**Safeguarding Supervision Policy**

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| Target Audience | This policy is applicable to all staff employed within the Integrated Care Board (ICB) and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. |
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| 0.2 | 02/06/22 | Governance Lead | Final amends prior to adoption |
| 0.3 | 02/06/22 | Sara O’Connor | Policy Ref No added. |
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## Introduction

Safeguarding supervision is an essential means of providing professional support and guidance for adult and child safeguarding practitioners and is fundamental to good safeguarding practice for those working with children and adults. “Effective professional supervision can play a crucial role in ensuring a clear focus on a child’s welfare. Supervision should support professional to reflect critically on the impact of their decisions on the child and their family”

Many of the inquiries into child and adult deaths and serious incidents involving children and adults have demonstrated serious failings in the effectiveness of professionals. This has been in part attributed to not receiving appropriate supervised support. Safeguarding supervision has been demonstrated, to be fundamental in supporting frontline practitioners in deliver high quality care, providing risk analysis and individual action plans, Laming (2003), Department for Education (2011), Local Government Association (2020).

Working to ensure children and adults are protected from harm requires sound professional judgments to be made. It is demanding work that can be distressing and stressful and those involved must have access to advice and support from professionals experienced in the field of safeguarding.

Effective supervision promotes good standards of practice. This policy has been written to be consistent with national and local policies and procedures and in particular, Southend, Essex & Thurrock (SET) Safeguarding and Child Protection Procedures and SET Safeguarding Adult Guidelines.

Safeguarding supervision is not the same as peer review or appraisal. Safeguarding supervision is strongly focused on the needs of the vulnerable child or adult with care and support needs and what must be done to make that child or adult safe. Clinical staff working with vulnerable children and adults with care and support needs should receive both clinical and safeguarding supervision.

Supervision for safeguarding activity is required at all levels within an organisation and should be available for all staff who potentially come into contact with children and adults. It should be a separate function from individual line management and performance monitoring. Safeguarding supervision meetings should facilitate reflective discussion, practical advice, support, and the development of practice.

Safeguarding children and adults is a collective responsibility across the health economy. The ICB as a commissioner of local health services, needs to be assured that provider organisations have effective safeguarding arrangements in place, which include arrangements for staff to have access to meaningful and reflective child and adult safeguarding supervision through their own safeguarding supervision policies.

## Purpose

### Aims and objectives

* + 1. To promote and develop a culture that values and engages in regular safeguarding supervision.
    2. Good quality supervision can help to:
* Keep a focus on the child and/or adult who have needs for care and support.
* Avoid drift.
* Maintain a degree of objectivity and challenge fixed views
* Test and assess the evidence base for assessment and decisions.
* Address the emotional impact of work.

## Scope

This policy is applicable to all staff employed within the ICB and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. The above will be referred to as ‘all staff’ in the policy.

This policy covers Deputy/Associate Designated Professionals and other Safeguarding Professionals within the ICB Safeguarding Team such as Named Health Professionals who may not otherwise have a clear pathway for supervision. Where Designated Professional is stated, this policy will apply to all other members of the Safeguarding Team.

## Definitions

**Supervision:** A formal process of professional support and learning. It ensures that the work of the practitioner reaches agreed standards and adheres to policies and procedures that support good practice in safeguarding children and adults. Supervision enables practitioners to reflect on individual practice, with the support of a supervisor. Through reflection, practitioners can further develop knowledge and skills and enhance understanding of their own practice. Supervision may be provided on a one-to-one basis or within a group setting.

**Individual supervision:** This is a supervision process offered to staff on an individual basis where there are concerns around a child or adult at risk and direct one to one communication is needed to address the presenting issues. The supervision sessions are pre-arranged and follow a process or model which allows description, reflection, analysis and action planning. There are several supervision models including Gibbs Reflective Cycle (1988) and Kolb’s Learning Cycle (1984).

**Group supervision:** This is a negotiated process whereby members come together in an agreed format to reflect on their work, pooling their skills, experience and knowledge, in order to develop analytical skills and enhance action planning.

**Ad hoc supervision:** It is recognised due to the nature of the varied work that staff within health services undertake, there may often be the requirement for staff to have access to ad hoc safeguarding supervision or support. This supervision will be provided by the Designated Professionals when required, with the expectation that any actions and the mechanism for recording them are agreed.

