

Learning Uncut Episode 110
Advanced Clinical Supervision: Blended Virtual Learning
Program – Kate Fraser and Dr Kuva Jacobs
Hosted by Michelle Ockers



Michelle Ockers:

Kate Fraser from the Australian Association of Social Workers joins me to discuss a blended learning program for clinical supervisors developed in partnership with Family Safety Victoria. She is joined by Dr Kuva Jacobs from RedPoint Consulting who worked on the design and development of the program. The program has been shortlisted for two Australian Institute of Training and Development Excellence awards – check the show notes for an update on how they went. Some interesting design considerations shaped this program, including a high need for psychological safety for participants due to lived experience of trauma. The program is also an example of how the shift to online delivery has opened up new opportunities for inclusivity and richer participant support through engagement over a longer period of time plus new forms of peer support. Also, if you've struggled to familiarise either program participants or SMEs who are facilitating live online learning with online collaboration tools, in this case Miro, listen to Kuva's outline of how they addressed this challenge.

If you'd like to hear more about the past work of either of my guests check the show notes for links to previous episodes that each of them has appeared in separately. Thanks to both Kate and Kuva for their generosity in sharing another story on Learning Uncut.

Michelle Ockers:

Welcome back to Learning Uncut Kate and Kuva.

Kate Fraser:

Hi, Michelle, glad to be back.

Kuva Jacobs:

Thank you.

Michelle Ockers:

It's lovely to have you both back. So we're talking about something completely different to the earlier conversations that we've had with both of you on the podcast, and this was a project obviously you worked on together. Kate, we might kick off with you. Talk to us about the Australian Association of Social Workers, who were the organisation you were working with at the time of the project.

Kate Fraser:

Yeah, sure. Thanks, Michelle. So the Australian Association of Social Workers, as it sounds, is a professional membership body for social workers around the nation, so many of your audience would be familiar with the Australian Institute of Training and Development, for instance, and so it's a similar type organisation, but for the profession of social work. So my role there was the Manager of Education and Training, and so my portfolio was the CPD program, or the Continuing Professional Development program, where we would offer live online learning as well as on-demand online learning, and then we also had a fairly large projects section reporting in to me, and then also business development, where we would consult to organisations who employ social workers and to work together to work out their

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

needs analysis and any training solutions we might be able to offer with them, whether it's off the shelf or co-design.

So I'm no longer working there now. So, I moved within the last three weeks, however, myself and also the association are very proud of the work that we've done there, and I'm really pleased to be here to talk about it today.

Michelle Ockers:

Fantastic, thanks. And Kate, I believe that this body of work that you've done in conjunction with Redpoint, represented by Kuva today, has been short-listed for an AITD award?

Kate Fraser:

Yes, it's very exciting. Listed for two categories, and we're really excited to be recognised as finalists and wish the best of luck to all the finalists in both those categories.

Michelle Ockers:

And of course, another important party who worked on the project with you is Redpoint Consulting. Kuva, you were with, are with, Redpoint?

Kuva Jacobs:

Yes, that's correct. So I am a co-director of a company called Redpoint Consulting currently still operating, although I also have recently launched a new company called Emergent Learning. So at the time of this project, I approached Kate to deliver the learning services that support this particular project, so all of the instructional design. And I also what I've found over the recent years is that I find it extremely valuable to be able to have a partner in crime when I work on different learning projects, I feel that being able to be two, we bounce ideas off of each other, and we end up with a better product in the end. So I was extremely lucky to be able to bring in Jason Davey, who is also a really senior learning designer, who has a lot of experience in this space as well.

Michelle Ockers:

And of course, I interviewed yourself and Jason about another project you'd worked on, on a prior episode of Learning Uncut. So I will put links for the listeners to the previous episodes that I've done both with Kuva and with Kate on Learning Uncut, so you can take a look at their bigger portfolio of work. So Kate this program that we're talking about was developed for frontline social workers, I believe?

Kate Fraser:

Yeah, it was Michelle, and it was broader than social workers. So frontline workers in the family violence sector, so there're some challenges within that, and yeah, so it was great to be able to expand the scope like that.

Michelle Ockers:

So can you tell us a little bit more about who the program was developed for and the kind of work environment and challenges that they face, or that you are looking to address through the program?

Kate Fraser:

Yeah, absolutely. So I preface it all by saying that Melbourne was in a very deep and long lockdown at the point of... At this point of time. And the audience was the Victorians. And what had become apparent was that the pandemic really had emphasised how under-resourced the sector was in terms of human resourcing, and still is to, in some ways. And for the last five years, actually, so pre-pandemic, the family violence sector in Victoria had been undergoing some really big reformations as a result of the Royal

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

Commission into family violence that was conducted a number of years ago and have as many, many, many, many recommendations.

