

# Position Paper: The role of supervision in the mental health and addiction support workforce

Te Pou would like to acknowledge the generosity of the non-government organisations which kindly agreed to provide stories about their tailored supervision programmes for this position paper. Their programmes have been designed to support staff to deliver quality services.

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# Introduction

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The New Zealand mental health and addiction workforce continues to transform as we strive to develop better ways to respond to the needs of people who require services, including their families and communities.

*Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017* sets the direction for sector development for the next five years. The plan places more responsibility and expectations on the support workforce and rapidly growing peer support workforce, however little is known about how to develop the potential capability of these workforces. This was reflected in a mental health and addiction workforce service review that highlighted that the support workforce could be better utilised and that “*its capabilities are not well understood*” (Health Workforce New Zealand, 2011, p. 56).

For the purposes of this paper the term ‘support workforce’ refers to members of the mental health and addiction workforce employed to work in a role that does not require them to be registered in accordance with: Health Practitioners Competence Assurance Act 2003, Social Workers Registration Act 2003, Addiction Practitioners’ Association, Aotearoa-New Zealand (dapaanz), or the New Zealand Association of Counsellors/Te Roopu Kaiwhiriwhi o Aotearoa. We have used the umbrella term of support workforce so that this paper is relevant and useful across a wide section of the sector and refrains from using terms such as ‘unregulated or unregistered’ which do not adequately describe this workforce group. We acknowledge that this terminology is problematic but for the purposes of this paper want to be as inclusive as possible. The support workforce includes a large variety of roles, for example; community support workers, peer support workers, psychiatric assistants, health care assistants and employment consultants.

Supervision is a workforce development strategy that can contribute to improved skills and consolidation of training, increased job satisfaction, decreased staff burnout and turnover, and therefore a higher quality of service. This paper outlines how supervision can support and assist the support workforce to provide safe and effective quality services for people using mental health and addiction services. Findings from a review of national and international literature as well as case studies from New Zealand based organisations that use supervision are presented. A case study approach was taken to illustrate how different organisations and services are showing a strong belief in and commitment to supervision and what

that brings to the work they do. The case studies (attached as Appendices) showcase some of the innovative ways organisations have worked to provide the best possible support for their staff to deliver quality services to the people who use their service.

This paper presents information and evidence for leaders and managers in District Health Boards (DHBs) and non-government organisations (NGOs) on why the implementation of tailored sustainable supervision programmes for support workers should be included in the planning and implementation of workforce development plans.

## Methodology used

There are limited studies available about supervision for workers in the support workforce either locally or internationally. For the purposes of this review this meant exploring the literature on the use of supervision in the wider mental health and addiction sector to discover what works, what does not work well and what has been developed to improve supervision. The majority of studies have explored the use of supervision by registered health professions such as mental health and addiction nurses and allied health staff including psychologists, occupational therapists, speech therapists, social workers and counsellors. Several of the studies were conducted in New Zealand. In order to illustrate how supervision is used and viewed in the peer support workforce, this paper also draws on examples and quotes from recent New Zealand research into peer support practice (Scott, Doughty, & Kahi, 2011).

The review of research literature has been complemented with case studies about the local use of supervision for the support workforce. Organisations known to be providing supervision for staff were invited by Te Pou to share their experiences. Nine NGOs who are offering supervision for staff were identified and selected. Eight of the case studies are from the mental health and addiction sector and one case study is from the disability sector. They are not a representative sample and the findings cannot be generalised for the whole mental health and addiction sector in New Zealand, however the case studies do give real concrete examples about how organisations provide supervision programmes for their staff. The case studies can be found in Appendix 1 of this document.

# Background

As a result of changing demands the mental health and addiction workforce is transforming. Phrases such as ‘task shifting’ or, in the New Zealand context, ‘substitution’ and ‘refocusing’ are appearing. Task shifting is defined as “delegating tasks to existing or new cadres with either less training or narrowly tailored training” (Fulton, Scheffler, Sparkes, Auh, Vujicic & Soucat, 2011, p.1). This is seen as a promising policy option to increase productive efficiency in the delivery of health care services, increasing the number of services provided at a given quality and cost. Substitution describes a similar concept where other roles are developed for specific functions which require briefer training periods and supervision is provided for these roles from the existing workforce (Ministry of Health, 2012; Health Workforce New Zealand, 2011).

The support workforce is increasingly required to do tasks that were previously carried out by registered health professionals. This includes supporting people with complex needs and therefore carries a greater level of responsibility and risk. These risks are compounded if the support worker is also not culturally competent and trained in cultural engagement for population groups such as Pacific and Maori. Supervision can assist the support workforce to respond to changes in the way they are required to work. Done well it will help ensure a high quality service is provided to people and their families and whanau who use services while also identifying and managing any risk and safety issues.

One of the most significant developments for the support workforce is that of the growing peer support workforce (Mental Health Commission, 2010; Health Workforce New Zealand, 2011). Peer support workers have their own lived experience of mental health and/or addiction issues which informs and enhances the work they do. They are an important part of the mental health and addiction workforce and are crucial to ensure that service user needs are not overlooked (Mental Health Commission, 2010).

The ideology of peer support work is that it is not ‘expert driven.’ Peer support is person-centred and underpinned by recovery and strength-based philosophies. The life experience of the worker creates common ground from which the trust relationship is formed. Empowerment, respect, empathy, hope and choice along with mutuality are the main drivers in purposeful peer support work. The course of the relationship is directed by the peer rather than by the peer supporter (Scott, et al., 2011). Peer support workers are part of the wider service user/consumer workforce, which also includes roles, such as consumer advisors, auditors, trainers, and advocates. Peer support workers are part of the support workforce.

## Demographic profile

The support workforce is large and there is limited accurate current data about it. Many (but not all) are employed by NGOs and work in community-based mental health and addiction settings. The NgOIT 2007 workforce survey (Platform Trust, 2007) provided information and analysis about the NGO mental health and addiction support workforce, dividing this workforce into four distinct group; support service, administration, clinical services and complementary/alternative medicines. Whilst not fully representative of the NGO or mental health and addiction sector, the NgOIT survey does give some insight into the demographic profile and education background of some of the self-identified support workforce employed by NGOs in New Zealand. DHB data on this workforce is not currently available.

Altogether, 1833 people working within 212 organisations responded to the survey. The support service workforce (56.1 per cent) was the largest group to respond to the survey. The 1022 people who worked in support services (see Appendix 2 for a full list of the support service roles) identified themselves with the following ethnic groups:

**Table 1. Ethnicity of the support workforce participants**

NZ European	Maori	European	Pacific	Asian	Other
61 %	22 %	7 %	5 %	4 %	2%

*Note.* Adapted from NgOIT Workforce Survey (Platform Trust, 2007)

More than two thirds (77 per cent) of the respondents within the support services had a tertiary qualification (see Table 2)

**Table 2. Qualification of support services group**

No formal qualification	Fifth Form (Year 11) qualification	Sixth Form (Year 12) qualification	Seventh Form (Year 13) qualification	Undergrad. certificate or diploma	Bachelors Degree	Post graduate qualification	Masters Degree	PhD/ Doctorate
10 %	5 %	5 %	3 %	52%	15 %	7 %	3 %	0 %

Note. Retrieved from “NgOIT Workforce Survey” by Platform Inc., 2007, Wellington.

17 per cent of the support services group reported that, they had a professional health registration. Altogether, 287 people (28.1 per cent) working in support services had completed the National Certificate in Mental Health.

As can be seen from Table 2 the terms ‘unskilled’ or ‘unqualified’ workforce that are sometimes used to describe

this workforce are misnomers. It is also worth noting that given the length of time some people are part of this workforce, it is likely that they have high levels of skill acquired through learning on the job.

## The support workforce and supervision

It is evident that even though qualification levels are high, the complexity and expectations of this workforce are increasing and therefore targeted investment in supporting this workforce is required. *“There has been less investment in the support workforce when compared with clinical services and this may need to be reviewed to ensure training and development programmes are ‘fit for purpose’* (Mental Health Commission, 2010, p. 15).

Supervision is acknowledged as a workforce development strategy that can contribute to improved skills and consolidation of training, increased job satisfaction, decreased staff burnout and turnover, and therefore higher quality of service (Roche, Todd & O’Connor, 2007).

*Let’s get real*, the Ministry of Health’s framework which describes the essential knowledge, skills and attitudes required for all people working in mental health and addiction services, lists supervision as a performance indicator under the Real Skill: Professional and personal development. It states that *“every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users”* (Ministry of Health, p 29, 2008). All staff should reflect on their own practice to identify strengths and needs, understand and engage in supervision, seek and take up learning opportunities. Managers and leaders need to ensure that organisational systems and processes are in place to enable staff to meet these skills.

