

ACRRE

Supervision Code of Practice ©

Sharon Paley
ACRRE



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ACRRE Clinical Supervision Code of Practice

Clinical Supervisors have an influential and important role in supporting colleague's through their collaborative supervisory relationship. This framework is intended to support clinical supervisor to consider aspects of that role and ensure that supervision is delivered in an ethical and safe manner. This framework has been written specifically for clinical supervisors working within the NDIS Capability Framework as behaviour support practitioners.

1. Purpose of the Code

- To safeguard participant rights and wellbeing.
- To support the professional growth of supervisees who work as behaviour support practitioners.
- To ensure services align with the NDIS Quality and Safeguards Commission standards and the Positive Behaviour Support (PBS) Capability Framework.

2. Accountability

- Supervisors are accountable for:
 - Ensuring practice is evidence-based, ethical, and rights-focused.
 - Monitoring quality of behaviour support plans and interventions with reference to the supervisees assessed level of capability and professional development needs.
 - Providing clear feedback, guidance, and oversight.
 - Documenting supervision sessions and any agreed actions arising from the discussions.
- Supervisees are accountable for:
 - Engaging actively in supervision and reflective practice.
 - Implementing agreed actions in line with NDIS practice standards.
 - Escalating risks, restrictive practice concerns, or ethical issues for discussion as necessary with their supervisor.
 - Maintaining confidentiality and professional boundaries.

3. Standards of Practice

- **Human Rights:** All supervision must prioritise dignity of risk, autonomy, and reduction/elimination of restrictive practices.
- **Transparency:** Decisions and guidance given in supervision should be recorded, and both supervisor and supervisee should sign meeting records. There should be a signed supervision agreement that is reviewed annually.
- **Capability, Skills and Knowledge:** Supervision must align with the supervisee's level with reference to the Quality and Safeguards Commission PBS Capability Framework.
- **Continuous Improvement:** Supervision should evidence that it provides a planned approach for ongoing professional learning, development, and evidence-based practice. Supervisees should be provided with the opportunity to write a supervision plan annually.
- **Confidentiality:** Supervision should be conducted within a confidential relationship and outlined in a formal agreement signed by both the supervisor and supervisee. Confidentiality must be maintained except where disclosure is required to meet relevant professional, legislative or regulatory obligations.

4. Review and Evaluation

- Supervision agreements should be reviewed at least annually.
- Supervisors and supervisees share responsibility for evaluating supervision effectiveness and should work collaboratively towards agreed objectives and goals. .
- Documentation must be retained in line with NDIS provider obligations.
- Cessation of supervision relationships should be formally recorded and handover to a new supervisor offered and provided wherever possible.

5. Supervisors Skills

PBS supervisors provide clinical oversight and ethical leadership designed to ensure that practice is effective, evidence based, safe and continually improving. PBS Clinical Supervisors should:

- Be registered behaviour support practitioners, deemed suitable under the NDIS Quality and Safeguards Commission Capability Framework.
- Have training and or qualifications in clinical supervision and practice e.g. Clinical Supervision Certificate of Attainment in Professional Supervision or Certificate of Supervisor Accreditation or similar.
- Be able to evidence high level clinical expertise in PBS through acquired practice knowledge, experience, clinical practice, experience, publications, research and qualifications.
- Be able to demonstrate a strong understanding of the legislative landscape as applied through the NDIS and states and territories legislation.
- Have robust understanding of restrictive practices and reduction strategies, aligned with legislative requirements.
- Demonstrate a high level of skill with reference to ethical practice, ethical decision making and promoting human rights.
- Facilitate supervision that is transparent, respectful and appropriate to the supervisees needs, with reference to translating complex concepts, supporting evidence-based practice and driving high quality behaviour support practices.
- Support supervisees to develop critical thinking and make evidence informed decisions, underpinned by robust behaviour risk assessment.
- Develop curiosity of supervisees through reflective practice, developmental and solution focussed approaches.
- Utilise evidence-based models of clinical supervision and be able to provide clarity to supervisees regarding evidence based clinical supervision approaches or models of supervision.

6. Summary

PBS clinical supervision is essential to ensuring safe, ethical, and effective behaviour support aligned with the NDIS Quality and Safeguards Commission and the PBS Capability Framework. Its purpose is to safeguard participant rights, dignity, and wellbeing while supporting supervisee development. Supervision is a shared responsibility: supervisors provide clinical oversight, ensuring practice is evidence-based, rights-focused, and compliant, while supervisees engage in reflective practice, implement actions, and escalate risks or ethical concerns. It is a true collaboration between supervisees who establish trusted and confidential relationships.

