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**SAFEGUARDING SUPERVISION POLICY**

**FEBRUARY 2025**

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| --- | --- |
| **Authorship:** | Designated Professionals Safeguarding  Humber and North Yorkshire ICB |
| **Committee Approved:** | ICB Quality Committee |
| **Approved date:** | March/ 2025 |
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| **Target Audience:** | ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract |
| **Policy Number:** | Insert |
| **Version Number:** | 0.1 |

**The on-line version is the only version that is maintained. Any printed copies should therefore be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.**

**AMENDMENTS**

Amendments to the policy may be issued from time to time. A new amendment history will be issued with each change.

|  |  |  |  |  |  |
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| **New Version Number** | **Issued by** | **Nature of Amendment** | **Approving body** | **Approval date** | **Date published on website** |
| 0.1 | HNY ICB | This policy has been re-written and replaces the previous ICB Safeguarding Supervision policy | ICB Quality Committee | February 2025 |  |
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## 1.0 Introduction

In accordance with the [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents) and the [Children Act 2004](https://www.legislation.gov.uk/ukpga/2004/31/contents), the [Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted) and the [Health and Social Care Act 2017](https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted), NHS Humber and North Yorkshire Integrated Care Board (HNY ICB), as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, and to protect adults from abuse or the risk of abuse, reflecting the needs of the population it serves. To achieve this, all health organisations are required to adhere to the guidance and legislation outlined in the [Safeguarding Children, Young People and Adults at Risk in the NHS: The Safeguarding Accountability and Assurance Framework (2024)](https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf). This framework is structured to identify where there are core duties across the lifespan of safeguarding and to identify where there are unique functions specific to children, young people transitioning into adults, children in care[[1]](#footnote-1) and adults.

NHS Humber and North Yorkshire ICB recognises that safeguarding supervision is integral to providing an effective person/child centred service and that it has a responsibility to ensure that it has arrangements in place to enable relevant staff to receive safeguarding supervision on a regular basis.

## 2.0 Purpose

The purpose of this policy is to provide a framework for the practice of safeguarding supervision. This policy supports the overarching Safeguarding Strategy and Safeguarding Policy, giving specific clarity around safeguarding supervision within the ICB. Commissioned provider organisations are required to have their own separate Supervision Policies.

The arrangements for organising how safeguarding supervision is delivered will vary across health organisations, but there are some key essential elements. Good quality supervision can help to:

* enhanced outcomes for children, families and adults at risk,
* keep a focus on the child, young person or adult at risk,
* avoid drift in complex cases,
* help to ensure that practice is evidence based and consistent with the relevant regulatory and statutory guidance for safeguarding children, children in care and adults at risk, as well as core national frameworks,
* ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority,
* help support the individual to identify their own training needs so that each has the skills to provide an effective service,
* maintain a degree of objectivity and challenge fixed views by encouraging and enabling professional curiosity,
* explore the evidence base for assessment and decisions,
* address the emotional impact of work and support staff resilience.

This policy is written with the intention of providing practitioners with guidance and structure, it is **NOT** intended to remove professional judgement. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and actions within supervision. Safeguarding supervision does not replace, nor should it delay the individual’s responsibility to refer concerns about children or adults at risk of harm to statutory agencies.

## 3.0 Definitions / Explanation of Terms

**Child** - a child refers to anyone who has not yet reached their 18th birthday regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the [Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents) and [2004](http://www.legislation.gov.uk/ukpga/2004/31/section/17) and further described in [Working Together to Safeguard Children (2023](https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf)).

For those young people 16-17 years of age the [Mental Capacity Act (2005)](http://www.legislation.gov.uk/ukpga/2005/9/contents) may also apply where there is a disorder or impairment of the mind or brain.

