

**Safeguarding Adults Supervision Policy**

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| Version number : | 1.0 |
| Consultation Groups | Chief nurse  Director of Nursing  Associate Director for Safeguarding Children  Named Professional for Adult Safeguarding  Safeguarding Adults Committee  Quality Committee  Clinical Directors |
| Approved by (Sponsor Group) | Clinical Directors |
| Ratified by: | Quality Committee |
| Date ratified: | 19th May 2021 |
| Name of originator/author: | Dinh Padicala, Associate Director for Adult Safeguarding |
| Executive Director lead : | Claire McKenna |
| Implementation Date : | May 2021 |
| Last Review Date | May 2021 |
| Next Review date: | May 2024 |

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| --- | --- |
| Services | Applicable |
| Trustwide | X |
| Mental Health and LD |  |
| Community Health Services |  |

**Version Control Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Author | Status | Comment |
| 1.0 | 18/03/2021 | Dinh Padicala | Draft | Collating several supervision policies |

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**ELFT Safeguarding Adults Supervision Policy**

**1. Introduction**

All East London Foundation NHS Trust (ELFT) employees have a statutory duty to safeguard and promote the welfare of adults and children.

ELFT is committed to supporting and formalising a supervision process to enable all clinical staff to have access to reflective practice. This policy should be read in conjunction with the Trust Supervision Policy, the ELFT Safeguarding Children Supervision Policy and other professional guidance in relation to clinical supervision. It is recognised that different groups of staff require different types of support depending upon their level of decision-making, clinical accountability, nature of their job role, their speciality etc.

The Care Act 2014 requires organisations to ensure that skilled and knowledgeable supervision should be focused on the person and not the process. The legislation recognises that dealing with situations involving abuse and neglect can be stressful. It can also be distressing for staff, supervision process should have demonstrable benefits to the work of the organisation, the quality of service and morale of the workforce.

Whilst there is currently no statutory guidance around adult supervision, it is recognised as good practice to attend adult safeguarding supervision sessions.

Safeguarding Adults Supervision sessions are not a replacement for managerial support and are not a management activity. Sessions should form part of the support offered to staff in conjunction with managerial support, annual appraisals and wider clinical supervision.

**2. Purpose and Scope**

The purpose of this policy is to provide specific guidance on the implementation and utilisation of supervision. It sets out the arrangements for the provision of effective safeguarding supervision of ELFT staff where deemed appropriate.

This Policy is applicable to all staff, registered and unregistered that come into contact with adults at risk including managers, nurses, midwifes, doctors, allied health professionals and support staff in all

Services that have direct involvement within the safeguarding adults process.

Good quality safeguarding supervision can help to:

* keep a focus on the patient
* avoid drift
* maintain a degree of objectivity and challenge fixed views
* address diversity issues
* test and assess the evidence base for assessment and decisions
* Ensure safeguarding is personal, explore potential ‘Think Family issues and develop staff resilience.

**3. Aim of policy**

Safeguarding Adult Supervision:

* To provide formal support and guidance for all health professionals working with adults at risk, in order for them to carry out their safeguarding responsibilities according to trust and PAN London and PAN Bedfordshire policies
* Safeguarding supervision in relation to adults at risk of abuse is best practice to support staff when dealing with complex cases

If staff consider that there’s need for safeguarding advice between supervisions session then that should be sought, as per usual arrangements.

* The primary aim of supervision of cases that relate to adults at risk of abuse is to ensure professional practice remains patient/service user focused and patient/service user choice is promoted at all times.
* Practitioners need to be aware of and comply with relevant legislation. Safeguarding supervision gives an opportunity to identify what legislation was used and to enable reflective practice and ensure that any learning is incorporated into practice’.

**4. Roles and Responsibilities**

Chief Executive

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

Chief Nurse

The Chief Nurse has overall responsibility for the safeguarding arrangements in the Trust, and for the performance of the Trust in supporting the work of the local Safeguarding Adults Boards (SAB). Representation at the Safeguarding Adults Boards may be delegated to other senior managers as required.

