



Mental Health Services for Schools

# Clinical Supervisors Manual

November 2021

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# 1. Introduction

This document is designed to provide guidance for Connect-Ed clinical supervisors who support our counsellors/therapists to deliver mental health services in schools. The document is live and clinical supervisors will be informed whenever updates are made. It should be read in conjunction with the supporting documents that are referenced and the clinical supervisor's contract.

Clinical supervision is vital to ensure our staff have the right support to deliver professional and high-quality services and clinical supervisors are valued partners in the delivery and the development of the service. This document seeks to establish the framework for a strong working relationship between managers, clinical supervisors and counsellors/therapists. It also sets out CCS/Connect-Ed policies and procedures covering safeguarding and the delivery of services.

## (i) About the service

The Catholic Children's Society (CCS)'s School Counselling Service was established in 1986. Today it operates across London and we have qualified and experienced counsellors/therapists working in approximately 80 primary, secondary and special schools (both faith and non-faith).

This service is marketed as 'Connect-Ed' and our multi-disciplinary team includes Child & Adolescent Psychotherapists, Play Therapists, Counsellors, Dramatherapists, Art Psychotherapists, Dance/Movement therapists and Music Therapists. In this document we use the generic term 'counsellors/therapists' to refer to all mental health professionals working for Connect-Ed.

For more information about services we offer schools please see the links below:

School staff mental health training:

<https://www.cathchild.org.uk/Connected/mental-health-training/>

Rainbows Bereavement Support Programme:

<https://www.cathchild.org.uk/rainbows-bereavement-support-programme/>

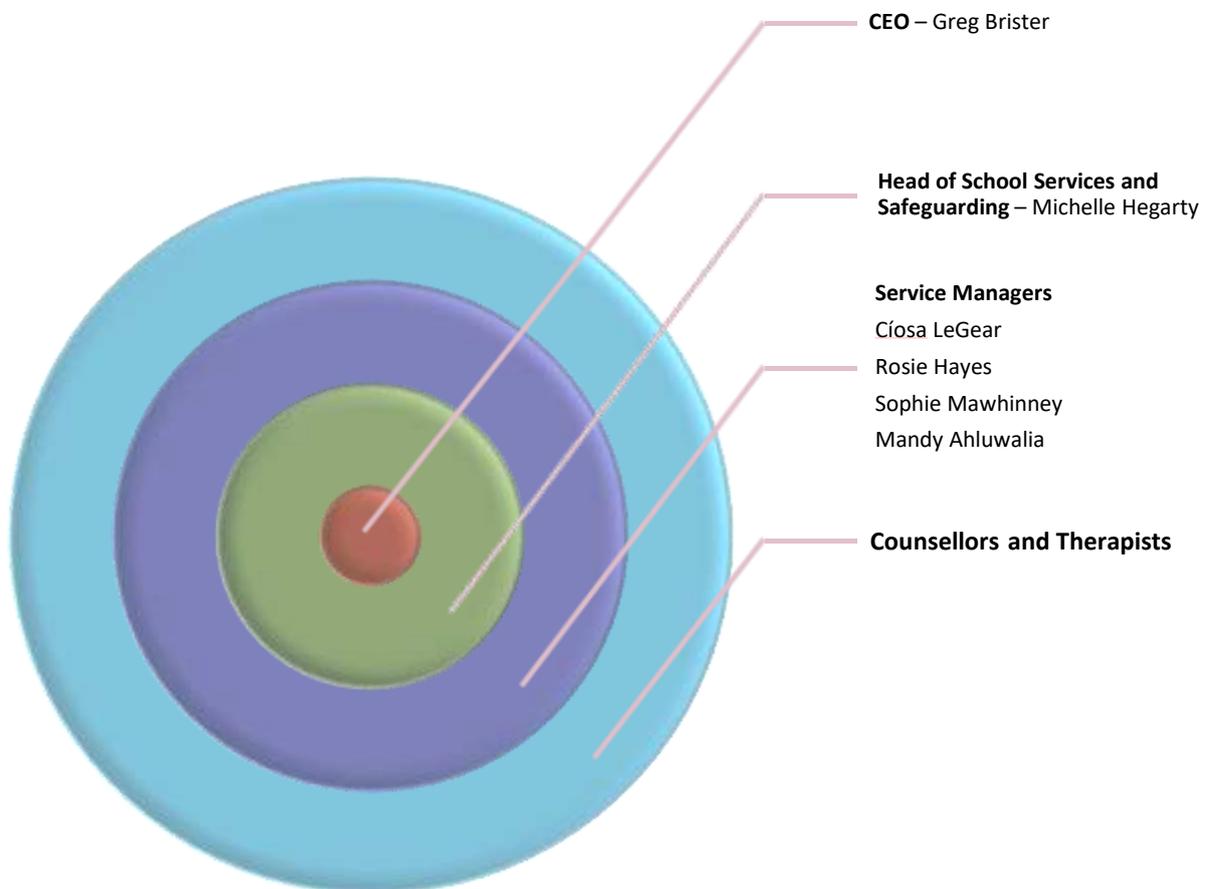
Crisis Fund:

<https://www.cathchild.org.uk/crisis-fund/>

We also have a dedicated website for our Connect-Ed service: <https://ccsconnected.org.uk/>

## (ii) Organisation and Management structure

The management structure and lines of reporting for our Connect-Ed School Counselling Service are outlined below. All counsellors/therapists will have a service manager allocated to them who will act as their line-manager. They will meet regularly in person and remotely, both one-to-one and in teams. Support will be provided with delivering the service within the school environment, guidance on Connect-Ed policy and practice and professional development.



## 2. Clinical Supervision

### (i) The provision of Clinical Supervision

Clinical supervision is compulsory for all staff working clinically. Staff are entitled to a minimum of 1.5 hours clinical supervision per month. Allowance for clinical supervision is as follows (based on BACP guidelines):

<b>Number of days per week worked for Connect-Ed</b>	<b>Clinical supervision entitlement per month</b>
0.5 day	Up to 1.5 hours
1 day	1.5 hours
2 days	2 hours
3 days and over	3 hours

All clinical supervisors are required to:

- Hold professional practice certificates including a diploma in clinical supervision or alternatively, be able to evidence at least five years postgraduate experience.
- Have a current annual registration certificate with a relevant professional body (e.g. BACP, BAPT, UKCP).
- Have adequate professional indemnity insurance.
- Provide CCS/Connect-Ed with any details of any complaint or disciplinary procedure the clinical supervisor is or has been subject to.
- Discuss any queries and concerns with the service manager.
- Input into the counsellor/therapist's annual performance review.
- Have regard to the organisation's policy and procedures.
- Undertake safeguarding training, as specified by CCS/Connect-Ed every two years.

Clinical supervisors will be required to sign an annual declaration to confirm their adherence to the above.

Invoicing and any queries regarding payment should be made by the clinical supervisor directly to the relevant Service Manager.

## **(ii) Communication between Connect-Ed and Clinical Supervisors**

Connect-Ed will ensure there is good communication with clinical supervisors regarding policy and procedure and developments within the organisation. All clinical supervisors will also have the contact details of the line-manager of their supervisee and are encouraged to contact them if there are an issues or concerns that require further discussion. If you are unable to contact the line-manager, any urgent matters should be referred to the Head of Schools Services & Safeguarding or the CEO.

## **(iii) Ethics**

All counsellors/therapists and clinical supervisors must be registered with an appropriate professional body such as BACP and are expected to make decisions on ethical matters based on the ethical framework of their professional body, and in line within the policies and procedures of CCS/Connect-Ed.

## **(iv) Staff mental health and wellbeing**

The wellbeing of staff is very important to CCS and we are committed to supporting staff experiencing mental health problems. For more information please see our Staff Mental Health Policy available here: <https://www.cathchild.org.uk/policies/>

## **(v) Remote Working**

During the Covid-19 pandemic and disruption to school attendance, counsellors/therapists offered a remote service via video platforms and/or telephone check-ins. Remote working should not be adopted as general practice for our service. Detailed guidance on remote working is available here: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/16.-Remote-Working-Guidance.pdf>. Particular attention should be paid to safeguarding requirements.

## **(vi) Diversity, Inclusion and Anti-Racist Practice**

Connect-Ed is committed to ensuring staff have adequate support, training, skills and knowledge to ensure that services are accessible to all children, young people and families who are in need of them. Clinical supervisors are required to ensure that they are skilled and knowledgeable in these areas and can support clinical work accordingly.

