

# PROFESSIONAL SUPERVISION IN CASE MANAGEMENT





## Professional Supervision in Case Management Practice:

A guidance document by BABICM, CMSUK and VRA

Published 4 July 2025

## Contents

|  |    |
|--|----|
| Introduction: .....  | 2  |
| Professional supervision in case management practice: BABICM, CMSUK, VRA .....     | 2  |
| How to use this guide.....   | 2  |
| What do we mean by “Professional Supervision”? .....                               | 3  |
| SUMMARY: What is supervision? .....  | 6  |
| Why supervision matters.....   | 7  |
| SUMMARY: Benefits of supervision .....   | 8  |
| Not just supervision, but <i>effective</i> supervision .....                       | 8  |
| SUMMARY: Conditions for effective supervision .....                                | 10 |
| How to choose your supervisor .....  | 10 |
| SUMMARY: Choosing your supervisor .....  | 11 |
| How to prepare for supervision.....  | 11 |
| What to expect from your supervisor and what your supervisor expects from you .... | 12 |
| SUMMARY: Preparing and engaging in supervision.....                                | 13 |
| Commercial and financial considerations.....                                       | 13 |
| OVERALL SUMMARY .....  | 13 |
| Frequently Asked Questions:.....   | 14 |
| GLOSSARY .....   | 16 |
| REFERENCES: .....  | 16 |
| Appendix 1: Models of supervision .....  | 17 |
| Appendix 2: Contributors to this document.....                                     | 18 |

## Introduction:

In the dynamic and multifaceted field of case management, professional supervision stands as a cornerstone for ensuring high-quality care and continuous professional development. Supervision is not merely a managerial task; it is a structured process that fosters support, reflection, learning, and growth for both newly registered and experienced case managers. The principles outlined in this guide are aligned with the standards set by BABICM, CMSUK, and VRA. These principles emphasize the importance of regular, reflective, and accountable supervision. They also highlight the need for supervision to be a collaborative and supportive process that prioritises the well-being of both the supervisee and their clients.

## Professional supervision in case management practice: BABICM, CMSUK, VRA

### How to use this guide

Supervision establishes a formal process of support, reflection, learning and development that is of benefit to both newly registered and experienced case managers. Supervision is a different process to line management. Case management practice itself is complex and multi-faceted, and delivered in a variety of settings and with a variety of client groups. However, within all these fields and across different models and methods of delivery, as case managers we rely on our ability to communicate, relationship build, analyse, clinically reason, coordinate, and reflect, all within our duty of care to our clients. All this activity benefits from effective supervision to achieve the best outcomes for our clients.

This guidance document is written for those practising within case management, no matter the setting or client condition. It is intended to inform those within the field of case management about how to establish and engage in their own supervision practice, both as a supervisor (where appropriate) and supervisee, rather than mandating set processes to follow. The purpose of this document is not to be prescriptive about how supervision is accessed and delivered but to provide practical guidance and set out the basis on which individuals should engage in supervision and the benefits of doing so. Whilst professional supervision is accepted as being best practice for all health and social care professionals, including case managers, the responsibility for taking part and being accountable for subsequent actions is down to each individual practitioner. Current guidance from the membership organisations is contained within their own set of standards and summarised in the BABICM/CMSUK and VRA Code of Ethics and

Conduct in case management practice, which sets out expectations of supervision at section 4.13:

*4.13: The case manager will participate in regular supervision relevant to their area of practice.*

There is no universally agreed definition or format for supervision. However, people often have a pre-conceived idea of what supervision means or what it should be. This can often arise due to their particular professional background. Much of the published research refers to the supervision provided as “clinical supervision” due to its widespread use within clinical professions. Many case managers also function within a clinical environment or enter case management from a clinical background, although this is not the case for all. Within this document we have drawn from a number of models and an evidence-base that we feel has relevance across the case management domain, be that clinical or non-clinical. As a result, we will refer to “Professional Supervision” in this guidance in order to resonate with **all** case managers.