**Appraisal/professional development review:** A review by a clinical supervisor of a practitioner's skills and knowledge and agreement of a personal development plan to enhance these.

**Peer Review:** A person or persons of the same status or ability/expertise as another specified person or persons, providing an impartial evaluation of the work of the other/s.

Designated Professionals provide expert **safeguarding advice,** telephone consultation and support as required to commissioned and independent contractors and ICB staff who provide health services to the local population. This should not be confused with safeguarding supervision.

## Roles and Responsibilities

### ICB Board

* + 1. The ICB Board is accountable and responsible for ensuring that the ICB has effective processes to ensure compliance. The Board is assured through the work of the Quality Committee.

The ICB will ensure those practitioners providing supervision are adequately trained in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children. This must reflect the requirements set out in the intercollegiate documents:

[Adult Safeguarding: Roles and Competencies for Health Care Staff](https://www.rcn.org.uk/professional-development/publications/pub-007069)

[Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](https://www.rcn.org.uk/professional-development/publications/pub-007366)

[Looked After Children: Roles and Competencies of Healthcare Staff](https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486)

**Provider agencies** are required to provide effective safeguarding supervision arrangements for their staff, commensurate to their role and function (including for named professionals). Providers will assure the ICB that they have robust safeguarding supervision policies and processes in place by providing a quarterly report through standard governance arrangements.

### Quality Committee

* + 1. This committee is responsible for the detailed oversight and scrutiny of the ICB’s processes for ensuring compliance with the safeguarding guidance.

### Chief Executive

* + 1. **The Chief Executive** is responsible for ensuring that an effective safeguarding training and supervision strategy is resourced and delivered.

* + 1. The process of supervision is underpinned by the principle that **each practitioner** remains accountable for their own practice and as such their own actions within supervision. Safeguarding supervision does not replace nor should it delay the individual’s responsibility to make a referral to statutory agencies where there are concerns that a child, young person or adult may be suffering or likely to suffer from significant harm. In such cases, staff should refer to the SET Safeguarding and Child Protection Procedures and the SET Adult Guidelines.

**Designated Safeguarding Professionals** - provide, support and ensure contribution to safeguarding appraisal and appropriate supervision for colleagues across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers. Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines and have the option of accessing individual external reflective and restorative supervision (and their attendance/participation should be recorded as part of continuing professional development record).

### Safeguarding Supervisor Responsibilities

* + 1. All safeguarding supervisors will ensure that they:
* Have received professionally recognised supervision skills training and ensure that their knowledge remains current through relevant course updates and accessing relevant literature.
* Have up to date knowledge in legislation, policy, and research relevant to safeguarding children.
* Are accountable for the advice that they give.
* Ensure those receiving safeguarding supervision have agreed and signed a supervision contract with the supervisor.
* Identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly.
* Discuss management of individual safeguarding cases to explore and clarify the management and thinking relating to the case.
* Share information, knowledge and skills with the supervisee.
* If required, constructively challenge any personal and professional areas of concern.
* Document the agreed summary of the discussion with clear action plan indicating responsibility for each action. A copy should be held securely by the supervisor and supervisee. Where follow-up safeguarding supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure by the supervisee.
* They have in place arrangements for their own safeguarding supervision needs to be met.

