

Purple Ruler Clinical Supervision Policy

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1. Introduction and Purpose

1.1 This policy establishes the framework for clinical supervision at Purple Ruler to ensure that all therapists working with children and young people in schools receive appropriate professional support, safeguarding oversight, and skill development.

1.2 Clinical supervision is a mandatory professional requirement that ensures therapists practice safely, ethically, and effectively. It provides a structured space for reflection, growth, and accountability while enhancing the quality of therapy provided.

1.3 This policy aligns with:

- British Association for Counselling and Psychotherapy (BACP) Supervision Guidelines
- DfE’ s Counselling in Schools Framework
- Keeping Children Safe in Education (KCSIE) 2024
- UK GDPR & Data Protection Regulations

1.4 The objectives of this policy are to:

- Ensure high-quality and ethical therapy practices.
- Monitor safeguarding concerns and ensure that children at risk are protected.
- Support therapist well-being to prevent burnout and secondary trauma.
- Provide accountability and governance in therapeutic work with young people.

2. Scope of the Policy

2.1 This policy applies to all:

- Therapists, counsellors, and mental health professionals employed or contracted by Purple Ruler.

- Supervisors responsible for overseeing therapy services within the organisation.
- Senior leadership team members responsible for clinical governance.

2.2 Clinical supervision is mandatory for:

- Qualified therapists working with school pupils.
- Newly qualified therapists (under two years post-qualification).
- Contracted or external therapists delivering therapy services via Purple Ruler.

2.3 This policy applies to all therapeutic work conducted online or in person within schools or via digital platforms through Purple Ruler Therapy.

3. Structure and Models of Clinical Supervision

3.1 Frequency of Supervision

- Qualified therapists must receive a minimum of 1.5 hours of clinical supervision per month, in line with BACP's requirements.
- Newly qualified therapists (less than two years post-qualification) must attend fortnightly supervision.
- Therapists working with high-risk students or complex safeguarding cases will receive additional supervision as determined by the Designated Safeguarding Lead (DSL) and the appointed Clinical Supervisor.

3.2 Formats of Supervision

Supervision will be delivered in three formats:

1. Individual Supervision – One-to-one supervision focusing on case discussions, safeguarding, ethical dilemmas, and therapist well-being.
2. Group Supervision – Peer supervision with up to four therapists, promoting collaborative learning and professional development.
3. Emergency Supervision – Ad hoc sessions required in crisis situations (e.g., immediate safeguarding concerns).

3.3 Supervision Model

Purple Ruler adopts Proctor's Functional Model of Supervision, which ensures that supervision provides a structured, reflective, and supportive framework for therapists. This model is widely recognised within the therapy and counselling profession and is endorsed by the British Association for Counselling and Psychotherapy (BACP).

Proctor’ s model comprises three core functions, which guide the structure of supervision:

1. Formative (Learning & Development Function) – Supports professional skill development, knowledge expansion, and reflective practice.
2. Normative (Accountability & Ethical Function) – Ensures adherence to ethical standards, safeguarding responsibilities, and professional accountability.
3. Restorative (Emotional Support Function) – Provides emotional resilience, stress management, and well-being support for therapists.

Supervision sessions will incorporate all three functions, ensuring therapists receive a holistic and comprehensive form of supervision.

3.4 Focus Areas in Supervision (Applying Proctor’ s Model)

Each supervision session will cover the three key functions of Proctor’ s Model, ensuring therapists receive support across learning, ethical compliance, and well-being.

Function	Purpose	Supervision Discussion Areas
Formative (Learning & Development)	Enhancing clinical skills, techniques, and case analysis.	- Case discussions and interventions. - Reflection on client progress. - Identifying areas for professional development
Normative (Accountability & Ethics)	Ensuring ethical, legal, and professional standards are upheld.	- Compliance with BACP ethical framework. - Safeguarding discussions and risk management - Adherence to GDPR and data protection.
Restorative (Emotional & Well-being Support)	Supporting therapist resilience, stress management, and self-care.	- Managing emotional demands of therapy. - Dealing with secondary trauma. - Building emotional resilience and work-life balance

This approach ensures that supervision is practical, reflective, and aligned with BACP standards, while safeguarding therapists and clients alike.