Part of those recommendations were deep exploration and research into the required capabilities and also qualifications for that sector, and also a large variety of alternate pathways within the workforce as well to recognise, lived experience, work experience, qualifications and trying to marry all of that up together. So I guess that's what was going on in the family violence sector, and the amazing team at Family Safety Victoria still working through those recommendations have done so much work, and a small piece of that pie was around clinical supervision and being able to provide really solid support to the family violence sector by way of providing clinical supervisors and making sure that they were adequately trained for the job.

More broadly, the Australian Association for Social Workers is very acutely aware of several coroner's reports, several Royal Commissions, including this one, and also state ombudsman's reports with recommendations that also point to the need to lift capability in supervision, clinical supervision, because that capability needs to be uplifted for the supervision of front line workers, recognising that they need to provide better support for the workforce, but also more advanced skills for those supervisors because the cases are becoming more complex and workers are also taking on increasing amounts as well.

And then thirdly, supervise... The supervisors also need support to navigate the pressures that come along with all of that, including vicarious trauma, but also to navigate dual roles of being a team leader as well as a clinical supervisor. And this brings me to a really important point that supervision, in the context that I'm talking here is not team leader supervision, it's clinical supervision, which is quite common to know about within community work or health professionals, where that's probably the most critical component of professional development for any individual within those sectors. It's so customised, it's so personal, and it's an ability to be able to sound board and talk to a professional, usually more senior than yourself, and to work through what's the best way to work through these cases. Have you tried this, have you tried that in an objective manner, and challenging and wrestling and dancing along the way. Yeah.

Michelle Ockers:

Kuva, did you have some observations to add?

Kuva Jacobs:

Yeah, I just wanted to point out on that note about the dual roles of clinical supervision versus line management. So it's something that I've never really thought about before I got into this particular assignment, and what I found was that it's actually, I think, something that extends beyond the supervision space... Sorry, the social work space, into the corporate space as well where what you find is in the corporate space, a lot of people, their line manager is also the person who is responsible for any mentorship or guidance or anything like that, and that creates this conflict for the person. So in the social work space that was extremely important because say for example, if they go to their supervisor and they're like, "Look, I have a problem that I can't..." The supervisor then needs to give them a couple of days off because they're facing vicarious trauma or whatever it is, but the line manager then has a conflict because that's the person that needs to go and do the cases tomorrow, so they're not really in favour of giving the person a day off at that point. So I think there's an issue in the corporate sector too where we need to start to think, should the line manager, the person who is responsible for your performance, also be responsible for your mentorship as well, or should it be a separate person?

Michelle Ockers:

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

That's such an interesting perspective. I'd never thought of that, but it makes sense when you lay it out like that, Kuva. Really interesting. Let's talk a little bit more about what clinical supervision is, what does a clinical supervisor do, what's the role of clinical supervision? Perhaps, Kate, if you can talk to us a little bit more about that.

Kate Fraser:

Yeah, sure. It really is Kuva's analogy of team leader versus mentor, who might be separate people, is a pretty good analogy actually. So the clinical supervisor would really not be involved in operational matters such as risk assessments or WHS or even rostering, all of those hard-core management skills. So that the clinical supervisor is really there to check in, be a sounding board on your clinical skills, your clinical thinking, and the ways you might go about with any intervention or therapeutics, or the ways of thinking of how you might approach a certain case or cases that are related together if you're involved in many of them, which is often the case as well. So, it is very focused on the approaches and the clinical tools you may or may not pick up, and to provide an objective sounding board to challenge whenever the supervisee might be presenting is a little bit stuck or in a rut. And just sort of making sure that they'll still look to make sure that they're aligned with the organisational values and so on, but certainly it's to really be a little bit of arm's length.

So there's lots of different scenarios where a clinical supervisor might be in place, so you may work for organisation A and perhaps organisation A outsources all their clinical supervision, and so, therefore, as an employee you might actually see someone externally. In some cases, people elect to pay for that for themselves, for their own professional development because they want to see someone externally, and it might be that they're not happy with what they're getting internally, or it's just a choice and they want to maintain arms distance. And then in other cases, as I've alluded to earlier, the clinical supervisor and the team leader are the same person. That can be very challenging for that person that has both hats, because in the clinical supervision session, you should be able to put aside all of your performance responsibilities and to create a safe space to open up and really talk about the challenges of cases that you're working on. You really do need to feel safe in that environment, not feel like you're not being criticised or judged on those other aspects at the same time. So, hopefully, I've been able to articulate the challenges within holding both of those hats because it is very difficult to separate.

Michelle Ockers:

I think you've done an excellent job at articulating that. And of course, you mentioned the pandemic, and I think Melbourne actually got the record for the most locked down city in the world during that couple of years, the pandemic. Would that be right? That'd have to be close to it.

Kate Fraser:

Yeah, we did have number one for a while. I've got a feeling Auckland might be close or may have taken over.