### 3. Child protection and safeguarding

#### (i) Legal and policy framework

Clinical supervisors must read and follow:

- CCS's Safeguarding and Child Protection Policy
- Safeguarding and Child Protection Procedures: Schools Services (this sets out the procedures that all staff and volunteers should follow when there is a concern about the safety of a child)

These documents can be found here: <https://www.cathchild.org.uk/policies>

Clinical supervisors must also have regard to the following legal and policy frameworks and act within them at all times:

- The Children Act 1989 and 2004
- Working Together to Safeguard Children 2018:  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Keeping Children Safe in Education:  
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- Safeguarding Practitioners Information sharing advice (Updated 2018):  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Safeguarding and Protecting People for Charities and Trustees (2019)

Further information from BACP regarding safeguarding within the counselling professions is available here: <https://www.cathchild.org.uk/wp-content/uploads/2021/02/BACP-Safeguarding-children-and-young-people-within-the-counselling-professions.pdf>

#### (ii) The Role of Clinical Supervisors in Child Protection and Safeguarding

- Clinical supervisors must complete relevant safeguarding training at least every two years. This will be provided free of charge by CCS.
- If a safeguarding concern is raised in clinical supervision the clinical supervisor must ensure that the concern has been dealt with as set out in CCS's 'Safeguarding & Child Protection Policy' and 'Safeguarding and Child Protection Procedures and Expected Responses: Schools Services'.

- Clinical supervisors will be required to advise and guide the counsellor/therapist regarding the impact of the disclosures and any subsequent actions on the clinical work.
- If a clinical supervisor thinks that a safeguarding concern is not being adequately addressed, they must contact their supervisee's line-manager and share their concerns.
- Clinical supervisors should support staff with setting out the boundaries of, and limits to confidentiality, in the initial contracts with the child/young person and parent/carer before the work starts.
- The duty to safeguard children and share information about child protection concerns takes priority over all other considerations. CCS/Connect-Ed will fully participate in multi-agency working to share information to safeguard children.
- If the clinical supervisor should have any safeguarding concerns about the counsellor/therapist, or any other member of staff working at CCS/Connect-Ed then they must raise those concerns in line with the CCS Child Protection and Safeguarding Policy.
- If the clinical supervisor has a concern about an adult working, volunteering or visiting the school in which the counsellor/therapist is working then this should be reported in line with the CCS Child Protection and Safeguarding Policy.

**(iii) Assessing Risk: Self-harm and suicide ideation**

When a child discloses self-harm or suicide ideation or intention, it is important to report this through normal safeguarding processes and for the counsellor/therapist to conduct an assessment on the current risk to the child.

Detailed guidance on assessing risk and safety planning is available in the Connect-Ed Team Manual: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/ConnectEd-Team-Manual.pdf>

Staff will be expected to follow the guidance.

When working with self-harm and suicidal ideation it is important that counsellors/therapists use clinical supervision to recognise their own feelings and are able to be honest about those feelings and any limitations they face. It is crucial and encouraged that management support is sought where needed.

## 4. Service Delivery

### **(i) Role of the School Link Person**

The Link Person is a person at the school allocated responsibility to be the main communicator of information between the counsellor/therapist and the school (including staff, children and parents). This person is often the Head Teacher, the Deputy Head, SENCo or Head of Pastoral Care.

### **(ii) Work requiring line-manager approval**

#### *Adopted children*

Connect-Ed are not able to work with adopted children where the adoption is the presenting issue. Adoptive families have a right to request an assessment of adoption support needs through the local authority placing the child, or the local authority where the child lives.

Local authorities and regional adoption agencies can apply for therapeutic funding for eligible adoptive and special guardianship order families. Details of this and a register of private therapists working with adopted children can be found at:

<https://www.gov.uk/guidance/adoption-support-fund-asf>

#### *Children with relatives working at the school*

If a child is referred who has a relative working for/at the school (e.g. teacher, meal time supervisor, T.A, Governor) this will need to be discussed with the counsellor/therapist's Service Manager and Link Person. This is in order to determine the appropriateness of the referral and whether there is a potential conflict of interest and blurring of professional boundaries.

### **(iii) Assessment and formulation**

To assess the suitability of the referral, the therapist/counsellor completes an Assessment & Formulation form detailed guidance available in the Team Manual.

In addition, counsellors/therapists may use their own assessment process relevant to their training and clinical orientation.