Director of Nursing

The Director of Nursing is the Trust Executive Lead for Safeguarding. Working with the Associate Directors the Director of Nursing is responsible for:

* Having a safeguarding supervision policy in place
* For the identification of systems and process to ensure its implementation and maintenance. This includes staff training and support for supervisors and supervisees.
* Ensuring that appropriate safeguarding process are in place, including compliance with all legal, statutory and good practice requirements.

Associate Director for Adult Safeguarding

The Associate director for Adult Safeguarding is the operational lead within the trust for safeguarding adults at risk and responsible for:

* To promote the Adult Safeguarding Supervision Policy
* Ensuring support to the Director of Nursing in maintaining links with the Local Authority Safeguarding Boards.
* To be accessible to Named Professionals and other staff for supervision, guidance and advice
* To be the central point of contact within the Trust for all safeguarding adults enquiries

Corporate Safeguarding Team

The Corporate Safeguarding Team is responsible for the implementation and promotion of the policy on behalf of the Associate Director for Adult Safeguarding. The Corporate Safeguarding Team is responsible for:

* Ensuring adherence to the policy by mapping staff and services for supervision arrangements
* Providing supervision guidance and advice to staff
* Reporting on quarterly feedback of supervisions offered
* Record the outcomes of supervision in the teams folder
* Escalate any serious concerns identified during supervision to appropriate senior managers

Directors, Assistant Directors, Associate Directors, Heads of Service, Matrons and Managers

* To adhere to and implement the policy and procedure for safeguarding adults, ensuring that all concerns are raised, shared appropriately and documented in a timely way.
* To support members of staff who are involved in any issues or incidents pertaining to safeguarding adults.
* Ensure all staff – existing and new – are aware of the procedural arrangements for safeguarding adult’s supervision and requirement for active and regular participation.

All staff

* To familiarise themselves with the Safeguarding Adults Supervision Policy and to ensure that the principles are applied to practice
* To raise Datix and Safeguarding concerns when identified.
* To understand their responsibilities in relation to safeguarding adults.
* To attend Safeguarding Adults training as part of the Trust’s corporate induction programme and mandatory training in accordance with requirements in the Trust’s training needs analysis.
* To cooperate with instructions and advice given by the Safeguarding team.
* To document all actions in the patient’s notes if appropriate.
* To attend safeguarding adults strategy meetings if required.

**5. Responsibilities within the Supervision Process**

Supervisor’s responsibilities:

* Be accountable for the advice provided.
* Identify when staff do not possess the necessary skills/knowledge to safely address issues raise, redirect the supervisee accordingly.
* Set and agree a contract (**Appendix-3**) 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 (Rio, Care Path, System1), reports and statements.
* 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 cooperate with instructions and advice given by the Safeguarding team.
* To attend safeguarding meetings if required
* To access advice and support from the Safeguarding 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 if appropriate.
* Complete necessary supervision documentation if required for 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.

**6**. **Procedure and Process**

The primary aims of safeguarding adults’ supervision are:

* To ensure professional practice remains patient focused, promotes patient choice and implements the principles of Making Safeguarding Personal.
* To ensure practitioners are aware of and comply with relevant legislation.
* To ensure that all actions 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 sessions should be complementary to the managerial support offered to the clinician. Attendees at the session will be encouraged to feed back their learning to their manager at appropriate opportunities and should link it to their annual appraisal future performance objectives and ongoing learning requirements.
* It is acknowledged that there are multiple forms like Local Authority training covering various areas of safeguarding, posters, leaflets, Newsletters with valuable information available to staff to facilitate staff learning. The Safeguarding Adult supervision sessions form part of the range of services offered by Corporate Safeguarding Team.
* In order to enable this, the Corporate Safeguarding Adults Team offers a variety of options for supervision including one to one supervision, team/peer supervision, telephone supervision for cases where immediate support is required, case study supervision and complex case group/individual supervision sessions. This support also encompasses Mental Capacity and Deprivation of Liberty Safeguards (DoLS) case.
* Key staff involved in complex Safeguarding Adults alerts and safeguarding meetings or protection plans can be invited to attend an Adult Safeguarding Supervision session.
* The identification of these cases will be from advice calls received by the Corporate Safeguarding Team and through the Trust’s internal reporting mechanism (Datix) which identifies Safeguarding concerns and incidents whether or not a Safeguarding referral to a Local Authority has been made at that point. In such cases, the Safeguarding Team will contact the clinical practitioner and offer supervision (**Appendix 5**).

