



SUPPORTIVE SUPERVISION: GETTING STARTED

PLANNING AND WORKSHOP GUIDE FOR RED CROSS
RED CRESCENT NATIONAL SOCIETIES

+C IFRC

Psychosocial Centre

Supportive Supervision:

Planning and workshop guide for Red Cross and Red Crescent National Societies

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Translations and adaptations

Please contact the IFRC Reference Centre for Psychosocial Support for translations and formats of Supportive Supervision: Supervisor training curriculum for Red Cross Red Crescent National Societies and Supportive Supervision: Getting started planning and workshop guide for Red Cross Red Crescent National Societies.

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INTRODUCTION

Supervision is internationally recognised as a vital component of mental health and psychosocial support (MHPSS) service provision and is especially important in emergency settings. In low- and middle-income countries (LMICs), for example, mental health interventions are often delivered using ‘task-shifting’ or ‘tasksharing’ approaches. This is when lay providers¹ are trained to deliver services and interventions under the supervision of more specialist personnel (e.g., psychiatrists, psychotherapists, mental health nurses)². In many cases, however, lay providers often only receive short-term intensive training in specific MHPSS interventions in terms of knowledge and skill development. This can leave them feeling a lack of confidence and ill equipped to manage the unexpected challenges and contextual factors in MHPSS service delivery and can pose a risk of doing inadvertent harm towards community members. This can also be true for more experienced practitioners or for those with educational qualifications but less developed practical, or clinical, intervention skills. RCRC staff and volunteers are often asked to take on very complex cases (e.g., high-risk situations, emergencies, and ethical dilemmas) with few resources to support them in the process. This can negatively impact service delivery and unintentionally cause harm to staff, volunteers and community members. For these reasons, training should always be accompanied by supervision to ensure that supervisees are practically and emotionally equipped to perform their roles confidently and effectively.

The emotional strain of MHPSS work is also particularly intense in humanitarian settings. Staff and volunteers are often required to work in very challenging conditions with populations who have experienced significant adversity and who have complex needs. Staff and volunteers themselves often come from these adversely affected populations. They are therefore at increased risk of experiencing symptoms of primary and secondary trauma, burnout, and compassion fatigue. All of these have potential to develop into longer-term physical and mental health problems. Effective supervision should include open discussion of this, with the supervisor monitoring for early signs of these risks in supervisees and taking steps to reduce them.

Supervision has potential to produce significant improvements in job satisfaction, volunteer retention and worker motivation³. Supervision can serve as a starting point to begin discussions about organisational issues and provide support for reaching a resolution. This, in turn, can reduce staff and volunteer turnover and contribute to a healthier, more resilient MHPSS workforce, which is vital for system strengthening efforts across health, protection and other sectors.

1 - A lay provider is a person who performs functions related to MHPSS, having received training (usually on a specific intervention), but who has not received formal professional or specialist training.

2 - Kemp, C. G., Petersen, I., Bhana, A., & Rao, D. (2019). Supervision of Task-Shared Mental Health Care in Low-Resource Settings: A Commentary on Programmatic Experience. *Global Health. Science and Practice*, 7(2), 150-159. 10.9745/GHSP-D-18-00337.

3 - Bailey, C., Blake, C., Schriver, M., Cubaka, V. K., Thomas, T., & Martin Hilber, A. (2016). A systematic review of supportive supervision as a strategy to improve primary healthcare services in Sub-Saharan Africa. *International Journal of Gynecology & Obstetrics*, 132(1), 117-125.

PURPOSE OF THIS GUIDE

This guide has been developed to support National Societies in planning and facilitating a workshop with leaders and managers aimed at setting up and developing a supportive supervision structure. Some National Societies may already have some supervision approaches embedded in programme areas; this guide may also help to develop supportive supervision structures further.

This guide includes workshop activities focused on understanding the supportive supervision needs for staff and volunteers providing MHPSS services and the approach that will best fit each National Society. It is not intended to be a comprehensive workshop facilitation manual. Facilitators will need to undertake significant preparation to contextualise and develop a workshop relevant to the needs of the respective National Society, including understanding existing caring for volunteers, staff care policies and supervision systems currently in use by the National Society (if any).

