**Safeguarding Supervision Policy**

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| Target Audience | This policy is applicable to all staff employed within the Integrated Care Board (ICB) that receive safeguarding supervision and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. |
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* Quality Impact Assessment
* Privacy Impact Assessment
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**Version History**

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| 0.1 | 24/01/22 | Safeguarding Lead | Draft ICB Policy |
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## Introduction

Staff wellbeing matters to Mid and South Essex Integrated Care Board. We recognise that our staff are our most important resource in bringing our vision of excellence in care to reality. We also recognise our responsibility to take all reasonable steps to promote a culture of safety, equality, and protection and to protect people from harm, abuse, or exploitation. We are committed to ensuring we provide an environment that promotes wellbeing both within our workforce and in service delivery.

The emotional impact of safeguarding work has been recognised for many years (Morrison 1990; Ferguson 2005). Working to ensure children and adults are protected from harm is demanding work that can be distressing and stressful. It requires sound professional judgments to be made. Many of the inquiries into child and adult deaths and serious incidents involving children and adults have demonstrated insufficiencies in the effectiveness of professionals involved in their care. This has been in part attributed to not receiving appropriate supervision support.

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 delivered by professionals experienced in the field of safeguarding has proven to be fundamental in supporting frontline practitioners in delivering high quality care (Laming 2003, Department for Education 2011, Local Government Association 2020). Working Together to Safeguard Children (2018) provides the statutory framework for safeguarding and promoting the welfare of children and highlights the importance of reflection through safeguarding supervision. The Care Act (2014) and accompanying Statutory Guidance (2016) provides the statutory framework for safeguarding and promoting the welfare of adults.

To demonstrate our commitment to creating a culture that values the importance of safeguarding supervision we have put systems in place to ensure all MSE ICB staff with a patient facing role have access to restorative safeguarding supervision. We also have systems in place to assure all provider services we commission have their own effective safeguarding supervision systems and policies in place.

## Purpose / Policy Statement

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. The purpose of this policy is

* To promote good standards of safeguarding supervision practice.
* To promote and develop a culture that values and engages in regular safeguarding supervision.

## Scope

This policy is applicable to all staff employed within the ICB who receive or deliver safeguarding supervision 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.

## Definitions

* **Safeguarding Supervision** - 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, within a group setting or ad-hoc. Safeguarding supervision differs to peer review and appraisal. Safeguarding supervision is defined as:

‘a formal process of professional support and learning that 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’’.

It is important that all staff recognise that Safeguarding supervision is not the same as clinical supervision, peer review or appraisal. Safeguarding supervision is an accountable process that is fundamental to good safeguarding practice and supports, assures, and develops the knowledge, skills, and values of an individual, group or team. It should be a separate function from individual line management and performance monitoring. Safeguarding Professionals may also provide expert safeguarding advice, telephone consultation and support as required. This should not be confused with safeguarding supervision.

* **Restorative Supervision** - Restorative supervision is about checking in, not checking up. It focuses on the emotional needs of staff and the development of resilience by providing them with a safe space to think. This helps restore ‘thinking’ capacity, enabling the professional to ‘understand’ and process thoughts which ‘free’ them to contemplate different perspectives, and inform their decision making (Pettit et al 2015).
* **One to one safeguarding supervision** - This is a supervision process offered to staff by qualified safeguarding supervisors on an individual basis which allows description, reflection, analysis, and action planning. The supervision sessions are pre-arranged and follow a process or model. There are several supervision models including Gibbs Reflective Cycle (1988) and Kolb’s Learning Cycle (1984). There should be a written supervision agreement signed and dated by supervisee and supervisor.
* **Group safeguarding supervision** - Facilitated by qualified safeguarding supervisors. Group restorative clinical supervision can enhance capacity of provision as well as enable broader perspectives from group members’ contribution to the presenting supervisee’s reflection. This offers potential to share knowledge, skills, and experience with colleagues in order to support reflection on events or actions. Six is the recommended upper group size limit as this provides the benefit of a broader reflective discussion and enables active participation. The supervision sessions are pre-arranged and follow a process or model. There are several supervision models which include Gibbs Reflective Cycle (1988) and Kolb’s Learning Cycle (1984) There should be a written supervision agreement signed and dated by supervisee and supervisor.
* **Open door/Ad hoc safeguarding supervision** - Offered to staff by qualified safeguarding supervisors. 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 outside of formal supervision sessions. This may be face to face, virtually via Microsoft Teams, or by telephone or e-mail.
* **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.