Where there have been high levels of concern the Corporate Safeguarding Team will highlight these cases to team managers to request that these cases be possible focus of a supervision session. In cases where risks are noted and immediate advice and support needs to be accessed via line manager and the Cooperate safeguarding team, this should not wait on a planned supervision session. The practitioner can approach the Named Professional for ad-hoc supervision.

* The identification of cases that also would benefit from Safeguarding Supervision especially those cases where on-going involvement from the Named Professional, on more than one occasion occurs. It is noted however, that some cases from the outset of contact with the Safeguarding Practitioner are complex and would therefore benefit from supervision. This is a discussion to be held between the Named Professional and the clinical staff member who is managing the case to decide if supervision would be helpful.
* In the above two circumstances staff will be contacted by the Named Professional to arrange a date for the supervision session, whether it be an ad hoc session or on a more regular basis and sent a copy of the Reflection Tool (**Appendix 1**) in advance of the session in order to facilitate and provide evidence of their Safeguarding Adults Supervision Policy learning. It is anticipated that the clinician will share the principles of the learning with their Manager and keep the completed Reflection Tool as part of their professional development evidence (**Level 3 Refresher**). Safeguarding supervision should always be based on individual needs (staff and service users) in order to reduce risks to service users, improve their outcomes, support professionals and minimise risks to the Trust.
* Safeguarding Adult supervision should be considered by clinical practitioners relating to cases that have not, at that point, become concerns raised with Local Authority. It is expected that clinical practitioners consider the benefit of Safeguarding supervision in such cases and seek support from the Corporate Safeguarding team accordingly.
* Any reference to patients/service users should be anonymous within the Reflection Tool. In respect to internal scrutiny, it is the responsibility of the supervisor following initial discussion with the supervisee, to appropriately escalate any serious concerns to senior management for action, including what may include Human Resources involvement if indicated. Such action by the supervisor ensures that unsafe, unethical or illegal practice is reported and managed through the appropriate procedures. Such cases will be acted upon based on the legal duty of care that the supervisor has that overrides confidentiality in exceptional circumstances.
* It is recognised that the Reflection Tool may not be applicable for use in all Adult Safeguarding supervision cases, but can, with agreement of both supervisor and supervisee be used for the purposes of collating information and recording the impact of the case on the practitioner for help with future cases. Where the Reflection Tool is not used, the Supervision Summary Form (**Appendix 2**) can be used to facilitate learning and provide evidence of this learning.
* The Supervision Summary Form will include Patient Identifiable Information and could be used during an investigation or review of the care received by the patient/service user.
* Records kept as part of the Adult Safeguarding Supervision process will be stored electronically in the Corporate Safeguarding Adult Drive in a Safeguarding Supervision Folder. They will be accessible by the Safeguarding Team only, to ensure that in the absence of the Named Professional who is the named supervisor, another Named Professional can pick up the case as indicated. A copy of all the paperwork associated with the Adult Safeguarding supervision will be provided to the supervisee by the supervisor, for storing in their own records.

* Supervision sessions are pre-arranged whilst other sessions are bespoke to the situation and can be requested via the Safeguarding Adults Team. The Adult Supervision Contract (**Appendix 3 & 4- dependent on individual or group sessions)**

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, Open Door’ or Ad-Hoc supervision, one to one supervision , group supervision and a cascade model will be used as relevant to the circumstances and context.