Using this guide

This guide and accompanying materials include the information and resources needed to design and facilitate a workshop with your leadership and management about designing a supportive supervision system for staff and volunteers providing MHPSS services in a National Society.

Please note, that the design of this guide requires facilitators to undertake preparation for training that will include some adaptation of sessions, training materials and scheduling.

The following section outlines how to use the guide, including details on iconography and layout of the manual to help you navigate the document.

ICONS

These icons are used in the guide:



Facilitator notes / planning notes for facilitators

Facilitator notes highlight any specific issues in the training process, or in the materials, or preparation required for the section that follows.



Materials needed

Materials required for each session.



Plenary discussions

Notes, prompt questions or important points to highlight during the discussion.



Methodology

A brief overview of the method used in the session. E.g., plenary discussion, interactive group work, role play etc.



Estimated minutes needed

A suggested required time for each session. These times have been tested in pilots of the facilitation materials⁴. However, the time allocated for each session can be adjusted, if necessary, depending on the number of participants. Facilitator(s) should make sure that activities fit into the day's schedule.



Activities

Activities are used in each section to reinforce learning. Each activity is described, with the purpose, materials and the procedure clearly set out.

4 - Materials piloted with National Societies in Romania, Lithuania, and Czechia in 2024.

PLANNING A WORKSHOP WITH LEADERSHIP AND MANAGEMENT

Getting leadership buy in

Supportive supervision is a shared responsibility. It is up to National Societies to create the necessary preconditions to allow effective supportive supervision to take place, while supervisors⁵ and supervisees⁶ also hold responsibilities to prepare and engage meaningfully in the process. This requires that staff and volunteer leaders and managers providing MHPSS services value, and understand the need for, supportive supervision systems.

This workshop will help to engage leadership and management in the design of the supportive supervision structure by assisting them to understand the need for, role of, and benefits of supportive supervision. The workshop also leverages the skills and expertise of leaders and managers by including them in the design of the supportive supervision system.

Leadership and management play a key role in:

- Ensuring that supervision is included at the programme activity design phase with appropriate budget allocation
- Screening for supervisor competencies and ensuring proper training
- Ensuring clear job descriptions and terms of reference are available
- Providing guidance (codes of conduct and ethics) and policies concerning supervision
- Being a party to the supervision agreement
- Ensuring logistical considerations are in order for supervision to take place
- Setting up feedback and complaint mechanisms

Participant numbers

Approximately 4 to 12 participants.

Suggested materials

If possible, it is recommended to give participants each a hard copy of the Integrated Model for Supervision manual and to have some copies of the Caring for Volunteers toolkit available as a resource during the workshop.⁷ If hard copies are not available to you a soft copy will be fine. You can find links to the manual, in several languages at <https://supervision-mhpss.org/>

5 - A supervisor is a person delivering supervision.

6 - A supervisee is an MHPSS practitioner who receives supervision, supervisors also receive supervision, so at times, are also supervisees.

7 - IFRC Reference Centre for Psychosocial Support. (2012) Caring for staff and volunteers: Toolkit, available from: <https://pscentre.org/resource/caringforvolunteers/>

WORKSHOP OBJECTIVES

The activities in this guide are designed to contribute toward the following objectives:

1. Participants understand the role of, importance, and benefits of supportive supervision.
2. Participants have knowledge of the key components of supportive supervision.
3. Participants are aware of the shared responsibility of supportive supervision within their National Society
4. A plan of action is drafted to begin to implement, or to develop existing, supportive supervision structures within the National Society.

WORKSHOP ACTIVITIES

ACTIVITY 1: DEFINING SUPERVISION



Background information

Definition of supportive supervision: A safe, supportive, confidential, and collaborative relationship between a supervisor and supervisee, and/or among supervisees where supervisees can voice their difficulties, discuss challenges and be recognised for their successes, receive constructive feedback and emotional support, and build their technical skills and capacity. Supportive supervision is a crosscutting set of principles that can be applied to various types of supervision used in MHPSS services and activities, such as clinical and technical approaches⁸.



