1. **Scope**

1.1. The purpose of this procedure is to describe requirements for the external professional supervision of Open Arms mental health workers. The Open Arms mental health workforce consists of both clinicians and peer workers, and both regional and national workers are entitled under this policy.

1.2. Open Arms does not provide professional supervision for outreach counsellors or contracted group program facilitators – refer to item 32 of the Open Arms Outreach Program Counsellor (OPC) Provider Notes.

2. **Background**

2.1. Open Arms is committed to ongoing professional development of its workforce. Professional supervision contributes to fulfilment of this commitment for those in a mental health role. A minimum of one hour of one-to-one external professional supervision per month (pro-rata) for all mental health service professional workers is mandated. Assistant Directors support clinicians and peers to identify a supervisor, and develop a supervision plan, and Regional Directors approve the External Professional Supervision Agreement to ensure that goals are aligned with professional development needs and organisational requirements.

3. **Expected Outcomes**

3.1. Through professional supervision arrangements, all Open Arms mental health workers actively participate in ongoing professional development to improve quality of care for clients.

3.2. All Open Arms mental health workers meet accepted best practice professional standards in the skills and therapeutic techniques required to meet the needs of their Open Arms clients.

4. **External Professional Supervision**

4.1. The objectives of external professional supervision are to:

- promote a learning culture through critical reflection on cases, clinical interventions or peer support practices and values.
- promote the acquisition of new knowledge and skills and address any gaps.
- establish accountability processes to support and refine practices that ensure the highest quality care for clients of Open Arms.

4.2. Provision of external professional supervision for Open Arms professional staff:
supports the mental health worker in the management of work-related stress in order to maintain emotional health and well-being, and in managing personal impact of some cases, with opportunity to acknowledge and process aspects of work which may contribute to distress or vicarious traumatisation.

provides the mental health worker with practice guidance, advice and support, through respectful challenging, and provides a space for critical reflection and growth.

provides specific advice to mental health workers regarding professional areas needing development as agreed between the worker, their Assistant Director and the external supervisor.

supports Centre management teams in ensuring professional service standards to clients are monitored against accepted professional best practice behaviours. Provides guidance on aspects of professional conduct and ethics, such as confidentiality, boundaries, and safety in accordance with professional ethical standards, Open Arms practice, policies and procedures, and as outlined in the Certificate IV Mental Health Peer Work.

supports Open Arms clinicians to maintain the continuing professional development (CPD) requirements associated with their professional qualifications.

supports Open Arms peer workers to uphold and apply the principles and values of Open Arms and of peer work, including being trauma-informed, strengths-based, person-centred and recovery-focussed, and builds skills in translating lived experience knowledge into practice.

supports regional leadership teams in ensuring the delivery of quality practice to clients by contributing to the practice and cultural integration of peer workers into Open Arms service delivery.

4.3. Access to external professional supervision will be offered monthly (pro rata) depending on staff working arrangements (full-time or part-time) and assessed by the Assistant Director according to case load, case type and level of professional experience with Open Arms.

4.4. The Regional Director, in consultation with Assistant Directors, may approve additional external supervision, where a mental health worker has a substantial counselling or care coordination load or has an identified need for greater professional support or development. Additional supervision and support are available to in-centre and outreach staff following an adverse event or critical incident.

4.5. An Assistant Director should not have the same external professional supervisor as any of the mental health workers for whom they are directly responsible. Exceptions require Regional Director approval.

4.6. Supervision meetings may be in person, by telephone or by video-conference such as Zoom™ or similar. Travel to supervision sessions of up to 30 minutes is regarded as 'on duty' and travel
times greater than 30 minutes should be avoided. Supervision session times must be made with due regard for centre operational requirements.

5. **Oversight of Professional Workers**

5.1. The Regional Director ensures that work undertaken by in-centre mental health workers is aligned to departmental and Open Arms policy and procedures, is in the interests of the Department and is compliant with relevant professional codes of conduct and the Australian Public Service (APS) Code of Conduct and Values.