**1) Open Door’ advice or Ad-Hoc Supervision and support** by the Named Professional regarding a specific adult or safeguarding issue at the request of the practitioner. This may be a face to face consultation, telephone call or email. 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 Named Professional. The Named professionals are available for advice regarding any safeguarding issues that practitioners wish to discuss. Staff can make individual appointments with the Named Professional where they have concerns about an adult

**2) Face to Face Supervision**

* Face to face (1:1) supervision is designed to provide practitioners with the opportunity to reflect on aspects of their safeguarding practice in order to develop experience and expertise.
* In order for safeguarding supervision to be effective; it is important that the Named Professional and practitioner approach the sessions in an open and honest way, in order that practitioner develop and improve practice.
* A supervision contract must be agreed and signed between Named Professional and practitioner, and this must be revisited annually, or if a new Named Professional is appointed. A copy of the contract will be saved individually by the supervisee and supervisor on a secure drive.
* It is a joint responsibility of the practitioner and Named Professional to arrange for their safeguarding supervision and agree a mutually convenient date, time and venue.

**3) 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 2005). 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.

**7. Links to other Key Policy**

* Safeguarding Adults Policy
* Domestic Abuse and Harmful Practices Policy
* PREVENT Policy
* Supervision Policy
* Safeguarding Children Supervision Policy
* Safeguarding Allegations Policy
* Record- Keeping Policy

**8. Links to Relevant Legislation**

* Care Act 2014 and Care and Support Statutory Guidance
* Mental Capacity Act 2005
* Human Rights Act 1998
* Serious Crimes Act 2015
* Equality Act 2010
* Health and Social Care Act 2008

**9. Link to Relevant National Standards**

* **CQC Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment** The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.
* **CQC Regulation 20: Duty of Candour**

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

* **Health and Social Care Act(2008), Regulation 18**

‘Employers provide suitably qualified, competent and experienced staff to meet

the needs of service users.

Health & Social Care staff must provide evidence they meet professional standards and ability to practice for the requirement of their role

Staff must receive, amongst other support mechanisms, Clinical Supervision’

**10. Issues for Supervisees/Practitioners**

Whilst this document talks mainly about the role of the supervisor, it is acknowledged that supervision is a two‐way process and supervisees are encouraged to address any concerns they may have about the process. This should initially be with the person who supervises them. If that is not possible or should those discussions not alleviate the situation then the supervisee should approach their line manager.

**11. Dealing with poor practice**

Issues of poor practice should as a matter of course is addressed initially with the practitioner and a plan of action agreed to address these concerns. The supervisor will need to make a professional judgement as to whether the matter is of such concern that the line manager will be informed. The practitioner should be informed of what, if indeed any action the supervisor intends to take.

**12. Training**

There are no training implications regarding the implementation of this Policy.

**13. Monitoring compliance with the policy**

|  |  |
| --- | --- |
| **Standard/Process/Issue** | **Monitoring and Audit** |
|  | |  |  |  |  | | --- | --- | --- | --- | | **Method** | **By** | **Committee** | **Frequency** | |
| Safeguarding Supervision  Audit | |  |  |  |  | | --- | --- | --- | --- | | Audit of cases discussed in supervision | Associate Director for Adult Safeguarding | Safeguarding committee | Bi-annual | |

**14. Equality Analysis**

An Equality Analysis has been undertaken for this policy, in accordance with the Equality Act 2010.

**15. References**

Care Quality Commission (2013) Supporting information and guidance:

Supporting effective clinical supervision

w.w.w.cqc.org.uk

Care Act 2014 Department of Health, London

Health and Social Care Act (2008) Regulated Activities, Regulation 18

Department of Health , London

Morrison T (2005) Staff Supervision in Social Care: Making a Real Difference for Staff and Service users. London. Pavillion.