### Safeguarding supervisee responsibilities

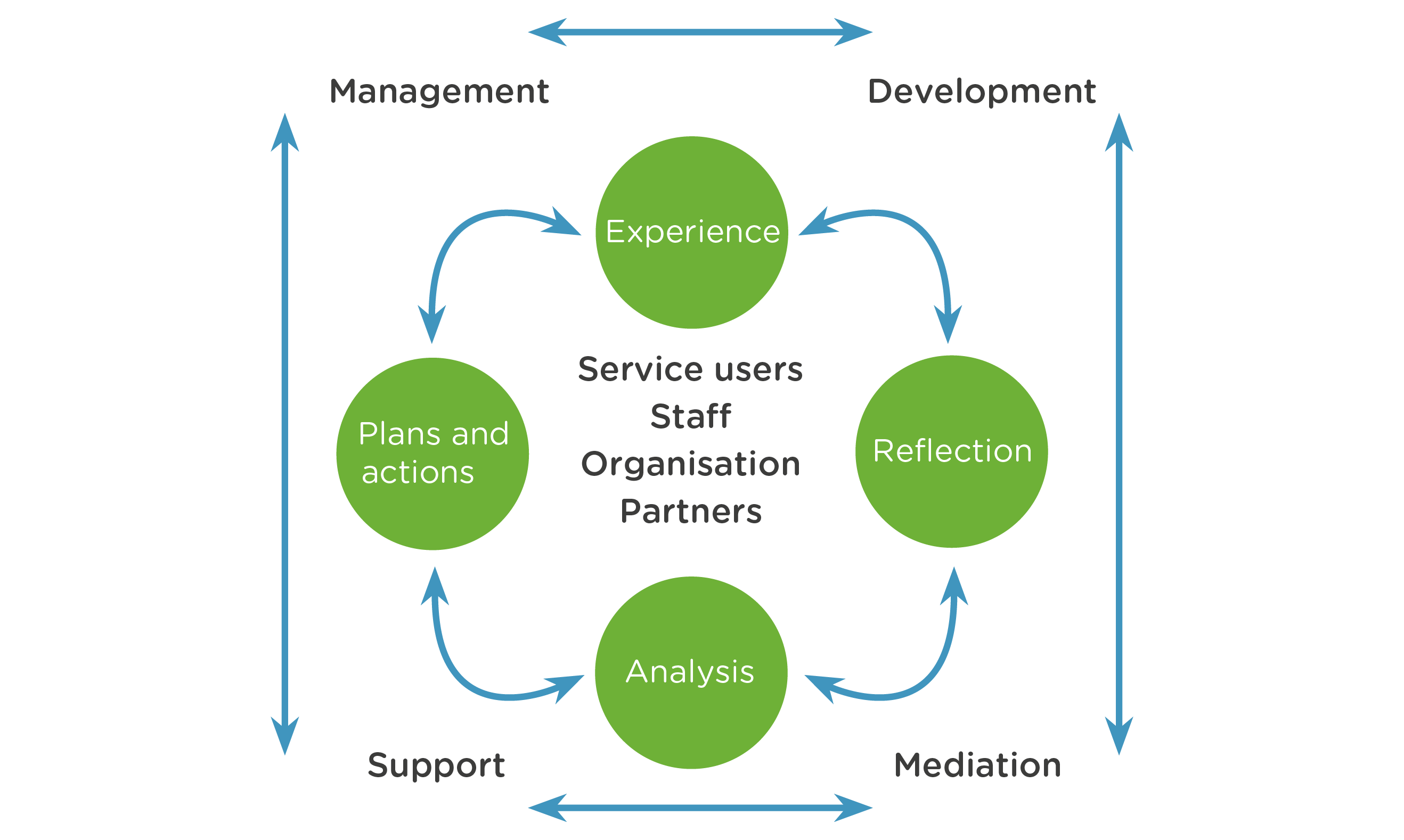
* To access timely advice and support from the Designated Professional as and when required.
* Maintain accurate, meaningful, and contemporaneous records and documentation as per record keeping policy/professional guidance.
* Identify and prioritise issues/cases to be discussed.
* Develop and improve practice as a result of supervision, identifying any training needs.
* Explore interventions that are useful.
* Be prepared for constructive feedback/challenge.
* Develop skills in reflective practice.

## Policy Detail

### Models of safeguarding supervision

* + 1. Given the difficult nature of the work within safeguarding and the wider organisational and cultural context professionals find themselves operating in, it would be helpful for organisations to understand the benefits of being explicit about the purpose and content of supervision. The directive to engage in ‘supervision’ is insufficient without specifying the expected outcomes from the activity and using a model grounded in evidence. Organisations need develop a culture within which professionals are able to think and act appropriately and learn from previous experiences, rather than being overwhelmed by them. A restorative and reflective approach to supervision such as the integrated restorative model can provide the foundation for supporting the development of such a culture.
    2. The 4x4x4 Supervision Model shown below was developed by Tony Morrison (2015) and is an integrated framework, demonstrating the interdependence of:
* The four functions of supervision.
* The four stakeholders in the supervisory process.
* The four elements of the supervisory cycle.

|  |  |  |
| --- | --- | --- |
| **Four stakeholders in supervision** | **Four functions of supervision** | **Four elements of the supervisory cycle** |
| People who use services | Management | Experience |
| Staff | Support | Reflection |
| The organisation | Development | Analysis |
| Partner organisations | Mediation | Action planning |



* + 1. It is important to integrate the accountability model of supervision within a restorative framework in order to ensure, the appropriate degree of restorative efforts take place for staff (Wallbank and Wonnacott 2015).

