

Lincolnshire Integrated Care Board Safeguarding Supervision Policy

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1.0 Introduction

Supervision is an essential means of providing professional support and guidance to practitioners, promoting good professional practice within an organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. The requirement to provide safeguarding children and adult supervision and support is well documented in statutory guidance (Working Together to Safeguard Children (WT) 2018) and serious case review reports, Laming Reports (2003 and 2009), the Munro Review (2011) and the Intercollegiate Document (2019) Safeguarding Adults: Roles and Competencies for Health Care Staff.

'Effective professional supervision can play a crucial role in ensuring a clear focus on a child's welfare. Supervision should support the professional to reflect critically on the impact of their decisions on the child and their family' WT (2018, p. 32).

Similarly, supervision in adult safeguarding should help ensure that all parties are advancing the six principles of safeguarding identified in the Care Act (2014) and that practice is Making Safeguarding Personal (2016).

All NHS services are required to fulfil their legal duty under Section 11 of the Children Act 2004 and statutory responsibilities as set out in WT (2018). WT (2018) and the Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015) outlines that safeguarding supervision should be an integral part of practice for all health care practitioners but particularly for named and designated.

This policy has been written to be consistent with national and local guidance – the Lincolnshire Safeguarding Children Partnership and Lincolnshire Safeguarding Adults Board interagency policies and procedures and WT (2018) and the Care Act (2014).

2.0 Purpose Scope of document

The purpose of this policy is to provide specific guidance for staff employed by NHS Lincolnshire Integrated Care Board (LICB) in relation to the implementation and utilisation of supervision within the context of safeguarding. There is the expectation that the commissioned health services across Lincolnshire will have in place their own safeguarding supervision policy which will be aligned to the principles of supervision set out in this policy.

Good quality supervision can help to:

- Keep a focus on the individual.
- Avoid drift.
- Maintain a degree of objectivity and challenge fixed views.
- Test and assess the evidence base for assessment and analytical decisions; and
- Address the emotional impact of work.

The aims and objectives of the policy are to promote and develop a culture that values and engages in regular safeguarding supervision in order:

- To provide high quality services, advocating best practice and safe service

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development

- To provide formal support and guidance for all safeguarding leads working with vulnerable children and adults, for them to carry out their safeguarding responsibilities according to national and local guidance.
- To ensure that all members of staff working within safeguarding understand their role responsibilities and scope of professional's discretion and authority regarding safeguarding children and adults in the multi-agency arena
- To provide a source of advice, support, and expertise for staff in an appropriately safe learning environment
- To provide opportunity for reflection and critical incident analysis, to identify, deal with and learn from near misses and mistakes and ensure best outcomes for vulnerable adults and children
- To endorse clinical judgements and provide specialist support when circumstances require it in the safeguarding process.

3.0 Definitions in Safeguarding

3.1 Children:

Child: In this policy, as in the Children Act 1989 and 2004, refers to anyone who has not yet reached their 18th birthday. "Children" therefore means children and young people throughout.

Safeguarding and promoting the welfare of children is defined in WT (2018) as:

- Protecting children from harm
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances

Child in need (Children Act 1989 s.17): A child is in need if:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA.
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;
- He or she has a disability

Child in need of protection: A child for whom there is **reasonable cause to suspect** that they may be suffering, or likely to suffer, significant harm, or an Emergency Protection Order or use of police powers of protection have been used. This constitutes a duty for the Local Authority to make enquiries (Children Act 1989 s.47)

Significant Harm – threshold which justifies compulsory intervention in family life in the best interests of the child.

3.2 Adults:

Adult: The Care Act (2014) identifies those who may require adult safeguarding interventions as an adult (aged 18 and over) who has care and support needs

- Is experiencing or at risk of experiencing abuse or neglect:
And
- As a result of their care and support needs, they are unable to protect themselves against abuse or neglect or the risk of it

Adult at risk: the Care Act (2014) has replaced the term “vulnerable adult” with the term “adult at risk”. However, the terms remain interchangeable within the definition below as a person aged 18 years or older: *“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”*.