**Adult** - for the purposes of Adult Safeguarding, an adult is anyone over the age of 18 years. The [Care Act (2014)](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm) and the [Care and Support Act Statutory Guidance (2016)](https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding) define safeguarding adults’ criteria as safeguarding duties which apply to an adult who:

* Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
* Is experiencing, or at risk of, abuse or neglect and;
* As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

When there is concern that an adult may lack capacity in relation to protecting themselves from harm and/or abuse the [Mental Capacity Act (2005)](http://www.legislation.gov.uk/ukpga/2005/9/contents) should be adhered to, in conjunction with the [Care Act Statutory Guidance (2016)](https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding).

Whilst many of the processes are similar within safeguarding adults and safeguarding children it is important to recognise that the differing legislative frameworks applicable to safeguarding adults means it could not and should not implicitly follow the children’s approach.

**Supervision**

[NHSE (2023)](https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/#:~:text=What%20is%20supervision%3F,regular%20support%20from%20another%20professional.) defines supervision as a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence, through regular support from another professional. Supervision can have different forms and functions, and a number of terms are used to describe these.

**Safeguarding Supervision**

Safeguarding supervision in the NHS is a confidential space for staff to reflect on their practice, discuss concerns, and critically analyse cases. It's a framework for examining cases from different perspectives, and for analysing the risks and protective factors involved. Safeguarding supervision is separate from managerial supervision, which is about monitoring and appraising staff performance.

Safeguarding supervision can help to:

* Ensure that practice is consistent with local and national guidance.
* Help staff understand their roles and responsibilities.
* Provide a safe learning environment for staff.
* Coach and challenge staff to develop confidence and competence.
* Identify training and development needs.
* Support staff through serious safeguarding incidents.

Safeguarding supervision can take place in a variety of ways, including one-to-ones, group sessions, case discussions, and work reviews.

## 4.0 Scope of the Policy

The policy applies to all employees of NHS Humber and North Yorkshire ICB and must be followed by all those who work for the organisation, including those on temporary or honorary contracts, secondments, pool staff, contractors and students. Appendix 1 details safeguarding supervision expectations according to the requirements of individual job roles.

The ICB Safeguarding Team is available to offer ad hoc safeguarding guidance, support and advice relating to any safeguarding issue, to any member of NHS Humber and North Yorkshire ICB staff. This is separate to and in addition to the provision of specific safeguarding supervision.

## 5.0 Duties / Accountabilities and Responsibilities

## 5.1 Duties within the organisation

**Chief Executive HNY ICB** – has overall responsibility for ensuring HNY ICB meets statutory requirements in relation to safeguarding children, adults at risk and children in care. This includes systems and processes to ensure that staff are adequately trained and receive appropriate supervision.

**Executive Director of Nursing and Quality** - is the ICB Executive Lead for Safeguarding children, adults at risk and children in care and has delegated responsibility for ensuring safeguarding statutory functions are maintained.

**Director of Nursing: Core Statutory Partnerships** – working with the **Deputy Director of Nursing: Core Statutory Partnerships** and the **Deputy Director of Safeguarding**, is responsible for ensuring there are systems and processes in place to enable the delivery of Safeguarding Supervision to those staff who may require it.

**Designated Professionals** – working with the ICB safeguarding leadership described above, support the implementation of this policy across the organisation. This may include:

* Supporting line managers to ensure safeguarding supervision is embedded for relevant staff within their service.
* Collating available data to provide assurance to HNY ICB Safeguarding Committee that safeguarding supervision is being provided.
* Undertaking agreed audits to quality assure the safeguarding supervision undertaken.
* Maintaining local, regional and national oversight of updates in relation to safeguarding legislation, policy and guidance.
* Leading the review of this policy in context of wider safeguarding ICB policies.
* Providing safeguarding supervision to relevant colleagues as indicated (Appendix 1).

