

[insert organisation name/logo]

Practice Supervision Policy

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Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Standard review is timetabled. | <input type="checkbox"/> Internal / organisational factors |
| <input type="checkbox"/> A gap has been identified | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy. | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review. |
| <input type="checkbox"/> External factors | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations. |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy. | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies | |
| <input type="checkbox"/> Other (please specify). | |

Additional Comments

[for example, policy now covers details related to new legislation].

Practice Supervision Policy

1. Purpose and Scope

[Insert organisation name] regards regular, recovery-oriented, supervision as an essential process for providing quality services, fostering reflective practice, supporting staff wellbeing, professional development, accountability, skills, expertise, and developing collegiate processes.

This policy provides guidance on selecting a supervisor, scheduling supervision sessions, confidentiality, and monitoring and evaluating the supervision program.

This policy does not provide guidance on management supervision, Employee Assistance Programs (EAPs) or other line management processes – refer to Human Resources Policy and Community, Professional and Personal Development Policy.

2. Definitions

In this policy, confidentiality refers to a situation in which the discussions that take place between a supervisor and staff will not be disclosed to anyone else. Exceptions to this include when:

- There is a breach of the organisational code of conduct and/or a professional code of ethics
- A breach of duty of care
- Mandatory reporting requirements require an issue to be disclosed
- There is a serious concern about the safety of the worker, a client or other individual.

Practice Supervision is a formal and ongoing arrangement between staff and a (generally) more experienced practitioner whereby the practice of the staff member is explored and discussed confidentially for the purposes of:

- Further developing the worker's professional identity, recovery-orientation and knowledge.
- Ensuring workers are operating within relevant clinical (if appropriate), organisational, ethical and professional boundaries.
- Supporting the worker's wellbeing and coping capacity in relation to their work.
- Improving outcomes for people accessing **[Insert organisation name]** services

Practice Supervision is clinically-oriented when:

- there is a focus on diagnosis, interventions and symptom reduction.
- the supervision program meets requirements for clinical registration

Practice Supervision is recovery-oriented when:

- It is based on the firm premise that mental health recovery is a personal journey, with the staff member becoming a partner in that journey.
- The supervision process supports staff to:
 - Become self-aware in practice
 - Consider how well they know the values, treatment preferences, strengths and goals of consumers,
 - Reflect on how their work with consumers is orientated around supporting their goals and using approaches of their (the consumer's) choosing
 - Think person-first (not diagnostically)
 - Build a mutual partnership with the consumer regarding their (the consumer's) needs
 - Emphasise the consumer's strengths
 - Normalise communication (eg, not use jargon)
 - Assist the consumer to address stigma

Reflective practice: Reflection-in-action is defined by Schön (1987) as the ability of professionals to 'think what they are doing while they are doing it'. He proposes this as a key skill and asserts that the only way to manage the unexpected and new situations that arise in professional practice is through the ability to think on one's feet, and apply previous experience to new situations.

This is essential work of any professional, and requires the capability of reflection-in-action. It is a process that enables a person to examine the history, experience, values, knowledge, and cultural reference points they bring to an interaction and how these may impact on how they manage and perceive the same interaction from three dimensions of reflective thought: descriptive, comparative, and critical (Schön, 1987).

3. Principles

Effective recovery-oriented supervision is an important tool for staff to reflect and explore their work practice, and how their personal values, beliefs and behaviours impact on the treatment, care and support they provide to clients. Supervision sessions aim to increase staff self-awareness and provide guidance so staff can further enhance their recovery focussed skills and support those with whom they work.

Recovery-oriented supervision should include highlighting where further educational opportunities could enhance practice and development of skills.

[Insert organisation name] recognises the importance of supervision through the allocation of resources such as an appropriate length of time, frequency, conducive environment, financial and human resources.

4. Outcomes

High quality, recovery oriented services are provided by **[insert organisation name]**.

Processes exist to support staff wellbeing, increase knowledge, and job satisfaction; the learning needs of individual workers are identified, and skills are improved and monitored.

The recovery-orientation, [and if necessary, clinical skills] of staff are reviewed and developed in the course of their employment at [**insert organisation name**].