## Roles and Responsibilities

**Integrated Care Board (ICB)**

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.

**Quality Committee**

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

**Chief Executive**

The Chief Executive is responsible for ensuring that MSE ICB meets its safeguarding obligations. This includes ensuring systems, policies and procedures are in place for staff supervision and training.

**Director of Nursing**

The Director of Nursing is the MSE ICB Executive Lead for Safeguarding and is responsible for ensuring:

* A safeguarding supervision policy in place
* Appropriate safeguarding process are in place, including compliance with all legal, statutory, and good practice requirements.
* A resource is available for maintaining an external provider of safeguarding supervision for the safeguarding team.

The DON 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 and adults as per 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)

**Deputy Director of Nursing for Safeguarding**

The Deputy Director of Nursing for Safeguarding is responsible for:

* Promotion of the Safeguarding Supervision Policy
* Ensuring support to the DON in maintaining links with the Local Safeguarding Boards/Partnerships and ensuring appropriate safeguarding process are in place, including compliance with all legal, statutory, and good practice requirements.
* Being the central point of contact within MSE ICB for all safeguarding supervision escalations that contain an element of risk for the MSE ICB.

**Policy Author**

The policy author is responsible for reviewing and updating the policy on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

**MSE ICB Contracts Team**

* are responsible for seeking assurance from Providers that they have robust safeguarding supervision policies and processes in place through standard governance arrangements.

**MSE ICB Safeguarding Professionals**

* MSE ICB Designate Lead Safeguarding Nurses are responsible for ensuring training needs analysis is completed to support all supervisors to obtain and maintain compliance with supervisors’ requirements. They will also ensure those providing supervision have protected time to deliver their supervision responsibilities.
* Designated Lead Safeguarding Nurses will facilitate safeguarding supervision for all Named Professionals within acute, mental health and community health providers.
* Associate Designated Nurses will facilitate regular safeguarding supervision for the MSE ICB AACC team, as well as safeguarding leads of independent contractors and health providers.
* Safeguarding Specialist Nurses will facilitate group supervision under the guidance of Associate Designated Nurses for Safeguarding.
* All MSE ICB Safeguarding Professionals who facilitate safeguarding supervision must themselves access safeguarding supervision a minimum of every three months.

**MSE ICB Line managers**

* Are responsible for ensuring staff are aware of and compliant with this policy. They are responsible for ensuring the relevant staff they line manage have access to safeguarding supervision and supervisees are provided with adequate protected time to fulfil safeguarding supervision requirements.
* Are responsible for monitoring their staff’s attendance at safeguarding supervision.
* Compliance with requirements for safeguarding supervision will be reinforced by line managers during the appraisal process. It is the responsibility of the line manager to address any discrepancies/noncompliance with the practitioner.

