership of others, alongside the management of their own emotions. One said, ‘I am surprised at how far reaching this process has become, and how it has made me reflect back into previous headships and events with families...’ The

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benefits of being provided with a safe reflective space are echoed by others as supervision took place ‘in a calm but purposeful atmosphere.’

The word purposeful is significant – supervision is not a cosy chat, it is hard, purposeful work for all involved. One said, ‘I feel less stressed after a supervision session, I put things into perspective... I realise I have a choice in how I cope with stress.’ There is evidence of movement in that statement and the notion of choice in how to react to challenging situations, in contrast to being overwhelmed by stress. Another said they now realised ‘that colleagues were feeling as stressed as I was.’ This points to the isolation that they may be experiencing, particularly perhaps the Head of a school. Once again, participants referred to the value of the confidential space that can be provided by a skilled supervisor who is independent of the school. Participants were also asked to look back to their responses in the first questionnaire and to assess the impact of supervision at this mid-point. The help and support was described as ‘invaluable ... allowed me the space to think and reflect and to keep strong and resilient.’ In the group setting there was recognition that the opportunity to share and learn from each other was effective. For another participant the development involved a broader perspective on the work, as no longer overwhelmed by stress – this was described as being able ‘to see the big picture’. There was also a sense that the problems that were evident in their challenging work roles were being recognised as inherently difficult, rather than caused by personal inadequacies or an inability to cope. Micheal White (1989, p.7), in the context of family therapy, expressed this externalisation as, ‘It is not the person that is the problem, but the problem that is the problem.’ Overall, the level of reflexivity had increased.

In terms of scores against the ‘need’ for a supervisory service, these were all 3 and 4 (high), with all the participants expecting their goals would be met. In considering what else may have changed with regard to their practice as a result of engaging with supervision, one

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said, ‘I have on occasions made different decisions for better well-being in relation to issues or dilemmas discussed during a session.’ Another spoke of actively looking forward as they recognised that they can change the situation, rather than ‘just accepting things the way they are’. This suggests that beyond coping better, there is a growing sense of ‘agency’ for this individual.

All the participants expressed the hope that the service would continue and be available to others, but emphasised that the supervisor needs to be someone who is suitably skilled. Participants made reference to the benefits of being listened to within a dedicated time away from the work – ‘headspace’ leading to the ability to plan and move forward. One said, ‘Having the time to stop and reflect in this way is a totally different kind of professional development. One where issues can be shared and addressed without anxiety, fear of burdening others, or appearing vulnerable or unable to cope.’ As the comments indicate, clinical supervision provided a space for participants to engage in meaningful professional development, to reflect on their practice. In Schon’s terms it provided the time and safe space to move away from the ‘swampy lowlands’ (1983, p. 54) of practice and to visit the ‘high ground’ (ibid) of more distanced thinking about the work.

Again reference was made to what we might call enhanced leadership skills, ‘better work/life balance ... has enabled me to make better professional decisions due to the opportunities to discuss problems / concerns for the better[ment] of our school.’ Also expressed as ‘taking control back’, suggesting a sense of increased professional autonomy and a way of managing, ‘the pressure of expectation placed on the role of Head Teacher in order to make myself a more effective practitioner.’

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Other comments offered at this mid-point referred to how much individuals valued the sessions and the positive impact supervision was having on their work. One said they ‘found the process very rewarding even though I was sceptical at first.’

Questionnaire 3

The final questionnaire was completed once the supervisory sessions had ended. The participants had by this stage arrived at a confident understanding about the purpose of supervision, for example:

‘Supervision is the opportunity to talk confidentially to an independent listener, about issues that, if bottled up, could seriously affect your emotional wellbeing and mental health’ And;

‘An opportunity to reflect upon life within education and discuss the issues faced that are emotionally draining, with a view to resolving these emotional conflicts through discussion and compartmentalising the issues.’

Plus;

‘To give the chance to offload and a chance to reflect rather than taking things home or worrying about them.’

And;

‘At the beginning of the project I was ignorant and unaware of the impact of supervision. Now at the end of the project I am much more aware of what supervision entails, have greater awareness of the different approaches to supervision and a much deeper understanding of the impact and positive benefits which are associated with supervision.’

In enumerating the benefits of supervision participants repeated points made before, but with a stronger emphasis. They highlighted the importance of having a structured process that was independent and confidential. The experience was constructive, countering against the isolation that the weight of their responsibility imposes on them. The ‘safe space’, to

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develop their thinking and strategies for managing their complex work, was viewed as crucial. The ability to ‘park work’ and gain a new perspective was a major benefit – suggesting that supervision provided a very necessary *restorative* space.