The skills of mental health and support workers are developed; areas of need are addressed and high standards of practice are encouraged.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Supervision Policy.
Management	<ul style="list-style-type: none"> • Compliance with Supervision Policy. • Approve budget allocations for supervision. • Ensuring all workers are aware of the supervision policy and that they all must/have access to supervision • Clearly set out requirements re mandated reporting for supervisors/ supervisees • Ensure systems are in place that allow regular and effective: <ul style="list-style-type: none"> ○ recovery-oriented supervision to take place with staff ○ reflective practice to take place with experienced supervisor. • Involvement in concerns raised in supervision sessions as required. • Maintain contracts with external supervisors [if applicable]. • Scheduling and implementing the evaluation of the supervision program.
Supervisor	<ul style="list-style-type: none"> • Negotiating arrangements, utilising ethical practices and working within confidentiality laws • Encourage ongoing professional development • Challenge supervisee to validate approach and techniques used • Provide alternative approaches for the supervisee • Intervene where client welfare is at risk. • Ensure ethical guidelines and professional standards are maintained • Recognise skills limitations and provide additional consultation when necessary
Staff	<ul style="list-style-type: none"> • Compliance with Supervision Policy. • Organise and make appointments with supervisors

	<ul style="list-style-type: none"> • Actively participate in supervision processes. • Uphold ethical guidelines and professional standards • Discuss case presentations with the aid of i.e. written notes and video/audio • Be open to self-reflection; change and alternative methods of practice ;approaches and techniques used • Implement and reflect on supervisor directives in subsequent sessions • Maintain a commitment to professional development
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6. Risk Management

The functioning of supervision will be reviewed **[insert frequency]** with staff to ensure it is providing effective support and education to staff.

Any concerns about the safety of a staff member, client or other individual raised during clinical supervision will be raised in the first instance with the staff member and promptly with the CEO/Manager to enable appropriate action to be taken.

Supervision notes will be made and kept confidential in a securely filed location. These records may be reviewed in the event of any concern being substantiated.

7. Policy Implementation

Supervision policy is developed in consultation with relevant staff and approved by the Board of Directors. The policy forms part of staff orientation processes for all staff involved in client service delivery and management. Service delivery staff are responsible for understanding and adhering to this policy, and signing off as read.

Supervision policy should be referenced in relevant and related policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

Supervision policy will be reviewed in line with **[insert organisation name]**'s quality improvement program and/or relevant state standards, guidelines and legislative changes.

8. Policy Detail

All staff with direct consumer contact will have regular access to professional supervision on an individual; and/or group basis.

Supervision will provided in line with the philosophy underpinning recovery orientated practice.

8.1 The Supervisor

Successful and effective recovery-oriented supervision requires that the supervisor has an exemplary understanding of the uniqueness of the recovery journey, be experienced and successful in recovery-oriented support, and able to develop a trusting and open relationship with staff.

[insert organisation name] requires that the supervisor be qualified, experienced, competent, respected by staff and familiar with the work of the organisation.

[Insert organisation name] will consider the following when selecting a supervisor:

- Employee indication of supervisor / supervision needs
- Able to develop a trusting and open relationship with staff
- Understanding of the uniqueness of the recovery journey
- Recovery-oriented experience in an area relevant to the work of the organisation
- Impartial and non-judgemental approach
- The cultural appropriateness of the supervisor in relation to the person/s they will be supervising.
- Relevant qualifications
- The supervisor's understanding of the role and function of supervision
- **[Where appropriate], extensive clinical experience in an area relevant to the work of the organisation**

[insert organisation name] will seek and select an external person to fulfil the role of professional supervisor.

Alternatively, another experienced employee with relevant qualifications, experience and demonstrated skills may undertake this role.

[For external supervisors, delete if not applicable]

[Insert organisation name] will contract with an external supervisor for the provision of regular staff recovery-oriented supervision sessions. Contracts will be reviewed **[insert time frame]**.

External supervisors will be required to undergo a criminal record check prior to engagement, as per the Human Resources Policy.