**Line Managers** - are responsible for:

* Ensuring that staff within their service have access to Safeguarding Supervision by a senior staff member who has been trained to deliver it within the service.
* Ensuring that effective systems are in place to provide assurances that all aspects of this policy are being applied to all relevant staff within their service.
* Ensuring that all staff are aware of the Safeguarding Supervision policy and that staff working with children are assigned to a Safeguarding Supervisor.
* Ensuring that all new starters are linked into Safeguarding Supervision and Preceptorship requirements.
* Service leads will commit to ensuring clinicians have protected time to engage meaningfully in both relevant training and safeguarding supervision sessions.
* Monitoring staff compliance for safeguarding supervision when required, for example as part of appraisal/Personal Development review processes.
* Investigating non-compliance with individual members of staff and formulating action plans to address noncompliance within agreed timescales.

**All ICB Staff**

All ICB Staff have individual responsibility for the protection and welfare of children, and adults and must know what to do if concerned that a child or adult is being abused or neglected. Should staff require supervision and support regarding individual cases or situations, then place-based Safeguarding Teams can be accessed. All staff are required to familiarise themselves with this policy and ensure arrangements are in place to access supervision as appropriate for their role.

**Safeguarding Supervisors[[2]](#footnote-2) -**  will ensure that they:

* Have up to date knowledge in legislation, policy and research relevant to safeguarding children and adults at risk.
* Have received professionally recognised safeguarding supervision skills training and ensure that their knowledge remains current through relevant course updates, accessing relevant literature, maintain own compliance with mandatory training and safeguarding supervision.
* Are accountable for any advice that they give.
* Ensure those receiving safeguarding supervision have agreed and signed a supervision agreement with the supervisor (Appendix 2).
* Identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly.
* Share information, knowledge and skills with the supervisee if required,
* constructively challenge any personal and professional areas of concern.
* Maintain confidentiality in line with supervision agreement.
* Ensure that there is a documented agreed summary of the discussion with clear action plans indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. Where follow-up safeguarding supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure (Appendix 3).

**Safeguarding Supervisees** – are responsible for:

* Accessing timely advice and support from the Safeguarding Supervisor as and when required.
* Agreeing and adhering to a supervision agreement (Appendix 2).
* Attending supervision sessions having prepared the required paperwork and ready to engage.
* Maintaining accurate, meaningful and contemporaneous records and documentation as per record keeping policy/professional guidance.
* Identifying and prioritising issues or cases to be discussed.
* Adopting a reflective, professionally curious approach to continually developing and improving practice, exploring alternative options, identifying any learning/development needs and seeking constructive feedback and professional challenge.

## 6.0 HNY ICB Safeguarding Supervision Model

Safeguarding Children Supervision supports professionals to reflect critically on the impact of their decisions on the child and their family (Working Together, 2023).

The safeguarding supervision model within HNY ICB is based on a cascade model whereby safeguarding supervision is provided by individuals trained to deliver it from a variety of teams and roles. Safeguarding Supervisors may be Line Managers, Team Leaders, Clinical or non-Clinical Managers, Specialist, Named or Designated Safeguarding Professionals. It will be provided through a combination of one to one and group-based supervision sessions. Safeguarding Group Supervision is a planned group discussion that promotes reflection and learning on safeguarding issues. Groups may be made up of staff working in the same teams or from different teams or areas of work.

As described above, the ICB will ensure appropriate safeguarding training is available to enable staff identified as safeguarding supervisors to develop and maintain the knowledge, skills and experience to provide effective safeguarding supervision.

All health staff working with children and/or adults in roles requiring safeguarding training at Level 3 and above as described in the relevant intercollegiate document should have appropriate safeguarding supervision in place. Safeguarding Children Supervision is mandatory for all Designated and

Safeguarding Leads working in children's roles, as well as staff who work directly with children and families as caseload holders. Effective mandatory Safeguarding Children Supervision must be regular (at least quarterly) and provide continuity, so that the relationship between supervisor and supervisee develops.

## 6.1 Confidentiality

As detailed in the supervision agreement, the content of supervision is confidential between the parties, to be shared only with the consent of both parties, unless there are issues regarding risk.

If the supervisor identifies risks to patients/clients/service users or staff (including the supervisee), information may need to be shared (including allegations against a member of staff).