The outcome measurement tools used by CCS/Connect-Ed (HoNOSCA and YP-Core) will also inform the assessment process (see 'Outcomes' section below).

#### (iv) Consent

Decisions on who can give consent for counselling/therapy to take place will be guided by ethical and legal frameworks such as the Gillick/Fraser guidelines, BACP ethical frameworks and the Mental Capacity Act.

**Primary Schools:** For children in primary schools, parental consent must be obtained by those who have legally recognised parental responsibility to make decisions regarding the care and control of the child. Consent will be gained from both parent/carers wherever possible. Consent will not be assumed on the part of a child. The child will be adequately informed of the nature of the counselling/therapy, exceptions to confidentiality and consent or assent to participate. This must be gained in a way that is appropriate to the competency of the child.

**Secondary Schools:** For children/young people in secondary schools it is best practice to involve parents/carers wherever possible. Consideration must however be given to the circumstances of that child/young person and the protocol agreed with the school. We can only accept consent provided solely by the child/young person as an exception, and where:

- We have agreed in advance with the school that this is acceptable.
- The student is considered by the counsellor/therapist to be competent to make an informed decision, in accordance with the 'Gillick/Fraser Guidelines'.

**All schools:** Prior to counselling/therapy commencing:

- Clients are adequately informed about the nature of the service being offered and consent forms are completed.
- Age-appropriate Privacy Notices are shared and discussed so clients are clear on how we use and store their personal data.
- Clients understand the limits to confidentiality.

Further guidance can be found in section 2.1 of BACP: Counselling children and young people in school contexts in England, Northern Ireland and Wales (2020):

<https://www.cathchild.org.uk/wp-content/uploads/2021/02/BACP-Counselling-children-and-young-people-in-school-contexts-in-England-Northern-Ireland-and-WalesOct20.pdf>

**Lunchtime drop-in sessions:** Generally parents/carers must opt-out if they do not want their children to access this service.

## 5. Record keeping, information sharing and outcomes

### **(i) Record keeping and the Salesforce CRM**

All records should be kept on the Salesforce CRM. Records will be kept for seven years or until the child's 21st birthday, whichever is later. In the event that a safeguarding concern is raised, or there is any possibility of litigation, they may be retained for longer.

### **(ii) Session notes**

All counsellors/therapists must keep a record of their work with their clients. The Salesforce CRM enables a 'session summary' to be recorded for each session that has taken place. This summary should give a general overview and can serve as a memory aid of what happened in a session. It is also a formal record that counselling/therapy took place on a given date. The summary should be brief and accurate, outlining the content or themes of a session.

### **(iii) Process notes**

Process notes should be kept to help the counsellor/therapist reflect on the therapeutic relationship. They may include details of unconscious processes and interpretations of the work and so are subjective and not based in fact. Process notes are used for the purpose of clinical supervision and should remain separate from the session summary on the Salesforce CRM. Process notes should be completely anonymous and should not include any identifying features regarding a client. These notes should be destroyed when no longer needed.

If any notes hold personally identifiable information on the client, then they must form part of the client record and may be subject to the law.

### **(iv) Audio/visual recording**

Sessions must not be audibly or visually recorded. The only exception to this is for music therapists. Under BAMT and HCPC Standards of Proficiency, music therapists must be able to reflect on and review practice and the use of audio and visual recordings are an essential requirement for Clinical Supervision. This will only take place after discussion with the relevant Service Manager and consent forms have been completed.

## **(v) Professional practice**

All staff must adhere to the following:

- The clinical work delivered whilst working for CCS cannot be used to support any training or research being undertaken unless specific agreement has been provided by the relevant Service Manager. This includes using case studies for research purposes or publications.
- Staff must not advertise any private practice/services offered in the schools CCS employs you to work in.
- If staff have met children/parents through their work for CCS they must not be taken on as private clients.
- No information or data pertaining to children and families CCS works with may be stored on private databases or devices.

## **(vi) Outcome measures**

More information on Connect-Ed outcome measures can be found at:

### **HoNOSCA**

<https://www.corc.uk.net/outcome-experience-measures/health-of-the-nation-outcome-scales-for-children-and-adolescents/>

### **YP-CORE**

<https://www.corc.uk.net/outcome-experience-measures/core-measurement-tools/>