



NSCSW Clinical Supervision Guidelines

1. Introduction

The field of social work has long viewed professional clinical supervision as essential to maintaining best practices and has taken the lead in advancing the importance of supervision in settings providing health and human services. By clarifying expectations for the professional clinical supervision of social workers in contemporary and different contexts in which clinical social work specialists practice, these NSCSW clinical supervision guidelines develop higher quality services.

The aims of these clinical supervision guidelines are to:

- 1.1. Articulate the purpose, functions and value base of professional clinical supervision for clinical social work specialists.
- 1.2. Provide a guide for good practice in professional clinical supervision relevant to clinical social work specialists.
- 1.3. Outline the modes and processes for clinical supervision.
- 1.4. Specify the requirements and responsibilities of participants in supervision.

2. Purpose of clinical supervision

- 2.1. Active participation in professional clinical supervision is a core practice standard for social workers. Professional supervision makes a pivotal contribution toward:
 - enhancing the professional skills and competence of clinical social work specialists and thereby strengthening the capacities of clinical social work specialists to achieve positive outcomes for the people with whom they work;
 - engaging clinical social work specialists in ongoing professional learning that enhances capacities to respond effectively to complex and changing practice environments; and
 - ensuring clinical social work specialists provide quality, ethical and accountable services.

3. Core values guiding social work supervision

- 3.1 Clinical social work supervision is an aspect of professional practice and, as such, all clinical social work specialists are required to meet their ethical responsibilities as outlined in the NSCSW Code of Ethics and Standards of Practice:
 - **Respect for persons** – This value relates to the nature of supervisory relationships and in the way client issues and relationships are addressed in supervision. Efforts should be made to understand different viewpoints.
 - **Social justice** – A core obligation of clinical social work specialists is upholding social justice principles which should guide content, choices, processes and

goals of supervision, with special regard for those who are vulnerable, disadvantaged and/or oppressed.

- **Professional integrity** – The principles of honesty, transparency, reliability, empathy, reflective self-awareness, discernment, competence and commitment are expected to underlie professional clinical supervision relationships and processes. Professional supervision is part of the social worker's ongoing responsibility to ensure quality of practice performance.

4. Functions of clinical social work supervision

- 4.1 As a framework for understanding and approaching the work that is done in supervision, broad division of these functions are used in these clinical supervision guidelines. The three functions of supervision are referred to here as *Education*, *Support* and *Accountability*.
- Education** – The development of knowledge, comprehension, and skills grounded in practice is a core focus of clinical supervision and is utilized to increase a clinical social work specialist's professional resiliency and competence. For clinical social work specialists to better understand the people they work with, themselves as practitioners, the effect they have on the people and systems around them, and the knowledge, theories, values, and perspectives that can be applied to improve the quality and outcomes of their practice. Education in supervision involves a facilitated process of exploration and critical reflection on practice. Clinical social work specialists assess interpersonal dynamics and relationships as well as the larger effects of policy and structures in society, which requires both self-reflection and critical analysis. The new information and understanding has implications for practice, which can be followed and improved through time.
 - Support** – Clinical social work practice can affect practitioners in a personal context. During supervision, clinical social work specialists can learn more about how their work affects them and how their own feelings and behaviours affect their professional practice. There are methods for handling such reactions and increasing resilience. In supervision, social workers can find support and acceptance, work through professional and personal limits, and identify situations where they might require outside personal assistance.
 - Accountability** – Attention is focused on the NSCSW Code of Ethics and Standards of Clinical Practice, including accountability for client outcomes. Supervision is a forum for reviewing practice according to the ethical and practice standards of social work. Supervision assists to clarify the role and responsibilities of the clinical social work specialist in their practice context. Linked to accountability are administrative activities such as managing workload for effective outcomes and attending to record-keeping practice. This function of supervision relates to the broader professional, inter-organizational, political, and legislative context of the field of practice with which social workers are expected to engage. At times supervisors may take on a mediation role between the supervisee and these other systems. Through the process of supervision, good

practice is further enhanced and strategies for resolving concerns and instigating systemic change may be identified.

