

SAFEGUARDING ADULT, CHILDREN & YOUNG PEOPLE: SUPERVISION POLICY

Department/ Service:	Corporate
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Accountable Director:	Sarah Shingler Chief Nursing Officer
Approved by:	Integrated Safeguarding Committee 25.03.2025 Improving Safety Action Group 01.04.2025
Approved by Medicines Safety Committee: <i>(When medicines are included in the document)</i>	N/A
Date of approval:	25 th March 2025
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Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	Trustwide
Target Staff Categories:	All staff

Policy Overview:

This policy sets out the arrangements for Safeguarding Supervision within Worcestershire Acute Hospitals NHS Trust (WAHT). All health professionals who provide services to adults, children and families may well meet individuals who are at risk of significant harm or have been abused. Additionally, health professionals may be concerned about an adult in their care who's presenting behaviours or current medical condition may raise concerns about their ability to effectively and safely meet the needs of children in their care.

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare (Working Together to Safeguard Children 2023). Working to ensure adults and children are protected from harm requires professional curiosity, professional judgment and professional challenge. It is recognised that working in the field of safeguarding entails making difficult and risky professional judgments. It is demanding work that can be stressful. Therefore, all frontline practitioners must be well supported by effective Safeguarding Supervision, advice and support.

Safeguarding Supervision offers a formal process of professional support and learning for practitioners. Safeguarding Supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk (vulnerability and adversity) and protective (resilience) factors involved. Safeguarding Supervision should help to ensure that practice is soundly based and consistent with Worcestershire Acute Hospitals NHS Trust (WAHT), local, regional and national safeguarding policy & procedures.

Safeguarding Supervision is about improving the lives of those we work with, the experience of our staff and volunteers, and the quality and purpose of the work of the organisation. This is in line with WAHT Trusts vision and strategic objectives in putting our patients first.

This Policy should be used in conjunction with the Trust Safeguarding Adults and Safeguarding Children Policy & Procedures.

Key Amendments to this Document

Date	Amendment	Approved by:
June 2021	Document approved for 3 years	Integrated Safeguarding Committee
Feb 25	Document extended for 6 months	Deborah Narburgh
13.02.2025	Policy review & updated to reflect adult safeguarding supervision – integrated Policy	Integrated Safeguarding Committee 25.03.2025 ISAG 01.04.2025

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1. Introduction

1.1 Safeguarding Adult Supervision

Worcestershire Acute Hospitals NHS Trust is committed to the provision of high-quality health care in all aspects of its service to patients, visitors, local community and employees. The Trust recognises that to provide high standards of care and support to patients, carers and relatives, employees who look after adults who may be a risk, must have the opportunity to participate in clinical supervision; this includes but is not limited to, nurses, allied health professionals and medical employees. The Trust also recognises that safeguarding adult's supervision is integral to providing an effective person-centred service and that it has a responsibility to provide clinical supervision to its employees.

Safeguarding adult supervision is available in addition to clinical supervision and does not replace it. Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users. Effective supervision enables employees to see the whole picture by '*thinking family*' and to recognise the impact behaviours can have on children, young people and vulnerable adults. The policy is applicable to all employees that come into contact with adults at risk including managers, nurses, doctors, allied health care professionals and health care assistants in all Divisions, who have direct involvement with the Safeguarding process.

Supervision is required in order to:

- Provide high quality services, advocating best practice and safe service delivery and development. Provide formal support and guidance to healthcare professionals working with adults at risk in order for them to carry out their Safeguarding responsibilities, according to legislation, Trust and Local Authority Policy and procedures.
- To ensure that employees working with adults at risk feel supported and understand their role, responsibilities and scope of practice/professional discretion and authority, regarding safeguarding adults in the multi-agency arena.
- To provide a source of advice, support and expertise for employees in an appropriately safe learning environment with the aim of empowering the practitioner to develop skills, competence and confidence in their Safeguarding adult's practice.
- To provide opportunity for reflection and critical incident analysis, to identify, manage and learn from near misses and mistakes and ensure best outcomes for adults at risk.
- To endorse clinical judgements and provide specialist support when circumstances require it in the Safeguarding adults process.
- To allow practitioners to explore and develop ways of working openly and in partnership with other professionals and other agencies.
- To provide a forum for the practitioner to discuss the emotional impact on them working within this challenging area of practice.

1.2 Safeguarding Children Supervision

All health professionals who provide a service to children and families may come into contact with children who are at risk of significant harm or have been abused. Critical reflection through supervision should strengthen the analysis in each assessment; Working Together to Safeguard Children (2023) and play a critical role in ensuring a clear focus on a child's welfare.

The Trust recognises that Safeguarding Children Supervision is integral to providing an effective child-centred service, promoting best practice and continuously striving to improve it. It also enables a practitioner to recognise harm to children and young people, promotes their welfare and hears their voice. The Trust has a responsibility to provide safeguarding supervision for all staff.

Section 11 of the Children Act (2004) identifies that all health professionals who provide help and support to promote children's health and development should receive the training and supervision they need to recognise and act on child welfare concerns and respond to the needs of children.