## What do we mean by “Professional Supervision”?

There are a range of different models of supervision which may be applied to case management practice. These models provide a conceptual framework which can guide practitioners and supervisors through the professional supervision process. The use of any particular model within supervision is for the individual supervisor and supervisee to agree. However, for reference some models are listed in Appendix 1. These are:

- Proctor's three-function model (Proctor 1987)
- Johns reflective model (1993)
- Nicklin's practice-centred model (1997)
- Resilience-Based Clinical Supervision (RBCS)
- Morrisons 4x4x4 functions of supervision/supervision model (2005)

For the purposes of this guidance document, Morrison's model would seem a good fit as a framework for supervision within case management practice and so we have explored it below as a demonstration of how to apply a supervision model in practice. It is of note that this model was created to apply to the social work profession. One key value of Morrison's approach is the emphasis on holding the client or service user as central during the supervision discussion. Furthermore, it recognises that supervision is not solely about the practitioner's development and learning, but is also about action planning to ensure progress for the client. This is done within the framework of supervision where the experience of the supervisor can aid targeted action planning and

ensure a better standard of case management for all clients, albeit that ultimate responsibility for action sits with the supervisee.



Figure 1: Morrison's 4x4x4 model

Morrison's model proposes four key interdependent functions of supervision:

1. Management – Ensuring competent, ethical and accountable practice and performance. This would include for example, a consideration and reflection on safe practices, acting in line with current legislation and regulation, and reviewing accidents, incidents and near misses.
2. Development – Facilitating continuous professional development of the case manager
3. Support – Providing personal and emotional support to case managers
4. Mediation – Achieving a positive working relationship with others, i.e. how case managers can improve the way they work with stakeholders and colleagues

Within the four functions, Morrison identifies four stages of the supervision cycle:

1. Experience – engaging and observing – the story of what happened or thinking back to a situation or experience.
2. Reflection – investigating an experience – what it was like and the role of the supervisee in that situation/experience.
3. Analysis – seeking to understand – what this means for the client, and this guidance would add, for the case manager and those around the client. This requires an examination of the decisions taken and consideration of any other options that were available.
4. Action plans – preparing for action – to explore what should happen next, considering the choice of options. There may also be discussion about how the situation might be managed differently if it should occur again.

Within each of stage of supervision, there are four stakeholders held in mind:

1. Service users (as termed in the model), although we would apply this to clients, i.e. the person receiving case management and their family members. The supervisor should be aware of their supervisee's work to an appropriate level to effectively supervise and actively explore with them: their practice; understanding of the client's condition and presentation; and that their actions and planned interventions are appropriate within their field of expertise/the client's condition.
2. Staff, which refers to the supervisee themselves.
3. The organisation, this reflects the reputation of the service provider, even where this is a sole practitioner.
4. Partners, which represent all the entities involved, for example, those within the deputyship, legal and insurance professions, employers if applicable, therapists from the multi-disciplinary team (MDT) and other health and social care professionals including support and care workers, and statutory and community services.

## SUMMARY: What is supervision?

Supervision establishes a formal process of support, reflection, learning and development that is of benefit to both newly registered and experienced case managers.

It is a requirement for practice by the membership organisations and the IRCM, that case managers engage in regular supervision.

Using a published model of supervision can support understanding and delivery of supervision within case management practice.

Supervision should include identifying actions and how/when to take them.



## Why supervision matters

The available published research evidence supports the benefits of regular *effective* supervision for the:

- 1) Case manager (supervisee)
- 2) Client
- 3) Business

Carpenter et al, 2012, reviewed the literature and concluded:

*Good supervision is associated with:*

- *job satisfaction*
- *commitment to the organisation*
- *staff retention*
- *employees' perceptions of the support they receive from the organisation.*

*Carpenter et al, note that in relation to impact on service users there are indications that workers who have the opportunity to reflect on the emotional impact of the work (Stanley and Goddard, 2002) and critically reflect on their practice (Munro, 2011) are likely to deliver a better service.*

Evidence demonstrates that staff who receive clinical supervision feel supported, experience less stress and are less likely to leave their profession (Davenport 2013).