- 4.2 These three aspects of supervision are not distinct; rather, they interact, overlap, and complement one another in various ways. A clinical social work specialist, for instance, is likely to need help and instruction if they are to raise their standards and practices. However, there could also be ambiguities and conflicts between the various functions. For instance, a social worker may be experiencing mental stress due to the demands of their job, but workload distribution policy does not permit them to take on less work. The ideal strategy is for each clinical social work specialist to analyze, interpret, and negotiate their individual practice environment in relation to the three roles of social work supervision.
- 4.3 While there are times when the educational, supportive, and accountability functions of supervision can all be met by a single supervisor-supervisee relationship, there are other times when social workers may make use of multiple supervisory arrangements to advance and strengthen their professional development. In all cases, social work supervision aims to guarantee that the objectives, duties, and expectations of supervision are met. To achieve this, communication and coordination procedures amongst the parties participating in the supervisory arrangements may be needed.

5. *Types of supervisory arrangements*

- 5.1. Supervision may be accessed by a range of means including (but not limited to):
- face to face,
 - online,
 - telephone, or
 - video/web conferencing.
- 5.2. The types of supervisory arrangements that are set in place will reflect the different locations, practice cultures, nature of practice/services, type of team (e.g. multi-disciplinary) and access to experienced clinical social worker specialists. Clinical social work specialists move between roles of supervisor and supervisee with different people, or with the same people when engaging in a peer supervision arrangement.
- 5.3. The guiding concept in determining whether the supervisory arrangements are adequate for achieving the goal of supervision is to provide equal attention to the three roles of supervision mentioned above (education, support, and accountability). Implementing a supervisory procedure that encourages critical reflection on practice and professional development should also be given emphasis. While valuable resources for professional development, informal debriefing, in-service training, workshops, and seminars are not a replacement for qualified supervision.
- 5.4. Social workers engage in a range and combination of supervisory arrangements that can meet the supervision standards if they address the purpose, functions,

standards and requirements of professional supervision. These supervisory arrangements can include:

- *A supervisor being engaged by the clinical social work specialist.* The supervisor focuses largely on the educative and supportive functions and supports an understanding of the accountability function relating to the clinical specialization in which the social worker is engaged.
- *Group supervision, where a supervisor facilitates a supervisory forum with a group of social workers or a multi-disciplinary group.* Participants benefit from both the collaborative contributions of the group members as well as the guidance of the supervisor, who also requires skills in working with group dynamics.

Each of the supervisory arrangements are likely to have strengths, challenges and ambiguities associated with the practice context in which it is implemented. Clinical social work specialist supervisees and supervisors are expected to be attentive to emerging tensions in reflexive practise settings and to analyse and negotiate agreements to produce the greatest results. These conflicts frequently result from the supervisor concentrating too much on one aspect of supervision at the expense of others. For instance, if accountability is given too much attention, it may compromise the development of the kind of trusting, supportive relationships necessary to engage in processes of critical self-reflection and professional development. Similarly, if emotional support is given too much attention, it may compromise the personal challenges necessary for professional growth.

- 5.5. Reporting and coordination, within the parameters of confidentiality and supervision plan agreements, can facilitate and support an integrated approach to supervision. When a supervision plan agreement is being determined negotiating a fee for service is appropriate.

6. Supervisory processes

- 6.1. For supervision to be effective, the supervisory relationship is crucial. The development of respect and trust makes room for a secure and encouraging environment where the difficulties of critical self-reflection and professional development can take place. At the beginning of a supervisory relationship, power dynamics, expectations, duties, and obligations all need to be discussed and agreed upon. The foundation for future work is established at the early stages of the supervisory relationship through positive interaction and the development of a supervision plan agreement. Both the supervisor and supervisee have obligations in supervision. However, the supervisee is accountable for actively looking for opportunities for feedback, mentoring, support, and constructive criticism to constantly improve practise.
- 6.2. A range of different models, frameworks and creative or innovative approaches to supervision may be employed to guide the supervisory process. It is expected that supervisory approaches are dynamic and responsive to clinical social work practice and to the presenting issues for the clinical social work specialist. The supervisory process should facilitate critical reflection on practice that encourages analysis of

values and ethics, power dynamics, inter-personal dynamics, structural factors, theoretical understandings, alternative perspectives, professional knowledge and current research findings, in developing a more sophisticated understanding of practice issues and more informed practice choices. Such explorations often centre on case studies, scenarios or issues of concern encountered by the clinical social work specialists in practice but may also include practices and ideas that extend the social worker beyond their experience. It is expected that supervision also provide a forum where clinical social work specialists can engage in reflection on their use of self and the skills of social work practice.