The Principles of Adult Safeguarding

- **Empowerment** – Presumption of person led decisions and informed consent
- **Protection** – Support and representation for those in greatest need
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

3.3 Safeguarding Supervision

Safeguarding supervision is an accountable process which supports, assures, and develops knowledge, skills, and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes. It is central to the process of learning and to the expansion of scope of practice and should be a means of encouraging, self-assessment and analytical and reflective skills. (Skills for Care and CWDC 2007)

Supervision is a term used to describe a formal and agreed process of professional support and learning which enables practitioners to develop knowledge and competencies. The process allows the practitioner to assume responsibility for their own practice and to provide an enhanced service for the service user.

Supervision enables staff to see “the whole picture” by “thinking family” and to recognise the impact that parental and family behaviours have on children, young people and adults with care and support needs.

3.4 Safeguarding Supervisor

A designated /named professional or delegated person who has undertaken a supervision skills course and is experienced in the field of safeguarding adults, children, and young people.

4.0 Roles and responsibilities

4.1 Individual responsibility

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 an individual may be suffering or likely to suffer from significant harm.

4.2 Organisational Accountability

Under Section 11 of the Children Act 2004 all health care organisations have a duty to make arrangements to safeguard and promote the welfare of children and young people, and to cooperate with other agencies to protect individual children and young people from harm. Supervision policies are in place for the provision of children and adult safeguarding supervision in line with the requirements set out nationally and locally within the local safeguarding children and adult boards policies and procedures.

The organisation must ensure that staff who work predominately with children, young people and adults have access to appropriate safeguarding supervision.

The organisation will ensure that those practitioners providing supervision are trained in supervision skills and have up to date knowledge of the legislation, policy, and research relevant to safeguarding. This must reflect the requirements set out in WT (2018) and the Intercollegiate Documents (2018).

The organisation will assure health commissioners that they are complying with the requirements of this policy through the quarterly dashboard, Section 11 audit, and the annual assurance framework.

4.3 Supervisor Responsibilities

The Lincolnshire ICB Safeguarding Team, including Designated Professionals and Named GP, provide expert advice, support, and safeguarding supervision to commissioned and independent contractors who provide health services to the local population.

Named professionals from commissioned services can access safeguarding supervision from the Designated Safeguarding professionals.

All safeguarding supervisors will ensure that they:

- Have received training in safeguarding supervision skills
- Have up to date knowledge in legislation, policy, and research relevant to safeguarding children, young people, and adults
- Be accountable for the advice that they give
- Agree and sign a supervision contract with the supervisee and ensure that supervision is conducted in a safe, uninterrupted environment
- 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
- Provide clear feedback to the supervisee and identify who is responsible for implementing any required action resulting from supervision and document on the supervision recording template
- Share information knowledge and skills with the supervisee
- If required, constructively challenge any personal and professional areas of concern
- Document the areas of concern discussed and identify where information will need to be shared and with whom
- Receive regular supervision

4.4 Supervisee's Responsibilities

The practitioner has certain responsibilities to ensure that they receive the most effective and timely support, which is:

- Familiarise themselves with the safeguarding supervision policy and ensure that the principles are applied in practice
- To understand their responsibilities in relation to safeguarding
- To attend safeguarding training
- To access advice and support from the Designated/Named professional (or delegated person) as and where required
- Agree, sign, and adhere to a supervision contract
- To take responsibility for ensuring they receive safeguarding supervision within required time scales
- Follow up on agreed actions and notify the supervisor of any changes to the agreed plan.
- Maintain accurate, meaningful, and contemporaneous records and documentation
- Prioritise issues/cases to be discussed at each session
- Identify issues for exploration and improvement of practice
- Develop practice as a result of supervision
- Share issues and explore interventions that are useful
- Be prepared for constructive feedback/challenge
- Develop skills in reflective practice

5.0 The Principles of Safeguarding Supervision

5.1 Principles of Safeguarding Children Supervision

Safeguarding children supervision takes place to:

- Ensure the quality and safety of services to children, young people, and their families
- Provide formal support and guidance for all staff working with children, young people, and families, to enable them to meet their safeguarding children responsibilities
- Ensure that practice is uniformly and soundly based, and is consistent with local and national guidance in safeguarding children
- Ensure that practitioners working with children, young people and families understand their roles, responsibilities and scope and authority regarding