8.2 Additional Considerations for the Recovery-Oriented Supervisor

The recovery-oriented supervisor's tasks are to:

- Educate, inspire, model, teach, discover and listen to both the staff they supervise and the clients the staff are supporting

- Inspire staff to increase the consumers' exposure to non-disabled roles, using natural supports to decrease stigma, and to participate in mainstream community activities, peer supports and self-help, where possible.
- Discuss issues during professional supervision, such as:
 - Personal boundaries and physical touch
 - Self-disclosure
 - Meeting each other in public places to talk or do an activity
 - Going into a consumer's home
 - Meeting at personal celebrations
 - Working together as peers and colleagues.
- Be aware of, and to discuss, common pitfalls or counter-transference issues that the supervisee can run into, such as:
 - Taking too much responsibility for the consumer and doing too much
 - Assuming the role of parent, enabler, or policeman
 - Being too much of a peer and losing their focus as the coach or guide role

8.3 Scheduling Supervision

Supervision will occur **[insert frequency]** for **[insert duration]**.

[If there are both individual and group supervision sessions occurring, include frequency of each]

Supervision sessions will be held at a regular time to assist workforce planning and ensuring availability of the supervisor. If a session time needs to be altered, staff should provide as much notice as possible to the supervisor and negotiate as appropriate.

Cancellation of scheduled supervision sessions can occur due to the following circumstances:

- Illness / unforeseen family commitments – supervisor or staff member
- Client crises
- Conflicting organisational meetings that cannot be rescheduled.

8.4 Supervision Agreements

All supervision plans will be responsive to workers' needs.

[insert position] enters into a contract with the supervisor on behalf of **[insert organisation name]** which stipulates

- Structure of sessions – frequency, duration, time, location
- Overall supervision goals
- Session note-keeping practices

- Contract review frequency

A staff member and supervisor will make an agreement on particular supervision arrangements including:

- Goal setting
- Confidentiality arrangements and limits of confidentiality
- Activities that staff and/or supervisor will undertake in preparation for the next supervision session.

Arrangements for supervision will be incorporated into employee work plans.

The agreement between staff and a supervisor should be reviewed as agreed (at least annually) by the **[insert position]**, who will also consider requests by workers to change a supervisor.

8.5 Confidentiality of Supervision Sessions

The confidential nature of supervision sessions will be respected by **[insert organisation name]**. Situations when it is expected that a supervisor will breach the confidentiality of clinical supervision sessions include when:

- There is a breach of the organisational code of conduct and/or a professional code of ethics
- There is a breach of duty of care
- Mandatory reporting requirements require an issue to be disclosed
- There is a serious concern about the safety of the worker, a client or other individual.

The parameters of confidentiality are to be clear, documented and understood by all parties.

In the event when confidentiality needs to be breached, the supervisor should inform staff of their concerns and the need to inform the CEO/Manager. The CEO/Manager should then be informed at the next possible opportunity of the concerns raised in the clinical supervision session.

8.5 Managing Disputes or Concerns Arising from Supervision

If a dispute between the staff and supervisor occurs in the course of clinical supervision, the steps detailed in the Feedback and Complaints Procedure should be followed.

If a concern arises about the safety or welfare of a staff member, client or other individual during supervision, the supervisor is required to inform the CEO/Manager immediately.

8.6 Supervision Following a Critical Incident

Following a critical incident, staff may require additional supervision sessions and/or access to professional counselling services.

[Insert organisation name] will prioritise access for staff to these services following a critical incident.

8.7 Monitoring and evaluation of supervision

Regular monitoring and evaluation of supervision takes place to review the effectiveness of the supervision program. It is not a mechanism to monitor performance management issues related to staff.

A review of the supervision program of **[insert organisation name]** will take place **[insert frequency]** covering:

- Staff satisfaction with supervision sessions and supervisor/s
- Uptake of supervision – are staff attending at recommended intervals
- Any areas of concern or strategies for improvement of the supervision program
- The extent of human and financial resources used to provide supervision.
- Consumer outcomes (eg improved quality of life)

Feedback should be sought from staff and supervisor/s and can be provided anonymously if preferred.

Following a review of the supervision program, efforts will be taken by **[insert organisation name]** to implement recommendations for improvement within available time, financial and human resources.