- 6.3. Professional supervision should provide a safe space for clinical social work specialists to report on their practice, be challenged and extended and to be supported and affirmed.
- 6.4. Where applicable, informal 'in the moment' supervision can be an effective way to develop practice insights as it works with the heightened awareness and experiential engagement with the issues at the time. This should, however, be balanced with formal, scheduled supervision that allows for more holistic planning and reflection in a place and time that is dedicated for that purpose.
- 6.5. Attention to the supervisory relationship and processes is of particular importance when supervision is conducted through online, telephone, video/web conferencing or other remote means. Participants are expected to actively attend to strategies that will maximise the quality of the engagement and communication so that the purpose, functions and standards of supervision can be achieved and maintained, as is expected in face-to-face supervision.

7. *Guidance for supervisors*

Supervisors must uphold ethical standards:

- 7.1. Supervisors uphold their professional ethical responsibilities when engaging in the supervisory relationship.
- 7.2. Supervisors model and ensure clear professional boundaries with supervisees.
- 7.3. Supervisors avoid supervision of practitioners where close personal, social, business, therapeutic or sexual relationships are contemplated or have existed.
- 7.4. When alternative supervisory arrangements are unavailable (e.g. in rural settings or for cultural reasons), potential conflicts of interest should be declared to the NSCSW and boundaries negotiated, in line with requirements in the NSCSW Code of Ethics and Standards of Practice.
- 7.5. Supervisors maintain the confidentiality of the supervisees, including client information discussed in supervision, unless circumstances arise which limit such confidentiality.
- 7.6. Supervisors negotiate with supervisees the limits to confidentiality that will exist in the supervisory relationship, in line with requirements in the NSCSW Code of Ethics and Standards of Practice.

8. *Supervision contract/agreement*

- 8.1 Supervisors establish a supervision contract /agreement and maintain a record of supervision maintained for the duration of the supervisory relationship.
- 8.2 A supervision contract/agreement is negotiated between supervisor and supervisee and finalized/documentated within the first three supervision sessions.
- 8.3 A supervision contract/agreement shall outline:
 - purpose, goals and functions of supervision;
 - roles, responsibilities and conduct of participants;
 - frequency and duration of supervision;
 - how the sessions will be recorded, where records will be stored, who will have access to these records and if/how they will be disposed of;
 - how confidentiality and privacy will be managed, and what the limits are to this;
 - reporting responsibilities to the NSCSW;
 - how difference of opinion and conflict will be managed;
 - supervision agreement review date; and
 - fees and payment method (if applicable).
- 8.4 Supervisors maintain records and report on supervision as agreed in the supervision plan and in line with legal and ethical requirements.

9. *Supervisor training*

- 9.1 Supervisors are appropriately trained and experienced to provide supervision and demonstrate a commitment to professional practice and currency of knowledge.
- 9.2 Social work supervisors have professional qualifications in clinical social work specialization as recognized by the NSCSW.
- 9.3 Supervisors have a minimum of 3 years post-qualifying experience relevant to the clinical social work specialization of the supervisee and bring a range of skills to assist others in their learning.
- 9.4 Supervisors have a clear understanding of the contemporary professional and practice issues, legislation and policy relating to the clinical social work.
- 9.5 Supervisors engage in continuing professional development for the provision of professional supervision.
- 9.6 Supervisors undertake relevant continuing professional development to ensure currency of knowledge in relevant fields of practice.
- 9.7 Supervisors engage in their own supervision as part of their commitment to professional practice.

10. Dynamics of a supervisory relationship

- 10.1 Supervisors manage the dynamics of a supervisory relationship appropriately.
- 10.2 Supervisors remain aware of the power differential within a supervisory relationship and manage this in an honest and respectful way by encouraging contributions from supervisees within a supportive and trusting relationship.
- 10.3 A time and place that is free of interruptions is set aside for supervision.
- 10.4 Supervisors manage and work to resolve any conflict that might arise in the supervisory relationship or group.
- 10.5 In group supervisory arrangements, supervisors manage group dynamics to facilitate the contributions and constructive outcomes for all participants.