3.5 Supervision Records and Confidentiality

- Supervisors must keep records of all supervision sessions, including:
 - Date, time, and format of the session.
 - Key discussion points (without breaching confidentiality).
 - Actions agreed upon.
 - Any safeguarding concerns and actions taken.
- Records must be stored securely in accordance with GDPR, data protection laws, and Purple Ruler’ s confidentiality policy.
- Supervision remains confidential, except when:

- Safeguarding concerns require reporting.
- A therapist's practice is deemed unsafe or unethical.
- A legal obligation (e.g., court order) requires disclosure.

3.6 Adjustments & Additional Supervision Needs

- If a therapist's role changes (e.g., they take on complex cases or work with high-risk clients), supervision frequency and structure will be reviewed.
- Therapists can request additional supervision sessions if they feel it is necessary for their development, well-being, or casework support.
- Supervision will be evaluated annually, ensuring it remains effective, ethical, and aligned with best practices.

4. Roles and Responsibilities

4.1 Therapists (Supervisees) are responsible for:

- Attending supervision sessions as scheduled.
- Preparing case notes and raising any concerns about their practice.
- Implementing feedback and actions agreed upon in supervision.
- Reporting any safeguarding concerns immediately.

4.2 Clinical Supervisors are responsible for:

- Providing ethical, reflective, and supportive supervision to therapists.
- Ensuring therapists adhere to safeguarding policies and procedures.
- Keeping supervision records in line with GDPR and confidentiality standards.
- Reporting significant concerns, including safeguarding issues, to the Designated Safeguarding Lead (DSL) and Directors.

4.3 The Organisation is responsible for:

- Ensuring all therapists have access to qualified supervision.
- Monitoring compliance with supervision requirements.
- Providing safeguarding oversight for high-risk cases.

5. Safeguarding and Risk Management in Supervision

5.1 If a therapist identifies a safeguarding concern during supervision, they must:

- Report it immediately to the DSL within the organisation.
- Follow the safeguarding reporting procedures outlined in Purple Ruler's Safeguarding Policy.
- Where required, refer the case to Children's Social Services, Local Authority Designated Officer (LADO), or the police.

5.2 If a therapist is concerned about self-harm or suicidal ideation, they must:

- Conduct an immediate risk assessment during the therapy session.
- Report to their supervisor and the DSL for urgent intervention.
- If there is an immediate risk, contact emergency services (999) or refer to CAMHS crisis teams.

5.3 Supervisors must ensure appropriate follow-up actions are taken after a safeguarding concern is raised with the DSL.

6. Supervisor Qualifications and Training

6.1 All supervisors must:

- Have a minimum of two years' post-qualification experience in therapy and counselling.
- Hold an enhanced DBS check or the equivalent if they reside overseas.
- Undertake regular CPD training in supervision and safeguarding.
- Supervisors must ensure that their own supervision is ongoing and that they meet the competency framework set by their professional body.

6.2 Supervisor position is currently undertaken by an external accredited practitioner Mr Jiten Singh, who provides services through a Service Level Agreement and it is reviewed annually.

7. Addressing Therapist Competency Issues

If a supervisor identifies concerns about a therapist's practice:

Stage 1: Informal Supervision Support – Issues discussed and documented.

Stage 2: Supervision Action Plan – Specific goals, deadlines, and training set.

Stage 3: Escalation to HR & CPD Training – If no improvement, therapist referred for external training.

Stage 4: Performance Review – If concerns persist, therapist undergoes formal HR performance review.

8. Addressing Concerns in Supervision

8.1 If a therapist is concerned about their supervision:

- They should first discuss concerns directly with their supervisor.
- If unresolved, escalate the issue to the DSL or Director Team.
- If serious concerns about supervisor conduct arise, a formal complaint can be made through the organisation's Whistleblowing Policy.

8.2 If a supervisor identifies concerns about a therapist's practice:

- They must discuss this during supervision and provide clear, documented action plans for improvement.
- If concerns persist, escalate to the HR Director for formal review.
- If necessary, refer the therapist for additional training or disciplinary action.

9. Evaluation & Continuous Improvement

- Therapists are encouraged to provide anonymous feedback on their supervision experience after each supervision session.
- All supervisors will undergo quarterly audits and performance reviews lead by the HR Director.

10. Policy Review & Monitoring

- The DSL is responsible for reviewing this policy annually.
- All therapists and supervisors will contribute feedback for improvement.
- Updates will be made in line with changes in BACP guidance and safeguarding laws.