As the case studies show, some organisations have implemented comprehensive supervision programmes for all of their staff which includes staff employed into support worker roles.

### What is meant by supervision?

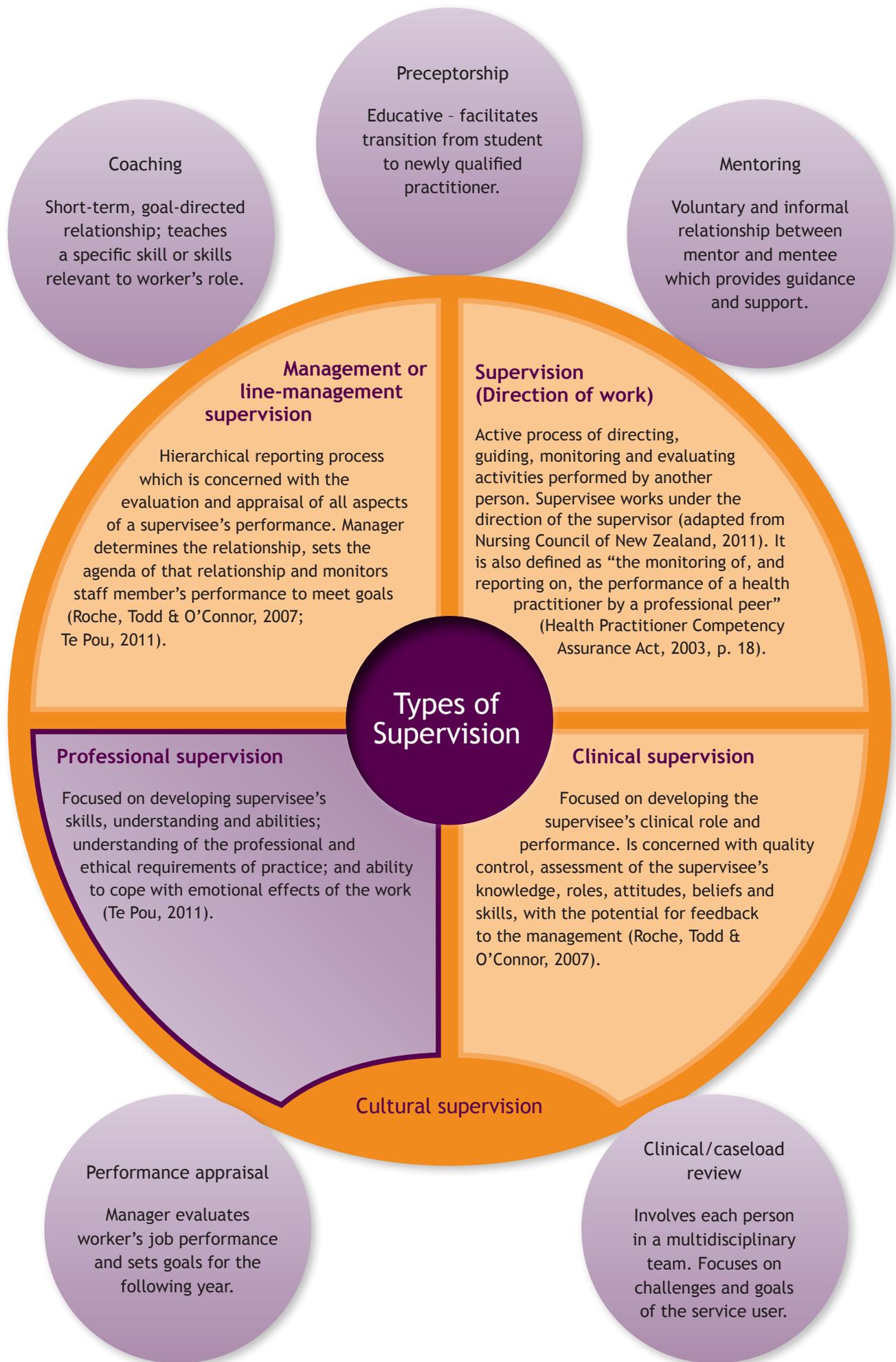
In many cases the way supervision is applied within an organisation depends on the nature of the work and the regulations that govern the way members of a particular profession must practice.

There are a range of definitions and types of supervision. There is no “one size fits all” which will suit all workers, disciplines, roles, managers and leaders and services in the mental health and addiction sector and supervision types will have to be tailored to fit the organisation. This can depend on the supervisee’s work role, experience, cultural background and values and location of the service (Te Pou, 2009). Figure 1 (page 7) describes the different types of activities related to supporting the mental health and addiction workforce. For the purpose of this paper we have focussed on professional and clinical supervision, however further information about the other types of supervision reflected in Figure 1, can be found in *Professional supervision guide for nursing leaders and managers* (Te Pou, 2011a).

All models of supervision contain a process for reflection, feedback and guidance relating to work practice. Organisations may utilise different types of supervision depending on their requirements. Supervision is often seen to have two core purposes: To enhance professional development and to provide compliance and performance monitoring.

For all New Zealand organisations, supervision linked to work direction and monitoring such as line management supervision is connected with a need for compliance with employment legislation. The Employment Relations Act

**Figure 1. Types of supervision and other professional development activities**



2000 and Health and Safety in Employment Act 1992 both outline expectations relating to the employers responsibility to create a workplace environment where the employee understands the responsibilities of their role, has the tools they need to carry out their work and receive adequate training and supervision to reduce the likelihood of harm while at work.

Supervision can play an important role in fostering the good faith relationship between employer and employee. Being a good employer means a commitment to provide the right tools to enable employees to do their job, and investing in their development with care for their wellbeing.

Good supervision supports workers to reflect on their own practice and cope with work stress and pressure. This is particularly important for the mental health and addiction workforce, which has characteristically high levels of burnout, low morale, dissatisfaction and staff turnover (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001; Davidson, Bellamy, Guy, & Miller, 2012). Although supervision from line managers or supervisors in the workplace can address these needs, professional supervision from other trained supervisors in the field supports employees to enhance their resilience and ability to cope with the job while maintaining best practice.

Ideally it is better if a line-manager does not take the role of the supervisor (Roche et al., 2007). A supervisor outside of the immediate team can establish a different type of relationship with the supervisee compared to a line-manager or team leader. The supervision sessions can create a space where the supervisee is not being judged for emotional responses and does not have to fear retributions. A trusting relationship between supervisor and supervisee is necessary for supervision to work well. A lack of trust can undermine and influence what is being shared in the sessions (Sutcliffe, 2006).

Having the manager or team leader present can change the dynamic and supervisees often feel less confident sharing information which could potentially impact on their performance appraisal. Supervisees might monitor their responses out of concern about possible negative consequences. Supervision provided by management can also be perceived as a management tool which involves checks on performance and work quality (Spence et al., 2001; Sutcliffe, 2006).

## Service user and peer support work supervision

Service user and peer support workers have a unique position in mental health and addiction services. Nearly every service user and peer role requires some disclosure of the personal journey of the worker with respect to their experience of mental health and/or addiction

issues, recovery and resilience building. While there is no legislative requirement for professional supervision, it is especially relevant for this part of the workforce. Over the last five years the supervision capacity of this workforce has increased with many workers and managers now having been trained in professional supervision, peer- to-peer supervision and group supervision. Currently the National Association of Service User Supervisors is being formed (Carolyn Swanson, Te Pou, personal communication, February 11, 2013)

## Cultural supervision

Cultural supervision can be provided as part of any other type of supervision or in addition to it. Cultural supervision may be provided by someone from the same ethnic group or from a different ethnic group as the supervisee, depending on practice setting and supervisee need in relation to the people using their services. This will “provide a supportive context to manage complex cultural issues and to ensure safe practice and culturally appropriate behaviour” (McKenna, Thom, Howard & Williams, 2010, p. 268). Cultural supervision can include kaupapa Maori supervision and Pasifika supervision which may be provided by Maori kaumatua and Pacific matua.

Cultural competence can also be discussed and developed during professional supervision and aims to help supervisees’ to understand their own culture and the impact this may have on others; to develop awareness and knowledge of bicultural aspects of New Zealand; and to develop an awareness and knowledge of other cultural groups in New Zealand (Te Pou, 2011a).