### Safeguarding supervision process

* + 1. Safeguarding supervision sessions must be held in a suitable environment where confidential discussion can take place. Adequate protected time must be allowed for effective supervision to take place and interruptions only allowed for urgent situations.
    2. Practitioners accessing safeguarding supervision will agree a supervision contract with their supervisor.
    3. Document an agreed summary of the discussion with clear action plan indicating responsibility for each action. A copy should be held securely by the supervisor and supervisee.
    4. Where follow-up safeguarding supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure by the supervisee.

### Frequency of supervision

* + 1. Safeguarding supervision is mandatory for all registered clinical staff working directly with children and adults at risk of harm and should occur quarterly as a minimum.

### Escalation of Concerns

* + 1. Problem resolution is an integral part of professional co-operation and joint working to safeguard children and adults. Concern or disagreement may arise over another professional’s decisions, actions, or omissions in relation to a referral, an assessment, or an enquiry.
    2. It is important to resolve difficulties quickly and openly by identifying areas in working together where there is a lack of clarity to promote resolution. Guidance should be sort from SET Safeguarding and Child Protection Procedures and SET Safeguarding Adult Guidelines, there should be open dialogue with partner agencies when this process is being initiated.
    3. The safety and focus of individual children or adults are the paramount consideration in any professional disagreement and unresolved issues should be escalated to their line manager/safeguarding lead with due consideration to the risks that may exist for the child or adult. Where child or adult service practitioners are concerned or in disagreement with their colleague relating to the safeguarding of a child or adult, they should seek advice from the Designate Professionals to promote resolution.

### Documentation

* + 1. A copy of the signed safeguarding supervision contract should be kept securely by the supervisor and supervisee.
    2. The supervisor and supervisee will agree how and where safeguarding supervision records will be stored at the introductory session and what will be recorded within health records on an on-going basis. A summary of the safeguarding supervision record will be completed. A copy should be securely stored by the Supervisor and Supervisee. (Appendix 2). Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure.

### Non-attendance and practice issues

* + 1. It is the responsibility of the supervisee to contact their supervisor to arrange safeguarding supervision and ensure that their attendance meets the requirements of this policy. The supervisor will maintain a record of supervision attendance and inform the practitioner’s line manager of any practitioner who does not access supervision within the above prescribed time frames. It is the responsibility of the line manager to address this with the practitioner.
    2. Safeguarding supervision is a confidential process, and the supervisor will allow time for the practitioner to reflect on and learn from mistakes and rectify them. In cases where issues are resolved within the safeguarding supervision process the information will not be shared with the line manager.
    3. Where there are on-going concerns about a supervisee’s practice and/or their refusal to comply with the supervisor’s recommendations, the supervisee will be informed that their line manager will be contacted for resolution.

### Resolution of Professional Disagreement

* + 1. Concern or disagreement may arise over supervisors/supervisee’s opinions/advice. The safety of individual children or adults are paramount considerations in any professional disagreement and any unresolved issues should be escalated via line managers with due consideration to the risks that might exist for the child or adult.
    2. Where a supervisor becomes concerned about the practice of a supervisee, these concerns will be discussed with the supervisee and their line manager. This will be with the supervisee’s knowledge. Concerns may include where procedures/policies have not been followed, where there is a breach of professional conduct or where practice is thought to be unsafe. Confidentiality regarding issues discussed within supervision will be maintained unless concerns arise as described above.

## Monitoring Compliance

To ensure that the safeguarding supervision arrangements are satisfactory, a safeguarding supervision audit should be undertaken by the Safeguarding Team as part of the annual safeguarding audit programme. The results of the audit will be submitted to the Patient Safety and Quality Committee.