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- safeguarding children in the multi-agency arena provide a source of advice, support, and expertise for staff, in an appropriately safe, learning environment
- Coach and challenge staff towards the goals of developing confidence and competence in safeguarding children
- Provide an opportunity for reflection and critical incident analysis, to identify and learn from near misses and best practice to ensure best outcomes for children, young people and families and staff
- Help identify training and development needs of staff
- Support staff through serious safeguarding incidents and consider how learning needs may be met

5.2 Principles of Safeguarding Adult's Supervision

The primary aims of safeguarding adults' supervision are:

- To ensure professional practice remains patient focused and promotes patient choice
- To ensure practitioners are aware of and comply with relevant legislation
- To ensure that all action taken are with consent of the individual or are in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues
- To allow practitioners to discuss strategies to prevent adults at risk from suffering harm
- To allow practitioners to explore and develop ways of working openly and in partnership with other professionals and other agencies
- To create an opportunity for the practitioner to reflect and discuss individual practice and organisational issues that may impact on their practice
- To ensure the practitioner fully understands their role, responsibilities and scope of their professional discretion and authority
- To enable and empower the practitioner to develop skills, competence, and confidence in their Safeguarding Adults practice
- To provide a forum for the practitioner to discuss the emotional impact on them of working within this challenging area of practice
- To identify the training and developmental needs of the practitioner so that they have the skills and knowledge to provide an effective service
- To identify, in partnership with the practitioner, any difficulties in ensuring policies and procedures are adhered to

Supervision is not:

An appraisal
A counselling session
A consultation
Line management

6.0 Functions of Safeguarding Supervision

Managerial (Normative) Function

This function is primarily concerned with the overall performance of the practitioner and ensuring that this is in line with the organisation's expectations and standards. Supervision should seek to ensure that practice is soundly based and consistent with Lincolnshire Safeguarding Children Partnership and Lincolnshire Safeguarding Adults Board policies and guidance and

the organisations procedures. This includes aspects such as roles and responsibilities, Teamwork or Multi- disciplinary working.

Educational (Formative) Function

This function is concerned with enabling practitioners to continue to access their own level of skill and competence, and to develop these as appropriate. This function involves helping to develop and learn from practice and to identify areas to explore further. This includes aspects such as identifying strengths and areas for further development, looking at the practitioner's knowledge, values, or attitudes.

Supportive (Restorative) Function

This reflects the personal aspect of the supervision process where the safe trusting relationship shared between the supervisor and the supervisee enables the practitioner to identify and deal with the personal impact of the work. This includes aspects such as debriefing, discussion about feelings raised by work that may be having an impact.

Mediation Function

This is concerned with the establishment of healthy feedback mechanisms from the organisation to the individual and equally important from the individual to the organisation. This includes aspects such as effective communication and encouraging positive interagency working.

7.0 Models of Safeguarding Supervision

Safeguarding supervision can be undertaken in a variety of formats, as listed below. Each of these can take place either face to face or virtually using, for example, Microsoft Teams.

Individual supervision: takes place on a one-to-one basis between supervisor and supervisee. It is a clear process allowing for reflective practice; description, analysis, and evaluation of the experience, helping the practitioner to make sense of the experiences and to examine their practice in order to improve outcomes for vulnerable people.

Group supervision: where members come together in an agreed format to reflect on their work by pooling their skills, experience, and knowledge to improve both individual and group capacities (Morrison 2005). The recommended number of supervisees in a safeguarding group supervision session is 6. It is not recommended that the group should exceed a maximum of 8 members. This is to ensure that all participants can contribute and avail of supervision in a meaningful way (Morrison 2005).

Specialist supervision: it is recognised that there may be occasions when supervision of a more specialist nature is required either on an ad hoc basis or for a specific piece of work for a fixed duration, for example, in circumstances where the supervisee is confronted with experiences outside his/her normal clinical practice. The supervisor, in conjunction with the clinical lead/ team leader is responsible for facilitating this, this additional agreement does not replace the existing supervision agreements.