11. Supervisory practice

- 11.1 Supervisors facilitate a process designed to achieve the purpose and functions of supervision, as outlined in the supervision guidelines.
- 11.2 Supervisors work with supervisees to identify learning needs and professional goals and how these may be addressed through supervision or beyond.
- 11.3 Supervisors facilitate a learning process that supports practitioners to critically reflect on their practice, identify ways to enhance their positive impact for service users (including through the application of research findings and theoretical perspectives) to develop clinical skills.
- 11.4 Supervisors encourage supervisees to discuss work/practice issues of concern, offering support and guidance to resolve these issues.
- 11.5 Supervisors assist supervisees to identify circumstances when external assistance with personal matters may be required, when these matters interfere with work practice.
- 11.6 Supervisors work with supervisees to understand their practice within the broader goals and context of clinical social work, as well as the policy, legislative, social, economic and political environment.
- 11.7 Supervisors engage with supervisees to examine their roles and responsibilities in clinical practice, and accountability to service users.
- 11.8 Supervisors recognize cultural influences on practice and the diversity of knowledge and meanings that supervisees bring, collaborating with supervisees to access culturally relevant supervisory arrangements that serve to strengthen practice from cultural perspectives.
- 11.9 Supervisors engage with supervisees to evaluate agreed learning goals as outlined in the supervision agreement/contract and adjust approach if required.

12. Professional misconduct

- 12.1. Supervisors manage any suspected or actual misconduct or unethical behaviour of supervisees in line with ethical responsibilities outlined in the NSCSW *Code of Ethics, Standards of Practice and Standards of Clinical Practice*.
- 12.2. When occurrences of misconduct or unethical practice are identified or suspected by supervisors they will raise these matters in the first instance with supervisees, where appropriate, to seek a resolution.
- 12.3. Where it is not appropriate to raise the issue directly with the supervisee, or if the issue is not resolved after discussion with the supervisee, supervisors decide if the matter needs to be reported to an appropriate person, in line with supervision contract or Code of Ethics. It may be important for supervisors to also seek their own professional supervision in relation to this.

13. Guidance for supervisees

Ethical responsibility of supervisee:

- 13.1. Supervisees ensure they maintain the confidentiality and privacy of their colleagues, peers, and people they provide professional service to when engaging in individual, group or peer supervision, except where legislation requires otherwise.
- 13.2. To maintain confidentiality, supervisees de-identify case material (remove names, personal identifying information, and intimate details) for discussion in supervision, unless the supervisor and/or peers have approved access to this information in accordance with legislation, policy, or when written, informed consent to discuss information has been provided by the client. Any such material presented at supervision should also be securely stored.
- 13.3. Supervisees always maintain clear professional boundaries when engaging in a supervisory relationship.
- 13.4. Supervisees will remain open to respectful constructive comment on their practice or behaviour.

14. Active participation in the supervisory process

- 14.1. Social workers actively participate in the supervisory process.
- 14.2. Social workers attend supervision that is relevant to their area of practice with an appropriately trained, social work qualified supervisor or peer.
- 14.3. Social workers attend all scheduled supervision meetings.
- 14.4. Social workers seek and respond openly to feedback and actively contribute to the agenda for supervision sessions.
- 14.5. Social workers plan and come prepared for supervision sessions by compiling records and evidence relating to practice such as case studies, feedback or research literature to support the reflective learning process.
- 14.6. In cases where the supervisee believes that the supervision guidelines or their learning needs are not being met, they alert their supervisor to this.



15. *Establishing supervisory processes*

- 15.1. Clinical social work specialists take an active role in establishing supervisory processes that meet their needs.
- 15.2. Clinical social work specialists contribute to the maintenance of the supervisory relationship and use supervision to critically reflect on their practice.
- 15.3. Clinical social work specialists use supervision to identify learning and continuing professional development needs, to set work and career goals and to plan for how these needs and goals will be addressed, either within the supervisory context or through other means.
- 15.4. Clinical social work specialists use supervision to review current workload and responsibilities, monitor accountability and competence in their practice and discuss any requirements in relation to role.
- 15.5. Clinical social work specialists discuss and reflect on their relationships, field of practice and profession, identifying how their role relates to broader goals, standards, legislation, policies and ways to engage more fully with these requirements.
- 15.6. Clinical social work specialists identify the need for cultural supervision and take steps to implement supervisory arrangements that could strengthen practice from cultural perspectives.

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