Looking back on the experience, they recognised the importance of an empathic and non-judgemental listener, which appears to be of particular significance in a context of targets and Ofsted inspection. They also mentioned physical benefits – ‘being able to sleep better at night.’ At the end of the project, all the participants scored 4 (the highest score) in terms of the need for a supervisory service and agreed their needs were met. The opportunity for time for ‘quality reflection’ was mentioned and how the goals they work towards in the desire to be effective in their work are all interconnected. Regarding their ongoing expectations, they all wanted the service to continue. One said, ‘This project has helped me enormously. I look forward to the sessions and often ask myself, ‘What would the supervisor ask me? What would she say?’ and that helps me see issues from an outsider’s point of view.’ Such statements highlight the on-going reflexive learning and professional development that develops from supervision – the *formative* function – and provides evidence that leadership skills are enhanced.

The additional question in the final questionnaire asked participants to express how they feel supervision hads affected them both professionally and personally. Participants spoke of being more relaxed and better able to do their challenging work. One said:

‘Supervision has been the only time when I can be honest about how I am feeling: in the school context senior leaders have to ‘put a brave and positive face’ on at all times, support their staff and not let their fears / emotions show. I cannot discuss my concerns with others as it is not professional to burden staff with my worries – they have their own.’

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7 Anxiety can be seen ‘as a weakness and judged accordingly’ whereas supervision provides a
8 confidential and non-judgemental space. Others spoke of ‘enhanced professional judgements’
9 of being ‘refreshed and a lot calmer’ of having the ability to ‘improve work/life balance’. The
10 participants were invited to make final comments, one said:
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14 ‘I did not realise how much I needed the chance to just talk about worries and stresses. I
15 would like to thank the supervisor for her support and the wonderful way she helped me
16 (and the others in our group) to think of solutions to any difficulties so they no longer
17 caused me worry or stress.’
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21 Another said:

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23 ‘I would like to say how much we enjoyed supervision, although maybe sceptical and
24 unsure in the beginning. The supervisor was always calm, listened and made us ask, and
25 on many occasions answer/think about solutions to our concerns. So often we would say
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27 ‘I really haven’t got time for this today’ – however the positives of these sessions always
28 made us feel better about the situations we were faced with and made us realise how
29 important they were.’
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35 Participants were able to comment on the wider benefits to the school:
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39 ‘Being able to really focus, identify and discuss the impact of these concerns with a
40 supportive, experienced and skilled listener has been invaluable and has helped me
41 resolve some of the most challenging problems that I just couldn’t see a way of
42 resolving on my own. Supervision has been hugely beneficial, not just to my own
43 well-being but on the school effectiveness.’
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49 What one person alludes to in the above is that supervision is not about telling, or
50 teaching or even coaching. Good supervision is all about the relationship, but, to repeat, it is
51 also about asking good questions, not providing answers. There is recognition throughout the
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6 material that this is a constructive use of time with wide beneficial effects, both personally
7 and professionally. The need for protected time, in a safe space, is essential for achieving
8 these benefits - like the coal miners, in order to 'wash off the dirt of their labours'. The quote
9 is worth repeating: 'Supervision is the equivalent for those that work at the coal-face of
10 personal distress, disease and fragmentation' (Hawkins and Shoheit, 2006, p.58).
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18 **Discussion**

19 The analysis of the responses to the questionnaires shows that at the beginning of the
20 service participants were experiencing work related anxiety and stress, which they did not
21 know how to alleviate and were trying to cope with on their own. They were also having
22 difficulty in creating a work / life balance. Recent national figures looking at rates of
23 professional suicides indicate that this might not be an uncommon situation for educators.
24 Data from the Office of National Statistics (March 2017) shows that during the period 2011
25 to 2015 there were 139 suicides among teaching and educational professionals with 73% (102
26 suicides) of these being recorded as primary and nursery schoolteachers. Although we cannot
27 explore the causes here, it is notable that the risk of suicide for primary and nursery school
28 teachers was found to be 42% higher than the national average. There is also a link to
29 inspection (Ofsted) in a specific case of suicide. In 2015 a Coroner concluded that a Head
30 Teacher 'just felt she was under so much pressure' and 'it's a reminder that when schools are
31 judged 'Inadequate', immediate support should be offered to lessen the trauma. Heads and
32 staff are human – and damning judgements can have devastating consequences' (Local
33 Schools Network, 2015). Findings from our research showed that all the supervisees wanted
34 to do a good job, to take care of others in their work and to persevere with their roles. As the
35 sessions progressed, positive comments about the supervision were provided for the study
36 and participants remarked that it gave them a learning space in which to develop skills and
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strategies and an opportunity to reflect. Importantly they also recognised that the supervision sessions provided them with a safe, calm and purposeful atmosphere in which to solve problems. After the final supervision sessions, all participants repeated points made earlier about the benefits of supervision, but with a clarity and a stronger emphasis. They stated that to be constructive it was vital that the service needed to be a structured process, independent, confidential and delivered in a 'safe space.'