From a review of 32 studies by Martin et al (2021):

- Synthesised finding 1: Adequate clinical supervision mitigates the risk of burnout and facilitates staff retention, while inadequate clinical supervision can lead to stress and burnout.
- Synthesised finding 2: Clinical supervision improves the work environment through boosting of staff morale, motivation to work, staff well-being and team relationships.
- An effective supervisor boosts job satisfaction

## SUMMARY: Benefits of supervision

Some of the key benefits of professional supervision include:

- Improved client input through increased knowledge and skills
- Increased confidence and decisive action
- Safer input/risk management
- Wider knowledge and awareness of potential solutions to clinical problems
- Development needs and CPD opportunities being targeted
- Lower staff turnover
- Higher staff satisfaction

## Not just supervision, but *effective* supervision

The Healthcare Professions Council (HCPC) commissioned research to explore the published literature around *effective* supervision. The authors conducted a rapid evidence review which considered papers published between 2009-2019 and identified 15,922 papers which were screened leaving 135 full papers included in the review. To determine papers to include in the review they used the following definition for clinical supervision:

*“This relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the more junior person and monitoring the quality of the professional services.” (p.8)(1)*

The authors of this review identified certain “enablers” and “barriers” to effective supervision, as detailed in table 1.

Table 1: Effective supervision

Enablers for effective supervision identified included:

- regular supervision
- occurs within protected time
- in a private space
- delivered flexibly

Additional enablers included

- supervisees being offered a choice of supervisor

- supervision based on mutual trust and a positive relationship
- a cultural understanding between supervisor and supervisee
- a shared understanding of the purpose of supervision, based on individual needs, focused on enhancing knowledge and skills

Barriers included:

- A lack of time, space and trust
- A heavy workload
- A lack of shared understanding to the purpose of the supervision
- A lack of ongoing support and engagement from leadership and organisations

In the context of case management practice, we would add the following additional obstacles, barriers and misperceptions:

- Many case managers work on a self-employed basis with a cost implication to taking time out of billable work and/or having to potentially pay for supervision themselves.
- Supervision may feel restrictive on a supervisee's professional independence: it can feel uncomfortable for someone to be critiqued or challenged on their familiar patterns of working.
- It can feel easier to prioritise other work tasks, rather than engaging in supervision as that feels too time consuming when the supervisee feels too busy or overwhelmed by their workload.
- A feeling that supervision might lead to indecisiveness as a supervisor may suggest new options for actions on a case.
- A lack of understanding that supervision in case management is for the supervisee's work as a case manager, rather than for any previous professional role. Many people enter case management from a previous professional role (e.g. nursing, occupational therapy, physiotherapy, social work) and may have a significant amount of experience within that previous profession. Their supervisor should generally have more case management experience but may have fewer years of work experience in total, which they can find hard to accept.
- A lack of self-awareness of the need for reflective practice, e.g. where a supervisee feels they do not have any difficulties on their cases and therefore do not need to access supervision; or they (wrongly) assume that the purpose of supervision is to deal with problems/firefighting.

## SUMMARY: Conditions for effective supervision

- A shared understanding of the purpose of supervision, by the supervisee, supervisor and if appropriate, organisation
- Protected time
- Safe and private space
- An appropriate supervisor
- A relationship between supervisee/supervisor based on trust
- Preparation

## How to choose your supervisor

A central premise is that you cannot do supervision alone or for yourself. Case managers need another person to enable reflective practice, and to gain another perspective. There can be considerable advantages, especially for those starting out in case management, in identifying a supervisor with significant experience of case management practice. This is not to say that it must always be a case manager providing the supervision. There may be issues arising from practice which may lead to alternative or additional specialist supervision being sought.