**Safeguarding Supervisor Responsibilities**

All new supervisors will be required to provide evidence of professionally recognised safeguarding supervision training prior to facilitating safeguarding supervision. Dates of achieving competency will be recorded on the MSE ICB Safeguarding Supervision database along with dates of refresher training. 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 and adults.
* Are accountable for the support and guidance that they give.
* Develop and agree a supervision contract with the supervisee that sets out expectations for both parties.
* Will jointly agree with the supervisee, as part of the supervision contract, who will document an agreed summary of the discussions with a clear action plan. 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.
* Identify when they do not have the necessary skills/knowledge to safely address issues raised and assist the supervisee accordingly to seek the necessary support.
* Discuss management of individual safeguarding cases to explore and clarify the management and thinking relating to the case and application of Making Safeguarding Personal (MSP) and a child-centred approach.
* Share information, knowledge, and skills with the supervisee.
* Provide open and constructive feedback on any personal and professional areas of concern.
* They have in place arrangements for their own safeguarding supervision needs to be met.
* Staff’s attendance at safeguarding supervision is monitored to enable compliance to be reported through the appropriate governance systems.

**Safeguarding supervisee responsibilities**

* 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.

The supervisee has responsibility to:

* Access timely advice and support from safeguarding professionals as and when required.
* Request ad-hoc supervision when needed between pre-arranged sessions.
* Jointly agree with the supervisor as part of the supervision contract who will document an agreed summary of the discussions with a clear action plan. 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.
* Prepare for supervision sessions, including identifying issues from their practice for discussion.
* 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.
* Escalate concerns promptly and make referrals to statutory agencies where there are concerns that a child, young person, or adult may be suffering or likely to suffer from significant harm.

**MSE ICB Safeguarding Administrator**

The MSE ICB Safeguarding administrator is responsible for ensuring:

* A robust database is in place and maintained for recording all safeguarding supervision.
* Designated folders are available for supervisors to access all safeguarding supervision templates.
* Three Monthly Safeguarding supervision sessions and diary invites are organised and placed in supervisors’ and line managers diaries.

**Provider agencies**

Provider agencies are required to demonstrate effective safeguarding supervision arrangements for their staff, commensurate to their role and function (including for named professionals).

## Policy Detail

**MSE ICB Model of safeguarding supervision**

* + 1. Safeguarding supervision must provide a safe space for practitioners engaged in highly emotive work, to talk about their experiences. The process should enable practitioners to develop their capacity to use their experiences to review their practice, think reflectively about the effectiveness of their decisions and receive feedback on their performance. It should be a space where good work can be acknowledged and where work needing improvement, is proactively addressed.
		2. Safeguarding supervision should ultimately enhance the quality of practice by advancing a practitioner’s emotional resilience, in addition to their safeguarding knowledge, skills and values. The process must be underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision. It offers opportunity to:
* Provide a safe environment for practitioners to share their experience(s).
* Acknowledge the emotional impact of the work.
* Facilitate reflection and understanding.
* Enable constructive professional challenge where risks are not being managed.
* Change or modify practice and identify training and continuing development need.
* Facilitate debriefing following complex and particularly distressing cases.
	+ 1. The essence of a good safeguarding supervision is supporting the capacity of the practitioner to think, reflect and develop their own solutions around what needs to happen next. MSE ICB has adopted the integrated model of restorative supervision for use within safeguarding (Wallbank & Wonnocott 2016). The model utilises the benefits of both restorative supervision (Figure1) (Wallbank, 2010) and an integrated model commonly referred to as the 4x4x4 model (Table 1) (Morrison 2005, Wonnacott, 2012). There is strong evidence to suggest that practitioners who undertake supervision, with a focus on the restorative and supportive components, are better able to develop effective coping strategies and are less likely to experience burnout and compassion fatigue (Wallbank and woods 2012; Kingsfund 2020; Kinman et al 2020).
		2. The New Integrated Restorative Model has been recognised as an effective model for safeguarding supervision that facilitates reflective practice that can help build practitioners’ resilience by focusing on the individual’s (supervisee’s) experience, aiming to sustain their wellbeing and their motivation at work. It challenges the notion that restorative supervision is a stand-alone supervisory process sitting outside of safeguarding supervision and demonstrates how effective safeguarding supervision needs to combine critical reflective practice and critical thinking with a restorative experience in order for the professional to feel supported and maintain their capacity to think. By enabling the practitioner to reflect independently on their experiences and the impact of their decisions the supervisor enables ownership of the learning by the supervisee.