If disclosure was considered to be necessary by the supervisor, the supervisee will be informed of the perceived reasons for such disclosure. If there were legal requirements, e.g. a coroner’s inquiry, the court may require disclosure by the supervisor who would then have an obligation to comply.

Safeguarding supervision content will not be provided to line managers or others unless previously agreed, in relation to performance management of the supervisee, but the supervisee could choose to do so to support her/his case in such an event.

## 6.2 Escalation and Resolution of concerns

Problem resolution is an integral part of professional co-operation and joint working to safeguard. In the context of Safeguarding Supervision, it may be that the supervisee raises concerns about disagreements with other professionals or multiagency plans in relation to direct work with a child/adult/family, or it may be that there are concerns or disagreements that arise within the supervisor-supervisee dyad. In either case, the needs of the child or adult at risk must remain paramount and all parties should work to resolve any identified issues as soon as possible.

In the context of escalation of concerns in relation to direct practice (e.g. a practitioner holds a different view about risk to other members of a multiagency group, or disagrees with multiagency plan), the local children or adult partnership escalation policy should be followed in the first instance, involving Named Professionals and Designated Professionals for Safeguarding in that escalation as appropriate.

Where the supervisor has concerns about the supervisee’s professional decision making or safeguarding practice, this should be discussed with the supervisee in the first instance to resolve. Unresolved issues relating to concern about an individuals practice must be escalated to the Line Manager with due consideration to any risks that may exist for any parties. It may be appropriate to seek specialist advice or guidance from the safeguarding team including the Named and Designated Professionals to support resolution and inform action planning. Agreement about escalation and resolution should be clearly described in the supervision agreement (see Appendix 2).

## 6.3 Non-attendance

It is the responsibility of the supervisee to contact their supervisor to arrange Safeguarding Supervision and ensure that their attendance meets the mandatory requirements of this policy. The supervisee will maintain a record of their own supervision attendance and ensure their Line Manager has access to this record as required. It is the responsibility of the line manager to address non-compliance with safeguarding supervision requirements with the practitioner. This should be discussed within routine 1-1’s, line management supervision and/or annual Performance Development Reviews (PDRs).

## 7.0 Consultation

No formal consultation is required for this policy. The draft has been circulated to relevant stakeholders for comments and amended as required.

## 8.0 Monitoring Compliance with the Document

Audit of safeguarding supervision processes will be undertaken via the ICB safeguarding team and reported through the safeguarding governance processes.

Breaches to this policy will be exception reported to the ICB Safeguarding Committee.

## 9.0 Arrangements for Review

This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

## 10.0 Dissemination

The ICB Director of Nursing and Quality is responsible for the effective dissemination of this policy and should make arrangements for the dissemination of policies as follows:

* ensure the policy is added to the ICB website
* ensure the policy is added to the ICB intranet
* staff will be notified of the policy via email, and staff bulletins and briefings.

## 11.0 Associated Documentation

This policy should be read in conjunction with the following policies:

* Safeguarding Policy
* Managing Allegations Against Staff Policy
* Staff Experiencing Domestic Abuse Policy
* Disciplinary Policy
* Freedom to Speak Up Policy

## 12.0 Further information relating to place-based safeguarding procedures

**City Of York:**

Children: <https://www.saferchildrenyork.org.uk>

Adults: <https://www.safeguardingadultsyork.org.uk>

**East Riding:**

Children: <https://www.erscp.co.uk>

Adults: <https://www.ersab.org.uk>

**Hull:**

Children: [Hull Safeguarding Children Partnership – Hull Collaborative Partnership](https://www.hullcollaborativepartnership.org.uk/hull-safeguarding-children-partnership)

Adults: <https://www.hullcollaborativepartnership.org.uk/hull-safeguarding-adults-partnership-board>

**North Yorkshire:**

Children: <http://www.safeguardingchildren.co.uk>

Adults: <https://safeguardingadults.co.uk/>

**North Lincolnshire:**

Children: <https://www.northlincscmars.co.uk/>

Adults: <https://www>.northlincssab.co.uk/professionals/

**North East Lincolnshire**

Children and Adults: <https://safernel.co.uk/>

## 13.0 Resources and References

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Royal College of Nursing (2024) Adult Safeguarding: Roles and Competencies for Health Care Staff, second edition, Accessed at: [Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing](https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256)

## 14.0 Appendices

# 14.1 Appendix 1: Staff Requirements

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, nor does it replace other requirements for supervision (clinical, professional or managerial supervision etc).