It is therefore not necessarily always the case that one supervisor will be able to meet all your supervisory needs. You need to consider who is the right supervisor for you at any specific time. What can help, is having more than one supervisor available to you with different skill sets or experience. This may be achieved within your organisation but may need to be sought more widely. For the sole or independent practitioner, it may be particularly useful to have more than one supervisor available to address the full range of your needs.

Effective supervisors, who work with an approach that is inclusive, ethical and non-judgemental, should have the knowledge and experience to assist supervisees in their work, provide emotional support and have the qualities to develop positive working relationships.

Supervisors need to continually update their practice knowledge and skills for the specific populations of people with whom their supervisees are working as well as the practice standards to which they must adhere. Supervisees can ask their potential supervisor about this to ensure they are getting the support they need on their case.

Driscoll (2000) suggests among other things, key attributes of effective supervisors are:

- An ability to work collaboratively
- Integrity
- Honesty
- Sensitivity

- Self-awareness
- Credibility
- A sense of humour

Cassedy (2010) identified four conditions:

- Empathy (feel with the other)
- Genuineness (congruence)
- Acceptance (warmth)
- Unconditional positive regard (respect)

If you feel that your supervisor doesn't match your needs on these attributes or does not apply the four conditions with you, you may want to consider changing supervisors.

At the current time the membership organisations do not maintain lists of supervisors. Should you need to identify a supervisor, contact your networks, and ask experienced people in your field. Please be aware being a supervisor is not a regulated element of case management. Therefore, you will need to do your due diligence when sourcing a supervisor.

A note for supervisors: in order to effectively act as a supervisor and fulfil the above criteria, it is important to manage your own well-being and ensure you are also accessing regular supervision. Having the right experience, training, knowledge and skills is vital and you may wish to explore resources available to fulfil these. For this reason, we would advise anyone seeking supervision to enquire about what supervision their potential supervisor accesses for themselves.

## SUMMARY: Choosing your supervisor

Consider:

- You cannot supervise yourself
- The purpose and context of your needs at the time – the importance of case management experience versus more specialist experience
- Choosing a supervisor who offers the right attributes and establishes the right conditions for supervision, and change supervisor if required
- Use your networks and remember you may need more than one supervisor to fulfil your specific needs for supervision
- Ensure your supervisor is maintaining their own wellbeing and supervision requirements

## How to prepare for supervision

As part of preparing for a supervisory session, you may not only want to consider practical problem-solving elements of the case, you may also want to consider a situation you feel

uneasy about, or which creates an emotional reaction in you. Review recent experiences in your practice and consider whether you could benefit from reflecting on these from another perspective. You may also benefit from sharing things with your supervisor that you are struggling to deal with or understand.

Other aspects which may benefit from discussion at supervision include ethical dilemmas, conflicts of interest and safeguarding issues.

Regular reflection and starting to engage in the supervision process will help to build your confidence to 1) ask for supervision; 2) seek out the right sort of supervision at the right time for your development/cases.

## What to expect from your supervisor and what your supervisor expects from you

An important part of the supervision process is having shared expectations of the supervision session planned. This allows you to focus on the content of the session itself, which results in supervision better meeting your needs. You may wish to formalise these expectations within a supervision contract. Whilst this may seem like it risks being too formulaic, it can be incredibly useful in order to agree the terms and expectations for any supervision relationship.