***Figure 1:*** *The Restorative Model*

|  |  |  |
| --- | --- | --- |
| 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 |

***Table 1:*** *The 4x4 Model*



**Figure 2:** The integrated model of restorative supervision for use within safeguarding (Wallbank & Wonnocott 2016)

**Health and Wellbeing Support**

* + 1. Supervision sessions should collectively recognise the presence of any trauma symptoms and the impact of these within a safe and supportive environment. Consideration should be given to the necessity and proportionality of sharing these concerns with line managers and other assistive services for support purposes but should not be shared without the consent of the supervisee. MSE ICB has a wide range of support available to ICB staff on our health and wellbeing pages which are on our intranet and website which include the following resources.
* Connect Online - Staff Health and Wellbeing A to Z Directory - Default (sharepoint.com)
* Employee Assistance Programme (sharepoint.com)
* Here for you
* Mental Health First Aiders
	+ 1. Supervisees not employed by MSE should be signposted to their organisation’s wellbeing support services.

**Arranging supervision**

Line managers should arrange group sessions with the MSE ICB administration team using the generic safeguarding e-mail address: mseicb-bb.msesafeguardingadminsupport@nhs.net. It is the responsibility of the supervisee to contact their supervisor to arrange one to one safeguarding supervision and ensure that their attendance meets the requirements of this policy.

* + 1. For one to one and group safeguarding supervision dates and times must be planned in advance and should be prioritised wherever possible. Supervision will be facilitated by the relevant Designated Lead Nurse /Associate Designated Nurse/Safeguarding Specialist for the alliance in which the supervisee is based. However, where historical supervisor/supervisee relationships have been formed that sit outside this remit these should be supported to continue.
		2. For Ad Hoc supervision purposes the supervisee should contact their supervisor directly to make arrangements. In the absence of their supervisor, the supervisee should contact the safeguarding administration team using the generic e-mail address mseicb-bb.msesafeguardingadminsupport@nhs.net.
		3. Supervision sessions may be held face to face or through the MS Teams platform. In each situation, sessions must be held in a suitable environment and manner where confidential discussion can take place. Adequate protected time must be allowed for effective supervision to take place and interruptions only acceptable for urgent situations.
		4. The Safeguarding Supervision Contract (Appendix B) should be developed between the supervisor and supervisee/s at the initial safeguarding supervision session.
		5. 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.
		6. A supervisor guidance tool for supporting & structuring clinical/safeguarding supervision discussion is also available (Appendix E). Please use this if you feel this would be helpful to you.
		7. The supervisor and supervisee share a joint responsibility for the supervisory relationship and for preparing for the session. For groups, this will involve shared responsibility of all participants, which should be based on mutual respect and trust and where all feel able to question and challenge assumptions and decisions.

**Frequency of supervision**

Safeguarding supervision is accessible for all registered clinical staff working directly with children and adults at risk of harm and should be available quarterly as a minimum. MSE ICB supervisors are required to enable the maintenance of the supervision database by the administrator team for monitoring attendance/non-attendance and the dates of sessions.

**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 timeframes. 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 Disagreements and escalation of concerns**

* + 1. **Resolution of disagreements relating to supervision** (see flowchart Appendix F)
		2. 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. Where incompatible differences are impacting the effectiveness of the session, consideration will be given to provision of an alternative supervisor, in accordance with the agencies disciplinary policy.
		3. The safety of individual children or adults are paramount considerations in any professional disagreement. 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.
		4. 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. The supervisees line manager should initially be involved in a 3-way discussion to resolve any issues the supervisor and supervisee are unable to resolve themselves. Discussions should be recorded and agreed with the supervisee. Any disciplinary matters should be managed through the line manager and HR.
		5. Where the supervisee has unresolved issues relating to the supervisor, they should raise these directly to their line manager. The line manger should then escalate the concern to the supervisor’s line manager who will then be involved in a 3-way discussion to resolve any issues the supervisor and supervisee are unable to resolve themselves. Discussions should be recorded and agreed by all parties. Any disciplinary matters should be managed through the supervisor’s line manager and HR.
		6. Any conduct considered unprofessional by either party should be reported to the Deputy Director of Nursing for Safeguarding.

