Introduction

During outbreaks of COVID-19, the Red Cross and Red Crescent volunteers provide services to those affected. Those impacted by the pandemic may face an array of distress because of the ongoing situation. Red Cross and Red Crescent volunteers are providing crucial mental health and psychological support (MHPSS) to those who are isolated, who have lost loved ones, and who are fighting loneliness and feelings of anxiousness and feelings of depression. Volunteers are impacted by COVID-19 like everyone else worldwide. They worry about being stigmatized by family and community members, fear contracting the virus, having to be in isolation or quarantine, losing colleagues etc. Volunteers may also be affected by witnessing the death of someone they supported or be exhausted by having challenging tasks.

To effectively care for and support volunteers involved in a COVID-19 response and to ensure that high quality MHPSS is being provided to the community, National Societies must establish robust volunteer care system, one that includes supportive supervision, to enhance their safety and psychosocial well-being.

Supportive Supervision
Creating supportive relationship between supervisor and supervisee to promote regular skill development, joint problem solving, and supportive two-way communication. Supportive supervision promotes the wellbeing of volunteers and improves the service delivery of MHPSS interventions, and, ultimately, improve the protection of, and service provision for, populations affected by disasters and protracted crises.

1 IFRC Psychosocial Centre., A Guide to Psychological Frist Aid for Red Cross and Red Crescent Societies. 2018


3 Aldamman, K., et al., Caring for the mental health of humanitarian volunteers in traumatic contexts: the importance of organisational support. European Journal of Psychotraumatology, 2019. 10(1).
This interim guidance note is to provide a quick reference for National Societies to establish and support supervisors in provision of supportive supervision to volunteers during COVID-19. National Societies should also familiarize themselves with Caring for Volunteers and Staff Guidance as well as Psychological First Aid, both of which can be found in the resource section of this document.

Contents:
Key considerations for National Societies
Implementing supportive supervision
Special considerations for remote supervision (table 1)
Types of supervision (table 2)
Supervisor checklist
Further resources

Key considerations for National Societies:

- Supportive supervision should be planned and budgeted for in COVID-19 response plan of actions, budgets and job descriptions. It should not be considered an add on activity that is done ad hoc and during staff and volunteer’s own personal time

- Ensure that staff and volunteers have access to communication and technological platforms to facilitate supervision sessions as remote supervision is the most practical and safest choice during the COVID-19 response. While not recommended, if doing supervision in person, staff and volunteers must ensure that they are practicing safe physical distancing and respecting the rules of national and regional COVID-19 regulations

- Supportive supervision should take a tiered approach, and National Societies should ensure that those who are providing supervision to volunteers also have access to supervision and supportive services themselves

- Ensure that referral pathways are established for staff and volunteers to access psychological supports if needed. Supervisors should not replace mental health care

- Any live supervision must have the beneficiaries’ consent (written if possible or provided verbally while being recorded). It is important that the beneficiary know exactly the purpose of having a supervisor review recording or be present for session is. It is important to have this information, in the format of a script, available for volunteers to share with beneficiary as part of informed consent process

- Beneficiaries should always be informed that limits of confidentiality, and that their cases might be discussed in supervision
Implementing Supportive Supervision

**Flexibility** is essential for supervision during ordinary times, but particularly for the COVID-19 response. The supervision modalities listed below can all be conducted remotely (see Table 2), through the use of Skype, Zoom, Teams, and other technologies. What is used to connect can be determined by preferences of the team and the program. Special considerations for remote supervision are outlined in Table 1.

A **mixed approach to supervision** is preferred to only adhering to one modality. Conducting group or peer supervision in conjunction with individual supervision can ensure that supervisees are getting the support that they need. It may be beneficial to decide what kind of supervision will be provided in conjunction with volunteers supervising. See Table 2 below for more information.

**Frequency and duration** will be determined by the needs of supervisees as well as availability. Weekly supervision sessions or check ins should be the minimum during the COVID-19 response. Daily check in’s with individuals should be maintained if possible when they are providing MHPSS, weekly individual sessions and group or peer supervision sessions every two weeks are recommended given the complex nature of the COVID-19 response.

