



Safeguarding Supervision Policy

This procedural document supersedes: PAT/PS 13 V.1 - Safeguarding Children Supervision Policy



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Author/reviewer: (this version)	Deborah Oughtibridge - Head of Safeguarding
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2	21 April 2015	<ul style="list-style-type: none"> • Addition of midwifery supervision and safeguarding adults supervision with other changes to update – please read in full • Equality Impact Assessment Form included at Appendix 2. 	Deborah Oughtibridge
Version 1	2011	This is a new procedural document, please read in full	Gill Genders

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1. INTRODUCTION

Doncaster and Bassetlaw Hospitals NHS Foundation Trust ('The Trust') has in place a range of systems and processes to help meet the Trust's safeguarding obligations, both in respect of Safeguarding Adults and Children. This includes arrangements for Safeguarding Supervision.

Standard 5 of the National Service Framework (NSF) for Children, Young People and Maternity Services (2004), identifies high quality supervision as the cornerstone of effective safeguarding of children and young people, because working to ensure that children are protected from harm requires sound professional judgements. It is demanding work that can be distressing and stressful.

The "*Working Together to Safeguard Children*" HM Government (2010) statutory guidance indicates that all staff involved in safeguarding children work should have access to advice and support from for example, their peers, managers, and from named and designated safeguarding children professionals. It also states that supervisors should be available to practitioners as an important source of advice and expertise and that they may be required to endorse judgements at key points in time and to document these decisions within the child's case records.

It is clearly indicated within *Working Together to Safeguard Children* (2013), that employers have a responsibility to ensure that staff feel supported within their safeguarding role including having access to advice, expertise and guidance with decision making when working to safeguard children and families.

Whilst there is currently no statutory guidance around adult supervision, it is recognised as good practice. This policy therefore also relates to staff working with vulnerable adults, and those individuals involved in the safeguarding adults processes.

This policy also applies to safeguarding supervision within the Midwifery setting.

Safeguarding supervision is separate and additional to clinical supervision and does not replace it. This policy applies to all staff working with children, families and adults across all hospital sites.

2. PURPOSE

The purpose of this policy is to provide specific guidance on the implementation and utilisation of supervision within the context of safeguarding and set out the Trust's arrangements for, and approach to the provision of effective safeguarding supervision for clinical staff.

Good quality safeguarding supervision can help to:

- keep a focus on the patient ;
- avoid drift;
- maintain a degree of objectivity and challenge fixed views;
- test and assess the evidence base for assessment and decisions; and
- address the emotional impact of work.

3. DUTIES AND RESPONSIBILITIES

Chief Executive

The Chief Executive is responsible for ensuring the Trust meets its safeguarding obligations. This includes systems and processes for staff training and supervision.

Director of Nursing, Midwifery and Quality

The Director of Nursing, Midwifery and Quality is the Trust Executive Lead Safeguarding. Working with the Head of Safeguarding, the Director of Nursing, Midwifery and Quality is responsible for:

- Having a safeguarding supervision policy in place.
- For the identification of systems and processes to ensure its implementation and maintenance. This includes staff training and support for supervisors and supervisees.

Head of Safeguarding

The Head of Safeguarding is responsible for:

- Co-ordinating safeguarding supervision compliance measures within the trust and reporting these as required both within and external to the Trust.
- To ensure the effectiveness of arrangements for supervision including that delivered by the Corporate Safeguarding Team and with Heads of Nursing, Midwifery and Quality to demonstrate evidence of this, including agreed audits.
- The review of this policy and the production of any supplementary practice guidance.

Care Group, Directorate and Departmental Managers

- Support the implementation of the policy with their areas of responsibility
- Release identified staff to undertake supervision training and deliver supervision with local areas providing and receiving supervision as appropriate to their role.

It is a management responsibility to ensure that:

- All staff covered by the scope of this policy (including themselves if relevant) access effective safeguarding supervision in accordance with this policy.
- Practitioners have dedicated and planned time specifically set aside to meet their supervision needs.
- An appropriate supervisor provides the supervision sessions. Supervisors should be trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children/adults as relevant.

All Staff

All staff are responsible for accessing supervision as relevant to their role and as guided by this policy.

Individual Accountability

The process of supervision is underpinned by the principle that each practitioner remains accountable for his/her own practice and as such his or her own actions within supervision. Safeguarding supervision does not replace nor should it delay the individual's responsibility to refer concerns about children or vulnerable adults to statutory agencies where there are concerns that a child or adult may be at risk of significant harm. In such cases, Trust staff should refer to the Nottinghamshire or Doncaster Safeguarding Children Board Child Protection Procedures and safeguarding adults Board. Procedures according to where they are working (Available via the Trust's intranet and listed under Policy and Procedures).