### Local NGO example:

Supervision for all staff has always been available and is seen as key to supporting staff who work with a number of people with complex needs. The vision of Barney Cooper, Executive Officer is to have “185 reflective practitioners. Supervision gives us a professional framework for all staff to use for reflection and developing their professional practices which in turn should lead to better outcomes for the people”. *Community Care Trust (Case Study 1)*

## Professional supervision

Professional supervision covers all aspects of a supervisee’s role, including clinical, academic, management and leadership. The term professional supervision is often used interchangeably with clinical supervision. While professional supervision is more inclusive, clinical supervision focuses mostly on clinical practice (Te Pou, 2011a).

The distinction between professional supervision, clinical supervision and line management supervision are often blurred. A distinction between professional supervision

and clinical supervision on one hand and line management supervision on the other is important. Differences lie in the function and purpose as well as in the interaction and relationship of each form of supervision (Roche et al., 2007; Te Pou, 2011a). There are overlaps around professional practice appraisal and professional development. It is beneficial to choose a model of supervision which minimises power issues and ensures that priority is placed on skill and professional development (Roche et al., 2007).

Ideally supervision is part of a supervisee's professional development plan. The negotiation of a supervision working agreement is also very important. A three-way negotiation and triadic contract between organisation, supervisor and supervisee has the benefit that all parties can agree on the terms of the contract and define boundaries and confidentiality of information sharing together. Supervision also extends beyond the supervisor/ supervisee relationship to the organisation in terms of responsibility and accountability. Service demands, employer expectations and power relationships are facets of supervision and need to be recognised by all three involved parties and negotiated and defined in the supervision agreement (Flintoff & Flanagan, 2010).

#### Local NGO example:

*Supervision has always been an important component to keeping staff safe and supported. Benefits include supporting staff to maintain a good work life balance, develop a range of valuable skills for example; conflict resolution, debriefing of difficult situations, education about medications and side effects, all of which help to increase the staff kete of skills and knowledge. Northpoint Services Trust (Case Study 2)*

Supervision is viewed as “a formal, collaborative process involving mutuality and reciprocity, with influences moving both ways, consciously and unconsciously, and monitoring, developing and supporting staff in their roles as therapists”. *Odyssey House Trust (Case Study 3)*

## Forms of supervision

Different forms of supervision include one-to-one supervision, group supervision, peer professional supervision, internal supervision, external supervision and distance supervision.<sup>1</sup>

### One to one

One-to-one professional supervision is the most common form of professional supervision. The supervisor can be someone from the supervisee's team, someone outside of the team but from the same organisation or someone outside of the organisation. One-to-one supervision can

happen through personal meetings or long-distance meetings using technology such as video conferences, Skype, email or telephone for the sessions (Te Pou, 2011a).

The use of long distance supervision can be advantageous for people living in rural areas, but can also make it more difficult to establish a relationship or good rapport with the supervisor (Roche et al., 2007).

### Peer one-to-one

Another form is peer one-to-one or peer-to-peer supervision, where both participants share the role of supervisee and supervisor. Peer supervision in this context refers to the non-hierarchical supervision relationship between colleagues. It mirrors the shared power approach of purposeful peer support and has been in use as a supervision model in its own right for many years (Te Pou 2011a).

### Group supervision

Group supervision can be either facilitated in a peer group, can be led by a facilitator from the same or another discipline (cross-discipline) or be long-distance, using technology i.e. Skype, email or telephone for the sessions.

Supervisors for the group supervision sessions can also be from the supervisees' team, external to the team, from the same organisation or external to the supervisees' organisation (Te Pou, 2011a). Group supervision is one strategy to minimise resources involved in providing effective supervision, without compromising its quality. White & Winstanley (2006) found that there are no significant differences in outcomes between one-to-one supervision and group supervision. Costs can be significantly reduced by implementing group supervision, as it can reduce the number of sessions needed and the time supervisors need to prepare for the session. The provision of group sessions does however need to be carefully balanced with challenges such as all staff being unable to attend at the same time, and some staff feeling unable to raise and resolve specific issues in a group setting.

#### Local NGO examples:

*“Community support workers are able to access regular internal supervision from within the team they work in and also external supervision for one hour per month. Flexibility is applied if a staff member requires additional supervision for example, if a serious issue has arisen at work. At present the external supervision is also able to provide additional support for staff regarding the impact of the earthquakes on their lives”. Stepping Stone Trust (Case Study 4)*

<sup>1</sup> Adapted from the Professional Supervision guide for Nursing Leaders and Managers, Te Pou, 2011.

*“All staff working to support the recovery of people experiencing mental health problems, or who supervise those staff, participate in regular professional supervision and understand the reasons for this. The type of supervision engaged in depends on the role of the employee”. Mind and Body Consultants Ltd. (Case Study 5)*

Supervision was introduced in 2004 and is defined as “a formal process that contributes to enabling staff to develop their knowledge and competence pertinent to client-led, person-centred, evidence-informed and outcomes focused practice” Supervision also provides staff the opportunity to reflect on and improve their own practice in order to support them to achieve the outcomes that they care about. **Richmond Services Ltd. (Case Study 6)**

## Benefits of professional supervision

Only a few studies have been done on the usefulness of supervision for the support workforce and sample sizes were small. Nevertheless, we argue that the findings from other studies of the use of supervision by health workers can be applied to the support workforce. Like registered health workers, support workers work closely with people. Therefore, it is likely that support workers will receive similar benefits from supervision as those experienced by registered health workers. More research is needed to examine the specific benefits of supervision for support worker roles in New Zealand.

### Local NGO example:

**Stepping Stone Trust** believes that there are a number of benefits to making supervision an inherent part of the service. In their opinion supervision “lowers turnover, reduces incidences of staff burnout, increases capability of staff who may be presented with new or unusual situations in their work. External supervision provides a neutral environment for staff to share their challenges without feeling exposed—where they feel safe and supported to learn from their experiences.” (Case Study 4)

The evidence base for the benefits of supervision for registered health workers is strong and has been extensively researched. The findings from the evidence review have been categorised into themes: the benefits for professional development of staff, safe ethical practice, benefits for service users and wellbeing of staff.

## Professional development

Supervision has shown positive influence on learning, knowledge and skills development.

Supervision:

- consolidates and maintains training and skill development- training supported by supervision in the workplace is more effective than training alone (Strong et al., 2012; Schoenwald, Sheidow, & Chapman, 2009; Kavanagh, Spence, Wilson, & Crow 2002; Wheeler & Richards, 2007; Spence et al., 2001; Kavanagh, Spence, Strong, Wilson, Sturk & Crow, 2003).
- integrates theoretical and practical knowledge and the application of acquired skills and knowledge in a more consistent way (Ministry of Health, 2010; Wheeler & Richards, 2007).
- is critical to the effective, sustainable implementation of evidence-based practices and approaches in community settings (Accurso, Taylor & Garland, 2011) and clinical settings (Schoenwald et al., 2009).
- reviews, improves and develops professional practices through on-going learning (Strong et al., 2012; Wheeler & Richards, 2007; Davidson et al., 2012, Spence et al., 2001)
- enhances staff performance (Ministry of Health, 2010; Wheeler & Richards, 2007) and efficiency (Wheeler & Richards, 2007; Koivu, Saarinen & Hyrkäs, 2012).

### Local NGO example:

**Pai Ake Solutions Ltd** believe that the benefits of having staff engage in supervision means they gain staff who rapidly develop into broad thinkers, who are multi-skilled, and are more satisfied with their jobs. The high level and broad nature of supervision increases the likelihood that staff will go onto further education and development.

## Safe ethical practice

Working safely with robust ethical decision-making processes is an important consideration as work by support workers is often done on a one-to-one basis without direct oversight from management or other staff (Sutcliffe, 2006). Supervision provides a quality control tool which includes the safety of service users and workers and accountability to all stakeholders. By talking with supervisees about their work, supervisors can get a good idea about the supervisee's practices, attitudes, values and decision-making processes.

## Supervision:

- ensures and maintains the service quality and professional standards (Strong et al., 2012; Davidson et al., 2012; Koivu et al., 2012; Hyrkäs, Appelqvist-Schmidlechner & Haataja, 2006).
- reduces risk and errors in professional practice (Strong et al., 2012).
- protects service users and workers by providing boundaries for the support worker role (Sutcliffe, 2006).