Michelle Ockers:

Right. So there was an increasing demand for the services of Family Safety Victoria, I would imagine. We heard a lot around the challenges for families under strain during the lockdown period.

Kate Fraser:

Absolutely. Absolutely. Because of unnatural, forced time together, it exacerbates lots of different challenges and problems within family systems, but then not to... I don't want to fail to mention that that government department as well as all of their service providers had to shift in the way that they provide service as well. So to be able to

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

meet with, say, a female who is trying to access your services, you have to... And your only option is to meet, like we are today, online or on the phone. That female's in lockdown. It's hard for her to find a safe space to be able to have that conversation without being heard by other people in the family. These are the challenges. And then also where a case worker might be used to meeting with people face-to-face and be able to pick up on lots of non-verbal cues, a lot of that's stripped away over the phone or indeed on an online digital meeting if you're not used to using those tools ordinarily.

Michelle Ockers:

So how did the partnership with Family Safety Victoria come about, Kate?

Kate Fraser:

So the ASW had a fairly good relationship with Family Safety Victoria beforehand and had delivered a couple of projects like created a specific credential for social workers who worked in the family violence sector, so the ASW has a number of accreditations and social workers can apply for those. It's a fairly robust application process. We estimated that it would take at least 20 hours to be able to get that application together to be able to receive that credential successfully. So they had a family violence one, they still do, and that was in partnership with Family Violence Victoria... Family Safety Victoria as well.

So off the back of that and given the work that I mentioned earlier that Family Safety Victoria are undertaking with their reformations, it made sense particularly that there were some pretty specific recommendations around clinical supervision for us to be able to offer our services to help them get to that point. So the Family Safety Victoria themselves don't deliver the front-line services, but they have many services under contract like NFPs and so on, that do deliver those services, and they call them their peak bodies, and so they were the audience for this program that we put together. And so we partnered with Family Safety Victoria, given our learning know-how, given our contacts like Kuva and Jason, for us to be able to come in and consult to them and help them with that work.

Michelle Ockers:

Okay, great. Thanks. And Kuva, at what point was the project at when you became involved?

Kuva Jacobs:

So the project had been formed in that Kate had already done the research into what the requirements were for the project. She had scoped out the duration of the project being at 20 hours, and then she pulled together two extremely knowledgeable and advanced social workers to work with us as subject matter experts. They'd already started pulling some content together as well. When we got in, we needed to look at that content and see if we could actually reshape it into that digital format, and one of the critical things, of course, with COVID was that, obviously, due to the lockdown, we needed to be virtual in the way that we deliver this. Kate had told me when I came in that everyone was quite resistant to that idea, especially the social workers because they are obviously face-to-face people and not as digitally savvy as some other professions either.

Michelle Ockers:

I understand, and we're going to dig into those design considerations in a moment. Kate, can you talk to us about the research? How did you research? What did you find during your research to figure out what was needed before you engaged Kuva?

Kate Fraser:

Yeah, absolutely. So I will point back to all of those reports that I mentioned earlier from coroners, Royal Commissions, and state ombudsman's, and there

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

was plenty of recommendations, plenty of material in there to draw from, and in some cases, the recommendations were actually specific to social workers working in different sectors. So that covered off the family violence, of course, which I've spoken about already. And there were quite a few coroner's reports, just around... If you span back 10 years back and looking at each of those reports and the recommendations in child protection also.

There's also the Royal Commission into Mental Health in several states around Australia, and so this is where I was drawing upon. So, when you work at an organisation like an association, it's really interesting actually because I find if you're embedded in a company and delivering programs for employees, you have access to a lot of data, actually, in terms of what the KPIs are and where the business wants to go, what's the strategy, and what's the thinking from the leaders, what's performance been like, how has that been documented, and working out the needs analysis in terms of what's the gap in terms of where everybody wants to go, or if you're already on the pathway, are we actually achieving that and is that performance there?

You have none of that at an association. Everything's externally facing. In some ways, people would... The criticism would be that it's very transactional, that you pay your money, you register, you turn up for your session on X, Y, Z, and then it's over, you've to complete the feedback survey and then we never see them again unless they're a repeat customer, for instance. So to partner with Family Safety Victoria or other government agencies that we had partnered with was a really great opportunity to be able to get a good sense of what is the problem statement, where do we need to be, and what's the pathway to get there, what are the gaps, and what's existing already, and what can we leverage off, and that sort of thing.

So after reading all of those reports that I've mentioned and then having some really good conversations with Family Safety Victoria to get a sense of the landscape, get a really good sense of the peak bodies and what their personalities are like as organisations, and also what they think their needs are. And then also speaking to our own members who are in the sector to get insider knowledge and get the sense there. So what we did find out, and I need to mention also that my team completed a literature review, which extended further from just those reports that I mentioned. So literature review into journal articles and so on to really get an understanding of clinical supervision and what those authors think need to change. So that literature review was very helpful for our subject matter experts as well.

