Safer Family Services

Clinical Supervision: Practice Guide

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Government of South Australia

human services

Contents

Acknowledgement

The Department of Human Services (DHS) recognises and respects the historical and cultural significance of Aboriginal and Torres Strait Islander peoples and communities. We acknowledge and value the diversity of these cultures and the contribution they make to enriching Australian society.

In this document, 'Aboriginal' respectfully refers to both Aboriginal and Torres Strait Islander peoples, acknowledging the diversity of languages, cultures and ways of life among Aboriginal communities across Australia.

Overview

Safer Family Services (SFS) are designed to respond to families who are on the periphery of the statutory child protection system and whose children are at high or very high risk of harm. This requires practitioners and managers to be accomplished in the assessment, safety planning, case management and monitoring of the safety of children, within their families. The provision of effective and safe clinical supervision is critical to supporting these roles.

This practice guide outlines the process for the delivery of consistent, effective and supportive clinical supervision for all SFS staff in service delivery roles.

Purpose

Clinical Supervision is variously defined, depending on the practice groups and settings. For the purpose of SFS it is defined as:

> "a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex situations[1]".

Similarly, there are a variety of models and approaches to clinical supervision and it is acknowledged that no one model covers the diversity or their applicability to the supervisory process. However, the purpose of clinical supervision is outlined below:

- to facilitate the acquisition of knowledge through education and experience and assist a progression in expertise (formative function).
- for the practitioner to be able to sustain effective work whilst working with families under stress and distress, through the provision of a supportive supervisory relationship (restorative function).
- to ensure the provision of a quality service to children and families (normative function)

[1] Marais-Strydom 1999 *OT AUSTRALIA* 2000 Mentoring and Supervision Policy Paper

Principles

Principles are values-based rules, that govern behaviour. The following principles guide the SFS approach to the provision of clinical supervision:

- clinical supervision is one component of a wider framework of clinical governance activities, designed to provide support to staff and manage and monitor the delivery of high-quality services
- clinical supervision will reflect on cultural understandings and respect for staff who work within their communities, in particular Aboriginal and Torres Strait Islander staff.
- clinical supervision offers a safe, trusting, working relationship that promotes professional growth and development
- ongoing clinical supervision is essential to the provision of a transparent, positive and supportive work environment
- clinical supervision is a process that ensures ethical and legal responsibility as well as accountability for the quality of work, and offers assurance to those who monitor that accountability
- clinical supervision involves appropriate information management and confidentiality processes
- clinical supervision provides the basis for review, evaluation and continuous improvement in the delivery of high-quality services to children and their families
- clinical supervision is integral to practitioner role requirements and job descriptions
- clinical supervision is provided by supervisors who are trained and participate in supervision of their supervision
- prioritising clinical supervision is the shared responsibility of the supervisor and supervisee

Should conflict occur within the supervisory relationship, the responsibility for repairing the relationship sits with the supervisor, by means of restorative practices. Human Resources may be utilised if required and Employee Assistance Program (EAP) can offer counselling support.

Outcomes

Clinical supervision helps to achieve positive service outcomes for SFS staff, vulnerable children and their families. These outcomes are listed below:

- all SFS staff will work within a culturally safe environment and workplace and be committed to their personal and professional allyship journey
- supervision agreements for each employee will support the application of a consistent approach to clinical supervision that supports the provision of high-quality casework
- supervisors will provide a structured and supportive approach to the oversight of case management and case work decisions, inclusive of risk assessment and risk mitigation
- practitioners will be provided with the opportunity to critically reflect on the content, process and progress of their case work
- clinical supervision will support the development of self-awareness and professional growth, to foster a culture of lifelong learning and continuous service improvement
- clinical supervision will provide clarity for supervisors and supervisees in relation to roles, responsibilities, escalation processes, delegations and accountability
- all staff will experience improved wellbeing and feel supported in their roles
- SFS will have improved workforce stability
- clinical supervision will strengthen workforce awareness of legislative, policy, procedural and practice standards
- all SFS staff will be supported to utilize an evidence-based approach in their role
- all staff will have access to appropriate training and support

Aboriginal Cultural Lens Application

It is acknowledged that clinical supervision is of great importance in supporting best practice when working with Aboriginal children, families, and communities, however it is imperative that this is culturally safe, culturally responsive, trauma informed and must be delivered in a way that is respectful.