### Local NGO examples:

**WALSH Trust** is committed to providing supervision for their staff and view supervision as a necessary requirement to provide good organisational support for staff to practice safely, ethically and professionally. Supervision provides staff with an opportunity to achieve and maintain the essential skills level of the competencies for support workers which are based on *Let's get real* (Ministry of Health, 2008) and the Health and Disability Service Standards. Supervision also plays a key role in the health and safety of staff as an additional support than can be provided to minimise stress in the workplace and help maintain a healthy workplace. Providing and supporting staff to engage in regular supervision also sends a message to staff that their work is valued and shows that the service appreciates that at times work is challenging. WALSH Trust provides staff with access to a skilled supervisor to talk through issues arising from practice to help their staff to be the best they can be. Supervision supports staff to demonstrate reflective practice by providing time to reflect on their practice and discuss their underlying ethics, values, attitudes and other issues. *"It really guides their practice and is essential to the true development of really good support workers"*. (Case study 8)

**Odyssey House Trust** considers supervision to be concerned with:

- building the relationship between the employee and client, to enhance its therapeutic effectiveness
- strengthening the relationship between employee and supervisor, in order to enable the employee to develop his or her professional identity through reflection, which is both constructively critical and supportive
- clarifying issues that pertain to the clinical programmes
- ensuring that ethical and practice standards are maintained throughout the clinical programmes.

(Case study 3)

## Service user outcomes

The evidence base about the impact of supervision on service user outcomes is very small, but growing. Most research on supervision has not systematically assessed service user improvement (Lambert & Hawkins, 2001; Callahan, Almstrom, Swift, Borja, & Heath, 2009; Roche et al., 2007; Wheeler & Richards, 2007; Davidson et al., 2012; Freitas, 2002).

The ultimate aim of supervision is to improve practice and the service provided to service users while managing any risk. The process and practices of supervision are designed to develop and improve skills, knowledge, attitudes, competencies and practice (Spence et al., 2001). A valid assumption is that better practice will result in improved service user outcomes (Roche et al., 2007; Freitas, 2002; Spence et al., 2001). However, demonstrating this causal chain empirically has been challenging.

Nevertheless, the limited data available provides some tentative evidence that supervision can play an important role in facilitating high-quality clinical practice among health professionals, and is likely to be a significant factor in enhancing positive outcomes for service users (Spence et al., 2001).

Study findings show that supervision can:

- improve people's outcomes by promoting more effective therapeutic environments, endorsing more effective treatments and reducing re-admission in the alcohol and other drugs field (Roche et al., 2007).
- contribute to significantly greater service user outcomes if the supervisee follows supervisor's adherence to multi-systemic therapy principles (Schoenwald et al., 2009). Similarities between the theoretical orientation of supervisor and supervisee can contribute to changes in service user outcomes (Callahan et al., 2009).
- increase problem solving and supervisor empathy which likewise results in improved service user outcomes (Callahan et al., 2009; Spence et al., 2001).
- contribute to a higher service user attendance rate in therapy sessions. Service users attended therapy sessions more often with therapists who received more frequent supervision (Spence et al., 2001).
- ensure that health workers are less distracted by their own emotions and prevents this influencing the service user processes in the context of counselling work. The emotional support from supervision can impact directly on client work in a positive way (Wheeler & Richards, 2007).

## Wellbeing of staff

Stress is a significant problem for staff in mental health and addiction work. Job satisfaction is the lowest and burnout rates the highest for mental health workers in comparison to other health workers (Hyrkäs, 2005). Supervision helps staff to cope with stress and burnout and has a positive influence on job satisfaction and morale. (Scott et al., 2011; Kavanagh et al., 2002; Strong et al., 2012; Koivu et al., 2012; Hyrkäs, 2005; Hyrkäs et al., 2006).

In terms of job satisfaction, morale and wellbeing, supervision can:

- Decrease burnout (Koivu et al., 2012; Hyrkäs, 2005). Koivu et al., (2012) reported that female general hospital nurses receiving supervision still had the same high job demands, exhaustion, cynicism and issues around integrating private and work life, but fewer burnout syndromes and lower ratings of professional ineffectiveness than non-participants.
- Increase job satisfaction and morale (McKenna et al., 2010; Kavanagh et al., 2002; Ask & Roche, 2005; Hyrkäs, 2005; Hyrkäs et al., 2006) and decrease staff turnover and absenteeism, and improve retention (McKenna et al., 2010; Ask & Roche, 2005; Kavanagh et al., 2003).
- Provide reassurance and encouragement (Kavanagh et al., 2002) and increase the feeling of support and wellbeing (McKenna et al., 2010;

Strong et al., 2012; Koivu et al., 2012).

- Increase the confidence, self-esteem and empathy of supervisees (Wheeler & Richards, 2007; Kavanagh et al., 2003).
- Increase the supervisee's commitment to the organisation and increase positive perceptions of teamwork (Koivu et al., 2012).
- Increase the ability to build and maintain stronger working relationships (Wheeler & Richards, 2007; Davidson et al., 2012).

### Local NGO example:

Supervision is accepted as an essential part of the human resource policies and procedures at **Te Whare Mahana**. It is expected that good supervision will increase the personal and professional confidence of staff. Supervision is recognised as a component of professional practice for staff that is essential for effective work. *"We regard all our staff as professionals and supervision is seen as part of professional development. It is also a means of ensuring safe practice and of helping staff to deal with the high stress levels involved in this work. Regular supervision helps prevent or identify the early signs of burnout". (Case Study 9)*

# What can organisations do to support staff to access regular supervision

## Organisational support

An organisational policy to support supervision, supervision models and guidelines and clear practice standards are required for the sustainable implementation of supervision. Low organisational support, lack of a supervision culture and low priority for supervision result in unsuccessful supervision implementation (McKenna et al., 2010; Strong et al., 2012; Spence et al., 2001; Kavanagh et al., 2003).

## Resources and funding

Organisations need to include supervision into their personal development and training plans and budgets to avoid the main barriers to implementation of supervision which are financial constraints, shortages of resources, low staffing levels, high workload and time issues (Roche et al., 2007; Spence et al., 2001; Strong et al., 2012; McKenna et al., 2010). Organisations need to develop a sustainable supervision policy and implementation plan.

## Some of the challenges organisations may face

To gain the full benefits of supervision, it needs to be done well. The employer, the supervisor and the supervisee all have roles to play, and a number of factors need to be considered.

## Supervision availability and quality

There can be significant variation in both the practices and quality of supervision (Spence et al., 2001; Kavanagh et al., 2003; Strong et al., 2012; Roche et al., 2007). Organisations need to ensure that the supervision model is appropriate for their workforce and that supervision is offered on a regular basis. The provision of low quality supervision can be counterproductive, as it can lead to an increase in job dissatisfaction (Koivu et al., 2012). The same effect has been identified if supervision is not frequently/routinely available and happens in an ad hoc way (Kavanagh et al.,

2002; Kavanagh et al., 2003; Roche et al., 2007; Strong et al., 2012; McKenna et al., 2010).

The offer and uptake of regular sessions is important for the quality of supervision. A good relationship between supervisor and supervisee is essential for good supervision. This needs time and attention. Having an explicit contract between supervisor and supervisee that is regularly reviewed is recommended. Regularity and consistency of supervision sessions is necessary for the development of a trusting relationship between supervisor and supervisee (Sutcliffe, 2006).

Participants in Sutcliffe's research (2006) stated that teaching supervisees' how to use supervision is an important factor to improve the effectiveness of supervision. The supervisee needs to understand what supervision is and how it can be used. The supervisee needs to develop the ability to self-reflect and be aware of his thoughts and emotions and be able to present these to the supervisor in a fairly succinct way. A better understanding of the purpose of supervision can also take away possible anxiety about the sessions (Sutcliffe, 2006). For more information see the *Professional supervision guide for nursing supervisees* (Te Pou, 2011b).

## Supervisor availability and quality

Successful implementation of supervision also depends on the appropriate supervisor. It is important to find sufficiently experienced persons or discipline specific persons with the requisite skill set (Spence et al., 2001; Kavanagh et al., 2003; Strong et al., 2012; Roche et al., 2007; McKenna et al., 2010) and adequate training.

A New Zealand study with mental health support workers found that supervisees felt that a supervisor needed to have specific training, experience and knowledge of the area they work in to provide the support and education needed by the supervisees. Support workers are often the people who spend the most amount of time with the service user and therefore potentially have the most influential relationships. The supervisor needs to have a clear understanding of the support worker's role to be able to provide the boundaries and monitoring of work practice and help to ensure effective and safe work practice (Sutcliffe, 2006).

It is important that managers understand the function of supervision fully. Without that there is a risk they might not value supervision and give it little consideration and time. Different expectations about the purpose of supervision can create dissatisfaction for one or both involved parties (Sutcliffe, 2006). Ideally supervision is embedded in the supervisee's professional development plan.