Safeguarding Professionals

It is the role of the safeguarding professionals to take the professional lead for safeguarding supervision and to provide the relevant advice and expertise to Trust Staff. The safeguarding professionals provide supervision to all safeguarding supervisors.

The safeguarding children professionals ensure that all clinical staff, of whom they are made aware and who work predominantly with children and young people and have named case responsibility, has an allocated named supervisor.

In those circumstances where staff have a particular responsibility as part of their role to safeguard children or adults the supervisor will be an expert in safeguarding children such as a Named or Designated professional or Safeguarding Adults Lead Professional.

Responsibilities within the Supervision Process**Supervisor's responsibilities**

- Ensure they have received training 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.
- Be accountable for the advice they give.
- Identify when they do not possess the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly.
- Set and agree a contract with the practitioner and ensure that supervision is conducted within a safe, uninterrupted environment.
- 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 actions resulting from the supervision.
- Share information, knowledge and skills with the supervisee.
- If required, constructively challenge personal and professional areas of concern.
- Where supervision relates to a specific case, review documentation relevant to discussions in case records, reports and statements, write in the record that supervision has occurred and sign the record as part of the supervision session.
- Document the areas of concerns discussed and identify where information will need to be shared with other agencies/professionals, the supervisee's manager or the child/family.
- Assist staff in involving management of cases if required.

- Receive regular supervision; this supervision should be with a safeguarding professional on at least a 3 monthly basis.

The Practitioner's or Supervisee's Responsibilities

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

- To familiarise themselves with the Safeguarding Supervision Policy and to ensure that the principles are applied to practice.
- To understand their responsibilities in relation to safeguarding.
- To attend Safeguarding training
- To cooperate with instructions and advice given by the Safeguarding team.
- To attend safeguarding meetings if required
- To access advice and support from the Safeguarding Professional team as and where required.
- To take responsibility for ensuring they receive safeguarding supervision.
- Maintain accurate, meaningful and contemporaneous records and documentation. To document all actions in the patient's notes.
- Complete necessary supervision documentation prior to each supervision session.
- 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.
- Reflection on practice is positively encouraged.
- Where areas of concern are identified, the practitioner has a responsibility to address these with their line manager.

4. PROCEDURE

Principles of safeguarding children supervision

Safeguarding children supervision takes place in order 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, in order 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 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.

Principles of safeguarding adults 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 in order 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.

Process of Supervision

The supervision process includes the following elements.

- To ensure when supervision relates to individual children and families, that each discussion is documented within the individual child's health record and includes a robust action plan to manage the case.
- When supervision relates to either retrospective cases or situations within a group setting- this should be clearly documented within the relevant supervision documentation.
- Where issues are identified that suggest individuals have safeguarding training needs- the document should ensure a plan to address need is recorded and this should be re-visited at the next session and until training need completed.
- Where issues of concern arise with respect to individual practice, values and attitudes, these will be discussed with the practitioner and where necessary the practitioner's manager in order to address the concerns. The practitioner will be informed of the supervisor's intentions. This will be documented within supervision records, including plans to address the concerns.

- Supervision will include consideration of diversity issues in order to promote best practice.
- The boundaries of confidentiality within safeguarding supervision will be clearly communicated and understood.

Outcomes of safeguarding supervision

The aims of supervision are to achieve the following outcomes:

- The practitioner's professional practice will be patient focused, ensuring the holistic needs of adults are paramount.
- The practitioner will have a clear understanding of their role and responsibilities when working with adults at risk.
- The practitioner's response to safeguarding adults concerns is appropriate and in the best interests of the individual.
- The practitioner will recognise their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to work adults at risk.
- The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.
- The practitioner will maintain confidentiality with regards to safeguarding adult's issues.
- The practitioner will be familiar with and understand the policy, guidance and legislation relevant to safeguarding adults.
- To identify any training needs.
- The supervisor will inform the Trust of any areas of concern or risk to ensure that the Trust is able to fulfil its responsibility in safeguarding adults.
- Any member of staff working with an adult where there are safeguarding issues can request supervision at any time from the safeguarding adults lead nurse.

Bunker and Wijnberg (1988) identified the role of the supervisor as embedded within both the management system and the professional practice system as a key element in each and as an essential link between the two systems. The outcomes of safeguarding supervision should focus on improvement. This could include reduction of risk to a child and family and as such improvement in patient care. For practitioners it should lead to increased knowledge and skills, Knowledge of policies and procedure and improved documentation.

Models of Supervision

There are a number of models of supervision, which can include one to one, or group supervision. In order to implement safeguarding supervision across the Trust, one to one and group supervision and a cascade model will be used as relevant to the circumstances and context.

