

Louise Taylor 13:33

you Okay, yeah. Well, certainly I can recommend the programme I first came into contact with funds quite a few years ago about a project about the challenges of working in nursing homes at nights, evenings and weekends. And I think it's still on your website that the report from it, but that was a really positive experience. And I think since then, I was always on your mailing list. So when I saw the invitation for the resilience based clinical supervision that, you know, it just, it was really good timing, because we'd had quite a bad sort coming out of covid and everything. And so it really ticked quite a lot of boxes, really. And although the programme is definitely about preparing people to facilitate sessions, I must admit, for myself, it was really therapeutic for myself. And I would, you know, sort of recommend it on, on that score as well. But as as, as you said, you know, it's really, it's really difficult time. You know, expectations are very high, resources are very tight. There's quite a lot of kind of quite angry people out there. Certainly some of our referrals have come to us because they've had delayed diagnosis, mainly through covid and various other things. So they. Quite unhappy when they come to so that there's, you know, such a lot to cope with. And I think some of the processes, particularly the positive reframing, has helped us to think about, you know, we can't change weightiness. We can't change that the ambulance takes ages to get here. We can't, we can't make the GP come every day. So it's no point in is sort of focusing our time and energy on that, that we can really sort of, you know, when staff get kind of unhappy about that, or or troubled by it, that we can use the the skills from from the programme to try and bring them back. Well, you know, you can't change that, but there's, you know, what can you change? You know, is it something that we we can, you know, we can do. So I think that that's been a really positive thing, and it's changed the way of communicating with staff that you know, really think about what, what you do well, even though it's very difficult circumstances, much more complex referrals, etc, about you know what you know what you're doing well. And then, and then look at what you can fill, fill in for, for the gaps. And so, yeah, and that other recommendation about about the programme is that, because it's exclusively for social care participants, it's very it's very real and supportive. I was. I've also joined up for Mary Seacole programme, whereas I think I'm the only person from social care, and it's that's quite it's quite isolating, because, you know, a lot of people from trust don't realise that, particularly for standalone, small companies, you don't have all those wraparound services of people that Look at compliance, that look at complaints, all this sort of thing. So I think that the exclusivity of it being social care for focus on social care and participants, it makes it very, very real and very supportive. Yeah, and, and so, yeah, that's my thing, that can definitely recommend the programme. I hope that's okay.

Grace Cook 17:25

Thank you, Louise, um, that's brilliant. And as you say, one of the benefits of inclusivity is, you know, it's a way of working that's more inclusive. However, if you come on this program

know about nursing and social care is that it's very autonomous. It can be quite isolated. And one of the things I heard in what you were saying was that this was a real

actually we've had all sorts of people coming on our programmes. And one of the things I really enjoy is when we do have an MR MDT programme, because actually there's lots of learning that we can have from each other, and that's similar to people in different roles at different senior seniority. I think the key whenever that is the case, is that we help to develop a safe space where people are able to share their opinions, no matter who's in the room, but actually, clinical supervision is relevant to anyone that experiences the care environment. I remember we've done, been doing some work with hospice UK, so we've definitely done some work across hospices. And we spoke about, you know, volunteers at the shops, the people that answer the phones. And it's similar across all organisations, there are often people that are exposed to the stressors in different ways, but it's not necessarily so obvious the impact, but the impact is still there. And actually, when we stop and we all share how we're feeling about something, we often realise that we're all feeling the same from different angles, but we have similar feelings about what's happened, and that helps us to work better together as a team.

Lucy Gillespie 37:27

So to reinforce that, then we're saying that the supervision is appropriate across different levels of leadership in nursing, and what you will be able to do with this is will depend on what your role is, but there will be elements that will benefit at whatever stage of your career that you are in, I think, what we're getting at. So hopefully that clarifies the question for people, perfect, brilliant. Thank you very much everyone for contributing to the webinar today.