<table>
<thead>
<tr>
<th>Table 1</th>
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<tbody>
<tr>
<td><strong>Special Considerations for Remote Supervision</strong></td>
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If guidance is not given by National Society on what platform to use, it is recommended to discuss with volunteer(s) what their preferred mode of communication is. In some contexts, phone calls may be the only option, and in other contexts, platforms such as Zoom or Skype might be an option. Do not assume that all volunteers know how to work specific technologies. It is important to provide guidance and test technology prior to the session.

Determine mode for daily check ins. Whatsapp, Viber, text messaging and other services have been used in the past for remote supervision with reported success, depending on staff and volunteers access to internet.  

Confidentiality is an essential consideration for providing remote supervision. Beneficiaries names and identifying information should never be disclosed during remote supervision sessions. While many platforms do their best to remain secure and protect data, there are no guarantees and supervisors and supervisees should make every effort to protect their beneficiary’s data.

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Nemiro, A., Constant, Sandrine, van ’T Hof, Edith, Three Case Studies from Ethiopia, Syria and Honduras: After the Randomized Controlled Trial (RCT): Implementing Problem Management Plus (PM+) through Humanitarian Agencies. 2019
Table 2
Types of supervision:

<table>
<thead>
<tr>
<th></th>
<th>Individual Supervision</th>
<th>Group Supervision</th>
<th>Peer Supervision⁵</th>
<th>Live Supervision</th>
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</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>One to one meeting between supervisor and supervisee to discuss cases, wellbeing, challenges and opportunities for future practice</td>
<td>Group meeting facilitated by supervisor or referent person⁶ who has more experience than the rest of the group</td>
<td>Peers coming together to support one another, discuss cases, problem solve, and create space for mutual learning and sharing</td>
<td>Direct observation of supervisee by supervisor during intervention. During COVID-19 this can mean listening to recording of call, or being on the line.*</td>
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<tr>
<td><strong>Who</strong></td>
<td>Supervisor and supervisee (volunteer)</td>
<td>Supervisor (experienced referent person) and two or more supervisees.</td>
<td>-One or more individuals who are not directed or lead by a supervisor or referent person</td>
<td>Supervisor, supervisee, and beneficiary(ies)</td>
</tr>
<tr>
<td></td>
<td>-In person or remotely</td>
<td>-In person or remotely</td>
<td>-Group or one to one</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Private and confidential space or technological platform</td>
<td>-Private and confidential space or technological platform</td>
<td>-In person or remotely</td>
<td></td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td></td>
<td></td>
<td>-Private and confidential space or technological platform</td>
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<tr>
<td><strong>Benefits</strong></td>
<td>-Increased privacy and confidentiality</td>
<td>-Allows for peers to support one another and share group challenges and learnings</td>
<td>-Allows for peers to support one another and share group challenges and learnings</td>
<td>-Feedback can be given on verbal and non-verbal skills of supervisee</td>
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<tr>
<td></td>
<td>-Individualised attention to volunteer/supervisee</td>
<td>-Increased opportunity for role plays and other modalities to be used</td>
<td>-Collaboration without hierarchal power dynamics</td>
<td>-Can observe and provide feedback on fidelity to intervention</td>
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<td></td>
<td></td>
<td>-Group dynamics can be used as tool</td>
<td></td>
<td>-Helpful with complicated cases</td>
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<td></td>
<td></td>
<td>-Can reach higher number of supervisees</td>
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<td></td>
<td></td>
<td>-Limits supervisor repeating the same teaching over and over</td>
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<tr>
<td><strong>Limitations</strong></td>
<td>-More time consuming and costly to implement</td>
<td>-Power dynamic of having a supervisor in group</td>
<td>-Works best with ‘mature’ teams</td>
<td>-Must have beneficiary consent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Group dynamics can be barrier to facilitation</td>
<td>-More cost and time effective</td>
<td>-Could impact beneficiaries comfort level with helper</td>
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<tr>
<td></td>
<td></td>
<td>-Confidentiality cannot be ensured the same way as in individual supervision</td>
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⁵ For more information about peer support, please see IFRC Psychocial Centres, A Guide to Psychological First Aid, page 96, as well as Module 4: PFA in Groups