Safeguarding supervision requirements in line with staff role:

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Required**  **Frequency** | **Individual/Group** | **Suitable**  **Supervisors** |
| Designated Nurses/Professionals/Drs | Quarterly | Individual or group | Peers or senior colleagues within or external to the ICB |
| Named Nurses/  Professional/Drs | Quarterly | Individual  Group as required in addition | Designated  Professional/Dr who have completed training on safeguarding supervision. |
| Staff working predominantly with children and holding a child/family caseload | Quarterly | Individual or group | Staff trained in delivering Safeguarding Supervision  This may include:  Line Managers, Clinical Leads, Specialist, Named or Designated Professionals for Safeguarding. |
| Staff working with adults at risk or vulnerable adults. (Require Level 3 child/adult Safeguarding Training as part of their role) | Recommended to be accessed quarterly. | Individual or group | Staff trained in delivering Safeguarding Supervision  This may include:  Line Managers, Clinical Leads, Specialist, Named or Designated Professionals for Safeguarding. |
| Role involves contact with children and families, or adults at risk, but practitioners do not hold a caseload (e.g. PALS team, Complaints Team, communications team …) | On an ad hoc basis as and when required | Either if required | Staff trained in delivering Safeguarding Supervision  This may include:  Line Managers, Clinical Leads, Specialist, Named or Designated Professionals for Safeguarding. |
| All other staff | Ad hoc according to need | Either if required | Line Manager/  Specialist professionals/Named/ Designated  Professionals |

**It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions.**

## 14.2 Appendix 2: Safeguarding Supervision Agreement

**SAFEGUARDING SUPERVISION AGREEMENT**

Name of Supervisee: ………………………………………………………………….

**1. Ground Rules**

Punctuality – time keeping important.

Un-interrupted time – 1.5 hours un-interrupted private time.

Commitment – must be given high priority and should only be cancelled in exceptional and unforeseen circumstances. Every effort will be made to reconvene a cancelled meeting within 2 weeks.

Reciprocity and Respect - mutual interaction and respect are important. If disagreements occur that cannot be resolved within the supervision meeting to both parties’ satisfaction, it will be referred to the supervisees’ line Manager for consideration.

**2. Frequency and duration of supervision**

Date planned for supervision is once every 12-weeks. At each supervision session a mutual agreeable date will be made for the next supervision session. The duration of the session will be at least one hour, to be agreed by participants.

**3. Session Preparation**

The sessions will run to the supervisee’s agenda unless agreed otherwise, with both parties being open to feedback about how the sessions are handled. The supervisee agrees to preparing for the session and being responsible for having an agenda.

The agenda may include, but is not limited to, discussion regarding:

* Recent referrals made to Children’s / Adult Services
* Cases being discussed at Multi-Agency Risk Assessment Conference (MARAC).
* Children who have been made subject to/removed from a Child

Protection Plan since last supervision meeting

* Children who have been subject to a Child Protection Plan for longer than 18 months
* Where the practitioner has attended/been invited to a professionals/strategy meeting.
* Cases of possible fabricated or induced illness
* Concerns regarding an unborn child
* A Child Looked After
* Children and/ or young adults at the point of transition
* Identification of a vulnerable adult who has dependent children
* Identification of a vulnerable child
* Children or adults at risk of exploitation
* Cases requiring escalation
* Complex cases