5.2. The Regional Director (or an Assistant Director) for Regional staff, and National Director (or Assistant Director) for National Operations staff provides supervision and direction in accordance with departmental policies and in relation to:

- compliance with position descriptions, duty statement and contracts.
- responsiveness to clients with diverse and complex needs.
- oversight of case records and management. For example, preparation of reports, documentation of assessments and plans, outcome measurement, and standard of case notes.

6. **Procurement of External Supervisors**

6.1. Open Arms uses a Statutory Registration process to procure appropriately qualified and experienced external providers to provide professional supervision for its mental health workforce. Open Arms National Operations partners with regions to manage the procurement of professional supervisors in accordance with the Commonwealth Procurement Rules (refer to the Outreach Program Statutory Registration Instruction). Registration does not guarantee that Open Arms will use the services of a supervisor.

6.2. Professional supervisors for peer workers are procured through processes outlined in the External Professional Supervision for Peer Workers – Procurement Instruction. The Register of Supervisors for Peer Workers and associated resources are filed in TRIM 2002467.

6.3. External professional supervisors are matched to Open Arms mental health workers depending on the needs of the worker, location, and expertise of the supervisor.

7. **Qualifications and Experience**

7.1. The required qualifications and experience for professional clinical supervisors are detailed in the Outreach Program Statutory Registration Instruction and the OPC Provider Notes.

These are:

- Psychologist – psychology registration with AHPRA.
- Social worker – accredited with mental health social worker (AMHSW) with the AASW.
7.2. Requirements for external professional supervisors for peer workers must be reflected in any procurement documentation. These are:

7.2.1. Practice experience of providing lived experience peer support for a period of greater than three years.

7.2.2. Practice experience of providing peer support in a service delivery environment similar to Open Arms. Acceptable environments include, but are not limited to, the sectors of mental health, alcohol and other drugs, and rehabilitation.

7.2.3. Lived experience perspectives will be compatible with the person being supervised: a veteran Open Arms Peer is ideally supervised by someone who has a consumer lived experience; a family Open Arms Peer will be supervised by someone who has a carer/family lived experience. Open Arms acknowledges the intersectionality of lived experiences brought by its Peer workforce. Therefore the appropriateness of an external professional supervisor will be assessed as a collaboration between the Open Arms Peer and their operational supervisor.

7.2.4. Successful completion of the Certificate IV in Mental Health Peer Work, Advanced Intentional Peer Support and/or is able to demonstrate sound knowledge and extensive experience in practice.

7.2.5. Significant demonstrated experience in use of Intentional Peer Support and provision of peer supervision.

7.3. Expanded supervision options available to peer workers include:

- clinicians with experience in peer work/working with a lived experience workforce
- group supervision (either by clinicians with experience in peer work/working with a lived experience workforce) or by an external senior peer worker
- supervision by an external senior peer worker

7.4. In addition, supervisors should have at least the same level of qualifications as the supervisee and hold professional indemnity and other appropriate insurances. Compliance is to be checked at the time of contracting. Contracted providers are to notify Open Arms of any changes and confirm annual renewal of membership and registration (where applicable).

7.5. Supervisors need to have demonstrated supervisory skills and experience or training, together with a range of skills and experience relevant to the Open Arms client population.

7.6. The supervisor should be able to recognise and work with the stage of the supervisee’s professional development and be familiar with the mental health service delivery models used by the mental health worker.

8. Selection of an External Supervisor

8.1. All mental health workers should, in consultation with the Assistant Director, choose an approved professional supervisor whose qualifications, experience and approach most closely matches their professional development and support needs.
8.2. Professional associations promote the appointment of supervisors from the same profession as the supervisee.

9. **Responsibilities**

9.1. Open Arms Regional and National Operations Leadership Teams are responsible for:

- ensuring that mental health workers are aware of the Guidelines for External Supervisors (the Guidelines) during their orientation to Open Arms.