## Local NGO examples:

One of the challenges faced by **Pai Ake Solutions** is that *"often we may have staff seeking professional supervision in one area of practice, such as counselling, art therapy or social work as this may be part of their current training pathway. However it is a priority of the service that their supervisors are co-existing problems (CEP) capable. This is a problem when there is a small number of CEP capable supervisors available, and even less Maori practitioners who can provide this level of supervision. We have for some staff arranged bi-monthly supervision with different practitioners, as an example an art therapist sees a CEP supervisor one month and an Art Therapy supervisor the next month". (Case Study 7)*

*"Professional external supervision is costly and is a financial challenge when it must come out of existing resources. Furthermore, when supervisees miss a scheduled session, the company must still pay for it. This can also be an indicator of a staff member becoming unwell. Strategies have been put in place to reduce the number of missed appointments so the company can be alerted if a staff member misses a session, but often it must still be paid for". Mind and Body Consultants Ltd. (Case Study 5)*

**Te Whare Mahana** has strategies in place to overcome some of the challenges which can impact on staff accessing regular supervision. At times distance supervision is used via phone or Skype to enable staff to access suitable external supervisors in this isolated community setting. Encouraging staff to prioritise supervision rather than letting it lapse due to other demands is one way of managing time and resource constraints. Team leaders are responsible for monitoring this and ensuring that staff see it as a requirement of the job. Discussing why supervision is important or looking at alternative supervision arrangements such as peer or group supervision can help to encourage staff that are initially adverse to the concept of supervision. (Case Study 9)

Accessing appropriately trained supervisors is not an issue however sustaining the current process of supervision being provided by external supervisors is costly and comes from the existing budget. No additional funding is provided to support the workforce to engage in regular quality supervision. **WALSH Trust (Case study 8)**

*"It is not part of Stepping Stone Trust's current contractual requirements to provide external supervision for staff although it had been previously which this service believes may well indicate a devaluing of the role that supervision plays in providing quality services for the people and their families". Stepping Stone Trust (Case Study 4)*

# Summary

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Support worker access to and engagement in regular supervision has a key role to play in improving the utilisation of the growing support workforce and in particular the peer support workforce, to provide safe quality services to people who use mental health and addiction services.

Evidence drawn from studies about supervision among registered health workers, and themes emerging from a small group of non-government organisations (NGO's) providing supervision for their staff, (which included support workers) show that supervision has a role in:

- developing worker capability
- improving quality of services
- increasing job satisfaction
- decreasing staff burnout and turnover
- developing cultural knowledge

The case studies (in Appendix 1) highlight that tailored supervision programmes are already in place for staff, including support workers, to meet organisational and professional requirements within the NGO sector. As the support workforce grows organisations will need to continue to give due consideration to the investment in sustainable supervision programmes which enable the mental health and addiction workforce to engage in quality regular supervision.

Organisations thinking about developing, implementing, sustaining and/or revising their supervision programmes, policies and procedures will need to consider:

- reflecting on what they want to achieve by implementing a supervision programme
- prioritising resources to meet the supervision needs of their workforce
- embedding supervision into professional development plans
- reflecting on the supervision needs of their staff (different roles may require different types, methods and/or forms of supervision)
- sourcing appropriate, qualified and reputable supervisors who understand the service
- exploring how modern technology can enhance staff access to supervision for example, Skype or video conferencing
- clarifying the respective roles and responsibilities of the manager, supervisor and supervisee
- developing a process so staff can access cultural supervision when required.

Performed well, supervision can help increase productivity; better identify and manage risk and support all staff to work to the top of their scope. It can facilitate a high quality service being provided to the people and their families and whanau who use mental health and addiction services.

Please visit our website [www.tepou.co.nz/supporting-workforce/professional-supervision](http://www.tepou.co.nz/supporting-workforce/professional-supervision) for further information about professional supervision.

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# Appendix 1 - Case Studies

## Case Study 1

### Community Care Trust

#### *Supporting People to Support Themselves*

Community Care Trust is a not-for-profit charitable trust that currently supports over 200 adults with intellectual disabilities and/or autistic spectrum disorders in Otago and Southland to live as participating and valued members of their communities. The level of support can range from one hour per week for problem solving to 24 hour one-to-one support. The philosophy is to work with people to find out what they want to achieve in life and then provide the support they need to get there. Where possible and wanted, support is provided for people to live within their own means, in their own homes and have their own lives.

Community Care Trust aims to be a great employer of professional staff who are consistently competent and professional, understand behaviours and know how to value and support people in a positive manner to achieve their goals. The trust employs around 185 staff which comprises mainly of highly skilled support workers many of whom have post graduate qualifications.

#### Supervision

Supervision for all staff has always been available and is seen as key to supporting staff who work with a number of clients with complex needs. The vision of Barney Cooper, Executive Officer is to have “185 reflective practitioners”. Supervision is included in the staff members’ employment agreement. When new staff start employment they receive an intense level of support from their line manager for the first three months. Within that time they are introduced to their supervisor and are expected to attend their first two sessions with their supervisor to embed supervision into their practise.

Staff that are trained as supervisors in the organisation provide supervision for up to five staff who they do not work with. The trained supervisors receive their own supervision externally. The expectation is that all staff will meet with their internal supervisor four times per year. Most middle or senior managers have external supervisors as well but this is not a requirement and some middle and senior managers have internal supervision if this works for them.

The Trust supports a large number of people with complex issues and therefore employ behavioural specialists who the Trust has trained in behavioural technology, Applied Behaviour Analysis and positive practises. Behavioural

specialists form part of the middle management structure and receive external supervision.

Community Care Trust accesses an external training provider to train staff to become supervisors who are able to provide supervision for up to five internal staff. This ensures that there is capacity to support the entire support workforce.

#### Benefits

*“Supervision gives us a professional framework for all staff to use for reflection and to develop their professional practices which in turn should lead to better outcomes for people”.*

#### Further information

For further information about Community Care Trust please go to: [www.cct.org.nz](http://www.cct.org.nz)

## Case Study 2

### Northpoint Services Trust

Northpoint Services Trust is a mental health and disability support non-government organisation based in Kaikohe, in the mid north area of Northland. This service is dedicated to working alongside individuals, family, whanau and communities to overcome barriers by promoting peer to peer support and personal growth through empowerment. The two service components include;

- **Mental Health and Addictions Navigation Service** - Northpoint Services Trust is contracted by the Northland District Health Board to provide community navigation for community members who experience mental health or addiction problems in the Mid North region. This service supports over 60 people who are experiencing mental health and or addiction problems to live independently to the best of their ability.
- **Vocational Navigation Service** - Northpoint Services Trust receives funding from the Ministry of Social Development to provide community participation activities that enable people with disabilities to develop skills and to contribute to the wider community. This service is contracted to support 80 service users, however currently supports over 100 people. Work opportunities for anyone on a sickness or invalids benefit include; commercial cleaning, car valeting, lawn mowing, gardening and catering.

## Supervision

Northpoint Services Trust is committed to looking after their biggest asset, staff, “*their safety and wellbeing is very important*”. Supervision has always been an important component to keep staff safe and supported. Benefits include supporting staff to maintain a good work life balance, develop a range of valuable skills for example; conflict resolution, debriefing about difficult situations, education about medications and side effects, all of which help to increase the staff kete of skills and knowledge.

Monthly supervision is an employment requirement for anyone employed by the Trust and is available to all new employees’ right from the start of employment. Staff source their own supervisor and a list of available clinical supervisors is provided if needed. Supervision is confidential and is between the supervisee and the supervisor. Together they come up with an agreement as to how supervision will work for the supervisee.

Northpoint Services Trust has two definitions of supervision:

1. Internal: Staff engage in weekly one to one peer support. This covers work issues, caseload, any significant issues or debriefing about any stressful issues or incidents at any time as needed across a team or within teams. Part-time staff receive monthly supervision from the team leader and/or the Chief Executive Officer (CEO). The operations manager and team leader have regular contact with CEO during the course of the week.
2. External and personal: Staff also engage in external supervision for one hour per month with an approved clinical supervisor. This is paid for by Northpoint Services Trust. External supervision is designed to support staff in their personal issues and provide an independent review of work issues and ways of dealing with work related issues.

The Trust has not faced any challenges with ensuring that their staff have supervision and believes that supervision should be mandatory for all staff working with people with mental health and/or addiction problems.

### Further information

For further information about Northpoint Services Trust please contact Mark Turner, General Manager Ph: 09 401 2522; email [mark.turner@northpointtrust.org.nz](mailto:mark.turner@northpointtrust.org.nz)

## Case Study 3

### Odyssey House Trust

Odyssey House Trust is an organisation that provides a range of addiction treatment options nationally with facilities in Auckland and Whangarei. The Trust employs over 140 staff.