And then the other thing that my team conducted was market research in terms of, if we think about clinical supervision training, what's already out there, what do they cover, and again, searching for gaps. What we found was Family Safety Victoria really most definitely needed this program to be not just for social workers because that was only one component of the workforce. So their workforce is comprised of... Or the peak bodies' workforce is comprised of social workers, psychologists, counsellors, and lots of other different qualifications who are in different pathways. We also needed to pitch it at an advanced level, which was a topic that took up a lot of time between myself, Kuva and Jason, and also the subject matter experts, because we were leapfrogging straight to advanced, and we needed to really understand what that meant.

And the reason why it needed to be at advanced was because that was the theme coming out of all of those recommendations from those important reports, but also from the market research, we could see that entry level clinical supervision training was very saturated in the market, as in, "Congratulations, you're a new clinical supervisor. This is what you need to know." And the advanced pitch was actually we couldn't find one is the answer to that, and then as Kuva has already mentioned, it needed to be virtual for lots of different reasons.

Yes, we were in a pandemic and we needed to deliver it virtually

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

because of those logistics, but also we were covering six or seven different regions in Victoria as well, and so it made good sense to move it to virtual.

That had never been done before for clinical supervision, and that threw down some challenges in terms of resistance as well as people's past experiences with online learning. And then I guess also being able to come to it with some optimism that just because it's never been done before, just because we've always done it in person, in a classroom, then therefore that's how it should always be done. But the other thing also is that we didn't have any precedence whatsoever. We started with a blank page more or less, and that's where we started writing, and that's where we commenced. But they were the main three things that we needed to tick off for all of our different stakeholders.

Michelle Ockers:

Okay. So you're given a design brief, Kuva. It just makes me curious. There's obviously a lot of research being done before you start getting engaged. What makes for a good design brief? And I'm thinking many people in the audience will be working in organisations, working with either an internal or external audience, and at some point, they need to bring in a designer, and that may not have been during the research phase, which is the case here. What's helpful for you as someone who's being contracted into work on designing and developing a program?

Kuva Jacobs:

I think it's a great question, Michelle. For us, what we find is the best thing is actually having the space to be able to go in and do a little bit of discovery ourselves. So obviously, sometimes there's a fixed budget and there's a fixed deliverable, and that's what we need to work for, but a lot of the time what works better is actually not having that fixed structure. Obviously, having research being done is amazing and that's great. That can feed in. We can digest that and that can help our discovery, but what we really like to do is get in and have those conversations, figure out who the learners are, who the key stakeholders are, what are the learning objectives.

And in this particular example, we actually did just that. So the first session that we did with the SMEs, we ran them through a discovery where we looked at the program purpose. So why is ASW building the program? What are the behaviours you're aiming to shift? And at a high level how you aim to do that as well. And then actually starting to map out the actors within this complex environment, and then some of the practices that they do as well. And then from there, we also started to unpack the audience. So the program wasn't defined when we came in and we came back with a suggestion of what it might look like, and then it got further refined in conversation with Kate and ASW and also with FSV, so the end client, and with the SMEs as well. So there was a conversation between everybody to make sure that we could lock down what was going to be delivered.

Michelle Ockers:

Okay. So what were some of the key design considerations and constraints in this case? We know it had to be virtual.

Kuva Jacobs:

That's right.

Michelle Ockers:

What else were the key design considerations for you here?

Kuva Jacobs:

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

So one of the things that was a big design consideration was that the audience were quite different. So Kate mentioned that we had the clinical supervisors, but then we also had line managers. We had people working within different organisations, so we couldn't go into an organisation and customise for their specific context. So we had to keep it quite broad and flexible so that... Like, a lot of the time what we do is we go in, we tailor learning to be very adapted to the individual, but what we needed to do was almost the reverse of that to say, "How can we build training that allows anyone in any context to get value out of it?"

And the way that we did that was, first of all, we used a mix because we knew that we had only limited access to the facilitator, so we needed to blend having some of this stuff in e-learning format with having it delivered virtually face-to-face as well. And so what we tried to do with the e-learning was take the modules that were going to make the most sense to be delivered by e-learning. So things like, one of the most popular, from my understanding of the evaluation, one of the most popular e-learning modules is actually one about the various supervision models, and I think one of the reasons why that worked really well in that context was that we could actually really visualise those models in a nice way that we adapted them to the ASW template and styled them up so that they were easier to see and understand, and then you could click through those models as well.