Group safeguarding supervision is:

A negotiated process whereby members come together in an agreed format to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities (Morrison 2001). Group supervision can be based on a specific topic or a 'case'. Benefits of group supervision include the following -

- It promotes a culture of peer /team support and accountability
- It expands the skills – pool and knowledge base

- The diversity of a group widens perspectives
- It enables a focus on a process as well as a task
- It is a source of emotional support from peers
- It increases options, ideas, and innovations
- It fosters a sense of group or team cohesion
- It is an opportunity for supervisor to spot potential team problems.

It is suggested that group supervision will last no more than 2 hours and have no more than 10 people plus facilitator/supervisor at each session.

Safeguarding Supervision Contracts

All staff who receives regular formal supervision will complete a written contract with their safeguarding supervisor. This contract will identify the roles and responsibilities of both the supervisor and the supervisee and will be jointly developed by the Safeguarding professionals and managers in line with the need of staff within the different practice areas. A contract template will be available from the safeguarding professionals that can be adapted to meet the needs of individual staff within different practice areas.

The purpose of the contract is to ensure:

- Reflects the seriousness of the activity.
- Clarity of expectations.
- Roles and responsibilities are understood.
- Practical issues are agreed
- Represents a positive modelling of behaviour.
- Ensures the supervisee is aware of his/her responsibilities and roles within supervision.
- Clarifies accountability.
- Provides a basis for reviewing and developing the supervisory relationship.
- Acts as a bench mark against which supervision can be audited.
- Promotes the interests of the children and young people, vulnerable adults/and staff accessing Safeguarding Supervision.
- Ensures that the standard of supervision afforded to staff by the provider is of an appropriate quality.
- Places a duty on staff to demonstrate continuing development (Adapted from Morrison 2001).

A copy of the contract will be held by the supervisor and the supervisee. The supervisor will take responsibility for monitoring and reviewing the contract with the supervisee as necessary.

Safeguarding supervision documentation

Practitioners should ensure that records are available to the supervisor when they seek supervision relating to individual patients. At the introductory session between the supervisor and supervisee, appropriate Safeguarding Supervision Documentation is agreed and explained. Practitioners then are expected to commence safeguarding supervision documentation prior to the appointment and review this within the session with their supervisor.

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 ongoing basis. Where follow-up supervision sessions are arranged documentation from the

previous session should be made available for further discussion or closure. The record of supervision attendance should be available to the practitioner's line manager on request.

Ad-Hoc Safeguarding supervision

It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions. In the first instance they should approach a safeguarding professional. The Safeguarding team/professionals are available for advice by telephone regarding any safeguarding issues that practitioners wish to discuss. Additionally, staff can make individual appointments with the Safeguarding professional where they have concerns about an adult, child or family. Please contact the Safeguarding Secretary for contact numbers or to arrange ad-hoc supervision on 01302 381468 or Ext: 6468.

Additionally, staff may require ad hoc supervision because of dealing with stressful individual cases. In these instances, staff may require emotional support, reassurance and assistance in identifying educational needs or procedural advice. This type of supervision will not involve a contract of supervision.

Medical staff – safeguarding children supervision

For immediate support, advice and supervision on clinical matters about children and young people up to 16 years please contact the paediatrician on call via switchboard.

For support, advice and supervision on clinical matters of an historical nature for these age groups please contact the Named Doctor by e mail to arrange to discuss
Lavleen.chadha@dbh.nhs.uk

5. TRAINING/ SUPPORT

Education/Training

The Trust will ensure that those practitioners providing supervision will be trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of adults and children.

Those carrying out a role as a supervisor should access regular supervision themselves from a safeguarding professional.

The Trust has in place an arrangement for training safeguarding supervisors who can then deliver safeguarding supervision within their own clinical areas. The Corporate Safeguarding Team provide a training programme for safeguarding supervisors in order for identified attendees to deliver supervision within their own practice areas. Those who are going to undertake this role should be nominated to undertake the training. A waiting list is kept for places. Staff are contacted once a course is available. Once training is completed, the supervisor should arrange to meet with a safeguarding professional to discuss implementation in their clinical area.

Manager's should identify how many supervisors are needed within their practice areas and ensure training needs are met before implementing safeguarding supervision. Where

requirements cannot be met a risk assessment should be undertaken and safeguarding supervision be put onto the care group /department risk register.

Once supervisors have accessed training, they should meet with a safeguarding professional to discuss the implementation of safeguarding supervision within their practice areas.

Supervisors are responsible for identifying an appropriate safeguarding supervisor and to expand their safeguarding knowledge and skills.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Audit of the supervision process and adherence to this policy within the Trust is required to demonstrate compliance with Section 11 of the Children Act 2004 and in reporting of safeguarding performance and compliance to Local Safeguarding Boards and Clinical Commissioning Groups.

Monitoring Arrangements

Supervision statistics are reported to the Doncaster and Bassetlaw CCG on a quarterly basis as part of the safeguarding Key Performance Indicators and quarterly assurance report.

