



MARCHES COUNSELLING SERVICE:

Supervision

Includes guidance on:

- The supervision arrangements for staff, both clinical and administrative
- Procedures for therapists to access supervision
- The responsibilities of supervisors and supervisees

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Document Purpose: This policy outlines supervision arrangements for staff, including the procedure for therapists to access external supervision.

Target Group: MCS Staff

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Where this is to be held: In the main MCS office, digitally, induction packs

Abbreviations used in this document:

- **BABCP** British Association for Cognitive and Behavioural Psychotherapies
- **BACP** British Association of Counselling and Psychotherapy
- **CMT** Clinical Management Team (Supervisor/Assessors and Clinical Director)
- **'C-000'** the suffix 'C' refers to *Clinical policy*, 'O' *Operational policy* 'P' *protocol or procedure* and 'S' *staff* followed by the reference number
- **HCPC** Health and Care Professions Council
- **MCS** Marches Counselling Service
- **UKCP** United Kingdom Council for Psychotherapy

Related Documents:

- MCS Policies and Procedures
- BACP Code of Ethics
- MCS Staff Handbook
- MCS Roles and Responsibilities

The master copy of this policy, and others referenced, is in the indexed and referenced Policies Handbook. This is held in the office digitally and in hard copy. The validity of this copy can be ensured by date checking with the office where any updates are recorded. To ensure its validity, if this document is printed into hard copy or saved to another location it should be

a) clearly marked as a copy

b) checked against the reference number in the handbook

If you would like this document in other languages or formats (i.e. large print) please contact the MCS main office

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Reference Number	Reviewed Date	Responsible Person
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1. INTRODUCTION

1.1 MCS prides itself on the quality of its staff and services and holds professional conduct as the cornerstone for trust in its business. We believe in our clinicians and

fully support their continuing professional development, the cornerstone of which is supervision.

- 1.2 In this policy we seek to define our standards for professional conduct with regard to supervision. It may be aspects of this overlap with other policies of MCS, and where it has been possible to do so, relevant policies and procedures are sign-posted.

2. HOW THE POLICY IS TO BE APPLIED

- 2.1 MCS takes equality and diversity very seriously and strives to ensure an equitable service irrespective of sex, gender identity, disability, race, age, sexual orientation, culture, religion or belief. Any divergence from this, either in recruitment, administration, or the management of supervision groups, should be reported to the trustees. (See also Complaints Procedure O-002)
- 2.2 Clinically, we recognise that diversity is an important factor in therapeutic relationships, and by its nature therapy is idiosyncratic. At MCS we endeavour to ensure supervision groups reflect diversity, including in terms of experience and training of therapists. We expect that participants will respect their colleagues and where they are in their own professional journey. Supervision groups are expected to model an openness to new learning and acceptance of difficulties as prime motivators for learning at all levels.
- 2.3 MCS expects staff to know and adhere to relevant policies and protocols. To help with this, much of this information is contained in the staff handbook, which we provide on induction. Up-to-date policies and procedures are held in the main office.
- 2.4 We recognise that this is a rapidly changing field and welcome new perspectives on both the theoretical and practical issues addressed by this policy.

3. DEFINITION OF TERMS

- 3.1 The term 'staff' refers to clinicians, administrators, directors and trustees.
- 3.2 The term 'clinician' refers to therapists, assessors and supervisors.
- 3.3 The term 'therapist' and 'counsellor' applies to those working directly with clients in a therapeutic capacity.
- 3.4 Supervision takes place in three separate contexts: organisational, administrative and clinical.
 - 3.4.1 Organisational supervision is ultimately the responsibility of the trustees and covered by the principles of governance enshrined in MCS constitution and charity commission guidelines.

3.4.2 The Administrator is responsible for the supervision of administrative assistants and reviews the work regularly with the Clinical Director to ensure the smooth running of the organisation and the maintenance of the standards, policies and procedures.

3.4.3 Clinical supervision is provided within MCS for all therapists. It is a formal arrangement for both qualified and trainee practitioners. It provides an opportunity to discuss clinical work regularly with an experienced practitioner (the supervisor). It is a collaborative process where the supervisor and members of their supervision group form a 'supervisory alliance' with shared objectives about how to work together constructively to provide a safe, ethical and competent service to clients. BACP describes supervision as: *A specialised form of professional mentoring provided for practitioners responsible for undertaking challenging work with people. Supervision is provided to ensure standards, enhance quality, advance learning, stimulate creativity, and support the sustainability and resilience of the work being undertaken* (BACP, 2016b). [For further information regarding BACP guidelines see appendix A]

4. ADMINISTRATIVE SUPERVISION

4.1 The Office Administrator, Clinical Director and Clinical Co-ordinator meet regularly for on-going support and peer group supervision with regard to the overall day to day running of the organisation.