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**APPENDIX 1**

**Reflection Tool**

Name of Supervisee: Name of Supervisor:

Date: Date:

|  |
| --- |
| What was the nature of the safeguarding activity? |
|  |
| What did you learn from the safeguarding activity? |
|  |
| How did/will you change or improve your practice as a result? |
|  |
| How is this relevant to your professional code?  Signature: Signature:  Supervisee Supervisor |
|  |



**APPENDIX 2**

**Safeguarding Supervision Summary Form**

|  |  |
| --- | --- |
| **Name of the Supervisor** | **Name of the Supervisee** |
| **Date** | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS Number of Client discussed** | **What? So What?**  **Brief description and analysis of the event or issue raised** | **Now What?**  **Proposed actions (by whom, by when?) and learning that took place** | **Review**  **Were the actions completed?**  **Any comments following review of actions?** |
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| |  |  | | --- | --- | | **Signed by Supervisee:** |  | | |  | | --- | | **Signed by Supervisor:** | |  | |
| |  |  | | --- | --- | | **Date of next supervision session:** |  | | **Time of next supervision session:** |

**APPENDIX 3**

**Agreement and Attendance Record**

**Safeguarding Adults Supervision Contract- GROUP session**

**Date: ----------------------**

**East London Foundation Trust expectations:**

ELFT expects practitioners to reflect on the learning of safeguarding and mental capacity issues in order to develop practice.

The objectives of the session are:

1. to support the practitioner’s professional development

2. to ensure accountability for the work undertaken by the practitioner

3. to enable the practitioner to perform to the standards specified by their own professional body, ELFT and the relevant Safeguarding Adults Boards

4. to ensure the practitioner is clear about his/her roles and responsibilities within ELFT and the multi-agency arena

5. to be a supplementary source of support for the practitioner

6. to provide constructive feedback to the practitioner regarding their safeguarding practice in order to facilitate learning.

**Contract Agreement:**

|  |  |
| --- | --- |
| **Confidentiality** | Confidentiality will be maintained, other than when there is a legal requirement to disclose information. |
| **Openness to Learning** | Be willing to learn, to develop safeguarding skills and be open to receiving support and constructive feedback. |
| **Practitioner’s Expectations of Facilitator** | To offer the supervisee advice, support and supportive challenge to facilitate reflection on safeguarding issues. |
| **Facilitator’s Expectations of Practitioner** | To take responsibility for using the time effectively to participate in group discussion and feed back key themes to line manager. |

**Attendance Record:**

|  |  |  |
| --- | --- | --- |
| **Practitioner Name** | **Practitioner Signature** | **Practitioner Base and Division** |
|  |  |  |
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**Facilitator Name & Designation:**

**Facilitator Signature:**

**Date:**

**APPENDIX 4**

**Agreement and Attendance Record**

**Safeguarding Adults Supervision Contract- 1:1 session**

**Face to Face/Telephone**

**Date:**

**East London Foundation Trust expectations:**

ELFT expects practitioners to reflect on the learning of safeguarding and mental capacity issues in order to develop practice.

The objectives of the session are:

1. to support the practitioner’s professional development

2. to ensure accountability for the work undertaken by the practitioner

3. to enable the practitioner to perform to the standards specified by their own professional body, ELFT and the relevant Safeguarding Adults Boards

4. to ensure the practitioner is clear about his/her roles and responsibilities within ELFT and the multi-agency arena

5. to be a supplementary source of support for the practitioner

6. to provide constructive feedback to the practitioner regarding their safeguarding practice in order to facilitate learning.

**Contract Agreement:**

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| **Confidentiality** | Confidentiality will be maintained, other than when there is a legal requirement to disclose information. |
| **Openness to Learning** | Be willing to learn, to develop safeguarding skills and be open to receiving support and constructive feedback. |
| **Practitioner’s Expectations of Facilitator** | To offer the supervisees advice, support and supportive challenge to facilitate reflection on safeguarding issues. |
| **Facilitator’s Expectations of Practitioner** | Take responsibility for using the time effectively to participate in group discussion and feedback key themes to line manager. |

**Safeguarding Supervision Contract**

Between…………………………………………...………..... (Supervisee/Designation)

And……………………………………………………….……. (Supervisor/Designation)

Start date:……………………………………………………..