- ensuring that all mental health workers attend external professional supervision as negotiated, and that attendance is recorded and reported to Open Arms National Operations as part of the Regional Director’s monthly report.

- ensuring a record of supervision is maintained to assist in performance feedback and professional development, noting the focus of the session, clients discussed, and any action plans developed for implementation. Recommended decisions or actions in relation to safety of clients or others should always be noted.

- discussing with the mental health worker the proposed professional supervision agreement as part of their performance agreement.

- ensuring that a standard professional supervision report is obtained for each reporting period (usually at six-monthly intervals) and that the report is incorporated into the mental health worker’s performance agreement.

- providing the potential supervisor with the Guidelines and discussing these prior to any professional supervision arrangements being finalised.

- informing the professional supervisor about confidentiality limits within the Open Arms and client rights and responsibilities.

- supporting mental health workers to access external professional supervision including prioritising this activity and taking into consideration workload implications.

- using operational supervision to support workers to identify areas of practice that can be discussed or developed in external professional supervision sessions.

- maintenance of the Open Arms Register of Peer Supervisors and regional financial records pertaining to external supervision.

- provision of financial reports at regular intervals, as agreed between Regional Directors and National Office.

9.2. The National Office Community and Peer Team is responsible for the resourcing of Regional Community and Peer Teams with policies, procedures, tools and templates to procure, monitor and evaluate external supervision for peer workers.

10. **Accountability**
10.1. To ensure consistency in the provision of services, it is good practice and in the interests of all parties to have clear guidelines for the provision of professional supervision. These are included in the External Professional Supervision Instruction.

10.2. The Guidelines locate the responsibility for mental health worker decision-making on critical issues involving duty of care with the Regional Director, provided the worker has maintained and followed Open Arms policy and procedures. The professional supervisor is not accountable for mental health service delivery decisions made by the mental health worker provided the professional supervisor follows agreed ethical and reporting requirements.

10.3. The External Professional Supervision Instruction is supported by a range of templates and proforma documents to aid consistency of recording and reporting.

IMPORTANT NOTE:

10.4. Legal and ethical responsibility for an Open Arms mental health worker's decisions lies with Open Arms and specifically, the relevant Regional Director provided decisions are made consistent with Open Arms policy and procedures, or have received the prior approval of the Regional Director.

10.5. Professional supervisors are responsible for following agreed supervision and reporting requirements.

10.6. This policy affords appropriate internal management of crucial issues such as management of risk of harm to self or others. The Regional Director is better placed than the external professional supervisor to provide on-the-job support for mental health workers, promote effective treatment for veterans and their families, and assess a mental health worker's performance in the workplace.

11. Frequency of Supervision

11.1. Full-time in-centre mental health workers are required to attend a minimum of one hour of professional supervision (group or one-to-one supervision) per month or as negotiated with the Regional Director. Part-time Centre-based mental health workers are required to attend professional supervision on a pro rata basis.

11.2. Fortnightly sessions may be approved by the Regional Director where a need is identified, such as inexperience, clinically complex cases or an identified clinical skill deficit. Approval must be recorded as part of the mental health worker's performance agreement and must be reviewed after a maximum of six months. Approval cannot extend beyond 12 months without consultation with the Deputy or Assistant National Manager.

12. Case Notes Relating to Supervision

12.1. Client case files should note whether a client was discussed in individual or group supervision, both operational and professional, and the mental health worker should note any action plan developed for implementation. Decisions or recommended actions in relation to safety of clients or others should always be noted.
13. Period of Supervision

13.1. Open Arms mental health workers are supported to remain with a professional supervisor for more than one year\(^1\) and up to three years. This is to allow for the supervision relationship to be established and to promote strong professional development. Supervision contracts between the supervisor and the Open Arms worker should not be longer than three years.

