

9.1 Understanding Organisational Factors that Support or Constrain Good Supervision Practices

Information for this section is excerpted from the final report of The Bouverie Centre's 2009 audit of clinical supervision practices in the Victorian AOD sector (Ryan, Wills et al. 2009) and a document prepared by the Mental Health Coordinating Council (Bateman, Henderson & Hill, 2012) which analyses the current supervision practices of six different community managed member organisations in NSW.

Managers' & Supervisors' Perceptions of Organisational Factors that Support Access to Clinical Supervision – AOD Sector

In The Bouverie Centre's 2009 audit of clinical supervision practices in the Victorian AOD sector (The Bouverie Centre, [Ryan, Wills et al. 2009]), managers and supervisors who participated in focus groups (n=12) and phone interviews (n=13), most commonly cited the following factors as supportive of clinical supervision practice:

- A strong positive management attitude to clinical supervision, where senior managers, managers, and team leaders endorse clinical supervision and are seen as highly supportive of the practice; where staff are made aware of the organisation's commitment to clinical supervision during recruitment and induction; and where sufficient resources are dedicated to supervision.
- Defining the concept of supervision clearly and articulating the procedures associated with it well. Some points that were identified as being important to define were: the distinction between line and performance management and clinical supervision; roles and responsibilities in the supervisory relationship; and confidentiality.
- Open organisational discussions of the tensions relating to clinical supervision, tensions such as:
 - managing the dual roles of being a line manager and clinical supervisor
 - managing differences in professional backgrounds of supervisor and supervisee
 - gender issues
 - perception of a mismatch between skill and experience of the supervisor and supervisee
 - perception that accessing clinical supervision is viewed as a sign of weakness or burnout
- Widespread appreciation that the functions of clinical supervision are multifaceted and aim to meet the needs of clients, staff and organisations.
- Recognition that workers have a right to clinical supervision, but that responsibility for the content and delivery of supervision is shared between management and staff.

Managers and supervisors identified the following as significant barriers to accessing and delivering clinical supervision:

- Lack of consistent organisational standards, including situations where there are no clear guidelines or expectations about the parameters of clinical supervision; where there is no shared definition of the practice and, and where supervision is carried out on an as-needed basis.
- Poor supervision and support for supervisors.
- Time, resourcing and funding constraints, including poor availability of supervisors and inadequate remuneration for supervisors.
- Lack of an appropriate, private space in which to conduct supervision.
- Negative attitudes to supervision held by workers. Interviewees noted that a lack of understanding about the purpose and nature of supervision can lead to fears of being judged; a perceived mismatch between supervisee and supervisor can cause the usefulness or appropriateness of the supervision to be called into question; and workers who have been in the field for some time can feel devalued by the idea and concept of supervision.
- The absence of clear reporting and contractual arrangements between external clinical supervisors and employing organisations. Some managers were concerned about poor clinical accountability in cases where there were few or no reporting arrangements in place. There were also concerns from managers about how to ensure that external clinical supervision, where provided by an external consultant, is consistent with the organisational service delivery model.

Factors Perceived as Supporting or Constraining the Practice of Supervision - CMMH Sector

Fifteen middle managers and frontline workers from six different NSW community managed mental health workplaces were interviewed by the Mental Health Coordinating Council (2012) to investigate how supervision was being conducted in the sector and the views held in relation to the topic. Interviewees spoke about the importance of sustained leadership from middle and upper levels of management for promoting and sustaining effective supervision and support practices. They suggested managers can act to support supervision by:

- Actively assisting supervisors and workers to make time and space for supervision.
- Providing a physical environment conducive for the practice of supervision.
- Routinely seeking feedback from supervisees about their experience of supervision.
- Communicating genuine support for supervision practices, endorsing supervision as central to daily practice rather than an add-on to be engaged when the rest of the work is completed.

- Creating organisational policies mandating the regular provision of supervision and supplying the requisite funds.

During the consultation process, interviewees pointed to a number of factors as limiting supervision practice in their organisations, including:

- Supervision time being encroached upon by daily management concerns, immediate needs of clients, etc.
- Lack of support and recognition for the time needed to carry out supervision effectively.
- Divisions between managers and workers, or ruptures in the supervisory alliance, resulting in one or both parties seeking to avoid regular supervision sessions.
- Worker resistance or aversion to supervision due to a lack of knowledge about the benefits associated with the practice, fear and viewing the process as disrespectful of worker skills and experience.

Supervision only does well in organisations that value learning because there is no point bringing your best work and reflecting on what you did well on. There has to be more trust and a culture where you are saying, "I'm baffled by this, what on earth will we do? Or I'm baffled that I just was really triggered. What can we make sense of here?" That's the culture that needs to be developed ... (Manager, CMMH Service)