We also had some that had video-based case studies that... Actually, the SMEs recorded those case studies. They had some friends who were actors and they created really powerful videos that were about live case studies. They were amazing. They got put in. And also in the e-learning, we put a lot of things like reflective questions where I find that a lot of the time, learning designers, when they're designing e-learning, they always put these questions in that are, "Is it A, B, C or D?" But then that's not allowing for the person's context. So instead we flipped it around and said, "Okay, here's a piece of information," say, for example, "Here's a model, a supervision model. Now we want you to reflect and think how did this relate to your particular context." And so there's no fixed answer there. It's just enabling them to connect the dots between what they've just learned and their current reality.

Then with the facilitator sessions, we really wanted it to be social and interactive. That was a very important part of it as well. You can imagine that social workers obviously like to socialise with each other and learn from each other, but I think everybody did at that point because that was when we were all in lockdown and quite isolated from each other, so we really wanted to flip things around and create that cohort-based learning experience. So we brought in Miro as the virtual white-boarding tool, and inside of that tool, we pulled them in and then asked them to respond to more open-ended questions that we'd explore things like one of the questions we explored for example is the use of humour in supervision.

So when you're using humour in supervision, it's quite a tricky thing because people have got a lot of different biases that you need to consider, a lot of different trigger points, and so when supervisors use humour, they need to be very careful and considerate in the way that they do it. It can be an excellent way to diffuse a painful situation, but if it lands wrong, it's not good. So...

Michelle Ockers:

So how... Just stick with that example for a moment. How did you actually explore that? What was that activity?

Kuva Jacobs:

So that was literally a question that the supervisors asked, so it's the SME. So we had our facilitators who were our SME, and they were in the session, and then they asked it and then

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

we had a bunch of stickies and then people could respond to those stickies and provide their own examples of what worked and what didn't work.

Michelle Ockers:

Great. Thank you.

Kuva Jacobs:

And then the facilitator could read off some of the responses that have come through and explore them and call them out.

Michelle Ockers:

So I want to touch on the participant experience in a moment, but just there's this question of reflective questions in e-learning versus cohort-based learning, where obviously you're doing reflection there, drawing on the experience of people as well as creating an interactive experience. How do you decide what's best for e-learning versus what's best to do as a cohort in a more interactive way, synchronously?

Kuva Jacobs:

Yeah, good question. Sometimes it's a little bit governed by the flow of the program itself, but in that particular example, what we really wanted to do was make sure that the topics that needed the most conversation were the ones that would flow into the Miro-based facilitated sessions. So arguably, all of them could have had conversations, but there was a few that we really wanted in that particular cohort session. So obviously the first one we needed to kick off as a cohort so that everybody could come together, and then so that... I think the... So we had two topics which were about supervisor and supervisee development pathways. In that particular example, we felt that out of all of the topics, those were some that they could actually complete on their own without necessarily needing to have a conversation.

We also, in the supervisor development, we linked back to the skills, sorry Kate, what's it called? The skills matrix, it was the skills matrix. It basically listed out all of the skills for a supervisor and we built a questionnaire around that where they were still assessing their capability for each of those particular skills. And then from there, they could get an understanding of which ones they felt stronger, or more confident at, and which ones they felt required more work, and then as they flow through the program, they could focus on those particular elements. And then once we got into things like creating safety, that was something that was... And supporting vicarious trauma, things like that, these were the ones that we felt were really important to be able to have those conversations around because that's where it starts to get really emotional. Really, it's quite an intimate topic, and so being able to unpack things, and have conversations was really important at that point.

Michelle Ockers:

Great, thank you, that's really helpful. So it's precious time, the time you actually have together, and for anyone who's facilitated live online sessions, the time just flies by, so using it wisely in the way you've described makes a lot of sense. So I don't know who's best positioned to answer this next question, Kate or Kuva, really curious if you can give us a program overview from the participant's perspective. So if I'm a participant on this program, what does my journey through the program look like?

Kate Fraser:

Oh great. So I'll fill this question, and the program, as Kuva mentioned earlier, is approximately 20 hours of completion, 20 hours of CPD, 20 hours of time commitment, and what we did deliberately was to space it out over six weeks. So when you look at it, you're looking at averaging maybe three or four hours of time commitment per week, and for family violence workers in that sector, that seemed to be manageable for

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

them. So at first, we found that once you start speaking about a 20-hour program, there's a certain reaction from most people, but however when you start breaking it down into manageable chunks per week, and putting some gateways in place as well so that you don't proceed to the next week until you have completed certain things was also really important, so that when you do join the class, when you do join the group for those really important conversations that Kuva was describing earlier, that everybody has actually benefited from the same information. They may have taken it in in different ways to link towards... Link with their own personalised work experience and lived experience.

But you know it was really important to be able to get through the learning and then to come to the classroom for those discussions. And so module... What we did was mapped module one through to six per week, and it really is graduated, so that by the time you're in week four, five, six, it's getting more in-depth as it should, each week is building from the previous one. And so module one and Module two, most of that is focused on self-directed learning, and then also the online collaborative workshop in Miro.