**4. Issues of Confidentiality**

**Confidentiality**

* The content of the meetings are confidential between the parties to be shared only with the consent of both parties, unless there are issues regarding risk.
* If the supervisor identifies risks to patients/clients/service users or staff (including the supervisee), information may need to be shared (including allegations against a member of staff).
* If disclosure was considered to be necessary by the supervisor, the supervisee will be informed of the perceived reasons for such disclosure.
* If there were legal requirements, e.g. a coroner’s inquiry, the court may require disclosure by the supervisor who would then have an obligation to comply.
* Supervision content will not be provided to line managers or others unless previously agreed, in relation to performance management of the supervisee, but the supervisee could choose to do so to support her/his case in such an event.
* Where staff access patient records as part of their role, records of supervision relating to individual patients/service users and the direct work of the supervisee, will be maintained in the patient record in accordance with the HNY ICB Record Management Policy.
* Records of supervision that do not relate to individual patients will be recorded on the Supervision session document and stored as agreed between the supervisor and supervisee.
* For staff who access patient records and bring specific cases to supervision, the Supervisee should make a note on the child’s record that they have discussed the case in safeguarding supervision and any plan resulting from this.
* All employees are responsible for maintaining confidentiality in respect of colleagues and service users.

**5. Date to Review Agreement**

Annually.

Signed Supervisee…………………………………………… Date……………………

Signed Supervisor…………………………………………… Date……………………

## 14.3 Appendix 3: Safeguarding Individual Supervision Template

**Supervisee: Supervisor:**

**Date: Venue:**

**Do not include names of children/adults. All specific case discussions to be recorded in the patient record.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Discussed**  **(NHS no/ID)** | **What are we worried about?** | **What’s working well?** | **What needs to happen?** | **By whom and when?** |
|  |  |  |  |  |
|  |  |  |  |  |

## 14.4 Appendix 4: Equality Impact Assessment

|  |  |  |
| --- | --- | --- |
| **1. Equality Impact Assessment** | | |
| **Policy / Project / Function:** | Safeguarding Supervision Policy | |
| **Date of Analysis:** | 13.01.2025 | |
| **This Equality Impact**  **Assessment was completed by: (Name and Department)** | Laura Pickering, Designated Nurse Safeguarding Children  Donna Phillips, Designated Nurse Safeguarding Adults and Children | |
| **What are the aims and intended effects of this policy, project or function?** | This policy aims to provide guidance to staff working within the ICB with regards to requirements in accessing safeguarding supervision. | |
| **Please list any other policies that are related to or referred to as part of this analysis?** | * Safeguarding Policy * Managing Allegations Against Staff Policy * Staff Experiencing Domestic Abuse Policy * Prevent Policy * Sexual Safety Policy * Disciplinary Policy * Freedom to Speak Up Policy | |
| **Who does the policy, project or function affect?**    **Please Tick**  | Type | Tick those affected |
| Employees | 🗹 |
| Service Users | 🗹 |
| Members of the Public | 🗷 |
| Other (List Below) | 🗷 |

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| **2. Equality Impact Assessment: Screening** | | | | | |
|  | **Could this policy have a positive impact on:** | | **Could this policy have a negative impact on:** | | **Is there any evidence which already exists, (eg from previous engagement) to evidence this**  **Impact?** |
| **Yes** | **No** | **Yes** | **No** |  |
| Race |  | 🗹 |  | 🗹 | Considered neutral impact |
| Age |  | 🗹 |  | 🗹 | Considered neutral impact |
| Sexual  Orientation |  | 🗹 |  | 🗹 | Considered neutral impact |
| Disability |  | 🗹 |  | 🗹 | Considered neutral impact |
| Sex |  | 🗹 |  | 🗹 | Considered neutral impact |
| Gender  Reassignment |  | 🗹 |  | 🗹 | Considered neutral impact |
| Pregnancy and Maternity |  | 🗹 |  | 🗹 | Considered neutral impact |
| Marriage and  Civil  Partnership |  | 🗹 |  | 🗹 | Considered neutral impact |
| Religion or Belief |  | 🗹 |  | 🗹 | Considered neutral impact |
| Reasoning | No anticipated impact on any groups listed above. | | | | |
| **If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings** | | | | | |

|  |  |
| --- | --- |
| Equality Data | |
|  | |
| Race |  |
| Age |  |
| Sexual Orientation |  |
| Disability |  |
| Sex |  |
| Gender Reassignment |  |
| Pregnancy and Maternity |  |
| Marriage and Civil Partnership |  |
| Religion or Belief |  |
| Race |  |