4.2 Administrative assistants are supervised by the Office Administrator, who determines their workload and supports them in their roles.

4.3 Administrators work to the same standards of confidentiality as clinical staff and will be aware of any health, safety and safeguarding concerns.

5 CLINICAL SUPERVISION.

5.1 Supervision is a required element for all therapists who are working professionally. All therapists working for MCS receive supervision within the organisation. This is part of MCS duty of care to clients. As far as possible confidential information concerning the client is kept 'in house', or confirmation secured that any external supervisor will abide by the MCS confidentiality policy.

5.2 The supervision provided by MCS is group supervision. It is the strong belief of the organisation that this provides the most productive learning environment for all practitioners, including the supervisor. The model used draws upon the group dynamic, it is not individual supervision within a group context.

5.3 Supervision within MCS is provided to BACP standards.

5.3.1 A BACP accredited therapist, or someone working towards accreditation, should ensure they receive a minimum of **1½ hours supervision per month** – this is **regardless of number of clients**.

5.3.2 In a supervision group of no more than 4 therapists, half of the time is counted.

5.4 There are circumstances when MCS therapists may also receive external supervision. This is at the therapist's discretion and paid for independently. Therapists may apply to MCS with assistance in meeting these fees if the external supervision is necessitated by virtue of a client's presentation and needs.

5.4.1 When a therapist is trained in a specific technique outside the supervisors' areas of expertise, an additional external supervisor may be found. External supervisors are required to abide by the MCS confidentiality policy (C-002) and indicate to the clinical director if they have any concerns about the work of the therapist or the presentation of the client. They are also required to provide brief six monthly reports to confirm that they are still in contact with the therapist and that their work is satisfactory.

5.4.2 When a therapist is working with a client who presents with more complex or specialist needs than the group supervisor is able to address, and referral on is not in the best interests of the client, another supervisor within MCS or external to the organisation may provide additional supervision subject to the above arrangements.

5.4.3 When a therapist is in training they may receive supervision external to MCS as an integral part of their course and at times a more experienced therapist may benefit from additional individual external supervision subject to the arrangements noted above.

6 MCS Responsibilities to clinicians

6.1 MCS provides a minimum of 20 two hour sessions for each supervision group annually. This provides 40+ hours.

6.2 Supervisors, or failing this the Clinical Director, make themselves available for telephone contact with therapists where there are risk issues or other situations which cannot wait until the next supervision session.

6.3 MCS subsidises the cost of supervision for therapists working with them. There is an annual charge. This can either be paid in full or over 10 months. This is not related to the number of supervision groups offered in a month.

6.4 MCS is committed to raising funds to subsidise the supervision charges for all therapists, but particularly those who work on a voluntary basis.

6.5 If a supervisor is away for more than one supervision session in sequence (ie not providing a supervision session in a particular month) therapists will be offered supervision with an alternative supervisor.

6.6 If a supervisor is unable to attend one of the planned fortnightly supervision dates MCS will provide an alternative supervisor, or a room so that peer group supervision can take place. Which of these options are taken up can be the group's decision if this is a well- established group.

7. Responsibilities of Supervisors

- 7.1** MCS sees supervision as playing an important role in the therapeutic encounter, containing and traversing as it does the direct therapeutic processes, professional processes, and organisational processes. The supervisor's role and responsibilities are outlined in detail in the MCS Supervisor/Assessor Agreement.
- 7.2** Supervisors are required to assess before appointment whether any other activities they are involved in could present a conflict of interest with MCS. This may not preclude their appointment, but may necessitate special considerations to maintain appropriate boundaries. [See the Conflict of Interest Policy (S-001) and Professional Conduct Policy (S-006).
- 7.2.1** Supervisors taking up new roles whilst working with MCS should consider any conflicts of interest and declare them to the clinical director.
- 7.3** MCS expects supervisors to be continually aware of the influence they have as a role model, in professional authority, and in representing MCS.
- 7.4** Supervisors are responsible for the regular provision of effective supervision to the therapists within their supervision group. In the absence of one of their colleagues, where there are risk issues, they may be called upon to advise another clinician within the organisation.
- 7.5** In order to facilitate their work within MCS and contribute to the maintenance of clinical standards, supervisors attend 2 hour clinical management meetings (every 4-6 weeks) with colleagues.
- 7.6** Supervisors are required to treat clinicians with dignity and respect, listening fairly to each supervisee.
- 7.7** Within MCS supervisors have a role in ensuring best practice by working collaboratively with the clinician and facilitating professional development.
- 7.8** Supervisors may have a range of trainings and supervise using advice, support, instruction and facilitation, in addition to their normal therapeutic skills.
- 7.9** Therapeutic work is often complex and nuanced, and may touch upon matters personal and private to a therapist. Supervisors will consider where best to raise any matters of concern with the clinician, whether group discussion is appropriate as a learning tool for all (preferred option), or whether a one to one session is needed. Matters will be discussed in the context of the clinical material presented and the relationship between the clinician and their clients. With the possibility of parallel processing in mind, clinicians will be encouraged to consider wider issues and impacts. If appropriate, the supervisor will direct the clinician to seek support within their own personal therapy.