Supervision must prioritise human rights, particularly the reduction and elimination of restrictive practices, and operate with transparency through clear documentation and agreed actions. It should be structured, developmentally appropriate, and focused on continuous improvement, including regular review, annual planning, and evaluation of effectiveness.

PBS supervisors are expected to be registered behaviour support practitioners with demonstrated clinical expertise, supervision training, and strong knowledge of NDIS and other relevant legislation. They must lead ethically, promoting dignity, autonomy, and informed decision-making.

Effective supervisors create respectful, supportive environments that foster critical thinking and reflective practice. They translate complex concepts into practical strategies, guide evidence-informed decisions, and apply robust risk assessment. By using evidence-based supervision models, they build supervisee capability and ensure consistent, high-quality, and rights-based behaviour support.

ACRRE Clinical Supervisors Capability Framework

Clinical supervisors should act with integrity, honesty and be clear about their own practice limitations, they are accountable and responsible for their own actions, practice and professional interaction. Clinical supervisors must have a depth and breadth of clinical expertise in order to deliver safe, appropriate evidence-based supervision. The ACRRE Clinical Supervisors Capability Framework is designed to support best practice and be a point of reference.

1. Clinical Expertise - the clinical supervisor should

- Be able to describe their own clinical framework.
- Be able to describe the models of supervision they use in practice and explain the evidence base for their use and application in PBS supervision.
- Demonstrate strong PBS knowledge and application, providing ethical, safe, and evidence-based support in clinical supervision.
- Continue to strive to influence the sector through their willingness to share information, deliver training to peers and/or engage in publishing research.
- Be registered with a professional organisation.
- Hold qualifications in clinical supervision or as a minimum been trained in the delivery of clinical supervision.
- Attend regular clinical and peer supervision to ensure the validity of their own skills and support their ongoing well-being as a supervisor.

2. Ethical & Human Rights Practice - the clinical supervisor should

- Uphold human rights, dignity, autonomy, and dignity of risk by supporting supervisees to develop person centred human rights led approaches that align with the legislative framework.
- Promote a reduction in reliance on restrictive practices, providing evidence-based approaches for promoting the least restrictive options in behaviour support.

- Make ethical, transparent decisions that can be referenced to robust contemporary evidence and practice standards.
- Be able to describe their own practice framework and discuss the evidence that underpins it.
- Deliver clinical supervision within the agreed boundary of a confidentiality agreement that clearly sets out the principles of that agreement.

3. Supervision & Coaching- the clinical supervisor should

- Provide structured, reflective, and supportive supervision that is adapted to meet the goals of the supervisee and the agreed supervision plan.
- Build supervisee capability through guidance and feedback that is referenced to the NDIS Capability Framework.
- Ensure supervision is adapted to the individual supervisee's experience and assessed development needs.

4. Critical Thinking & Decision-Making- the clinical supervisor should

- Encourage the evidence-based analysis of behaviour, its context and behavioural risk. They should provide a guidance on appropriate tools and be able to support supervisees to develop their skills to use such tools.
- Support supervisees to make evidence-informed and risk-assessed decisions with reference to appropriate risk management tools.
- Develop supervisee confidence and professional judgement through reflection, focussed skills development, and evidence-based discussion.

5. Communication & Collaboration - the clinical supervisor should

- Communicate clearly, respectfully, and effectively.
- Translate complex concepts into practical strategies and support understanding and application of such concepts.
- Support supervisees to develop the skills to work as part of an effective multidisciplinary team in delivering person centred evidence-based support.

6. Compliance & Accountability - the clinical supervisor should

- Align their clinical practice with NDIS Quality and Safeguards Commission standards and Capability Framework.
- Ensure accurate documentation of supervision and maintain appropriate records. They ought to provide an outline document under which supervision will be recorded.
- Maintain supervision agreements, records, and reviews as appropriate, ensuring that supervisees have access to their personal records in line with the principles of confidentiality and best practice.

7. Reflective Practice & Continuous Improvement - the clinical supervisor should

- Engage in ongoing professional development, reflection, and learning.
- Support supervision planning and evaluation, by providing supervisees with a process for planning their own development.
- Engage in discussions that support continuous improvement actions by practitioners and engage in reflective analysis of practice situations from which people can learn.
- Demonstrate commitment to professional growth, quality improvement and sharing knowledge or best practice initiatives.

Clinical supervisors demonstrate best practice by providing ethical, evidence-based, and person-centred guidance, fostering reflective practice, ensuring accountability, and supporting safe, least restrictive, and high-quality outcomes for people. .