### Supervision

Odyssey House has a clear policy on clinical supervision which is directly related to: providing safe and effective programmes for clients, providing an environment that monitors, develops and supports staff to enhance therapeutic effectiveness and ensuring that ethical standards are consistent with the Odyssey House pillars (honesty, love, trust, concern and responsibility). Supervision is viewed as “*a formal, collaborative process involving mutuality and reciprocity, with influences moving both ways, consciously and unconsciously, and monitoring, developing and supporting staff in their roles as therapists*”. Supervision is essential to the well-being of all of the staff Odyssey House.

Supervision is concerned with:

- the relationship between the employee and client, to enhance its therapeutic effectiveness.
- the relationship between employee and supervisor, in order to enable the employee to develop his/her professional identity through reflection, which is both constructively critical and supportive.
- clarifying issues that pertain to the clinical programmes
- ensuring that ethical and practice standards are maintained throughout the clinical programmes.

The organisational goal is to provide a therapeutic community facilitated by teams of Odyssey House staff, and therefore all individuals involved in the clinical delivery of services within the programmes have access to group based clinical supervision. Employee supervision groups include:

- team leaders from across the organisation receiving group supervision from an external supervisor on a monthly basis for two hours
- clinical leads from across the organisation receiving group supervision from an internal supervisor on a monthly basis for two hours
- practitioners and support workers from within a programme receiving group supervision from internal supervisors on a monthly basis for two hours
- staff who come from a lived experience of addictions receiving additional group supervision
- continuing care staff receiving 1:1 monthly supervision.

Clinical supervision is provided by identified supervisors within the organisation and all external clinical supervision is by exception only and requires Chief Executive Officer (CEO) approval. In addition to group supervision a staff member can access individual clinical supervision with approval from their manager for a time limited period if extra support to work on some specific issues is required. Staff attend supervision sessions in paid work time and time for supervision is built into the programme timetable. Supervision is a natural part of work at Odyssey House. It is expected that the relationship between the supervisor and supervisee be honest, trustful and respectful.

All information discussed in supervision is confidential with the exception of safety and ethical issues that have not been resolved within a specific time frame. If these issues are unable to be resolved the supervisor will inform the supervisee's first line manager. The supervisor may take any material to his/her own supervisor.

An attendance record for each session is kept and is logged into the central data base for each staff member's professional development. The Business and Service Development Manager receives a summary of the three top line issues from the supervisors which enables trends in topics to be identified, which can assist in improving systems to support staff to respond to client needs.

### Supervisees

Information about supervision is provided to all staff during their orientation. The supervision policy outlines the supervisee responsibilities which are:

- to come prepared for supervision by identifying areas of concern or issues from their practice
- as a first priority, identify aspects of their caseload that have safety and ethical considerations
- to follow through on any mutually agreed outcomes within the agreed timeframe
- to tell the supervisor of any event or circumstance in his/her own life which may be affecting his/her provision of therapy
- to tell the supervisor any time he/she thinks that an attitude or feeling (positive or negative) about a service user might be affecting in any way the treatment they receive
- to tell the supervisor about what he/she finds helpful or unhelpful about the supervision provided

### Supervisors

The supervision policy outlines the supervisor responsibilities which are:

- to be trained and competent as a supervisor (Odyssey House will ensure that appropriate training is available for those approved to be supervisors).

- to hold a formal clinical qualification relevant to the delivery of therapeutic programmes
- to explain the purpose and content of supervision to the supervisees
- to ensure that an appropriate place and time is available for supervisees to attend supervision
- to ensure the sessions stay focused on work (not administrative or personal) supervision
- to assist the staff to reflect critically on their work with people
- to explore potential safety and ethical issues so that actual issues of concern are identified and resolved within an appropriate timeframe
- if external to provide a monthly attendance log to the Business and Service Development Manager that may also include administration or organisational issues that come from supervision
- to ensure the supervision contract is completed by both parties
- to keep a brief confidential record of the outcome of each supervision session
- to attend supervision themselves for at least one hour per month or as negotiated with the Service Manager
- to ensure that all supervisee's have read, understood and signed the supervision policy.

Odyssey House Trust is currently building up the capacity and capability of their suitably trained internal supervisors by supporting some of the staff to complete the Certificate in Supervision offered by WelTec.

### Benefits

Group supervision provides an opportunity to learn together to learn how to raise issues and build the confidence. It is one way of "raising the bar" and the therapeutic community approach guides the focus on group supervision.

### Challenges

Challenges include ensuring that there is suitably trained staff to gain endorsement as dapaanz clinical supervisors and ensuring that staff use the supervision for clinical issues rather than human resources and managerial concerns.

### Staff views

Staff working for Odyssey House Trust, see supervision as a priority and often ask for more sessions.

### Further information

For further information about Odyssey House Trust please go to: [www.odyssey.org.nz](http://www.odyssey.org.nz)

## Case Study 4

### Stepping Stone Trust

Stepping Stone Trust is a not-for-profit Charitable Trust in the Canterbury area that offers a range of services for adults, youth and families who live in Canterbury and who experience mental health problems. Services include; adult-community support, residential support, respite care, mobile medication; youth-community support, residential support, intensive home-based mobile support, community mobile respite, respite care; families-family support service. Stepping Stone Trust employs a team of registered health professionals, and a number of support workers and residential staff with more generic degrees who often also have a range of post graduate qualifications.

#### Supervision

Supervision has always been in place at Stepping Stone Trust and is a condition of employment for all staff employed in a 0.5FTE or above position. This includes office staff, cleaners and maintenance staff. Supervision is optional and not mandatory. However at times staff may be directed to attend supervision if there are concerns about their practice. This is part of supporting the staff to develop their practice. New staff are provided with a brief explanation of what to expect from supervision when they arrive.

Some of the people accessing this service have complex needs and receive support from community support workers. Community support workers are able to access regular internal supervision from within the team they work in and also external supervision for one hour per month. Flexibility is applied if a staff member requires additional supervision for example, if a serious issue has arisen at work. At present external supervision is also able to provide additional support for staff around the impact of the earthquakes on their lives.

#### Supervisors

Stepping Stone Trust has a pool of around thirty approved trained supervisors and the cost is around \$95.00+GST per hour for a staff member to access external supervision. The Trust is aware of a couple of options they can access for training their staff to become supervisors. Internal supervisors provide shared supervisory arrangements with other NGOs at times.

#### Benefits

Stepping Stone Trust believes that there are a number of benefits to making supervision an inherent part of the service. *Supervision lowers turnover, reduces incidences of staff burnout, and increases capability of staff who may be presented with new or unusual situations in their work. External supervision provides a neutral environment for staff to share their challenges without feeling exposed, where they feel safe and supported to learn.*

#### Challenges

The need to provide external supervision for staff is not part of Stepping Stone Trust's current contract, although it had been previously. This service believes this may indicate a devaluing of the role that supervision plays in providing quality services for the people and their families.

#### Further information

For further information about Stepping Stone Trust please go to: [www.stepstone.org.nz](http://www.stepstone.org.nz)

## Case Study 5

### Mind and Body Consultants Ltd

Mind and Body is a non-government organisation in their sixteenth year of operation. They are dedicated to the development of a world in which all people can lead flourishing lives. It is managed and staffed by *talented and professional* people with personal experience of mental health problems. Mind and Body has a reputation for reliability and professionalism that is grounded in a culture of individual responsibility underpinned by a positive and supportive team environment. The organisation provides robust and well established peer support services within Central and West Auckland and Christchurch; *intelligent and informed* advice on the policy, planning, implementation and evaluation of mental health services; an Auckland regional Like Minds programme to counter stigma and discrimination associated with mental distress; and undertakes health research and service development projects.

#### Supervision

Since introducing peer support services in 2004, supervision has become "a natural part of what we do". Supervision is seen as a fundamental part of service provision that ensures continuous practice development. It provides an opportunity for staff to reflect on their practice to ensure it is effective, ethical and safe. Supervision also facilitates the integration of theory and practice and supports the professional development of the supervisee.