9. References + Resources

9.1 Internal

Human Resources Policy

Feedback and Complaints Policy

Privacy and Confidentiality Policy

Professional and Personal Development Policy

Planning an effective practice supervision program: a guide for managers and supervisors

Guidelines for developing Practice Supervision Policy

Guidelines for developing Peer Supervision

Guidelines for developing a Practice Supervision Contract or Agreement

Recovery-Oriented Practice Supervision: Reflection Form

Practice Supervisor Contract

Supervisee Contract

Template: Planning Practice Supervision (Supervisee goals)

9.2 External

Legislation

Community Services (Complaints, Appeals and Monitoring) Act 1993 (NSW)

Health Records and Information Privacy Act 2002 (NSW)

Privacy Act 1988 (Cth)

Privacy and Personal Information Protection Act 1998 (NSW)

Other

Mental Health Coordinating Council (2012). *Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW*. Authors: Bateman, J., Henderson, C. & Hill, H.

NSW Health (2006). *NSW Drug and Alcohol Clinical Supervision Guidelines*. NSW Health.

NADA Clinical Supervision

Policy. http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44

Schön, D. 1987. *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.

Sheff-Eisenberg, A. & Walston, G. (2011). *Recovery Oriented Supervision in PSR Programs: A Summary of the Presentation at the Israel Psychiatric Rehabilitation Association (ISPRA) Conference*. <http://www.movinglivesforward.org/sites/default/files/Recovery%20Article.pdf> Accessed 2nd November, 2011.

9.3 Quality and Accreditation Standards

EQUIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumer/patients are provided with high quality care throughout the care delivery process

Criterion 1.1.4: Care is evaluated by health care providers and when appropriate with the consumer/patient and carer.

Standard 2.2: Human resources management supports quality health care. A competent workforce and a satisfying working environment for staff

Criterion 2.2.4: The learning and development system ensures the skill and competence of staff and volunteers.

Criterion 2.2.5: Employee support systems and workplace relations assist the organisation to achieve its goals.

EQUIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumer/patients are provided with high quality care throughout the care delivery process

Criterion 1.1.4: Outcomes of clinical care are evaluated by healthcare providers and where appropriate are communicated to the consumer / patient and carer.

Standard 2.2: Human resources management supports quality health care. A competent workforce and a satisfying working environment for staff

Criterion 2.2.4: The learning and development system ensures the skill and competence of staff and volunteers.

Criterion 2.2.5: Employee support systems and workplace relations assist the organisation to achieve its goals.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 1.3: Human resources are managed to create an effective and competent service.

Evidence Questions: What is the evidence that:

b) the organisation's structure and environment encourage staff responsibility, initiative and cooperative work practices?

d) orientation, support and development needs of staff are systematically identified and met in a way that supports the organisation's goals?

Standard 3.3: The organisation demonstrates that it has incorporated and contributes to currently accepted good practice in its field.

Evidence Questions: What is the evidence that:

e) employs a range of internal practices such as mentoring or supervision to share and enhance the skills of staff?

9.4 National Mental Health Standards

Criterion 8.7: Staff are appropriately trained, developed and supported to safely perform the duties required of them.

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9.5 Recovery Oriented Service Self-Assessment Toolkit (ROSSAT)

Evidence items are:

Item 2.3: Supervision, both formal and informal, is available and used to discuss:

- Relationship development and maintenance
- Respectful recovery oriented practice
- Providing holistic support that is responsive to diversity
- Supporting self-directed care by providing information and choice, fostering engagement and maximising personal responsibility
- Incorporating and maintaining a belief in recovery in service provision
- Obtaining relevant and up to date information, share information in appropriate formats, and educate people on how to access information
- Enhancing a person's participation and social inclusion.

Item 2.4: Workers activities occur frequently, with the opportunity for sharing knowledge and workshopping concepts relating to:

- Relationship development and maintenance
- Respectful practice
- Supporting self-directed care
- Belief in recovery
- Obtaining and sharing knowledge and information
- Participation and social inclusion.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision

- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 5.1: Workers are regularly provided with the opportunity to reflect on /self-evaluate the recovery orientation of their practice. This includes:

- Identifying strengths and areas for improvement
- Identifying what does and does not work
- Sharing learnt and useful skills with the team, team leaders and supervisors.