

	<p>Operations Manual 2011</p>
<p>Supervision/Support for Practice</p>	

The purpose of Support for Practice is to deliver to clients the best possible service by supporting staff in their practice.

All staff will receive support for their practice within the agency. All staff are allocated a workplace supervisor.

Marymead encourages self-reflective practice. Supervisors are expected to promote this in all forms of support for practice.

The three functions of support for practice are:

- education;
- support and;
- accountability.

At Marymead Support for Practice encompasses the following:

- critical incident debriefing
- individual support
- group supervision,
- peer supervision
- training and professional development
- team meetings.

(For training and professional development, see section 6.2 and for team meetings, see section 6.1.5.)

Program areas will use different combinations of these in providing support for practice to staff.

Each program has its own specific policies and procedures manual regarding support for practice. FRSP funded programs are required to provide a minimum of 26 hours supervision for practitioners a year, and keep a log of supervision sessions to demonstrate that this requirement has been met. A template for keeping a log of supervision sessions can be found in Attachment folder 6 – Workplace support for workers.

Critical incident debriefing

A critical incident is a serious incident or any situation which the staff member affected finds traumatic, threatening or distressing.

The agency response needs to match staff member's situation and wishes.

Support may be offered:

- immediately;
- soon after the event;
- individually and /or in a group;
- on-going;
- by phone;
- in person;
- by the staff member's supervisor;
- by another delegated staff member; or
- by an external professional.

Following a critical incident, a supervisor has responsibility to monitor the staff member for a period of time and keep communication open. Sometimes a referral to an outside service is required. Refer to critical incident information in attachment to current Operations Manual.

Individual support

All staff will have a designated supervisor who will offer 1:1 supervision and ensure the staff member also has access to other forms of support. The responsibility for ensuring staff are supported in their practice lies with the agency and in particular with the supervisor of an individual staff member.

However, **both parties** share responsibilities to:

- attend arranged support sessions;
- come prepared to all sessions;
- be an active and positive participant;
- follow-up on agreed outcomes; and
- maintain confidentiality.

The supervisor has additional responsibilities to:

- ensure that opportunities are available to support the staff member's practice and development;
- assist supervisees to develop and strengthen their practice;
- ensure program practice standards are met and program and agency policies are adhered to
- keep a brief written record of support for practice sessions; and
- work towards a positive relationship through encouragement and support, and by providing learning opportunities for supervisees.

It is the right of supervisor and supervisee to seek an alternative supervision arrangement where a positive working relationship cannot be attained.

Each program has its own specific policies and procedures regarding support for practice. Although the frequency of individual supervision will vary from program to program, the agency will ensure that all staff have access to this important form of support for practice.

UNDER REVIEW

Individual supervision will:

- be worker focused;
- occur regularly;
- be strengths-based, constructive and developmental;
- agree about the nature, scope, frequency and so on;
- address clinical work;
- consider personal responses to work and how this impacts on practice;
- address ongoing professional development;
- be recorded – brief notes will be taken and kept. Dates and times set for supervision, and details of any cancelled or postponed supervision, including who cancelled and why, and whether another time was scheduled (see Supervision minutes template in Attachment folder 6 – Workplace support of workers);
- record details of any commitments made by the supervisee or supervisor which are likely to be followed up later in the work setting or in subsequent supervision;
- be confidential; and
- not be personal counselling.

If there are concerns about specific performance issues that may later lead to formal performance discussion and possibly disciplinary procedures if not addressed, supervisors are advised to keep records of any discussion of these matters when raised in supervision.

Supervisors may use their discretion in deciding other matters related to supervision records, e.g. other content, whether the supervisor and supervisee need to co-sign to indicate agreement that the record is an accurate reflection of what has been discussed.

Annual appraisal

An annual performance appraisal will take place on the anniversary of the initial commencement date. Caseworker appraisals are carried out by supervisors, supervisor appraisals by the Program Manager, and the Program Manager by the Director. The appraisal gives both caseworker and supervisor an opportunity to evaluate skills and performance and to identify the development of new skills and areas for further development.

Staff Appraisal documents are available in Attachment folder 6 – Workplace support of workers. The Guidelines will assist staff to prepare for the appraisal and the Action List will set out activities required of both employee and supervisor. Progression to the next incremental level will depend on an employee completing a satisfactory appraisal.

Group supervision

At Marymead this is most likely to occur in program teams and may follow on from a staff meeting which addresses administrative and other practice issues.

Group supervision will:

- be facilitated – the facilitator will lead discussion, keep the discussion and group focused, manage time;
- provide a forum for sharing ideas;
- cover case discussion and consultation;
- consider personal responses to work and how this impacts on practice;
- be educative – there might be article discussion, videos;
- be strengths-based, constructive and developmental; and
- occur in a framework where roles and responsibilities are clear, trust is given and accepted, respect for different views is expected and confidentiality is assured.

From time to time a group may bring a consultant into group supervision to facilitate case discussion.

Peer practice support

This is the least formal, but most commonly offered form of support in the workplace. It occurs when a staff member talks over a situation with a colleague. This is a form of support in addition to other more formal practice support. Peer support is not a substitute for case consultation with a supervisor; serious matters need to be taken up with the supervisor. It may occur because:

- the staff member's supervisor is not available;
- the matter is quite low key – asking advice about how to explain something; asking a colleague if she/he has any experience or knowledge in a particular area; having an action confirmed and validated by a peer; or
- there is a need to quickly debrief because a staff member wants to share their excitement/pleasure or needs to express frustration, disappointment.

It is important to note the following:

- peer practice support should never put the person receiving the information in the position where they feel responsible for the outcome;
- under some circumstances the person hearing the information will be obliged to take action - eg if what the staff member is sharing is unethical/illegal or if the person hearing the information is concerned about their colleague's well-being; and
- confidentiality is of utmost importance - it is not appropriate to be giving client details, especially identifying details, to the staff of other programs. For staff who work in small groups or alone, staff from other programs may be the only people available, so great care must be taken to ensure confidentiality.

Team meetings

Each team of staff working under a Program Manager will meet regularly together. The frequency of the meetings may vary between programs, but most teams meet fortnightly. The Program Managers are responsible for:

- scheduling meeting times;
- developing an agenda;
- chairing the meeting, or ensuring someone else chairs the meeting; and
- ensuring minutes are kept.

Staff are responsible for:

- attending and participating in team meetings;
- suggesting agenda items; and
- observing protocols around respecting one another's ideas and opinions, and sharing responsibility for the work of the team.

Team meetings can be used for:

- sharing information;
- group supervision;
- sharing information from professional development opportunities staff have attended;
- inviting guests from other Marymead programs or external services to expand knowledge of other services available to clients;
- keeping informed about waiting lists, case allocations and client numbers;
- bringing suggestions for improved service delivery; and
- sharing client and other stakeholder feedback.