

SUPERVISION

By Susan Mary Benbow and Victoria Sharman

Are there differences in practice with regard to supervision in the statutory and non-statutory sectors? One of us has heard this suggested and maybe it's the case. What do we mean by the non-statutory sector anyway? Supervision provided within an organization will be very different from external supervision, brought in from outside. There may be more similarity across the sectors if we compare in-house with external supervision. Practitioners in the non-statutory sector, free of organizational constraints, may need something different from their supervisors/consultants. Alongside this, ideas of difference might include issues on which supervision focuses in the statutory and non-statutory sector: might the latter focus more on service users' preferred outcomes, therapist wellbeing and learning, rather than organizational protocols and procedures? Perhaps there is a need for difference in supervision practice, related to market positioning in the provision of talking therapies and/or to protect against the threat of competition from other sectors, continuing cuts in budget, and reshuffling, or even de-professionalizing, the workforce in the statutory sector. If we were to emphasize differences rather than similarities, would this mean that supervisors in the statutory sector will be deskilled in terms of skills in working across sectors?

The AFT Supervision Policy and Practice Guidelines of 2011 state that AFT's policy is that family and systemic psychotherapists registered with UKCP receive a minimum of one and a half hours of systemic supervision per month for the first three years post qualification, and, after three years, are required to undertake a minimum of twelve hours supervision per year. This is essential for us to maintain our registration. AFT recognizes that, after the first 3 years, therapists may want some consultation from outside their own modality, but that this should be balanced with ongoing development within the modality.

There are those in the non-statutory sector who maintain monthly supervision to support their portfolio of work and effectiveness of their practice. This is topped up with group, peer and consultative partners supervision activities. In making a decision to contract for supervision, what choices do we have: are we able to choose a multi skilled supervisor with expertise across modalities that meet our needs for continuing development, or are we confined to our own modality? Similarly how do we manage the complex inter-relationships involved (therapist/client, therapist/supervisor, therapist/organisation and so on)? Perhaps choosing a supervisor from the same modality influences and organises us in preserving a coherent model of practice. If so, what might this mean to the notion of collaboration, partnership and integration of ideas across sectors and modalities?

Supervisors may have to deal with issues of public safety, accountability, responsibility, performance, and quality control. In view of this, skimping on supervision can put people at risk of clients' complaints, litigation and sanctions. This may be a particularly concern for those in the non-statutory sector, and

flags up the need for, and importance of, indemnity cover. Where does responsibility lie if the supervisor is external to the organisation? Do we always make it clear in contracts what a supervisor is responsible, and is not responsible, for? Do we agree on this ourselves? With respect to quality control, we might argue that responsibility lies with management: non-statutory sector practitioners are responsible for maintaining the quality of their own practice.

In the statutory sector therapists are currently under lots of pressures and supervision is unlikely to be top of their list when jobs are at risk, demands are increasing: managers may look at supervision with an eye to their budgets. Similarly it's unlikely to be top of the therapist's manager's list of quality indicators, and yet good supervision may well link with good practice. SCIE publishes a research briefing¹, which argues that good supervision is associated with job satisfaction, commitment to the organization, and staff retention. It notes that anecdotal evidence suggests that good supervision may also positively influence outcomes for people using services. Our understanding of supervision and its impacts is limited. So perhaps it's not surprising that we are influenced by myths and stereotypes in thinking about differences in supervisory practice between statutory and non-statutory sectors.

So where does this leave those of us who work in the non-statutory sector? Are we likely to skimp on supervision maybe financially, and/or maybe in terms of time commitment? Perhaps we regard it as an unnecessary practice expense that takes us away from the 'real' work? Or are we more likely to see it as an essential part of our continuing development as a therapist, so that we go to great lengths, investing time and money in high quality supervision? Those of us who have to earn the money that pays for our supervision may well be much more discerning about which supervisors we want to work with, and what qualifications they should have.

Susan is an independent systemic therapist and Director of Older Mind Matters Ltd (www.oldermindmatters.com). Contact her at: drsmbenbow@gmail.com. Victoria is a systemic family psychotherapist and founder of V2Recovery Ltd (<http://www.v2recovery.co.uk>). Contact her at: victoria@v2recovery.co.uk.

¹ SCIE Research briefing 43: Effective supervision in social work and social care, <http://www.scie.org.uk/publications/briefings/briefing43/>