| What to expect from your supervisor  | What your supervisor expects from you   |
|--|---|
| <ul style="list-style-type: none"> <li>• They come prepared</li> <li>• They are focussed on your needs</li> <li>• To provide a safe, non-judgemental and inclusive space</li> <li>• To set aside protected time to provide supervision</li> <li>• To challenge established thinking whilst remaining ethical</li> <li>• To look beyond what is presented</li> <li>• To aid reflection and growth of the supervisee</li> <li>• To evaluate input</li> <li>• To monitor and discuss where need be, professionalism</li> <li>• To share the responsibility with the supervisee of taking minutes/keeping a record of the session and recording actions</li> </ul> | <ul style="list-style-type: none"> <li>• To come prepared</li> <li>• To be open to feedback</li> <li>• To highlight areas for support</li> <li>• To set aside protected time to engage in supervision</li> <li>• To be accountable for your own professional practice</li> <li>• To share the responsibility with the supervisor of taking minutes/keeping a record of the session and recording actions</li> </ul> |

## SUMMARY: Preparing and engaging in supervision

- All parties should come prepared
- Preparation should include considering practice, emotions and issues which may best benefit from supervision.
- Consider whether a contract for supervision is helpful
- Make expectations of the planned session explicit so all parties share a realistic framework

## Commercial and financial considerations

You may need to pay for supervision. This could arise if you are a self-employed or an independent practitioner.

Many case managers work in a commercial environment where they bill for their time or have targets for their billable time in any one day. This adds an additional challenge as, in principle, supervision sits outside of day-to-day billable work. However, the discussions within supervision can overlap with training and line management and in order to make decisions on whether to charge for any element, you must tease apart the underlying purpose and/or the learning/development process being achieved in that time.

### Can I charge for my time?

You might want to consider:

- Your/your company's policy on supervision as different from training or line management
- Whether the discussions add value to a particular case
- Your agreement with the instructing party
- The supervisee's training needs

## OVERALL SUMMARY

- Supervision is crucial for both newly registered and experienced case managers. It provides a formal process of support, reflection, learning, and development, which enhances professional functioning and ensures high-quality care for clients.

- Benefits of effective supervision are far reaching, including improved job satisfaction and staff retention, reduced stress and burnout, enhanced professional development, better client outcomes and positive organisational impact
- Selecting an appropriate supervisor is essential. Consider the supervisor's experience, attributes, and ability to provide a supportive, non-judgemental environment. It may be beneficial to have more than one supervisor to address different needs.
- Preparation is key to effective supervision. Reflect on recent experiences, identify areas for discussion, and consider ethical dilemmas or conflicts. Both the supervisee and supervisor should come prepared to ensure productive sessions.
- Recognise and address common barriers to effective supervision, such as lack of time, space, and trust. Ensure supervision occurs within protected time and in a private space, and foster a positive relationship based on mutual trust and understanding.

## Frequently Asked Questions:

1. How often should I have supervision and how long should it be?  
The frequency and duration of supervision sessions should be around your individual level of need. This should be regularly, and as frequently as you feel the need. However, please refer to policy or guidance provided by your registered body.
2. I have an appraisal, is that supervision?  
No, supervision and appraisal should be separate processes.
3. I have been offered group supervision, should I accept this?  
Group supervision can be a useful adjunct, but it would ideally not replace one to one supervision. There are many formats for supervision and you should ensure you access one that is suitable at any given time.
4. What should I consider in choosing a supervisor?  
When selecting a supervisor, it is essential to ensure their approach, expertise, and theoretical framework align with your needs. Also consider whether you feel comfortable working with them as a person. Finally, consider whether they have the knowledge to oversee your client group and the knowledge of case management standards of practice.



5. How do I to choose the right supervision at the right time?

When choosing when to have supervision and what supervision to access, consider the stage of your career/CPD, your caseload, whether there are particular issues or your responses you feel you should discuss, and your own personal resources.

6. What should I write up?

Any supervision should identify actions to be taken and these should be documented in a way which allows future reference and supports your learning.

7. Should my supervisor be a practising case manager?

This may provide suitable supervision, especially to those newer to case management practice. However, any supervisor should be selected according to your needs and the needs of your cases

8. Can two experienced professionals engage in peer supervision to support each other?

There are lots of different models and approaches to supervision and all can add value, but we refer you back to the guidance offered above in relation to choosing a supervisor who meets your needs.