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| **3. Equality Impact Analysis: Equality Data Available** | |
| **Is any Equality Data available relating to the use or implementation of this policy, project or function?**  Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *‘Equality Groups’.*    Examples of *Equality Data* include: (this list is not definitive)   1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* 4. Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs* | |  |  | | --- | --- | | Yes |  | | No |  |     Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document). |
| **List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or**  **implementation of this policy, project or function** |  |
| **Promoting Inclusivity**  **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation** |  |

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| **5. Equality Impact Analysis: Assessment Test** | | | | |
| What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ? | | | | |
| **Protected**  **Characteristic** | **No**  **Impact** | **Positive Impact** | **Negative Impact** | **Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists** |
| Race |  |  |  |  |
| Age |  |  |  |  |
| Sexual Orientation |  |  |  |  |
| Disability |  |  |  |  |
| Sex |  |  |  |  |
| Gender  Reassignment |  |  |  |  |
| Pregnancy and Maternity |  |  |  |  |
| Marriage and Civil Partnership |  |  |  |  |
| Religion or Belief |  |  |  |  |

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| **6. Action Planning** | | | |
| As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*? | | | |
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| **Identified Potential Issue** | **Recommended**  **Actions** | **Responsible Lead** | **Completion Date** | **Review Date** |

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| **7. Equality Impact Analysis Findings** | | | |  | |  | |  |
| **Analysis Rating:** | Red |  | Red /  Amber |  | Amber |  | Green | XF |

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| --- | --- | --- | --- |
|  |  | **Actions** | **Wording for Policy / Project / Function** |
| **Red**    **Stop and remove the policy / stop the project / stop the function** | **Red:** As a result of performing the analysis, it is evident that a risk of  discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people  who share *Protected Characteristics.* It is recommended that  the use of the policy be suspended until further work or analysis is performed. | **Remove the policy**  **Stop the project**  **Stop the function**    Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination. | No wording needed as  policy / project / function  stopped |

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| --- | --- | --- | --- |
|  | | **Actions** | **Wording for Policy / Project / Function** |
| **Red / Amber**    **Continue the policy /**  **Continue the project /**  **Continue the function** | As a result of performing the analysis, it is evident that a risk of  discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.*  However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken. | **The policy / project / function can be published with the**  **EIA**    List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).    Consider if there are any potential actions  which would reduce the risk of discrimination.    Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date. | As a result of performing the analysis, it is evident that a risk of  discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected*  *Characteristics.*  However, a genuine determining reason exists which justifies the use of this policy and further professional advice.    ***[Insert what the discrimination is and the justification of the discrimination plus any actions which could help reduce the***  ***risk]*** |
|  | | **Actions** | **Wording for Policy / Project / Function** |
| **Amber**    Adjust the Policy / adjust the project / adjust the function | As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document. | **The policy / project / function can be published with the**  **EIA**    The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.    Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.    Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date. | As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.    ***[Insert what the discrimination is and what work will be carried out to reduce/eliminate the***  ***risk]*** |
| **Green**    No major change | As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. | **The policy / project / function can be published with the**  **EIA**    Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date | As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share  *Protected*  *Characteristics* and no further actions are recommended at this stage. |

1. Children in care: NHS Safeguarding has listened to the voice of children who live or have lived in care. As such, throughout this document the legislative term of ‘looked after children’ has been replaced with ‘children in care’ as this is how these children have asked to be referred to. [↑](#footnote-ref-1)
2. Safeguarding Supervisors may be Line Managers, Team Leaders, Clinical or non-Clinical Managers, Specialist, Named or Designated Safeguarding Professionals. [↑](#footnote-ref-2)