⁶ Referent person can be not a formal supervisor to the group, but who has more technical knowledge and facilitation skills than group members.
Supervisor Checklist

Sample guidance for how to structure session and timing of activities. All timings are approximate and are dependent on format used and number of participants

<table>
<thead>
<tr>
<th>Type of Supervision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Individual</td>
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<tr>
<td>□ Group</td>
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<tr>
<td>□ Live (prior consent obtained by beneficiary)</td>
</tr>
<tr>
<td>□ Peer (supervisor should not be present)</td>
</tr>
</tbody>
</table>

Platform used: ___________

Number of participants:_____

Referrals for further support needed for any volunteers? If yes, document steps taken

Preparation:

- Supervisor should prepare structure of session in advance, while understanding that it will be necessary to be flexible
- Supervisor should check in with self-prior to session and take care of own needs
- If doing case presentation, supervisor should ensure presenter is prepared in advance
- If teaching skill, supervisor should prepare activity in advance
- Test technological or communication platform with all attending supervision session
- Ensure referral pathways available to those volunteers who may need additional support

Session:

Warm up:
- **Introduction** to session, members of group introduce themselves if initial session, group rules are established and limits to confidentiality are discussed.
- **Check in** with volunteer or volunteers. This can be done though discussion or activity (example: using one word, describe how you are doing or feeling today or brief update). Supervisor should allow for reflection and exploration of the supervisee during this time, but be sure to contain the discussion. (10 min)

Learning:
- **Case presentation** (if individual, volunteer should come prepared to share challenging situation or case they might be having, if group, supervisor should assign or ask for volunteer(s) to share difficulties they might be having with case or situation, or one thing they feel they need help with). If live supervision is being used, and session is recorded, supervisor and supervisee may decide to use that within session. (10 min)
Discussion If in group supervisor, allow group members to reflect on the case presented and share thoughts and ideas together. Supervisors role is to facilitate this discussion but avoid jumping in to give advice. (15 min)

AND/OR:

Teaching Volunteers may bring up skill or area that they feel less confident or comfortable with in providing MHPSS. Supervisor may choose to review skill in session. Ideal to make this as interactive as possible by setting up role plays, discussion groups, and activities. (30 min)

Support:

During the COVID-19 response, as a supervisor you might find that the team of volunteers you are supporting may need a session specifically focused on their wellbeing and how they are coping with stressors. In this case, you may want to introduce or have other volunteers introduce coping techniques that they have found to be helpful, and to practice some of these techniques together in session. Encouraging volunteers to find ways to decrease stress during this time is essential for their wellbeing. Additional information and tools can be found in the resource section of this document. (10-60 min)

Wrap up:

Check in with volunteer or volunteers. What did they find to be most helpful? What do they need more support with next time? What is one thing they will do before their next session to look after themselves? (10 min)

Agree upon next session time and date and any other logistical details before ending call (5 min)

Closing might include a relaxation activity chosen by the volunteer(s) (5 min)

After Session:

Follow up with any volunteers who may need individual supports including individual supervision session or referral for additional services

Supervisor should de brief with their supervisor on a regular basis

Supervisor should take note of any skills and topics that should be prepared for next session
Further Resources

Additional COVID-19 and MHPSS related resources can be found on the PS Centre’s website, as well as materials in different languages. The website will be updated as new resources become available.

**IFRC Reference Centre for Psychosocial Support resources:**

- Guidelines for Caring for Staff and Volunteers in Crises
- Brief Guidance Note on Caring for Volunteers during Covid-19
- Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus
- Caring for Volunteers Toolkit and training manuals
- Volunteering with the Red Cross Red Crescent in crisis situations – disasters and pandemics
- 14 Day Well-Being Kit Resource for those in isolation and quarantine.

**IASC resources:**

- IASC Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak version 1.5