Time: 45 minutes



Methodology: Small groups and plenary



Materials

- IMS Handbook, section 1.1.1 and 1.1.2
- Markers
- Flipchart
- Flipchart or slide for definition of supportive supervision and what supervision is/is not



Activity instructions

1. In small groups, ask participants to take 15 minutes to list the following on a flipchart:
 - What **is** supervision
 - What **is not** supervision
2. Ask groups to pick one person from their group to share back to the larger group.
3. After completing the list, as a group, take 10 minutes to define what is supportive supervision.
4. Bring groups back together and invite them to present their lists.
5. After they have completed, show the definition of supportive supervision from the IMS and table of what supervision is and what it is not on flipchart or slide.
6. Invite questions and feedback after showing definition and the lists of what is/is not supportive supervision.

ACTIVITY 2: KEY ELEMENTS OF SUPPORTIVE SUPERVISION



Time: 20 minutes



Methodology: Plenary



Materials

- IMS Handbook, section 1.1
- International Red Cross Red Crescent Movement's MHPSS Framework⁹



Discussion

1. In plenary, spend 10 minutes exploring the following question: What key elements need to be in place for supervision to be effective? Think of supervisor qualities, the supervision relationship?
2. Explain each core elements with an emphasis on emotional support, and its links with the concept of caring for volunteers and staff welfare, which your National Society may be familiar with.
3. Discuss the layered nature of supportive supervision structures, using the talking points below, if needed. Refer to apprenticeship model in the Annex.

Talking points

Emotional support:

- Creates a safe, supportive, confidential space to explore personal reactions to professional situations and (challenging) situations volunteers encounter in their volunteering role (but it is not therapy!)
- Can support supervisee's own mental health and well being by encouraging supervisees to recognize and manage their own reactions and stressors
- Supports self-discovery
- Is part of staff welfare and caring for volunteers.

Building skills:

- Structure learning over time to support application of knowledge into practice
- Improves confidence and competence in supervisees own professional development and volunteering roles and tasks.
- Supports independent learning and volunteer development.

9 - Available here: <https://pscentre.org/about-us/focus-areas/the-mhpss-framework/>

Monitoring quality:

- Improves service quality
- Ensures activities are being implemented as designed
- Provides an opportunity to identify barriers to implementation of activities and services and offers an opportunity to brainstorm solutions

Explain supervision as being a part of duty of care¹⁰ and trauma-informed care¹¹:

- Supervision should be available for all staff and volunteers providing MHPSS services from basic psychosocial support through to specialised mental health care (see international Red Cross Red Crescent Movement's MHPSS Framework). Supervision is an important component of trauma-informed practice.
- Staff and volunteers providing MHPSS services might experience trauma directly (as a member of the community) or indirectly by hearing about other people's experiences.
- Staff and volunteers providing MHPSS services are exposed to ongoing stressors associated with the nature of their roles and the contexts in which they work.
- Trauma-informed practice involves 1) education about trauma and mental health, 2) being mindful of the impacts of trauma and 3) changing working practices accordingly.
- Taking steps towards helping staff and volunteers providing MHPSS services to manage stress and reflect on their professional experiences and personal reactions through supervision helps to promote trauma-informed practice.

Supervision for all staff and volunteers providing MHPSS services

Supervision should be available for all staff and volunteers providing MHPSS services or running MHPSS activities at any level of the MHPSS Framework, from basic psychosocial support through to specialised mental health care. This includes multi-disciplinary teams who are integrating aspects of MHPSS within their work.

Even professionals, including highly technically skilled volunteers can benefit from the opportunity for continuous reflection and development that comes from supervision. Supervision should ideally be made available to all staff and volunteers providing MHPSS services and encouraged by the National Society.

10 - Duty of care – an organisation's moral or legal obligation to ensure the safety and well-being of their staff and volunteers and/or others.