To achieve this a supervisor must apply an Aboriginal cultural lens, which is the consideration and application of how we perceive our environment based on knowledge, values, attitudes, and the traditions of the group with which we most identify. Applying this means stepping back and considering one's own identity, values, stereotypes and biases, and how your own background influences these perspectives. This also relates to issues of societal privilege and oppression that may influence how supervisees experience power in the supervision process and amplify the inherent power dynamic of the supervisory relationship[2].

Some considerations when applying a cultural lens in practice and in the supervision process are:

- recognising systemic inequalities and the greater impact of governmental systems, the historic legacy and current impacts on community
- acknowledging power dynamics, understanding privilege and what privileges you may hold (particularly white privilege)
- take time to analyse and reflect where you see yourself on your continuous cultural learning journey and where you can self-reflect and step into the allyship space
- understand the impacts of racism, stereotypes, bias and micro aggressions – listen to and believe peoples experiences
- understand communication styles and communication needs – growling or venting may be needed
- Aboriginal peoples and practitioners are not a homogenous group – supervisors should seek to understand the individual experiences, strengths, needs and avoid making assumptions
- Aboriginal supervisees may have more permeable barriers between their place of work, their community and families than non-Aboriginal practitioners, so cultural safety and avoiding a conflict of interest in the provision of and planning for service delivery is vital.

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[2] (Cook, Mckibben & Wind, S 2018).

- Aboriginal supervisees working within SFS come with lived experiences and may have experiences of stolen generation and various effects of past policies, grief and loss and this should be known and considered in the supervisory process.
- cultural supervision or Allyship Accountability for non-Aboriginal supervisees assist to improve culturally responsive and trauma informed practice
- non-Aboriginal supervisors cannot provide cultural supervision for Aboriginal practitioners. However, this is an important element in supervision as it offers a safe space to reflect on practice and importantly provides cultural context which is often a critical component, not available in mainstream supervision.

The application of an Aboriginal cultural lens will look different, dependent on who is in the supervisory relationship, however your allyship accountability and cultural lens should remain the same.

Staff from Culturally and Linguistically Diverse (CALD) communities may also experience discrimination, past displacement and trauma and migrant stress. In addition, there may be prevailing personal and professional challenges to working within their community, which would inform supervision processes and discussions.

Responsibilities

The supervisee is responsible for:

- collaborating with their supervisor to develop a supervision agreement
- scheduling a regular supervision time with their supervisor and rescheduling if a session is cancelled
- attending and actively participating in regular supervision sessions
- preparing a caseload matrix and an agenda of items for discussion at each session
- recording case consultation, agreed actions on C3MS and uploading all case management assessment, case plans, safety plans, case closures on C3MS
- keeping their supervisor informed about their work and seeking feedback on their strengths, areas for development and work performance
- undertaking case work and learning tasks as agreed to in supervision
- raising any workload issues that impact on the timely completion of designated tasks and their ability to provide an effective service to families
- Allyship accountability, culturally responsive and trauma informed practice
- committing to reflective practice in exploring the impacts of self within their work
- escalation of matters requiring higher delegated authority and decision making

The supervisor is responsible for:

- participating in the development of the supervision agreement
- engaging in a system of regular, high quality and structured supervision. Inherent in this process are discussions of how power issues and imbalances will be addressed.
- ensuring appropriate confidential records of supervision activities are maintained
- reviewing progress on case work tasks and responsibilities
- documenting clinical supervision case discussions and recording actions on C3MS within 48 hours of supervision session
- ensuring supervisees' safety (inclusive of cultural safety), wellbeing, learning and development by identifying, discussing and addressing supervisee needs and workload management issues
- being available, if required, to debrief the supervisee following stressful situations
- their own journey towards allyship accountability, and culturally responsive and trauma informed practice
- creating a safe relationship in which supervisees can reflect on and learn from the successes and challenges encountered in their work