Ad-hoc supervision: it is recognised that staff may require advice and support in relation to safeguarding outside of formal supervision sessions. All staff should have access to daily ad hoc supervision for both urgent and routine work. In addition, staff may require ad hoc supervision when dealing with stressful individual cases, for

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example, requiring emotional support, reassurance, and assistance in identifying educational needs or procedural advice. This type of supervision will not involve a contract of supervision.

Diversity should be respected. Discriminatory language or behaviour should not be accepted and would need to be addressed.

Any staff member who has concerns about quality or quantity of supervision should discuss this with the supervisor. If this does not resolve the matter it should be discussed with the supervisors' line manager.

8.0 Arrangements for Safeguarding Supervision

Regular high quality safeguarding supervision is an essential element of effective arrangements to safeguarding.

All staff working with children, young people and adults should receive regular safeguarding supervision and accessible support from a safeguarding expert.

In addition, safeguarding supervisors must receive regular supervision, either one to one or as a group this includes Named and Designated professionals. (RCN 2014)

8.1 Safeguarding Supervision Contract and Agreement

Safeguarding supervision is a formal process, and therefore it is important that a contract is agreed between the supervisee and supervisor. The supervision contract will be reviewed annually. The purpose of the contract is to:

- 8.1.1 Ensure the needs of the child, young person, or adult remains paramount
- 8.1.2 Reflect the seriousness of the activity
- 8.1.3 Represent a positive model of partnership behaviour
- 8.1.4 Ensure responsibilities and roles of both parties are clear
- 8.1.5 Clarify accountability
- 8.1.6 Provide a basis for reviewing and developing the supervisory relationship
- 8.1.7 Clarify how supervision is being recorded
- 8.1.8 Place a duty on staff to demonstrate continuing development

Effective contracts have three elements:

- (1) Administrative: frequency, location, recording etc.
- (2) Professional: purposes, focus, principles, accountabilities
- (3) Psychological: motivation, commitment, ownership, investment (Morrison 2005).

8.2 Agenda for Supervision

The supervisee will come prepared for safeguarding supervision and the agenda will depend on the role of the supervisee. Some examples for the agenda may be:

- Complex clinical cases
- Escalation guidance
- Organisational challenge
- Multi – agency challenge

The supervisee must discuss the most concerning issues / cases first to ensure that there is time for full discussion of the issues and formulation of an action plan.

8.3 Confidentiality

Supervision is a confidential process, except for where the supervisor is of the opinion that without sharing the information with a third party it is likely to have an impact on the welfare of an individual or organisation.

If confidentiality in supervision needs to be broken it must be made clear between supervisor and supervisee where the information will be shared and for what purpose. This must be recorded in the supervision record by the supervisor and both parties will sign the entry. The supervisee's line manager will also be informed.

8.4 Frequency and Environment of Supervision

All staff that are identified as requiring safeguarding supervision are responsible for ensuring that they access safeguarding supervision on a regular basis that has been agreed between supervisor and supervisee, this can be added to the contract with

individual staff members (Appendix 1). It is the responsibility of line managers to have oversight of any issues which may prevent staff accessing safeguarding supervision.

Supervision sessions will normally be pre-arranged to ensure adequate time for both the supervisor and supervisee to prepare for the session. However, supervision, advice and support can also be sought on an 'as and when required' basis and a practitioner must not delay seeking advice when there are concerns about an individual's welfare that cannot wait until the next session.

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 an individual may be suffering or likely to suffer from significant harm.

Supervision sessions must be held in a suitable environment where confidential discussion can take place and it is the supervisor's responsibility to arrange this. Adequate protected time must be allowed for effective supervision to take place and interruptions only allowed for urgent situations.

8.5 Non-Attendance and Practice Issues

It is the responsibility of the supervisee to contact their supervisor to arrange supervision and ensure that their attendance meets the mandatory requirements of this policy. Supervision should not be subject to cancellation and only postponed in exceptional and unforeseen circumstances. Any postponed session must be reconvened at the earliest opportunity.

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.

Supervision is a confidential process, and the supervisor will allow time for the practitioner to reflect on and learn from situations. In cases where issues are resolved within the supervision process the information will not be shared with

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the line manager. Where there are on-going concerns about a supervisee's practice and/or their refusal to comply with the supervisor's recommendations around the welfare and protection of an individual the supervisee will be informed that their line manager will be contacted for resolution.