And then around about the week three mark is where the coaching circles start kicking in. And this is actually my favourite part of this program, because the coaching circles, they are groups, but they're really small groups where participants have access to the facilitator, but it gives them more of a chance to bring something from their own workspace and work on it and not just... Not to work with it with the facilitator, but to work in groups and flesh out skills and that sort of thing. And of course, everybody's mindful of confidentiality in this space as well, but the coaching circles was a really personalised aspect of this program. So that kicks in about week three, and you do need to do the work to get to that point to get the most out of that.

And then, as I mentioned, week four, five, six, that's when the master classes really start kicking off. There's more online collaborative white boarding with Miro and the coaching circles are getting deeper and deeper and deeper as well. And of course the subjects themselves are starting to get more advanced also, where it's really tailing it off for finishing, rounding it off with are you a team leader and a clinical supervisor and really bringing it together for that person to be able to navigate those challenges, be able to manage up in their organisation as well as manage their teams, be able to create those safe places for supervision, build trust with the supervisee, and also to look after themselves as well. So I guess that's a really broad overview, but it just gives a sense of where they start, where it goes to, where there's a lot of workshopping at the beginning, lots of self-directed learning, and then the learning is more graduated and builds on that as it reaches towards the finalisation of the program. Is there anything you wanted to add to that Kuva?

Kuva Jacobs:

I think that that's... Yeah, that's mostly covered it off, though I think, yeah, one of the points that I'll mention about the Miro-facilitated sessions as well was that... Kate's mentioned that safe spaces quite a lot, and we actually in the beginning were really conscious of that, firstly, of onboarding people well into Miro. So we had really simple, straightforward, and actually even got some feedback that it was almost a little bit too simple, the initial sessions, but we did that intentionally because we didn't want anyone to be concerned about the platform.

So the first session that we built in Miro was just the basic icebreaker introductions, and that's very critical when you're bringing someone into a new platform like that, and then we also in that very beginning, set the group up as well. So we had some thinking about the group roles, about how as a cohort they were going to interact well together so that everybody would feel safe in the environment that they were in, and they actually co-designed those group roles together as part of the initial session.

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

Kate Fraser:

And Kuva, I hope you don't mind me saying this, and I think you probably agree with me, there was really low belief in Miro before we used it, so we had to fight hard for this. And for this program and for this sector, this was a bold move to bring in Miro. There was a lot of naysayers, who ironically or paradoxically like Kuva was saying, there was some feedback that maybe the design was too simple, but we were also receiving the converse of that, which is, "This is going to be too hard for people to keep up. This is too technically advanced, and you're going to leave people behind with the technology."

So despite all of that, we decided to be bold together and really push for it and advocate for Miro because we really needed a point of difference in this program. And given that we had to deliver it 100% virtual, we needed lots of vehicles, lots of tools to be able to allow for discussion and conversation on advanced level skills for clinical supervision, this is really tricky stuff, and it does need conversation and discussion. So to be able to use all the tools but use them well, having belief in them and to be able to advocate for them, took up a lot of our time at one point in the development of the program.

Michelle Ockers:

It's not uncommon to strike this very issue, and I've seen it more with Miro than with anything else because if you're not familiar with it, and if things are over-complicated when you first start using it as a participant, it's easy to get lost. So I love the way you've described that kind of more simple activity to get people more used to the space, comfortable with the space, because it's a very flexible tool. There's lots you can do with it, right?

Kuva Jacobs:

That's right. And the other thing that we did that was very important with Miro was that our facilitators were not necessarily very comfortable with it, and they've never used it as a facilitation tool before. So we made sure that during those sessions, either myself or Jason were there as a tech facilitator, I guess you could call it, and ready to make sure if anything broke or if there were any challenges that we were able to jump in. And we also onboarded an additional facilitator who could continue that role moving forward after the pilot.

Michelle Ockers:

Right. So tell us a little bit about how facilitators were selected and prepared.

Kate Fraser:

So, it was important for the Australian Association of Social Workers to put up their members. So we had already worked with Family Safety Victoria to create selection criteria for the participants in the program, and so by already bedding that down, then you get a good sense of who's going to be able to facilitate this to the right level, given the people in the room. And we ended up with some very senior people in the room actually, and this program is now in the public program and it continues to attract very senior people in social work, which is fantastic to see.

So in terms of selecting the facilitators, we put out an expression of interest to our membership, this is another sub-contract for us, and so we need to manage that accordingly and it was going back to we had a blank page and no precedents and all of that. It was sort of making best guesses at how much development time this would take, and then really not knowing how much facilitation time it would take either until we had got to that point of time in the project. What we needed from the facilitators was gravitas in the room. We needed some nous. We definitely needed some years of experience and also sector specific experience.