- providing handover documentation and access to staff supervision files to acting supervisors
- willingness to address and restore as early as possible, any disharmony or conflict within the supervisory relationship.
- escalations of very high-risk cases and systems issues to regional managers

Director, General Manager and Regional Manager are responsible for:

- recognising the role of clinical supervision for the wellbeing and professional development of all client related staff across SFS
- ensuring clinical supervision is being provided in accordance with this practice guide for the supervisors and other staff they manage
- providing support and resources to ensure clinical supervision is a priority across SFS
- ensuring that the required skills, knowledge and expertise to become competent supervisors is accessible to SFS who are responsible for the provision of supervision and that supervisors have completed clinical supervision training
- recognition of the importance of allyship accountability and culturally responsive and trauma informed practice
- their own journey towards allyship accountability, and culturally responsive and trauma informed practice
- creating a safe relationship in which supervisees can reflect on and learn from the successes and challenges encountered in their work
- willingness to address and restore as early as possible, any disharmony or conflict within the supervisory relationship, or conflict within the team they manage

Practice Strategies

Establish a supervisory relationship

Develop a supervision agreement

A Supervision Agreement must be developed between the supervisor and supervisee. The supervision agreement process provides an opportunity to discuss and determine:

- roles and responsibilities of the supervisor, supervisee and expectations of the supervisory relationship (frequency, limits to confidentiality, integration of theory and practice and inclusion of reflective practice)
- how to manage the inherent power imbalances and strategies to address this within the supervisory process
- supervisee's supervision needs and goals
- recording and dissemination of supervision records
- SFS policy and procedure, as they relate to the work undertaken
- timeframe for reviewing the supervision agreement.

See Appendices SFS Supervision Tools and Templates

Various forms of supervision

- **Clinical Supervision**: is often referred to as formal supervision. Clinical supervision is a planned and regular occurrence, in accordance with the Supervision Agreement. Case consultation is recorded on C3MS by the supervisor within 48 hours of the supervision session and work flowed to the supervisee for action.
- **Informal supervision:** or case consultations occurs as safety concerns arise and require urgent decisions to be made in consultation with the supervisor. Case consultations must be recorded on C3MS where there is an escalation or a change in case direction. The supervisee records the case consultation outcome on C3MS and workflows to the supervisor for approval.
- **Mentoring in the field:** senior practitioners (or supervisors) may co-work with the supervisee and provide feedback to the supervisee. While this may be used for reflective practice and professional development, or in situations of very high complexity, the supervisor has the delegation in decision making. The supervisee records the case consultation outcome on C3MS and workflows to the supervisor for approval
- **Debriefing:** debriefing may be sought following a home visit, case conference or a meeting. Debriefing can be provided via peers (informally) or with another senior member of the team. If a case decision or direction requires further exploration, this must occur with the supervisor (or delegated person, in their supervisor's absence). The supervisee must document any changes in case management via C3MS. When debriefing with a colleague, staff need to be mindful of client confidentiality.

Establish a supervisory relationship

Supervision session	A confidential space that is free of interruptions is to be set aside for clinical supervision. Supervision must always be culturally safe for all participants. The minimum requirement is **one scheduled hour of supervision per month**. Given the inherent complexity of the SFS client cohort, a minimum of two hours per month is recommended for effective and comprehensive supervision. When inducting new staff, more frequent supervision sessions may be required. It is also recognised that some staff may need additional support and this should be accommodated where ever possible.
Rescheduling a supervision session	If a supervision session is cancelled, it should be rescheduled within five working days of the original. Rescheduling is the responsibility of the supervisee. If a supervisor, regional manager, or general manager is absent from work for more than two weeks unplanned leave, a delegated person will be appointed.