**Resolution of safeguarding disagreements outside of supervision**

Where MSE ICB practitioners are concerned or in disagreement with their colleagues (outside of supervision) relating to the safeguarding of a child or adult, they must escalate these concerns in accordance with SET Safeguarding Child Protection Procedures and SET Safeguarding Adult Guidelines.

**Information sharing**

* + 1. Good proportionate safe information sharing between professionals is essential. Information should be shared in line with agreed protocols/polices to ensure that all patients, are provided with the protection they need. The MSE ICB information sharing policy can be accessed [here](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.midandsouthessex.ics.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F07%2F011-Information-Sharing-Policy-V1.0-1.docx&wdOrigin=BROWSELINK).
		2. Supervisors may capture themes that emerge from supervision sessions in such a way as to preserve the anonymity of their supervisees.

**Confidentiality**

* + 1. Supervision records will be kept securely by the supervisor and supervisee in line with each individual agencies policies and procedures.
		2. For supervision to be effective the supervisee must feel safe and that any issues reflected upon within a session will be aired and shared in confidence. However, as with all health professionals, there is a legal duty of care, as per the appropriate regulatory body, that may override confidentiality in exceptional circumstances such as:
* Concerns for the wellbeing of the supervisee.
* Concerns raised regarding safeguarding.
* Where a training need is identified that requires action from a line manager.
* Unsafe or unethical practice is revealed.
* Illegal activity is revealed.
	+ 1. Regardless of circumstance, if either party deems confidentiality is required to be broken, organisational process must be followed. The supervisor/supervisee will agree the need to share information, as necessary. Both parties should be aware of this at the close of the supervision session, unless there is a valid and justified circumstance whereby either person wishes to discuss a concern confidentially without the other party being aware.
		2. It is important to note information and/or documentation that records or relates to confidential information shared during supervision may be accessed by third parties in some circumstances; for example, if required by a search warrant, in disclosure requirements of a criminal case or under the coroner’s order.

**Documentation**

* + 1. Supervision records form a useful reference for future sessions, a reminder of action agreed, and can support revalidation processes. Safeguarding Supervision discussions should be recorded, and copies agreed and held by both the supervisee and supervisor. The supervisor and supervisee will agree how and where safeguarding supervision records will be stored (in a confidential manner) and what will be recorded within health records on an on-going basis at the introductory session.
		2. It is important that both the supervisor and supervisee/s recognise that Safeguarding supervision is not the same as clinical supervision and is a separate function from performance monitoring. Safeguarding supervision is about checking in, not checking up. It focuses on the emotional needs of staff and the development of resilience and critical reflection by providing them with a safe space to think. By enabling the practitioner to reflect independently on the impact of their decisions the supervisor enables ownership of the learning by the supervisee. Documentation of the discussions using the supervision record template should therefore be considered the responsibility of the supervisee/ nominated person in the group.
		3. The templates provided in the appendices are designed to guide supervisors and supervisees to effectively document discussion points raised in supervision. These templates are provided as an aid, the agenda will be focused on what the supervisee wishes to discuss. A copy of the signed safeguarding supervision contract should be kept securely by the supervisor and supervisee. A copy of the supervision record template should be held securely in a confidential manner by the supervisor and supervisee. Any documentation from the previous session will be made available by the supervisor at follow up sessions for further discussion or closure. Supervisees should be asked by the supervisor to complete a supervision evaluation form (Appendix G) following each session.
		4. A copy of the register of attendance should be forwarded to the MSE ICB Safeguarding administration team by the supervisor to enable the supervision database to be maintained.