Line Managers must be able to evidence their arrangements for staff safeguarding supervision and records should be retained to demonstrate this.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Supervision training provision to train supervisors	Safeguarding team with OLM team	Record kept of all training provided. Data onto OLM	Quarterly report Reported to Strategic Safeguarding People Board (SSPB)
Supervisors undertaking supervision	Care Group Heads of Nursing/Midwifery/ Therapy	Quarterly	Report to SSPB and to Head of Safeguarding for quarterly report
Implementation of the policy through relevant staff undergoing safeguarding supervision	Corporate safeguarding team with Care Group Heads of Nursing	Quarterly figures collected	Key Performance Indicators (KPI's) Quarterly safeguarding report to the SSPB

7. DEFINITIONS

Safeguarding Children supervision is defined as:

“An accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work in order to achieve agreed outcomes”

(Working Together to Safeguard Children, HM Gov 2010)

High quality constructive and challenging safeguarding supervision within an open and supportive relationship, that focuses upon the quality of decision making and risk analysis, is considered imperative in promoting effective safeguarding practice and improving outcomes for children and families (“The Lord Laming Report (2009), Hunter 2009)

Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes: Skills for Care & Children’s Workforce Development Council (2007) Providing Effective Supervision: a workforce development tool, including a unit of competence and supporting guidance.

Safeguarding Adults Supervision: is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of situations. It is central to the process of learning.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 2

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Safeguarding and Promoting the Welfare of Children - PAT/PS 10
 Mental Capacity Act 2005 Policy and Procedures - PAT/PA 19
 Equality Analysis Policy - CORP/EMP 27
 Safeguarding Adults Policy - PAT/PS 8

10. REFERENCES

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Safeguarding Adults: *The Role of Service Manager's and their Board* (DoH 2011)

Hunter M. (2009) *Poor Supervision continues to hinder child protection practice*. Available from: www.communitycare.co.uk/articles/22/04/2009/111327poorsupervision-continues-to-hinder-child-protection.htm

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APPENDIX 1 – SUPERVISION REQUIREMENTS

Identifying which Trust Staff should receive Safeguarding Supervision and suggested frequency.

Safeguarding Children

Staff Role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Safeguarding Professionals	3 monthly	Yes	No	Designated Nurses or Senior Named Nurses who are external to the Trust
Safeguarding Children Supervisors	3 monthly	Yes	No	Safeguarding Professionals within the Trust
Staff working predominantly with Children and Families and those staff holding a child/family caseload	3 monthly	Yes	Yes	Safeguarding Supervisors within individual practice areas.
Ward-based and hospital Midwives	Group supervision not less than on a 4 monthly basis.	Supervision can occur individually on an ad-hoc basis as required.	Yes Group supervision not less than on a 4 monthly basis. Supervision to take place at handover when there is a family with safeguarding involvement on the ward.	Safeguarding Supervisors within individual practice areas.
Role involves input with children and families- but practitioners do not hold a caseload.	3 monthly	Yes	Yes	Safeguarding Supervisors within individual practice areas.

Role involves working with adults	Ad hoc according to need	Yes	No (as it will be case specific)	Safeguarding Supervisors within individual practice areas.
Non Clinical staff	Ad hoc according to need	Yes	No (as it will be case specific)	Safeguarding Supervisors within individual practice areas.

Safeguarding Adults

Staff Role	Supervision Requirements	Individual	Group	Suitable Supervisors
Safeguarding Professionals	3 monthly	Yes	No	External Senior Safeguarding Adults Professionals
Safeguarding Adult Supervisors	3 monthly	Yes	No	Internal Safeguarding Professionals
Staff working predominantly with Adults	3 monthly	Is required for specific case related situations and may require support from Safeguarding Professionals	Is the general requirement for wards and departments	Safeguarding Supervisors within individual practice areas.
Staff working predominantly with children	Ad hoc according to need	Is required for specific case related situations and will require support from Safeguarding Professionals	No	Safeguarding Professionals
Non Clinical staff	Ad hoc according to need	Is required for specific case related situations and will require support from Safeguarding Professionals	No	Safeguarding Professionals

Please note – any member of trust staff can approach a safeguarding professional for individual safeguarding supervision. This includes board members.

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Trust wide safeguarding policy	Directorate of Nursing	Deborah Oughtibridge	Existing policy	10 th March 2015
1) Who is responsible for this policy? Head of Safeguarding				
2) Describe the purpose of the service / function / policy / project/ strategy To set out the process, principles and recommendations about staff accessing safeguarding supervision.				
3) Are there any associated objectives? no				
4) What factors contribute or detract from achieving intended outcomes? Staff availability and capacity issues				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/ pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact 				
6) Is there any scope for new measures which would promote equality				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: January 2018				
Checked by: Deborah Oughtibridge			Date: 10 th March 2015	