11 - Trauma-informed work involves understanding that service users may have experienced trauma. Trauma-informed practice also requires an awareness of the fact that MHPSS practitioners themselves may have experienced trauma.

ACTIVITY 3: SUPERVISION WITHIN OUR NATIONAL SOCIETY



Time: 30-60 minutes



Methodology: Plenary



Materials

- Prepared flipcharts or slides with the below questions
- A copy of the diagram Applying the MHPSS Framework to caring for National Society staff and volunteers (on slide or hardcopy), see Annex



Activity instructions

1. Move into small groups and have them reflect on the posted questions for 15 minutes:
 - Question 1: What current caring for staff and volunteers activities and supports are available to staff and volunteers in your National Society?
 - Question 2: How has supervision factored into your National Society up until now, if at all?
 - Question 3: Consider who is involved, how it is structured? Who is available as a resource?
 - Question 4: What has worked well?
 - Question 5: What do you see as the biggest gaps or challenges in having a supervision structure?
 - Question 6: What is preventing you from having supportive supervision within your National Society?
 - Question 7: How will supportive supervision complement your caring for staff and volunteers activities?
2. Return to the larger group and invite participants to share their reflections.
3. Afterwards, ask the following questions:
 - If you had a magic wand, what would you want supervision to be within your National Society or for you as a staff member or volunteer?
 - Who would receive it? How often? What type (live, peer, individual and/or group supervision)?

ACTIVITY 4: DESIGNING AND IMPLEMENTING SUPPORTIVE SUPERVISION WITHIN YOUR NATIONAL SOCIETY



Planning note for facilitator/s

Supervision is not just the responsibility of the supervisors and supervisees. National Society leadership and management have a crucial role to play in the integration of supportive supervision. Section 1.11 of the IMS Handbook⁸ includes a guide for organisations, including National Societies, to prepare for, implement, monitor, and evaluate, and continue to develop supervision practices. Section 2 of the IMS Handbook includes considerations for preparing for supervision. These sections should be used as references for the following activity.



Time: 90-120 minutes



Methodology: Small groups and plenary



Materials

- Implementing supportive supervision diagram
- IMS Handbook Section 1.11 and Section 2
- Next steps template, see Annex
- Laptop and projector



Activity instructions

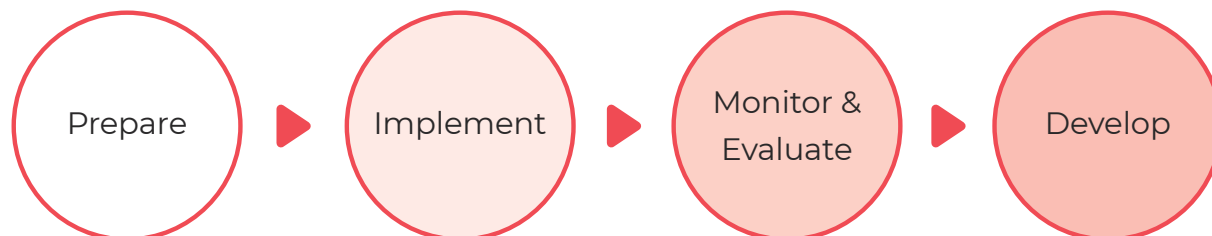
1. Break participants into two small groups.
2. Ask participants to look at Section 1.11 and Section 2 in the IMS Handbook.
3. Assign Group 1 to look at the 'Organisation' sections and Group 2 to look at the 'Supervisor' and 'Supervisee' sections.
4. In their small groups they should read their respective checklists, reflect and discuss the steps that need to be taken in their organisation to design and develop a supportive supervision system, considering:
 - Each section Prepare, Implement, and Monitor and Evaluate
 - Human resourcing requirements for staff and volunteers
 - Organigram
 - Logistics
 - Financing
5. Groups should document their discussions using the template provided.
6. Allow groups at least 90 minutes for discussion. Bring groups back together and ask them to present their task lists.
7. Work together with both groups to combine each task list and agree on an implementation plan. If time allows, have a discussion about the prioritization of tasks and ownership of the 'next steps' template.