## Monitoring Compliance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requirement | Process | Responsible Party | Frequency | Action Plan development | Review of results |
| Annual Audit of staff attending safeguarding supervision | Audit | MSE ICB Admin team | Annual | Safeguarding Team | Quality Assurance Committee |
| Quarterlyreportsregarding staffattendance atsafeguardingsupervision. | Report | MSE ICB Lead Designated Nurses | Quarterly | Safeguarding Team | Quality Assurance Committee. |
| Audit of safeguarding supervision evaluation forms. | Audit | MSE ICB Admin team | Quarterly | Safeguarding Team | Quality Assurance Committee. |

Evaluation of supervision can provide comprehensive feedback on the value and effectiveness of the intervention and support quality improvement. Evaluation also helps to ensure that the supervision process is aligned with best practice, policies, and expectations of the organisation.

## 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.

## Associated Policies, Guidance and Documents

* NHS Constitution
* SET (2023) [Safeguarding Adults Guidelines](https://www.essexsab.org.uk/guidance-policies-and-protocols)
* RCN 2018 Adult Safeguarding: [Roles and competences for health care staff 2018](https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069)
* Care Act 2014 and [associated guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1)
* [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) and the [MCA code of practice](https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf) 2007
* [Mental Capacity (Amendment) Act 2019](https://www.legislation.gov.uk/ukpga/2019/18/enacted)
* [Domestic Abuse Act 2021](https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted) and [associated guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf)
* [Human Right Act](https://www.legislation.gov.uk/ukpga/1998/42/contents) 1998
* [Health and Social Care Act 2018)](https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents)
* Public Interest Disclosure Act 1998. <https://www.legislation.gov.uk/ukpga/1998/23/contents>

**Associated Policies**

* [073 Mental Capacity Act 2005 and Deprivation of Liberty Policy](https://www.midandsouthessex.ics.nhs.uk/publications/073-mental-capacity-act-2005-and-deprivation-of-liberty-policy-v1-0/)
* [071 Counter Terrorism and Security Act 2015 Policy](https://www.midandsouthessex.ics.nhs.uk/publications/071-counter-terrorism-and-security-act-2015-v1-0/)
* [065 Management of Allegations Against Staff](https://www.midandsouthessex.ics.nhs.uk/publications/065-management-of-allegations-against-staff-v1-0/)
* [063 Safeguarding Adults](https://www.midandsouthessex.ics.nhs.uk/publications/063-safeguarding-adults-and-children-incl-cic-lac-v1-0/) and Children incl CIC LAC
* [061 Domestic Violence and Abuse Policy](https://www.midandsouthessex.ics.nhs.uk/publications/061-domestic-violence-and-abuse-policy/)
* [056 Dignity at Work Policy](https://www.midandsouthessex.ics.nhs.uk/publications/056-dignity-at-work-policy/)
* [045 Disciplinary Policy](https://www.midandsouthessex.ics.nhs.uk/publications/045-disciplinary-policy/)
* [038 Professional Registration Policy](https://www.midandsouthessex.ics.nhs.uk/publications/038-professional-registration-policy/)
* [036 DBS Policy](https://www.midandsouthessex.ics.nhs.uk/publications/036-dbs-policy/)
* [023 Raising Concerns Policy](https://www.midandsouthessex.ics.nhs.uk/publications/023-raising-concerns-policy/)
* [017 Risk Management Policy](https://www.midandsouthessex.ics.nhs.uk/publications/icb017-risk-management-policy/)
* [012 Records Management and Information Lifecycle Policy](https://www.midandsouthessex.ics.nhs.uk/publications/records-management-information-lifecycle-policy/)
* [011 Information Sharing Policy](https://www.midandsouthessex.ics.nhs.uk/publications/011-information-sharing-policy/)
* [022 Legal Services Policy](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.midandsouthessex.ics.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F07%2F022-Legal-Services-Policy-V1.0.docx&wdOrigin=BROWSELINK)
* [070 Management of Perplexing Presentations and Fabricated or Induced Illness in Children Policy](https://www.midandsouthessex.ics.nhs.uk/publications/070-management-of-perplexing-presentations-and-fabricated-or-induced-illness-in-children-policy-v1-0/)