The responses also demonstrated how the participants' understanding of the purpose of supervision grew throughout the project. Significantly, answers to the scoring of the 'need' for a supervisory service by the end of the sessions all indicated the highest score (4), emphasising the value each participant placed on the service they had been enabled to access. This strongly suggests that supervision was seen as a benefit to them both as individuals and as school leaders. Additionally, all participants recognised the importance of the expertise of the supervisor in enabling supervision to be beneficial and constructive.

In advocating for the development of clinical supervision to support the personal and professional development of senior leaders in schools, it is important that attention is paid to potential limitations of such a service. As indicated earlier it is not a practice that should be imposed on colleagues, as engagement needs to be genuine for professional development and personal support to be meaningful. The practice cannot solve the wider constraints that schools operate within linked to funding regimes, policy imperatives and the impact of socio-economic disadvantage. The introduction of such an innovative service will also compete with other funding requirements that may have higher priorities. All that said it is a professional development activity that was highly rated by the individuals in our project and supported them in their desire to 'keep on keeping on'.

To summarise at this point, there are three consistent themes that emerged from the evaluation of the supervision sessions; they are:

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1. **Professional safety**

- The need for a confidential and safe space
- The importance of a non-judgemental environment when under the disciplinary gaze of Ofsted etc.

2. **Professional resilience**

- The prevention of burn out and the management of stress
- The intense commitment of the professional – they have a vocation
- They felt re-energised as a result of the project
- The main function / purpose for the participants was the provision of a *restorative* space (Inskipp and Proctor, 1993), in other words, taking care of self in order to take care of others.

3. **Professional development**

- The development of greater reflexivity, leading to finding their own solutions
- An indication that supervision leads to greater strategic thinking and enhanced leadership development
- Gaining of a new and broader perspective, being able to shoulder responsibility

Suggestions of benefits to the individual, the school, the pupils and the profession

Overall, alongside the provision of a restorative space, there was evidence of normative and formative functions, i.e. the development of ‘good’ practice. In terms of a learning culture, t

Professional development in education

The generic aims of professional development in education are considered here to include: to promote motivation, self-awareness, professional efficacy and resilience. Continual professional knowledge, skills and critical reflection are also key factors which educators need to enable them to remain focused and engaged with the profession. As discussed earlier

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'clinical' supervision can help senior leaders and teachers identify the 'problem' issue they are experiencing, consider their options and then plan for change; all of which lead to positive factors which can maintain commitment to their role and engagement in their own professional learning.

Conclusion

~~In conclusion,~~ findings from this small-scale case study, strongly suggest that access to clinical supervision enabled all seven senior leaders who participated in this two year project to develop their ability to be reflective, reflexive and to problem solve. Such abilities align with the key facets of professional development as outlined above. in education: motivation, increased self-awareness, professional expertise and a learning culture. Supervision studies have shown that if given the opportunity, senior leaders and teachers are able to positively change and adapt their teaching and learning through reflection (Alila et al, 2016). Supervision appears to have helped them feel they could continue as effective education leaders, whilst still managing to maintain a positive work / life balance. Using phrases to describe outcomes from their sessions, such as 'enhanced professional judgements', 'refreshed and a lot calmer', and improve work/life balance', support the claim that clinical supervision could be a valuable tool to help build professional resilience. Recent national data concerning teacher retention indicates that the professional and emotional feelings our supervisees expressed could be common for senior leaders in similar schools across the UK.

The research reported in this paper ~~indicates~~ shows that supervision provided the supervisees with a safe space and non-judgemental environment in which to reflect, evaluate and resolve difficult and often complex issues. This support took place within the boundaries of structured, clinical supervision facilitated by experienced supervisors. Beyond this limited study and its tentative findings, research would be needed to explore whether supervision

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sessions help prevent senior leaders in schools from ‘burning out’, and help to manage and maintain a work/life balance which enables them to be strategic, effective and confident leaders. Although the data and analysis from our case study cannot claim that pupil achievement will be improved as a result of supervision, or that staff retention is a direct result of engaging in supervisory support, these are, potentially, associated benefits worthy of further consideration. It is noteworthy that one Head Teacher commented:

‘The sessions have had an immediate impact. I come out of each session ‘uplifted’ because I can see a solution and I have a plan ~~abouts to~~ how to address an issue. This is a highly effective method of solution focussed support for Head Teachers.’

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