8.6 Resolution of Practice Disagreements

On occasions a concern or disagreement may arise over supervisors/supervisee's opinion/advice. The safety of the individual are paramount considerations in any professional disagreement and any unresolved issue should be escalated via line managers with due consideration to the risks that may exist to the individual.

8.7 Documentation

The supervisor and supervisee will discuss how and where safeguarding supervision records will be stored at the introductory session and what the supervisee will record within the individual's health record if required when discussing a particular case. If supervision has taken place virtually, the supervisor and supervisee should agree the actions discussed via email, this should be stored/ saved securely for example on their H drives.

A copy of the signed safeguarding supervision contract should be kept securely by the supervisor and supervisee.

Safeguarding supervision must ensure that the focus is on the individual and that their needs are paramount. The Voice of the adult, child/young person must be considered and recorded as part of every supervision session.

9.0 Equality and Human Rights Legislation.

In applying this policy and procedure, managers, employees, workers, and their representatives will have regard to the Equality Act 2010 – public sector duty for the principles and requirements of the Lincolnshire ICB Equality and Diversity Strategy. The organisation is committed to equality, diversity, and human rights; accordingly, the implementation of this policy and its impact will be monitored across all equality protected characteristic strands and reported regularly to the appropriate Lincolnshire ICB Board.

Managers will not discriminate in the application of this policy and procedure in respect of age, disability, race, ethnic or national origin, gender, religion, beliefs, sexual orientation, marital/partnership status, social and employment status, gender identification, language, trade union membership or mental health status.

10.0 Equality Impact Assessment and Quality Impact Assessment



Equality Impact Assessment
Analysis Form.docx



Initial Quality Impact
Assessment Tool.docx

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12.0 APPENDICES:

APPENDIX 1:

Example of:

Safeguarding supervision contract

- **Supervision will:**
 - Improve outcomes for children and adults by focusing on the needs of the individual and family.
 - Provide guidance and advice on matters relating to safeguarding babies, children, and adults at risk of abuse and neglect.
 - Enable practitioners to review and assess their own practice and decision making.
 - Enable learning, both individual or group, to take place and inform future practice.
 - Encourage effective, open, and honest working with families, the multidisciplinary team, and wider agencies.
 - Support professional's understanding of national safeguarding policies and processes and local safeguarding partnership and board procedures.
 - Promote professional development by the identification of training needs relating to safeguarding children and adults at risk.
 - Enable professionals to identify and evaluate safeguarding risks.
 - Ensure the practitioner is clear about their role, responsibilities, and scope of professional accountability.
 - Support governance processes – provide evidence for audit, inspections, service review and incident management.
- **Frequency:** Quarterly (or more frequently as agreed by supervisor and supervisee).
- **Length:** 1-1 ½ hours (dependent on individual need)
- **Documentation / recording of session:** Supervision record form

EXPECTATIONS OF SUPERVISOR/ SUPERVISEE:
<ul style="list-style-type: none">• Both will prepare for the session
<ul style="list-style-type: none">• Both will prioritise supervision, if the supervision is cancelled it is the responsibility of the cancelling party to arrange another session as soon as possible.
<ul style="list-style-type: none">• Supervision will take place in a room that provides confidentiality and privacy or virtually with the same principles applying.
<ul style="list-style-type: none">• The content of supervision is confidential between both parties, to be shared only with the agreement of both parties with the following exceptions:<ul style="list-style-type: none">- If disclosure is made of a safeguarding child or adult concern that has not been reported through the appropriate channels.- Should unsafe, unethical, or illegal practice be disclosed which the supervisee is unwilling to go through the appropriate processes to address the issues identified.- If there are legal requirements, such as coroner's inquiry whereby the Court may require disclosure by the supervisor who would have an obligation to comply.- The supervisee repeatedly fails to attend arranged sessions.
<ul style="list-style-type: none">• Both the supervisor and supervisee should approach the session in an open and honest way, ideas and suggestions will be open to constructive challenge to promote learning and improvement in practice

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- Any disagreements will be recognised and addressed by both parties, seeking advice as required.