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## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy and version number:** Safeguarding Supervision Policy | **Directorate/Service**: Nursing and Quality |
| **Assessor’s Name and Job Title:** Associate Designated Nurse | **Date:** 18/01/2024 |

|  |
| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The aim of this 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?* |
| NA |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| NA |

**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.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X |  |
| 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 |

**Implementing the Policy/Service**

If a negative outcome(s) remain explain why you think implementation is justified.

## Appendix B – Safeguarding Supervision Contract

This contract is a template and should be amended to reflect the agreements made between supervisor and supervisee/s at the initial session.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Supervision** | **Frequency** | **Duration** | **Venue** |
| **Individual** |  |  |  |
| **Group** |  |  |  |
| **As supervisor and supervisee/s, 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 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/s I/we 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.
* Document a summary of the discussions with a clear action plan and provide a copy to the supervisor.
* Ensure any documents relating to the supervision sessions are held securely.
 |
| **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.
* Ensure any documents relating to the supervision sessions are held securely.
* Ensure, documentation from the previous session is available for further discussion or closure.
 |
| **Supervisor Signature** |  | **Date** |  |
| **Supervisee Signature** |  | **Date** |  |

## Appendix C – Safeguarding Supervision Record

**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** | **Reflections**  | **Agreed actions**  |
|  |  |  |

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

## Appendix E - Safeguarding Supervisor Guidance Tool

|  |
| --- |
| **Experience** - **notice the emotional impact - Containment.** · Listen actively without interrupting. * Open questions: Tell me about the experience? Then what happened? How was that for you?
* Elicit accurate observations of the emotional impact the safeguarding case has impacted your supervisee.
* Ask them how the situation/case made them feel? The story is compromised if the professional is in a difficult or overwhelmed space.
* Often the story becomes about the professional’s experience of the safeguarding issue rather than the service user.

Key tasks of this stage: Safe Space, engage with the experience, observe accurately, recognise significant information, containment of the individual, develop their capacity to slow down their thinking to reflect appropriately on |
| **REFLECTION** - **enable a safe space - Nonjudgement.** · Listen in a non-judgmental way –remaining silent while listening is helpful. * Know when to challenge and support connection - What felt good about that? What didn’t feel good?
* How did you feel about this experience when it was happening?
* Did other people/professionals react in the same way?
* How do you think the service user felt about it? How do you know this? Could you have been mistaken?
* Is there anything else you could have done, but didn’t? What do you think stopped you from doing this?

Key tasks of this stage: Challenge assumptions and biases driving practice, individual learning, and personal development. |
| **ANALYSIS - guide – expertise and facilitation** Translating reflective experience into professional evidence:* What does the story mean?
* Why might this situation be happening for this individual? What has influenced it? · What is the impact of the situation on the individual?
* What might you need to do differently now?
* How has this experience changed the way you might deal with this type of situation or this type of work in the future?

Key tasks of this stage: Understand the meaning of information and behaviour, focus on strengths, evaluate risk and remain "risk sensible", creative thinking, understand organisational requirements |
| **PLANS AND ACTION** - **supporting – Agreeing best next steps.** Consider supervisees position – * Does the proposed plan of action seem appropriate?
* Does the supervisee need additional support given the serious risks?
* Is the supervisee too burnt out to contribute to a shared understanding of what needs to be done? If so, does the case need to be reassigned to another practitioner?

Key tasks of this stage: Creative solutions, collaboration with others, challenging others and organisational assurance |

## **Appendix F – Resolution of professional Disagreement**

## Appendix G- Evaluation Form

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