9. Can or should sessions be recorded if on-line?

You and your supervisor need to agree on terms and conditions for each session. If a recording is made then all participants need to be aware of the recording being made and client data needs to be protected in line with GDPR and the role of AI in note taking. Whatever format you agree on, it may be helpful to have a summary of the session and the actions agreed.

## GLOSSARY

Client: The person who was involved in the index incident

Referrer: Organisation who referred the case to the case manager

## REFERENCES:

Driscoll (2000) Practising Clinical Supervision: a reflective approach

Cassedy P (2010) First steps in clinical supervision: a guide for healthcare professionals. Maidenhead: Open University Press.

Martin P, Lizarondo L, Kumar S, Snowdon D (2021) Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. PLOS ONE 16(11): e0260156. <https://doi.org/10.1371/journal.pone.0260156>

Rothwell C, Kehoe A, Farook SF, et al. Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review. BMJ Open 2021;11:e052929. doi:10.1136/bmjopen-2021-052929

SCIE (Social Care Institute for Excellence). "Narrative summary of the evidence review on the supervision of social workers and social care workers in a range of settings including integrated settings"

## Appendix 1: Models of supervision

**Proctor's three-function model (Proctor 1987)** is one of the most widely used;

Proctor's model describes three functions that need to be addressed in supervision. Namely:

- The first area is **NORMATIVE**; this focuses on the managerial aspects to learning with reference to local policy and codes of conduct. This could include core mandatory training and continuing professional development. **This aims to deliver an ethical, safe and effective service.** [cf Milne: case management and quality control]
- The second is **FORMATIVE**; this focuses on developing knowledge and skills in professional development and using self-reflection as a tool to further develop self-awareness. This aims to increase the practitioner's reflection of their own practice. **This aims to increase knowledge, skills, attitudes and understanding.** [Maintaining competence and effectiveness]
- The third is **RESTORATIVE**; personal development focusing on support, preventing burnout, and learning to better manage stress. **This aims to foster resilience through nurturing supportive relationships that offer motivation and encouragement and that can also be drawn upon in times of stress.** [Encourage emotional experiencing and processing]

### **Johns reflective model (1993)**

A tool for structured reflection, Johns suggests, that when you reflect, you need to make sure that you 'look inwards' (consider your own thoughts and feelings), and 'look outwards' (consider the actual incident or situation, including things like your actions in the situation and whether they were ethical, and the external factors that influenced you).

### **Nicklin's practice-centred model (1997)**

Focuses on the roles and functions of the organisation (managerial, education and support) working together, where a change in one will impact on the others. The model presents supervision as a cyclical process of analysis, problem identification, objective-setting, planning, action and evaluation

### **Resilience-Based Clinical Supervision (RBCS)**

A framework of clinical supervision, developed by the University of Nottingham, that focuses on understanding the emotional systems that prompt a certain response to a situation. It teaches participants how to alleviate this emotional response through understanding and reflecting on why they have responded in a certain way, and in due course to be able regulate this response whilst paying attention to their own wellbeing.

- This framework is useful to the practitioner in a great variety of different situations as it focuses on the root emotional response.
- Creates a safe space for healthcare workers to discuss and explore their feelings, engaging with others but also practicing self-reflection.
- The mindfulness techniques suggested as part of this framework can be used during the working day to refocus and respond positively to difficult situations.
- Recognise situations beyond our control and mitigate the critical self-response.

## Appendix 2: Contributors to this document

Anna Watkiss MSc HCPC Registered Practitioner Psychologist *representing BABICM*

Dr Julie Denning CPsychol (Health) *representing VRA*

Sue Ford RGN RSCN MA(Ed) BSc(Hons) *representing CMSUK*

Tim Watson BSc (Hons) OT PG Dip (Law) *representing independent case managers*