Safeguarding supervision should support professionals to critically examine their work with vulnerable children and adults. The overall aim is to improve outcomes for vulnerable children and adults, restore staff capacity for making sound clinical decisions and protect the organisation. The normative (managerial), formative (learning/educational) and restorative (supportive) functions of supervision will be used as a conceptual framework.

Safeguarding Supervision sessions will be held every…………….. (months/weeks) for approximately ……hour(s).

A record of attendance will be kept and is provided for monitoring and audit purposes.

**SUPERVISEE**

As a supervisee, I take responsibility for:

1. Booking a suitable venue for supervision and notifying the supervisor of this arrangement.

2. Identifying safeguarding issues to explore and ensure I am punctual and prepared for the session.

3. Recording any discussions and actions following supervision in the appropriate clinical record, in line with good record keeping.

4. Recording any outcomes or actions as a result of safeguarding supervision.

5. Becoming aware of my own role and scope and its implications to myself and the Organisation and profession for which I work

6. Being open to other’s feedback and noticing when I justify, explain or defend before listening to feedback.

7. Informing my line manager of my supervision arrangements.

Signed......................................................................................................Supervisee

Date...........................................................................................................................

**SUPERVISOR**

As a supervisor, I take responsibility for:

1. Arriving promptly and prepared for the supervision session at the agreed venue and time.

2. Ensuring a safe environment which is responsive to the supervisee’s learning needs to discuss practice and identify any professional development needs.

3. Helping the supervisee explore, clarify and learn from their own thinking, feelings and perspectives regarding their practice.

4. Giving and receiving open, honest and constructive feedback.

5. Modelling communication skills and respectful relationships.

6. Challenging professional practice in an open and honest manner.

7. Promoting the “Think Family” approach where vulnerable adults and children can be discussed.

8. Completing the “Safeguarding Supervision Summary Form”, storing it securely and reviewing action plans at subsequent supervision sessions.

Signed.......................................................................................................Supervisor

Date...........................................................................................................................

**SUPERVISEE & SUPERVISOR**

We shall take shared responsibility for:

1. Arranging when safeguarding supervision sessions will take place and rebooking supervision promptly when it has been cancelled.

2. The limits to and maintenance of confidentiality.

3. Evaluating (at least twice a year) safeguarding supervision using the evaluation tools available and making the results available for audit purposes.

4. Reflecting upon the evaluation and ensuring safeguarding supervision continues to meet the requirements of the policy.

5. Act appropriately to share information where there are serious concerns about the conduct, competence or health of either the supervisor or supervisee.

6. Raising any concerns to the appropriate senior manager regarding identified risks to the Organisation.

7. Knowing the boundaries of the safeguarding supervision process.

8. Knowing our responsibilities should the boundaries be infringed.

9. Maintaining our own professional development.

10. Agreeing what information is handed over to a new supervisor if this is necessary.

Signed......................................................................................................Supervisee

Date...........................................................................................................................

Signed.....................................................................................................Supervisor

Date...........................................................................................................................

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**APPENDIX 5**

**SUPERVISION REQUIREMENTS**

Identifying which staff should receive Safeguarding Supervision and suggested frequency.

**Safeguarding Adults**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Role** | **Supervision Requirements** | **Individual** | **Group** | **Suitable Supervisors** |
| Named Professionals | 3 monthly | **Yes** | **No** | Internal from Associate Director/  External Senior Safeguarding Adults Professional |
| Safeguarding Adult Supervisors | 3 monthly | **Yes** | **No** | Named Professional |
| 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 | Named Professional |
| Staff working predominantly with children | Ad hoc according to need | Is required for specific case related situations and may require support from Safeguarding Professionals | **No** | Named Professional |
| Non Clinical staff | Ad hoc according to need | Is required for specific case related situations and may require support from Safeguarding Professionals | **No** | Named Professional |