- 7.10** Supervisors will support the clinician in making difficult decisions and in working with difficult material. Where appropriate the clinician may be given information to allow them to signpost the client to external agencies for other forms of support such as legal advice.
- 7.11** Supervisors may be involved in resolving complaints from clients about therapists within their supervision group [see Complaints Policy (O-002) for full details].
- 7.11.1** If a complaint cannot be resolved between the client and their therapist, the client can ask to meet with one of the senior clinicians. Whether this is the therapist's own supervisor, or another member of the clinical management team, will depend upon the circumstances of the complaint.
- 7.11.2** The supervisor's role here is to listen fairly to the complaint and to investigate it in light of their knowledge of the therapist's practice and skills.
- 7.11.3** Where clients are still unhappy with how their complaint is being handled, they may pursue their complaint with one of MCS trustees with whom the supervisor will liaise.
- 7.12** Where possible supervisors will give advance notice of breaks in the regular fortnightly supervision schedule.

8. Responsibilities of Supervisees

- 8.1** Supervisees are expected to treat their colleagues in supervision with respect, facilitating their space for reflection by engaging with the material each presents.
- 8.2** Regular attendance at supervision is expected whether or not the supervisees have clients themselves. This may be face-to-face or online when the former is not possible.
- 8.3** Generally more than 20 groups per year are offered. Supervisees may miss two or possibly more supervision groups in a year due to their own commitments and maintain their level of supervision for accreditation.
- 8.3.1** Therapists are responsible for attending sufficient sessions for accreditation themselves. Where there are repeated absences it may not be possible for MCS to support the individual therapists' accreditation process.
- 8.3.2** If a therapist is finding it difficult to attend regularly they should discuss their situation with their supervisor and/or with the clinical director.
- 8.4** All clinicians are expected to use supervision as an arena to develop professional skills and competency. It is hoped supervision will encourage and promote non defensive reflective practice and be used to contemplate all issues whilst working within MCS.

- 8.5** It is important for every clinician to work within their competency and with reflection on the skills involved in the work with the client.
- 8.5.1** If in initial doubt of this, or if it seems that the work has become outside of the clinician's competency this must be raised in supervision at the nearest opportunity. Discussion should enable a decision to be made about any additional support needed and how this will happen.
- 8.5.2** Clinicians are expected to advise their supervisor and/or the clinical director about any personal concerns or situations which may affect the quality of the work. This can be done discreetly, outside of the supervision group.
- 8.5.3** In circumstance where it is deemed that the client should be passed on to another member of the team, or signposted elsewhere, this should be clearly discussed and any action agreed recorded in the client's notes with an action date.
- 8.6** It is each therapist's responsibility to ensure they are getting enough supervision and to raise the issue if for any reason it feels inadequate. It is part of the therapist's duty of care to make full use of supervision, both for the protection of themselves and the client, and for their own learning potential.
- 8.6.1** Additional individual supervision may be provided within MCS on a temporary basis on request, to help the supervisee through a particularly difficult period, or with a particularly difficult client. However, it should be understood that this cannot take the place of group supervision.
- 8.7** External supervision may be accessed with the agreement of the group supervisor where a therapist is seeking further support. It is the supervisee's responsibility to obtain the necessary agreement with any external supervisor to work within MCS policies, respecting that the primary duty of care to clients remains within MCS. The cost of additional supervision remains the supervisee's responsibility.
- 8.7.1** Supervisees receiving supervision outside of MCS should consider carefully the balance of their workload and keep MCS informed of any other supervisory arrangements.
- 8.7.2** Where MCS clients are discussed outside of MCS, this should never be to the exclusion of discussion in MCS, where the primary duty of care lies.
- 8.7.3** Before MCS clients are discussed with an external supervisor other than in a student's training agency, it is necessary that the external supervisor agreement is in place.
- 8.7.4** If MCS clients are discussed with an external supervisor, care should always be given to protect confidentiality.
- 8.7.4.1** In one to one supervision about an MCS client accurate details of the case may be used to ensure an informed response

- 8.7.4.2 If bringing an anonymous client to another group supervision for the purposes of illustration, personal details should be changed to protect the client as one would in written work.
- 8.7.5 It is necessary to obtain the client's permission to discuss their case in any other context.
- 8.7.6 It is not expected that clients from private practise or other agencies will be discussed in group supervision with us, other than as useful examples of practise when considering another therapist's issues.
- 8.8 All therapists need to be aware of safeguarding concerns and issues around risk and appropriate behaviour. Any questions regarding implementation may be addressed in supervision with appropriate reference to the Vulnerable Adults and Child Safeguarding policy (C-001)