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

Of course we needed some Victorian facilitators but we weren't limited by that, especially because it was a virtual delivery, but to be aware of the Victorian legislation that might be around or very specific risk management frameworks that are prevalent within the Victorian Family Violence sector, things like that. So we did end up with one Victorian facilitator and one New South Wales facilitator, both of those women were involved in... They were the SMEs as well in the program development, so there was a nice continuity of... Given that this was a pilot, we always set out to be a pilot, that they had the prior knowledge as to why the content was in there, that particular content was in there or something wasn't. So they had that background information rather than having someone come in cold.

So they were both social workers, one of them was an expert and still is an expert in family violence, that was our Victorian facilitator, and our other facilitator was New South Wales based, but really good consultant in the space, in child protection as well as family violence. And so the two of them together, one with more hands-on experience and the other more consulting role was a really good blend actually. Sometimes they were facilitating together, but often they were separated, but because they had developed the program together as subject matter experts, there was continuity between the two of them, so yeah.

Michelle Ockers:

Very thoughtful selection process by the sound of it.

Kate Fraser:

It had to be, yeah, for us to really win over the participants, 'cause there was a high expectation on the other end, yeah.

Michelle Ockers:

So let's talk about how you evaluated the program and what you discovered about the program through the evaluation. That's probably your area, Kate.

Kate Fraser:

It is. So when we first partnered with Family Safety Victoria, we went through a fairly lengthy scoping exercise, which is of sharing the research from both ends and being able to come into the middle and establish what it is that we're setting out to achieve, and then understanding how we're going to know that we achieve that, so most people call that evaluation. I was really clear with them that this should be a pilot to really allow for those evaluation milestones and to be able to inform what the partnership between the two organisations might be in the future as well, so those are few strategic background things going on there. So we didn't go to highbrow with the evaluation, although the evaluation team from Family Safety Victoria helped us out as well, which was marvellous. And so, really in its most basic principles, the framework was a pre-survey to really ask participants to self-assess what their knowledge was at the beginning of the program on various different aspects which linked back to the learning objectives, and then there were several feedback surveys each week actually, the participants were asked to provide that feedback each week, and this is the beauty about the pilot, you can sort of get away with asking for loads and loads of feedback.

Michelle Ockers:

Yes.

Kate Fraser:

And then, of course, we had the post-survey, which was really another version of the pre-survey in terms of rating their knowledge at this point in time now that they had completed the program. So then, my team were managing and monitoring all of that and they pull that altogether to prepare a fairly comprehensive evaluation report for our

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

government stakeholder, being Family Safety Victoria. Kuva said it before and she's absolutely right, the most popular module was the models and theories module, and it was because of the way it was presented, so really good case for having instructional designers involved, and also because they had never seen all of that information in one place together ever.

So it's just interesting for advanced level supervisors. It's just really pointing out that they don't necessarily have a really clear learning pathway when they're given that role or when they embark on that role, and to get... To be able to receive all that background information, then use it actively within the program was really... It was the thing that stood out most for them. We also hit the objectives from our stakeholders' point of view, that the program was family violence contextualised, so it didn't go into child protection or other sectors or mental health and so on, even though those areas are very much related. And also that it did hit the mark in terms of what our participants were expecting from advanced skill level and learning at that...

Jumping up to that mark. I'm so pleased to report that 80% to 90% of participants reported that they would recommend this program to a colleague, and that's very high percentage, and this is across 30 to 40 participants across six regions of Victoria. And the advanced senior clinical supervisors that were in the room told us that they personally valued the program and got something from it, and we're applying at least three, four, five things that they learnt from the program immediately to their practice, so I find that that's also a testament to the program. Of course, there's always the font size was too small on slide 17, and there's a typo on module three, slide four, all that sort of stuff, which is really easy to remedy, and the... But the evaluation gave us some really good high level strategic direction as well in terms of what next steps should be off the back of this pilot, how should it be rolled out, what are the... What's the thinking and to give us ideas to partner with Family Safety Victoria ongoing rather than, "Oh, the training's done, phew, let's move on."

Michelle Ockers:

So if you look back over the development delivery of the program, what went well and why? Maybe if we start with you, Kate, what do you think are the key things that went well and why?

Kate Fraser:

I think because we were doing so many new things that I've mentioned before, so many pioneering things to partner with instructional designers with the competence that Kuva and Jason bring, and the credibility as well, it's for someone in my position, gives you a lot of credibility to lean on and you're able to advocate for things that might be seen as hair-raising or risky or sometimes even expensive. So it gives you a lot of ammunition, and also, you're able to mitigate all of those risks quite well, Kuva's mentioned a couple already, making sure either Kuva or Jase were in the Miro room to be able to support our subject matter experts. So for someone who's not in learning land, that might look over-engineered and over-resourcing because the SMEs were there, both of them facilitating anyway, but because we needed to lift capability with our SMEs, but also within my team as well, which was what Kuva was referring to in terms of an ongoing Miro facilitator. That really sort of develop sustainability ongoing for the program rather than us needing to, as much as we'd love to lean on Kuva and Jason for every time that that program's released. So I think that for something like this, with all the risks and all the interesting stakeholders in the mix, partnering with instructional designers that can really be bold with you and be able to help you get those things across the line is so critical.