All staff working to support the recovery of people experiencing mental health problems, or who supervise those staff, participate in regular professional supervision and understand the reasons for this. The type of supervision engaged in depends on the role of the staff member. All staff are expected to participate in regular supervision of at least one of the following types:

- **Group supervision:** A regular internal team supervision session held fortnightly for the purposes of affirmation, sharing information, brainstorming ideas, having fun and celebrating successes.
- **Individual professional supervision:** The staff member meets their supervisor at an agreed time and place for the purpose of reflecting on and developing their practice. This includes making an assessment of achievements and challenges, examining theoretical underpinnings of their role, assessing ethical considerations, developing a strategy for future action, and identifying any personal/professional development needs. This type of supervision is funded and staff can attend for a maximum of 12 sessions per year, and are expected to attend at least six sessions per year.
- **Line-management supervision (formal support):** The staff member meets individually and regularly with their line manager on at least a monthly basis to ensure they are working within the guidelines specified in the policy and procedure documents, recording sufficient details for statistical reporting and to ensure they are practicing safely and they feel adequately resourced and supported to carry out their role.
- **Cultural supervision:** Where a staff member is performing a role based upon ethnicity or cultural expertise, they meet with their cultural supervisor on a monthly basis. This is for the purposes of cultural safety and ensuring they are adequately resourced and supported to carry out their role effectively and safely. This type of supervision is funded and staff can attend for a maximum of 12 sessions per year, and are expected to attend at least six sessions per year.

### Supervisors

A vetting system is in place to contract any new supervisor in to provide external supervision for the staff. The prospective supervisor is interviewed and the organisation's values, model of service, ethical underpinnings, and policies are clearly outlined. A written agreement is signed and the approved supervisor is given material to read including a copy of relevant organisational policies, a book chapter outlining the ethical foundation of the service and two book chapters describing the service model.

### Supervisee training

The Peer Support Certificate, which many of the staff have completed, includes a session on understanding supervision and content includes: types of supervision, purpose and benefits of supervision, blocks to effective supervision and how to get the right supervisor-supervisee fit or match to gain the most from the supervision sessions.

### Benefits

Mind and Body see a number of benefits to having supervision available to staff which is centred around providing a good quality service. Staff feel supported by engaging in supervision as it is additional to the support provided by line management and provides another opportunity to develop a reflective practice. Supervision is an additional supportive process that can enable a staff member to develop their skills in identifying and managing risk issues.

### Staff views

Staff like the current system and see it as essential to their work. However, at times the frequency of supervision may vary dependent on the needs and experience of the supervisee. For example, some more experienced staff may be happy with less frequent sessions.

### Challenges

*“Professional external supervision is costly and is a financial challenge when it must come out of existing resources. Furthermore, when supervisees miss a scheduled session, the company must still pay for it. This can also be an indicator of a staff member becoming unwell. Strategies have been put in place to reduce the number of missed appointments so the company can be alerted if a staff member misses a session, but often it must still be paid for”*

Lastly Mind and Body identified that the current focus in many service contracts on increasing the amount of time workers spend with clients may force supervision into the “narrow” category of non-client time and reduce its importance. This may make it difficult for workers to prioritise and engage in regular supervision despite its value.

### Further information

For further information about Mind and Body go to: [www.mindandbody.co.nz](http://www.mindandbody.co.nz)

## Case Study 6

### Richmond Services Ltd.

Richmond Services provides a wide range of service options designed in the main for individuals that have complex issues currently requiring a high level of input. The basis of their work is to deliver quality services that empower and support people to achieve outcomes that are meaningful to them. Services are provided in various locations around New Zealand and include supported accommodation, community (home) based services, supported employment, services for people with an intellectual disability and mental health problems, and specialist services for people who are deaf and experience mental health problems. Services include: Mobile Community Support Services, Supported Accommodation

Services, Youth Services, Intellectual Disability Support Services, Deaf Mental Health Services, Multi Systemic Therapy Service, Specialist Support Services, Supported Employment Services, Supported Landlord Service, Supported Living Services, Family and Whānau Services and Peer Led Activity Services.

### Supervision

Richmond Services view supervision as critical to ensuring that practice is aligned with Richmond's outcomes framework, ensuring that practice is person-centred, evidence-informed and outcomes-focused. Supervision was introduced in 2004 and is defined as *“a formal process that contributes to enabling staff to develop their knowledge and competence pertinent to client-led, person-centred, evidence-informed and outcomes focused practice”*. Supervision also provides staff with the opportunity to reflect on and improve their own practice in order to support them to achieve the outcomes that they care about. All staff are required to attend a minimum of one individual supervision session with their manager and at least one group supervision session per month. At times, the group supervision may be conducted by someone other than their manager, for example, a care manager (internal position) or a “consultant-friend” (a staff member with particular specialist knowledge).

### Supervisors

Supervisors are given external training through the New Zealand Coaching and Mentoring Centre in Auckland who provide a customised Richmond supervision workshop. It is the responsibility of the line managers and practice leaders to educate and coach frontline staff as to their role in supervision. Richmond Services have a range of supervision information and documentation available on the Richmond intranet, such as Supervision Guidelines and a Supervision Agreement.

### Benefits

Richmond recognise that supervision gives staff the opportunity to reflect on and improve their practice and ensure that individually and collectively, they are able to provide the best, intentional and person centred support to people.

### Staff views

*“Staff enjoy supervision, seeing it as an opportunity to reflect on and enhance their practice”*. Some staff who are newer to Richmond and supervision have been a little unsure as they didn't know what to expect. However, managers' report that there is a significant shift in the perception of supervision in their services as staff become accustomed to it. Some staff receive more than the minimum requirement at times. This depends on their needs and anything that is having an added impact on their ability to ensure they are practicing effectively and safely.

### Challenges

At times, rostering of staff can mean that a staff member may miss out on a supervision session. If that happens, then the staff member and their manager ensure that another session is booked within that month. The commitment to supervision is such that they review and report on supervision statistics on a monthly basis as an organisation for example, what percentage of staff have attended both individual and group supervision for the month. This reporting is managed through the People and Capability team in Shared Support Services.

### Further information

For further information about Richmond Services please go to: [www.richmondnz.org](http://www.richmondnz.org)

## Case Study 7

### Pai Ake Solutions Ltd.

Pai Ake Solutions Ltd is a Hamilton based service delivering one on one and whanau support to reduce the impact of mental health and/or addiction issues on individuals and families. This is done through education, training, and counselling. Pai Ake Solutions also delivers mental health and addiction recovery training from a mainstream and Maori perspective. Services include Male Issues/Education, Te Hikoi O Nga Tane/Whanake, Rangatahi Health Education and Social Support.

### Supervision

External professional supervision has been in place for the last nine years. Over the last five years as the team has grown from two to seven clinicians, internal practice supervision and clinical hui have also been introduced. Pai Ake Solutions informally defines supervision as:

- External supervision is a process for having access to an independent professional to gain a high level of feedback and guidance on professional practice
- Internal practice supervision is a process for receiving feedback on practice, monitoring practice compliance, ensuring on-going professional development and co-existing problem (CEP) competency development

Five strands to supervision are in place to support staff at Pai Ake Solutions and these are:

1. **External supervision** is funded for all staff *“(unregistered and registered)”* and is aligned with their role and mode of practice (social work, counselling etc.).
2. **Monthly internal practice supervision-** is provided for all staff by the practice coordinator. This is facilitated in order to discuss their case work (goal and process) and professional development. Each

staff member completes a co-existing problems competencies checklist and an annual professional development plan is created. This assists in identifying areas to target when seeking funding to attend specific workshops that align with professional development goals. The goals developed are reviewed within monthly internal practice supervision.

- 3. Mentoring** – is provided for staff who are early in their career (within the first 1 to 2 years of practice) or for staff who have not completed formal training in addictions or co-existing problems. This usually involves weekly meetings between the mentor and mentee to discuss cases. The mentor may also sit in and provide feedback during monthly practice supervision.
- 4. Weekly clinical hui** - is where the clinical team meet and discuss referrals, triage cases and review processes. It is an opportunity for staff to present cases and pose questions to the team. This provides all staff “(not just new or unregistered)” the opportunities to hear clinicians actively reflect on their cases and explore treatment options. It also allows them to review their cases and access a wide basket of knowledge.
- 5. Weekly cultural hui** - is where staff learn and practice waiata and karakia, and also share and reflect on each other’s perceptions and experiences of te reo me ōna tikanga Maori. Staff also have access to Kaumatua for specific case review or staff cultural competency development. Kaumatua often come and participate in the cultural hui to discuss specific aspects of cultural competency or to prepare for upcoming hui. It is intended from 2013 that this time will also include a whole of team approach to the Takarangi Competency Framework. Several staff have existing portfolios and have attended Takarangi workshops.

### Supervisors

Pai Ake Solutions supervisors have post graduate qualifications in supervision or have attended the Psychology Board workshops on practice supervision. Supervisors also provide external supervision to CEP practitioners across the Waikato area.