Talking points

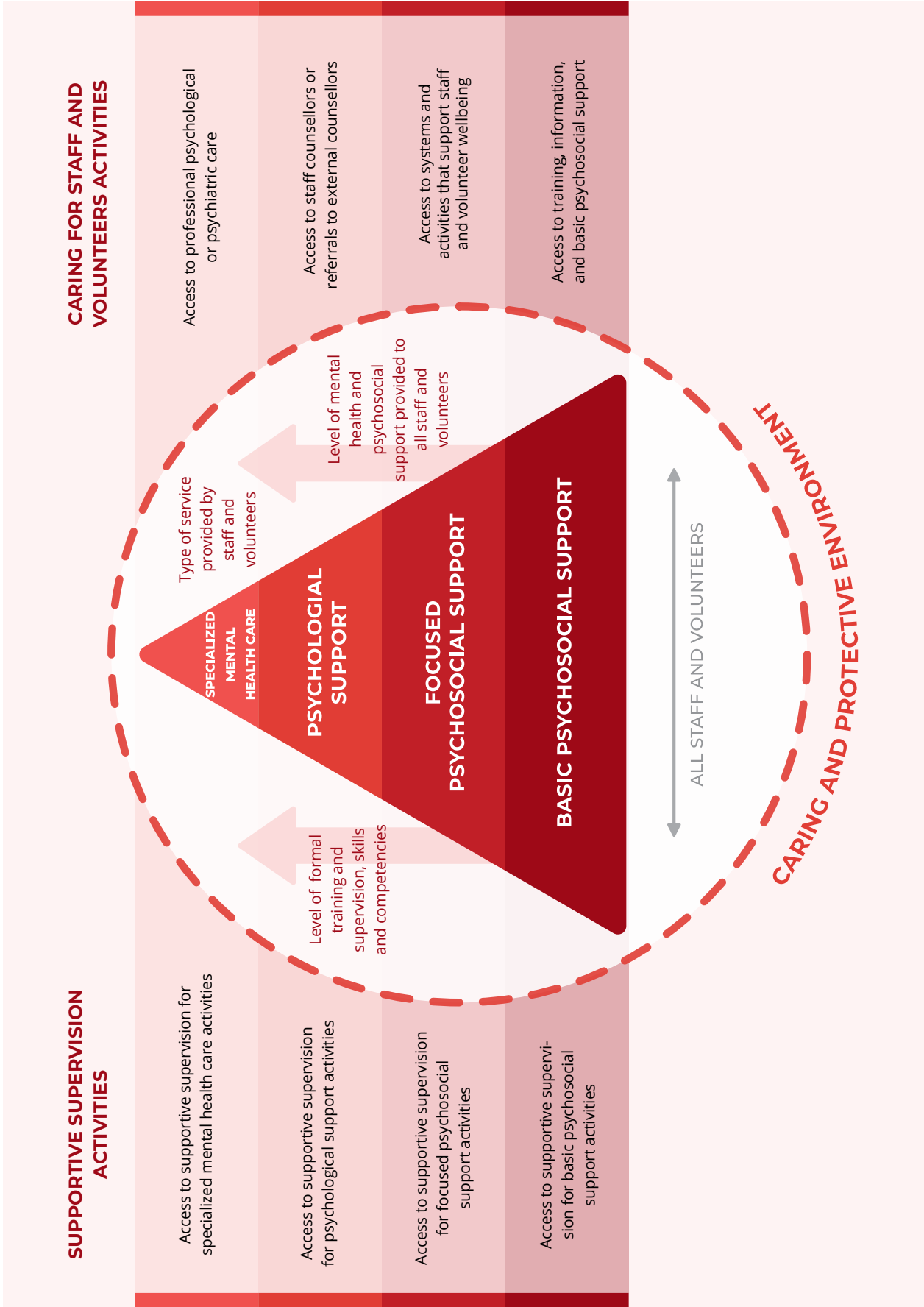
- Human resources and volunteer management: screening, hiring, training new supervisors, legal frameworks governing supervision in context and supervision for volunteers.
- Organigram: how will the supportive supervision fit within your branch, regional and National Society structures? Consider units, skillsets, access to supervision at every level of activity as outlined in the MHPSS Framework, how they will engage with branch leaders and project managers etc.
- Logistics: protecting staff/volunteer time, separate and tailored supervision agreements for staff and volunteers, working with interpreters (if necessary).
- Funding: how to build supervision into proposal design phase, in bids and service contracts with appropriate budget allocation.