EXPECTATIONS OF SUPERVISEE	EXPECTATIONS OF SUPERVISOR
➤ Arrive on time	➤ Arrive on time
➤ Allow sessions to be uninterrupted by turning laptop and phone off (or not bringing either to the session if face-to-face)	➤ Allow sessions to be uninterrupted by turning laptop and phone off (or not bringing either to the session if face-to-face)
➤ Identify cases for supervision	➤ Facilitate reflective thought and challenge conceptions and assumptions
➤ Prepare all documentation paperwork / records and allow enough time during preparation for reflective thought	➤ Support the practitioner to analyse risks and strengths within the family
➤ Analyse strengths and risks within cases	➤ Record themes that arise from supervision to inform learning and development
➤ Record supervision session and action plan within appropriate records as required	➤ Record notes of supervision on the required template
➤ Action plan to be evaluated / updated at ongoing supervision sessions	➤ In a group setting respect others and challenge constructively
➤ In group sessions respect and challenge constructively	➤ Maintain documentation of group sessions, attendees, and outline of learning to be provided to all group members
➤ Where things are not going well, feedback to be provided by the supervisor	➤ Maintain confidentiality unless a practice issue is identified
➤ Any discussions to remain confidential unless practice issues arise although themes and wider learning may be shared through governance, teaching or other communication channels	➤ If need additional support is identified, discuss with practitioner if the case can be discussed in supervisor's supervision session

Supervisee:
 Designation:
 Signature / Print name:
 Date:

Supervisor:
 Designation:
 Signature / Print name:
 Date:

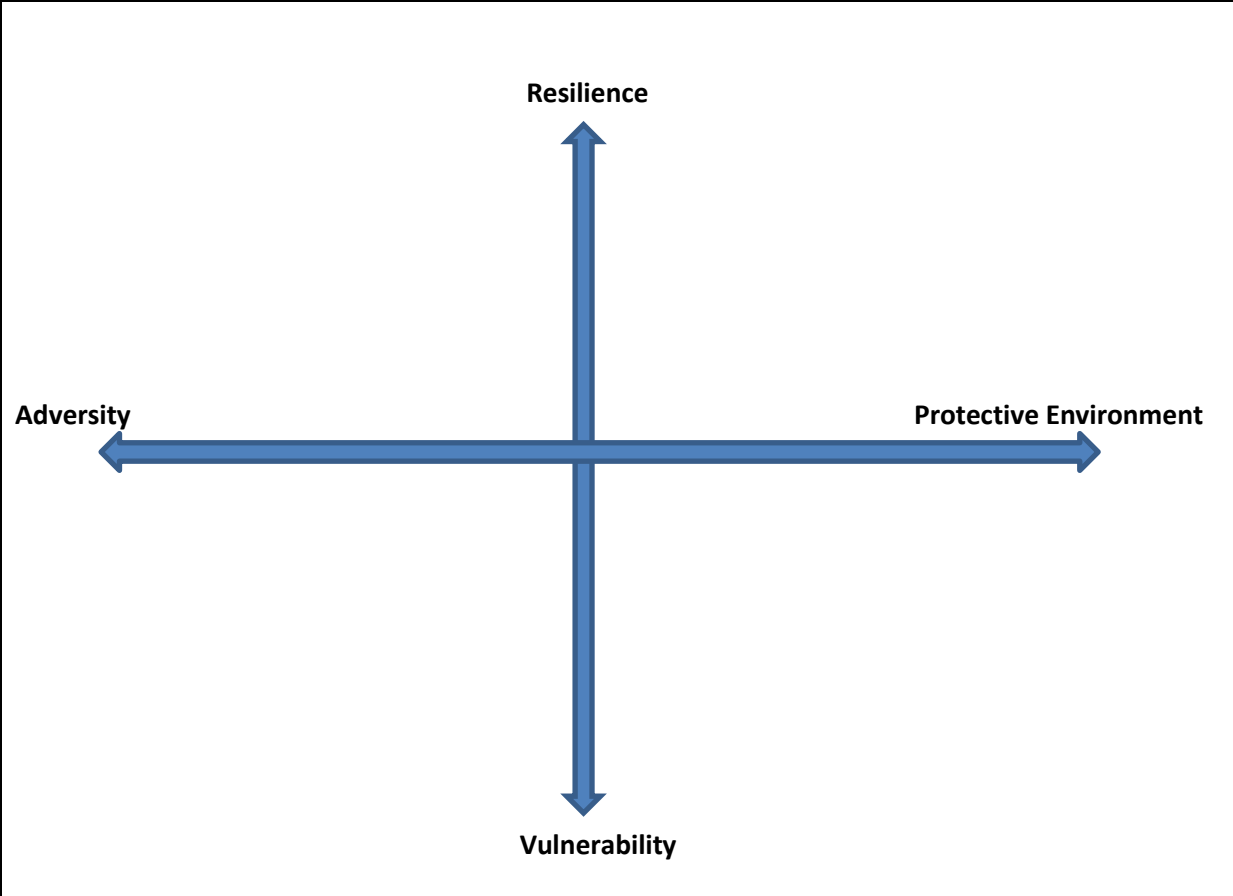
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Agenda to include:

- Matters arising from the previous session
- Review of previous action plans
- Case discussion – reflection and feelings about the case
- Agreeing future action plans
- Identification of developmental needs and setting professional goals
- Feedback on supervision experience

APPENDIX 2: Resilience Matrix and Guidance.

Resilience Matrix



Resilience/Vulnerability Matrix Guidance

Variables

- Timing and age
- Multiple adversities
- Cumulative factors
- Pathways
- Turning points
- A sense of belonging

Resilience

- Good attachment
- Good self-esteem
- Sociability
- High IQ
- Flexible temperament
- Problem solving skills
- Positive parenting

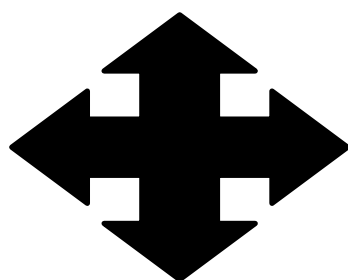
Interventions

- Strengthen protective factors
- Reduce problems and address vulnerability
- Achieve initial small improvements

Resilient Child High Adversity

Adversity

- Life events/crisis
- Serious illness
- Loss/bereavement
- Separation/family breakdown
- Domestic violence
- Asylum seeking status



Resilient Child Protective Environment

Protective Environment

- Supportive school experience
- One Supportive adult
- Special help with

Vulnerable Child High Adversity

Vulnerability

- Poor attachment
- Minority status
- Young age
- Disability
- History of abuse
- Innate characteristics in child/family which threaten/challenge development
- A loner/isolation
- Institutional care
- Early childhood trauma

Vulnerable child Protective Environment

APPENDIX 3: Safeguarding supervision prompts/record of supervision session

Client name:

EDD:

Dates of previous supervision on client:

Previous actions:

Progress on plans from previous supervision:

Background

Experience:

What are the concerns (what, where when and who)?

What are the current challenges (client relationship, team dynamics)?

What is uncertain?

What is firm evidence (known for definite or observed)?

What information is missing?

What is being assumed?

Reflection:

What are you trying to achieve?

How do you feel about the situation?

How do you think the client feels about the situation?

What do you think the child say if he/she could talk?

Analysis:

What are the vulnerabilities?

Is there a pattern for the challenges and vulnerabilities?

What are the historical factors (complicating factors)?

What triggers the challenges for the client?

What is likely to maintain the challenges for the client (power relations)?

Title: Safeguarding Supervision Policy

Review Date:

What are the protective/ resilience factors?

How likely is it that you think that the concerns will stop?

Action planning:

What needs to happen?

When does this need to happen by?

Date of review:

Adapted from:

Morrison, T (2005) *Staff Supervision in Social Care: Making a Real Difference to Staff and Service Users*, (3rd edit.) Pavilion, Brighton

Schuyler W Henderson & Andrés Martin (2014) *IACAPAP Textbook of Child and Adolescent Mental Health, Chapter 10 case formulation and integration of information in child and adolescent mental health* available at: <http://iacapap.org/wp-content/uploads/A.10-CASE-FORMULATION-2014.pdf>