Implement the supervision agreement

Monitor casework and other workload allocated	During supervision, the supervisee and the supervisor will discuss current case work, practitioner capacity and ethical issues. Supervision should be evidence-based, reflective, trauma-informed, culturally responsive and child centered. Supervisees are to be prepared for supervision meetings and compile a caseload matrix and other evidence relating to their practice and allocated workload, to support the reflective learning process.[3] For Aboriginal staff, additional workload considerations include cultural consultations, informal consultations and community obligations. Supervision will provide an opportunity to discuss this and consider caseloads accordingly. Supervisors should be familiar with theoretical perspectives, research findings, legislation, policy and practice guidelines and assist the supervisee to integrate this knowledge into their practice. Supervisors have a responsibility to be reflective, open and effective in their supervision.
Professional development	Supervisors and supervisees should work together to identify learning areas and relevant professional development goals. Actions to meet the developmental goals, as well as who is responsible and the timelines for achievement, should be recorded in the supervision record.
Self in practice	Although working with highly vulnerable children and their families is rewarding, the nature of the work can have an effect on staff wellbeing due to the impacts of listening to and supporting people who are in crisis, or whose lived experience

[3] AASW, Supervision Standards, 2014, p.11

Implement the supervision agreement

	involves trauma. SFS staff come with their own lived experiences and personal life demands. Supervision is an appropriate forum to reflect on the impact of the work at a personal level. Encouragement to attend to self-care and support is crucial for a safe and supported workforce.
The supervisory relationship is a shared responsibility	It is a shared responsibility to ensure that quality supervision is meeting the needs of the supervisee and the organisation. It is the responsibility of the supervisor to reflect on and elicit feedback on the efficacy of their supervisory process and it is the responsibility of the supervisee to raise concerns if the supervision is not meeting their identified needs. In recognition of the inherent power imbalance of the supervisory process, raising grievances requires honesty and courage. It can help to revisit the supervision agreement to support this conversation. Both parties are able to contact the allocated DHS HR Manager for support and guidance, if required SFS staff have access to a preferred EAP provider and this is an option for both parties. Regional managers have a role in providing oversight related to the frequency and efficacy of clinical supervision provided by supervisors
Review the supervision agreement	The Supervision Agreement should be reviewed annually, as well as if there is a change of supervisor or if worker needs or circumstances, change.

Maintain case work and supervision records

Maintain casework and supervision records	A supervision record that captures discussions and agreed actions must be maintained for each session. Case discussion and key decisions related to case work progression, are to be recorded by the supervisor on C3MS within 48 hours of the supervision session and work flowed to the supervisee for action. Impromptu consultations must be recorded by the supervisee on C3MS within 48 hours and work flowed to the supervisor for approval. When escalating case matters, supervisors must record the outcomes of their consultations with regional managers on C3MS and workflow to the relevant regional manager for approval. Similarly, the regional manager must record escalation and complex case consultations with the general manager or the Clinical Practice Team on C3MS and workflow accordingly. Other topics such as professional development and learning needs, management and administration issues are to be recorded on the *SFS Notes on supervision sessions* (*See Appendix 3).* Supervision records may be subject to audit.

Maintain case work and supervision records

Any content on supervision record that relates to the supervisee's personal matters should be subject to negotiation between the supervisee and supervisor, particularly if issues of a very personal or confidential nature are discussed.

A copy of the supervision notes should be provided to the supervisee promptly after the supervision session or no later than 5 working days after the supervision session.

The supervisor and supervisee should both retain a copy of the supervision record. The supervisor is responsible for maintaining a confidential filing system of supervision records that can be accessed by the supervisee and the supervisor's line management, if required.

References

Australian Association of Social Workers, Supervision Standards -2014

Cook, R. M., McKibben, W.B., Wind, S.A., (2018) Supervisee perception of power in clinical supervision: The Power Dynamics in Supervision Scale. Training and Education in Professional Psychology, 12(3), 188-195 https://doi.org/10.1037/tep0000201

Leeds City Council Children and Families Services, Making a Difference, Supervision Framework: Policy, Procedure and Guidance, September 2020

Marais-Strydom 1999 *OT AUSTRALIA* 2000 Mentoring and Supervision Policy Paper: 'Best Practice for mentoring and supervision', p4.