13.2. It is recognised that finding new supervisors can be difficult in some locations where there may be limited availability of suitable individuals. However, as a minimum standard, supervisors and Regional Directors will review the supervision process before extending supervision beyond three years. Telephone and video-conference options for the provision of supervision should also be considered.

14. Payment of Costs

14.1. Open Arms pays for professional supervision arrangements approved by the Assistant Director, subject to the professional supervisor maintaining contractual agreements.

14.2. For one-on-one supervision sessions, fees are paid consistent with the contract between Open Arms and the provider. A report is required every six months and is paid at the usual negotiated supervision rate for the mental health worker. Supervision fees attract GST payment as an addition to the fee.

15. Boundary Issues for Supervision

15.1. Supervisors must not have:

- any personal relationship (partner, personal friend or other dual relationship) with the mental health worker.
- any professional treating relationship with the mental health worker.
- any other contractual relationship with DVA (including contracted outreach counsellors, group program facilitators and anyone engaged to work for the Department’s Employee Assistance Program (EAP) provider), where it can be demonstrated that there may be a conflict of interest.

15.2. Approval for any exceptions must be sought from the Regional Director who will consult with the Deputy National Manager.

15.3. Professional codes of conduct preclude the provision of personal therapy from supervision. At times, supervision may focus on the personal impact of the work and client issues may trigger personal reactions for mental health workers. Given the nature of peer work, supervision may focus on the personal impact of the work and client issues may trigger personal reactions for a peer worker. Clear distinctions between such a focus and therapy must be maintained. Where

\(^1\) A Regional Director may terminate supervision before one year if there is an irretrievable breakdown in the supervisory relationship or if the supervisor is unable to provide the service.
personal concerns are significant for a worker and require counselling, professional supervisors are required to advise the worker to seek support through a separate private counselling or peer support arrangement or through their Employee Assistance Program.

16. Trauma-Focused Group Supervision

16.1. Open Arms engages an external agency to facilitate group-based trauma-focused therapy supervision for Open Arms clinicians.

16.2. The focus of supervision is to provide guidance about the application of trauma-focused interventions with clients who present with Post-Traumatic Stress Disorder (PTSD) symptoms, discuss individual case studies (de-identified) and develop clinical skills.

16.3. It is the role of the National Operations Client Safety and Quality Team to liaise with the facilitator and clinical staff in the arranging of these. The steps below provide guidance on completing this process.

16.4. Meetings are hosted on Zoom, booked by the external agency. Meetings are scheduled for the third Wednesday of every month or as directed by the facilitator, and are booked six months in advance to assist counsellors with their client requirements.

16.5. The external agency will communicate the booking details to the staff registered to attend, along with sending reminders and communicating details and requirements of the sessions to attendees.

17. Parent Policy

17.1. 401 – Professional Practice Policy

18. Subordinate Instructions and Templates

18.1. 401 - 02/ 01 External Professional Supervision Instruction

18.2. 401 - 02/ T1 External Professional Supervision Agreement

18.3. 401 - 02/ T2 Professional Supervisor Report

18.4. 401 - 02/ T3 Professional Supervision (Peer) – Letter of Engagement

18.5. 401 - 02/ T4 Professional Supervision (Clinician) – Letter of Engagement
Authorisation and signature

This Procedure is the authorised version agreed by Open Arms – Veterans & Families Counselling and is to direct the decision-making of all staff.

CLEARED BY THE NATIONAL MANAGER AS A COMMENT DRAFT
The comment draft period is 15 September 2020 to 15 December 2020. In this period the policy is cleared for operational use on the basis that feedback on its utility will be evaluated immediately and agreed changes incorporated during the comment draft period for further operational testing. A National Manager approved final version of this policy will be released on 29 January 2021. Thereafter a regular review process will be in place.

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Dr Stephanie Hodson CSC
National Manager
Open Arms – Veterans & Families Counselling
1 July 2020

Procedure version history

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