9. Volunteer supervision

- 9.1 Volunteers, both clinical and administrative, are supported and supervised by a designated member of staff and regular meetings will be held to discuss any matters of concern, review activity and to identify any further training and development needs. Where the volunteer is providing counselling this will in the first instance be through their supervisor.
- 9.2 Volunteers are encouraged to offer suggestions for continual improvement within the organisation and to participate in all relevant meetings. If they remain as volunteers for over three months, volunteers will be given full voting rights at the quarterly business meetings.
- 9.3 MCS welcomes feedback from all its volunteers on any aspect of work and aims to resolve any problems experienced by volunteers at the earliest opportunity through their designated supervisor.

10 Reviewing the policy

- 10.1 This policy is subject to annual review by the policies group, or by approaching the Clinical Director or Board of Trustees upon request.
- 10.2 MCS encourages staff to engage with this policy and we are open to hearing any suggestions or feedback on it.

11 External resources used in this Supervision Policy

BACP members have a contractual commitment to work in accordance with the *Ethical Framework for the Counselling Professions* <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-frameworkfor-the-counselling-professions/>
The *Good Practice in Action* resources are not contractually binding on members, but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, in the context of the core ethical principles, values and personal moral qualities of BACP.

12 Additional MCS information and guidance

This policy should be read in conjunction with the following MCS policies and documents:

- Complaints Policy (O-002)
- Confidentiality Policy (C-002)
- Conflict of Interest Policy (S-001)
- Equal Opportunities policy (S-003)
- Private Work (S-005)
- Professional conduct policy (S-006)
- Staff Handbook
- Supervisor/Assessor agreement
- Vulnerable Adult and Child Safeguarding Policy (C-001)
- Whistleblowing policy (O-011)

APPENDIX A: BACP

BACP CODE OF ETHICS

- 4.1 MCS provides a counselling service accredited by the British Association of Therapists and Psychotherapists (BACP) and as an organisation adheres to their Code of Ethics using this as the baseline for its own set of professional standards.
- 4.2 All clinicians will also work to their professional training/accrediting organisation's code of ethics, for example BACP, UKCP, BPS, BABCP, HCPC etc. It is expected that as MCS abides by the BACP code of ethics that this is upheld by staff as a minimum and always included in practice.
- 4.3 As part of this, it is expected that staff always act in the best interest of their clients and MCS.

Extract from the *Ethical Framework*

50. Supervision is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and on-going opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake the work.
51. Good supervision is much more than case management. It includes working in depth on the relationship between practitioner and client in order to work towards desired outcomes and positive effects. This requires adequate levels of privacy, safety and containment for the supervisee to undertake this work. Therefore a substantial part or preferably all of supervision needs to be independent of line management.
52. Supervision requires additional skills and knowledge to those used for providing services directly to clients. Therefore supervisors require adequate levels of expertise acquired through training and/or experience. Supervisors will also ensure that they work with appropriate professional support and their own supervision.
53. All supervisors will model high levels of good practice for the work they supervise, particularly with regard to expected levels of competence and professionalism, relationship building, the management of personal boundaries, any dual relationships, conflicts of interest and avoiding exploitation.
54. All communications concerning clients made in the context of supervision will be consistent with confidentiality agreements with the clients concerned and compatible with any applicable agency policy.
55. Careful consideration will be given to the undertaking of key responsibilities for clients and how these responsibilities are allocated between the supervisor, supervisee and any line manager or others with responsibilities for the service provided. Consideration needs to be given to how any of these arrangements and responsibilities

will be communicated to clients in ways that are supportive of and appropriate to the work being undertaken. These arrangements will usually be reviewed at least once a year, or more frequently if required.

56. Trainee supervision will require the supervisor to ensure that the work satisfies professional standards.
57. When supervising qualified and/or experienced practitioners, the weight of responsibility for ensuring that the supervisee's work meets professional standards will primarily rest with the supervisee.
58. Supervisors and supervisees will periodically review how responsibility for how work with clients is implemented in practice and how any difficulties or concerns are being addressed.
59. The application of this Ethical Framework to the work with clients will be reviewed in supervision regularly and not less than once a year.
60. Supervisors will conscientiously consider the application of the law concerning supervision to their role and responsibilities.
61. We also recommend supervision to anyone providing therapeutically-based services, working in roles that require regularly giving or receiving emotionally challenging communications, or engaging in relationally complex and challenging roles.

What is 'adequate levels of expertise' for supervisors?

Being a supervisor is an expert role which requires skills over and above those of being a practitioner. However, those competencies are beyond the scope of the *Ethical Framework*, so members need to look at the supporting resources. Clearly training, and having the appropriate knowledge base for undertaking this role, is a major component of providing effective supervision.