SA Health, Allied Health Clinical Supervision Framework, March 2014

Watkins, C. E. (1997) Handbook of Psychotherapy Supervision. Wiley, New York.

Appendices: SFS Supervision Tools and Templates

Supervision tools have been developed to assist supervisors and supervisees to review and monitor allocated work and record outcomes.

1. **Supervision Agreement**- required for all supervisory relationships, to be updated annually

2. **Supervision log**- optional, summary of supervisory sessions

3. **Notes on supervision session**- required for all. To be used each supervision session for recording anything other than client related documentation (which is to be recorded on C3MS) and includes discussion and self-reflection notes, professional development discussions, leave or flexible working arrangements discussions and team issues or other administrative content

4. **Caseload summary**- completed each supervision session to manage open cases and cases to close

Appendix 1: Supervision Agreement

Supervision Agreement	
Name of Supervisor:	
Name of Supervisee:	
Agreement start date:	
Agreement review date:	

Responsibilities and expectations

The supervisor and supervisee will:

- meet a minimum of every four weeks for at least one hour but optimally two hours. The supervision sessions will commence on …… and will be in an appropriate space, free from distraction and enabling of privacy
- undertake open and honest discussions of caseloads and consider the impact of the work on self (see Vicarious Trauma Workforce Management Resource).
- focus discussions on any identified families where there are needs, concerns or risk for children and families
- identify and recognise good practice which can be transferred or built upon when supporting other cases
- identify and discuss teamwork and learning/development opportunities
- ensure that supervision records include actions required and are completed and distributed to relevant parties
- implement agreed actions
- ensure all records are updated in a timely way and as required

Confidentiality

Our understanding is that the content of supervision meetings is kept confidential between the parties. Where there are issues regarding clinical risk, performance management, ethical or legal issues, information may need to be shared with other relevant parties.

Should information need to be shared, the supervisor will advise the supervisee in advance of this occurring, including what information will be shared, with whom and for what purpose.

NAME (Supervisee)	DATE (Supervisee)	SIGNATURE (Supervisee)
NAME (Supervisor)	**DATE (Supervisor)**	**SIGNATURE (Supervisor)**

Appendix 2: Supervision Log

Supervision Log		
Supervisor:		
Supervisee:		
Date of session:	**Type/length of session:**	**Outcome/Actions:**
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Appendix 3: Notes on Supervision Session

Notes on Supervision Session		
Name of Supervisor:		
Name of Supervisee:		
Date:		
Topic:	**Discussion:**	**Agreed action:**
Previous actions & discussion	•	•
General discussion/reflection	•	•
Case notes/case plans & Assessments- progress	•	•
OHSW	•	•
Stakeholder relationships	•	•
Professional development & wellbeing	•	•
Team dynamics	•	•
Leave	•	•
Other	•	•
Agenda items for nest session	**Preparation required**	

NAME (Supervisee)	DATE (Supervisee)	SIGNATURE (Supervisee)
NAME (Supervisor)	**DATE (Supervisor)**	**SIGNATURE (Supervisor)**

Appendix 4: Caseload Matrix

For completion prior to Supervision			**CASELOAD MATRIX – Open Cases**				
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*

						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	
Date of referral:	*Safety plan completed (by 3 visits):*	*Family members:*	*ATSI:*	*Cultural consult:*	*DCP most recent notification:*	*Actions/Status:*	*Priority:*
						•	
Assessment status:			*Case Plan status:*			*Notes up to date:*	

CASELOAD MATRIX – **Cases to Close**					
Date of referral:	*Cultural identity:*	*Child/family members:*	*Outcomes:*	*Date of Case Closure Consult with Supervisor:*	*Date C3MS Case Closure sent to Supervisor:*
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