### Benefits

Pai Ake Solutions believe that the benefits of having staff engage in supervision means they gain staff who rapidly develop into broad thinkers, are multi-skilled, and are more satisfied by their work. The high level and broad nature of supervision increases the likelihood that staff will go onto further education and clinical development.

### Challenges

One of the challenges faced by Pai Ake Solutions is that “often we may have staff seeking professional supervision in one area of practice, such as counselling, art therapy or social

*work. This may be part of their current training pathway, however it is a priority of the service that their supervisors are CEP capable. This is a problem when there is a small number of CEP capable supervisors available, and even less Māori practitioners who can provide this level of supervision. We have for some staff arranged bi-monthly supervision with different practitioners As an example an art therapist sees a CEP supervisor one month and an Art Therapy supervisor the next month.”*

### Staff views

Staff engaging in supervision find it useful and challenging. Often staff come from having experienced working for other agencies, and are grateful for the opportunity for a high level of supervision at Pai Ake Solutions. There is also a greater sense of practice safety with broad practice supervision processes and support in place. It can be challenging for staff to receive such regular feedback around practice, and can be difficult for staff trained in one area (such as counselling) to then require competency development in CEP. However a whole of team approach to support often ensures that it is evident that all team members are regularly developing and reflecting on their practice.

### Further information

For further information about Pai Ake Solutions Ltd please go to: [www.paiake.co.nz](http://www.paiake.co.nz)

## Case Study 8

### West Auckland Living Skills Home Trust

West Auckland Living Skills Home Trust (WALSH Trust) is a non-government organisation located in Henderson, West Auckland. It is an independent charitable trust, with funding coming from contracts with the Ministries of Health and Social Development and the Department of Work & Income and charitable donations from organisations and individuals. The trust provides a range of services including Residential Housing & Recovery, Mobile Community Support, Employment Works, independent ENDEAVOURS, Jigsaw Peer Support Service and an Older Persons Service. In 2012 WALSH Trust received two major awards. A Gold Award at the 2012 Australia and New Zealand Mental Health Services Conference and the Auckland West 2012 Excellence in Workforce Development Award.

WALSH Trust under their Ministry of Health contract employs 42 FTE support workers and 24 casual support workers, 4 FTE peer support workers and 6 FTE clinicians (two occupational therapists, two social workers and two registered nurses). All support workers have tertiary qualifications, ranging from the National Certificate in Mental Health to Masters Degrees.

## Supervision

WALSH Trust is committed to providing supervision for their staff and view supervision as a necessary requirement to provide good organisational support for staff to practice safely, ethically and professionally. Supervision provides staff with an opportunity to achieve and maintain the essential skills level of the competencies for support workers which are based on *Lets get real* and the Health and Disability Service Standards. Supervision also plays a key role in the health and safety of staff as an additional support that can be provided to minimise stress in the workplace and help maintain a healthy workplace. Providing and supporting staff to engage in regular supervision also sends a message to staff that their work is valued and shows that the service appreciates that at times work is challenging.

WALSH Trust provides staff with access to a skilled supervisor to talk through issues arising from practice to help their staff to be the best they can be. Supervision supports staff to demonstrate reflective practice by providing time to reflect on their practice and discuss their underlying ethics, values, attitudes and other issues.

New employees receive weekly supervision and coaching from their team leader for the first three months then dependent on the staff member's needs ongoing coaching at least once a month. They are supported to engage in regular supervision from an external supervisor from the start of employment. The support workers who work in the housing component of the service have access to regular external group supervision for 1.5 hours per month by an approved clinical supervisor. The mobile support workers who work in the community component of the service and the four peer support workers all have access to regular 1:1 external supervision for one hour per month by an approved clinical supervisor.

The cost of this external supervision is paid for by WALSH Trust. Although it is considered costly, the organisation believes that it adds immense value to supporting staff to deliver professional and ethical services.

All staff have access to their team leaders to discuss issues as they arise and are encouraged, as needed, to explore the issue in more detail with their supervisor. All staff are able to access additional supervision to support their practice in more demanding times such as working with a person with unusually complex needs or following a critical incident.

The content of the supervision session is confidential between a staff member and a supervisor. An annual report is received from supervisors with information about how each staff member is utilising the supervision session.

## Benefits

*"It really guides their practice and is essential to the true development of really good support workers."*

## Challenges

Accessing appropriately trained supervisors is not an issue however, sustaining the current process of supervision being provided by external supervisors is costly and comes from the existing budget. No additional funding is provided to support the workforce to engage in regular quality supervision.

## Staff views

Feedback from staff is positive. Staff value that they can focus on one thing in a supervision session.

The team leaders and managers are supported through training to develop the knowledge and skills to provide effective coaching and supervision.

## Further information

For further information about WALSH Trust please go to: [www.walsh.org.nz](http://www.walsh.org.nz)

## Case Study 9 Te Whare Mahana Trust

Te Whare Mahana was founded as an Incorporated Society in 1989 and became a Charitable Trust in 2011. This service is situated in the centre of Takaka, two hours from Nelson and provides an integrated range of mental health services, including a residential treatment programme that provides dialectical behaviour therapy (DBT), vocational training and employment support, a rural mental health service which includes assessment, case management and on-going support; a 24 hour crisis service; home based support; child and youth support and peer support and advocacy.

## Supervision

Te Whare Mahana has always provided supervision for staff. The current supervision policy was introduced in 2005 and covers all staff which comprise of 26 permanent staff and a number of casual staff and volunteers. The staffing mix includes five management and administration staff, two clinical managers/psychologists, four nurses, two therapists/counsellors, two unregistered social workers, three vocational and employment facilitators, six mental health support workers and two peer support and advocacy workers. The service also has a medical advisor at the Golden Bay Medical Centre, and a Maori advisor from the local Iwi.

The objective of supervision is to promote safe, professional and ethical service delivery by providing high quality support to staff from highly trained and skilled professionals. *It is expected that good supervision will increase the personal and professional confidence of staff.* Supervision is accepted as an essential part of the human resource policies and procedures at Te Whare Mahana and is seen as *"a consultative process involving support of staff in their professional accountability."*

New staff are introduced to supervision processes as part of their induction. Service managers have responsibility to ensure that team members have access to supervision. Counsellors and therapists receive external supervision from suitably qualified clinical supervisors. Support workers are supervised by members of the clinical team. Group supervision and peer supervision are also options. Peer support workers are supervised by staff from an external peer support and advocacy service. Staff who provide internal supervision are encouraged and supported to undertake supervision training

### **Benefits**

Supervision is recognised as a component of professional practice for staff that is essential for effective work. *“We regard all our staff as professionals and supervision is seen as part of professional development. It is also a means of ensuring safe practice and of helping staff to deal with the high stress levels involved in this work. Regular supervision helps prevent or identify the early signs of burnout.”*

### **Challenges**

Te Whare Mahana has strategies in place to overcome some of the challenges which can impact on staff accessing regular supervision. At times distance supervision is used via phone or Skype to enable staff to access suitable external supervisors from outside the organisation’s isolated community setting. Encouraging staff to prioritise

supervision rather than letting it lapse due to other demands is one way of managing time and resource constraints. Team leaders are responsible for monitoring this and ensuring that staff see it as a requirement of the job. Discussing why supervision is important or looking at alternative supervision arrangements such as peer or group supervision can help to encourage staff that are initially adverse to the concept of supervision.

### **Staff views**

In general staff at Te Whare Mahana value supervision and use it well.

### **Further information**

For further information about Te Whare Mahana please go to its website: [www.twm.org.nz](http://www.twm.org.nz)

# Appendix 2

## Support services roles, NgOIT Survey (2007, p.13)

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### By Platform Trust.

The following list is an overview of all roles included under the umbrella term 'Support Services' in the 2007 NgOIT survey conducted by Platform Trust. The roles listed reflect those roles respondents identified themselves with.

- Caregiver
- Childcare Worker
- Community Develop Worker
- Community Support Worker
- Cultural Worker
- Employment Worker
- Family Support Worker
- Health Promotion Worker
- Home Aides Worker
- Kaumatua
- Maintenance Staff
- Peer Support Worker
- Recreation Worker
- Residential Support Worker
- Traditional Worker
- Tutor/Educator
- Youth Worker
- Housing Facilitator
- Body Therapist
- Employment Consultant
- Vocational Support Worker
- Telephone Peer Support Worker
- Recovery Worker
- Community Transition Worker
- Senior Support Worker
- Music Therapist
- Diabetes Coordinator





**Te Pou**

o Te Whakaaro Nui

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