## Staff Training

All supervisors delivering safeguarding supervision must have completed training in the supervision process and ensure that their knowledge remains current through relevant course updates and accessing relevant literature. In addition, further training should be undertaken to meet the competency levels set out in the intercollegiate documents

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## References

* Care Quality Commission (2010) Essential Standards of Care <https://services.cqc.org.uk/sites/default/files/gac_-_dec_2011_update.pdf>.
* Department for Education (2011) The Munro review of Child Protection: A Child Centred System. Ch 7:11. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf>.
* Department for Education (2018) Working together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.
* Laming, W.H. (2003) The Victoria Climbie inquiry: Report of an inquiry by Lord Laming <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf>.
* Local Government Association (2020) Analysis of Safeguarding Adult Reviews: April 2017 – March 2019. Findings for sector-led improvement. p190: s8.4.3. <https://www.local.gov.uk/sites/default/files/documents/National%20SAR%20Analysis%20Final%20Report%20WEB.pdf>.
* Royal College of Nursing (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff <https://www.rcn.org.uk/professional-development/publications/pub-007069>.
* Royal College of Nursing (2019) Safeguarding Children & Young People: Roles and Competencies for Healthcare Staff: Intercollegiate Document <https://www.rcn.org.uk/professional-development/publications/pub-007366>.
* Skills for Care & Children’s Workforce Development Council (2007) Providing Effective Supervision: a workforce development tool, including a unit of competence and supporting guidance <https://www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Supervision/Providing-Effective-Supervision.pdf>.

## Equality Impact Assessment

The EIA has identified a neutral impact and is included at Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Safeguarding Supervision Policy    **Version number (if relevant):** v.1.0 | **Directorate/Service**: Quality |
| **Assessor’s Name and Job Title:** Safeguarding Lead | **Date:** May 2022 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| The aim of tis policy is to promote and develop a culture that values and engages in regular safeguarding supervision |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| N/A |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| N/A |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | No impact identified |
| Disability  (Physical and Mental/Learning) |  |  | X | No impact identified |
| Religion or belief |  |  | X | No impact identified |
| Sex (Gender) |  |  | X | No impact identified |
| Sexual  Orientation |  |  | X | No impact identified |
| Transgender / Gender Reassignment |  |  | X | No impact identified |
| Race and ethnicity |  |  | X | No impact identified |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | No impact identified |
| Marriage or Civil Partnership |  |  | X | No impact identified |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Analysis of complaints, claims, incidents and any other relevant data. |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?* |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Safeguarding Supervision Contract

|  |  |
| --- | --- |
| **Supervisor Name**  **and Designation** |  |
| **Supervisee Name**  **And Designation** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Supervision** | | **Frequency** | **Duration** | | **Venue** |
| **Individual** | |  |  | |  |
| **Group** | |  |  | |  |
| **As supervisor and supervisee, we agree to:** | | | | | |
| * work together in accordance with the Supervision Policy to facilitate in depth reflection on issues affecting practice to develop the practitioner both personally & professionally, to ensure high quality clinical practice is maintained. * ensure an appropriate environment is available for the supervision session. * allow sufficient time for the supervision session, arrive on time and remain for the whole session. * have protected time by not allowing interruptions and switching off mobile phones * not to cancel appointments with less than 5 working days’ notice unless an urgent situation arises. * maintain confidentiality within the boundaries specified within the Supervision Policy. * question differences constructively and actively work towards resolution. | | | | | |
| **As a supervisee I agree to:** | | | | | |
| * prepare for the session and ensure any relevant records are available. * take responsibility for making effective use of time. * ensure all actions agreed are completed within timescales and report to the supervisor when actions are unable to be completed. | | | | | |
| **As a supervisor I agree to:** | | | | | |
| * make time available for supervision to be booked in advance. * document the agreed summary of the discussion with clear action plan indicating responsibility for each action. * A copy should be held securely by the supervisor and supervisee. * Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure. | | | | | |
| **Supervisor Signature** |  | | | **Date** |  |
| **Supervisee Signature** |  | | | **Date** |  |

## Appendix C –1:1 Safeguarding Supervision Record

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name and Designation** |  | | |
| **Supervisee Name and Designation** |  | | |
| **Date of session** |  | **Time commenced** | **Time finished** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Reflection since last session** |  | |
| **Issues brought to supervision** |  | |
| **Actions to be taken** | **By whom** | **By when** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Signature** |  | **Date** |  |
| **Supervisee Signature** |  | **Date** |  |

## Appendix D - Group Safeguarding Supervision Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |  | | **Time** |  | |
| **Present** | | | **Apologies** | | |
|  | | |  | | |
| **Topic** | | **Discussion** | | | **Agreed actions** |
|  | |  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agenda items for next session** | | **Preparation required** | | |
|  | |  | | |
| **Supervisor Signature** |  | | **Date** |  |
| **Supervisee Signature** |  | | **Date** |  |