Reference diagram



ANNEX



Applying the MHPSS Framework to caring for RCRC staff and volunteers

NEXT STEPS TEMPLATE

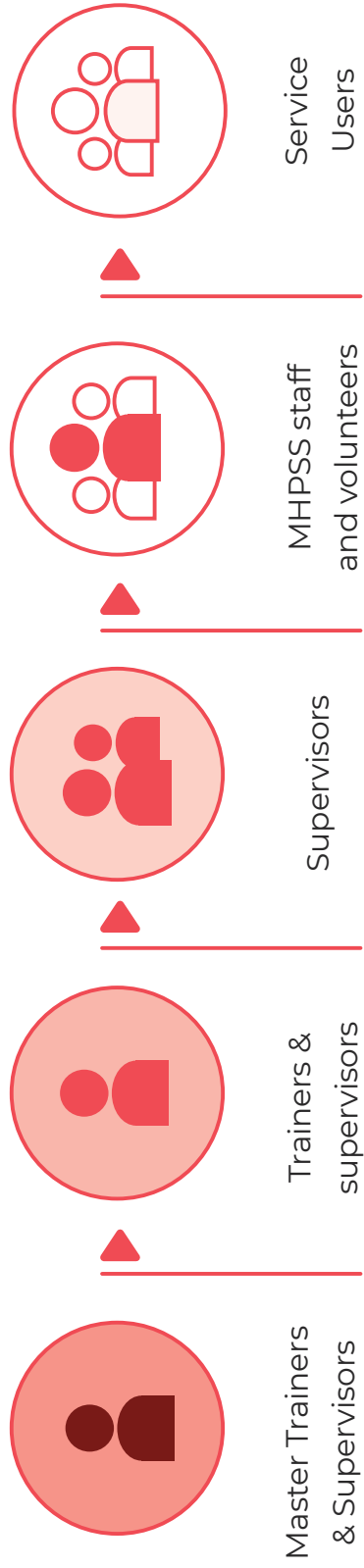
Planning considerations

- Specific team/ target group/ unit/ branch for the implementation of supportive supervision system. Start small with what you can do, then grow.
- Mapping of existing MHPSS programmes/ interventions/ activities.
- Mapping of human resources involved in the MHPSS programmes/interventions/ activities.
- Mapping of the competences of staff and volunteer team leaders/coordinators in the MHPSS programmes/ interventions/ activities
- What are the goals for the supportive supervision systems?
- Who do we want to reach?
- What competencies do we need for supportive supervision for staff and for volunteers?
- Resources needed for each step – example, training for supervisors, workshop with leadership, draft of new Standard Operating Procedure/Terms of Reference/guidance on supervision for volunteers, follow up meetings with PS Centre, links to volunteering management department/ unit and human resource departments.
- How do your proposed activities fit with existing caring for volunteers or staff welfare systems?

The table on the next page is a simple template to help map tasks that will need to be undertaken after the planning workshop. Use it to document the discussions of your group. Add to and edit the template as you like.

TASK	RESPONSIBLE	TIMELINE	INTERDEPENDENCIES
Describe the task	Who within the National Societies will lead on this task? Who needs to be involved?	How long will this task take? When should it be completed by?	Is this task connected to others, how so? Does the completion of this task depend on another task being started, or completed?

MONITORING QUALITY, EMOTIONAL SUPPORT, SKILL BUILDING



Apprenticeship Model



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