Michelle Ockers:

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

It sounds like a fantastic tip for listeners. So from your perspective Kuva, as the partner, the design partner here and supporting the initial pilot delivery, what do you feel went most well, and why?

Kuva Jacobs:

I think for me the first thing is having the freedom to actually innovate and explore and come up with creative solutions. I think a lot of the time when people come to you with a learning solution, they've already got what they want in mind and sometimes it doesn't allow for the level of innovation of what you would like to be able to do. For me, being able to have those opportunities to develop blended programs, have the cohort-based approach, have things that are activity led and social, I think that e-learning is one facet of learning that should be supporting that broader cohort-based approach, that was really important. The second thing is that social work, because it's in advanced level, social work has its own very specific language and nuances, and both Jason and I, when we got into this, there were some friction points because we didn't quite understand what our SMEs were telling us to be perfectly honest, and so they were communicating in a language with words that we thought we knew what they meant, but they had so much more meaning underneath them that it wasn't until we really got into it that we started to understand what they were actually saying. And so, having the support of Kate behind us as well, who could then explain their perspective, what that meant, be able to interface between us and the SMEs and also FSV as well, who have their own perspective on things, that was really important in this particular environment.

Michelle Ockers:

Right, thank you. I think it's a really nice example of an approach to partnering to get the most out of a learning solution to meet a need and building that trust and confidence in each other as well. So Kate, by way of wrapping up, what's next for this solution?

Kate Fraser:

Well, I know there's four directives in the evaluation of course, but the ASW is running it now in the public program, so they have... They're running two cohorts right now, I mentioned earlier there's some really high-profile people that are enjoying that at the minute, I think they're about halfway through, so... And that's been open to not just Victorian social workers in the family violence sector but across the nation, so it'd be interesting to hear from them how that's gone for them, whether anything has changed or anything of note. And I know certainly that they want to be able to mimic a similar program for the other sectors as well, so that they can start inviting the Child Protection sector as well as the mental health sector and sectors that have undergone Royal Commissions and coronial reports recently and have those needs as well. So the other thing that the team is doing is in conversation with family safety Victoria as well, in terms of what that looks like ongoing for their peak bodies and what they would like to sponsor further or subsidise further, and then other aspects of updating it, really looking at cultural safety and things like that. And also then working with organisations that employ social workers and talking to them about what are your supervision capability needs and how can we plug in and create and help you out with that. Yeah.

Michelle Ockers:

Thank you. So it sounds like there is a lot more to be done in this space. All the best with the awards, I think we're recording this on the 10th of October, the 20th October I think is the awards ceremony, is that right?

Kate Fraser:

That's the date.

Learning Uncut Episode 110

Advanced Clinical Supervision: Blended Virtual Learning Program – Kate Fraser and Dr Kuva Jacobs

Michelle Ockers:

Okay, so I will pop a note in the show notes if anyone wants to see how this particular solution fared in the AITD awards this year. We'll also include links to LinkedIn profiles for Kate and Kuva, and if anyone would like to follow up and find out anything more or dig into any of the aspects we've discussed today, you'll be able to discuss that with them directly. Thank you so much, Kuva and Kate for your time today.

Kate Fraser:

Always a pleasure. Thanks, Michelle.

Kuva Jacobs:

Thanks, Michelle. It was fantastic, thank you.



About Learning Uncut

Learning Uncut are learning and development consultants that work with learning teams and/or business leaders to accelerate learning transformation. We specialise in supporting organisations to create or update their learning strategy, enhance their learning team's capabilities, align learning to business value, and implement modern learning approaches.

We are highly collaborative and pragmatic. We partner with organisations to align learning to their business needs, unleash continuous learning, and build capability to help them thrive.

Learn more about us [at our website](#).

About your host, Michelle Ockers



Michelle is the founder of Learning Uncut. She is an experienced, pragmatic organisational learning strategist, L&D capability builder and modern workplace learning practitioner. She also delivers keynotes, workshops and webinars for learning and broader professional or workforce groups at both public and in-house events.

Michelle received the following prestigious industry awards in 2019:

- Australian Institute of Training and Development Dr Alastair Rylatt Award for L&D *Professional of the Year – for outstanding contribution to the practice of learning and development*
- *Internet Time Alliance Jay Cross Memorial Award – for outstanding contribution to the field of informal learning*



Find Michelle on [LinkedIn](#) or [Twitter](#)