The involvement of key health professionals with children, in particular where there may be unresolved safeguarding issues, means that they have a major role in the identification of abuse and neglect. Many of the inquiries into child deaths and serious incidents involving children have demonstrated serious failings in professional practice which have been attributed to lack of effective supervision and support for professionals involved in the care of vulnerable children, including those in care.

2. Scope of this Document

This Policy applies to all staff groups and volunteers working within Worcestershire Acute Hospitals NHS Trust.

This Policy applies an integrated approach to safeguarding supervision across the lifespan (including unborn babies).

This policy aims to promote and support the development of a culture within the organisation in which staff value and engage in regular supervision to ensure the quality and safety of services to adults, children, young people and their families across the Trust.

3. Definitions

3.1 Supervision

Supervision is a process of professional support, peer support, peer review and learning. The purpose of which, is to improve the quality of professional's work by assisting them to review, plan and account for their safeguarding responsibilities, to assume responsibility for their own practice by enabling staff to develop knowledge and competences in safeguarding children through reflection. (Intercollegiate Document: Safeguarding Children and Young People; Roles and Competences for Healthcare Professionals. RCPCH 2014)

The requirement to provide Safeguarding Children and Adults supervision and support is well documented in many serious case review reports and in policy guidance: Laming Reports (2003 & 2009), Munro review (2011) Safeguarding Adults - A National Framework of Standards for good practice The Intercollegiate Document (2019), Safeguarding Adults: Roles and Competences for health care staff – Intercollegiate Document (2018) updated in 2024.

Safeguarding Supervision has three primary functions:

1. The management (or **normative**) function is primarily to provide accountability to and involvement with the organisation. This involves overseeing the quality of practice through the monitoring of professional and organizational standards, for example, by ensuring that policies and procedures are adhered to.

2. The educational/development (or **formative**) function is primarily to address the professional development needs of the supervisee. In this aspect of supervision practitioners are assisted to reflect on their work, deepen their understanding and encouraged to develop new skills.
3. The support/mediation (or **restorative**) function recognises the emotional impact of safeguarding work. This provides support for practitioners and explores strategies for coping and self-care whilst ensuring that the individual and the organisation are in agreement in terms of values, aims, task and function.

4. Responsibility and Duties

Board of Directors

The Board of Directors has a responsibility for ensuring that the Trust has in place a safeguarding supervision policy and for the identification of systems and processes to ensure its implementation and maintenance. This includes staff training and support for all supervisors and supervisees; resources to enable time to be given over to supervision and facilities to monitor the implementation of the policy.

Chief Nursing Officer

The Chief Nursing Officer has delegated Executive responsibility for ensuring that the Board responsibilities are enacted and that the Trust has a robust process in place for safeguarding supervision.

Line Managers / Heads of Departments

Line Managers / Heads of Departments are responsible for:

Ensuring that safeguarding supervision occurs in line with this policy and that staff have protected time to participate in the safeguarding supervision process.

Ensuring that staff are supported and have access to the appropriate support.

Ensuring compliance with the supervision policy: Challenge staff when they are not accessing supervision in line with this policy and considering the Trust's disciplinary process when there is evidence of consistent non-compliance.

Managing any concerns raised by the supervisor/supervisee, relating either to the supervisees' practice, individual workload or training needs.

Integrated Safeguarding Committee

The Integrated Safeguarding Committee is responsible for:

Reviewing the provision and process for safeguarding supervision across WAHT.

Monitoring audits of compliance with the supervision process and policy.

The Named Nurse Children's Safeguarding/Named Midwife Safeguarding / Named Nurse Adult Safeguarding

are responsible for:

Escalating professional practice concerns through the appropriate safeguarding route.

Recording/collating and monitoring the number of supervision sessions and reporting to the Integrated Safeguarding Committee.

Reporting any staff concerns to their line manager if they are not following the expected level of supervision as cited in this policy.

Providing supervision to individual practitioners and groups and providing ad hoc supervision to practitioners across the Trust.

Named Doctor Safeguarding Children

To provide Child Protection Supervision for Paediatricians and Medical Staff.

Safeguarding Supervisors for Children include:

- Named Nurse for Children's Safeguarding
- Named Midwife
- Named Nurse Adult Safeguarding
- Specialist Safeguarding Midwives
- Named Doctor Safeguarding Children
- Associate Professional Safeguarding Nurses
- Safeguarding Champions who have undertaken appropriate Supervision Training e.g. Richard Swann Supervision Training.
- Staff who have undertaken formal Safeguarding Supervision Training.

The Safeguarding Supervisors are responsible for acting as a resource and source of expertise for others. The Safeguarding Supervisors are required to:

- Attend and maintain safeguarding children and adults training at Level 3.
- Receive training by attending an approved Safeguarding Supervision course e.g. Richard Swann
- Maintain competence through their Level 3 safeguarding training including refreshers and by attendance at their planned individual supervision or group safeguarding children supervision sessions (or both) run by the Named Nurse/Midwife/Doctor.

Any registered and experienced member of staff is eligible to apply to be a safeguarding supervisor.

Individual Staff

All staff members (supervisee's) are responsible for:

- Identifying cases of concern to discuss at supervision, whether planned formal supervision or ad hoc supervision.
- Taking part in safeguarding supervision as stipulated in this policy for their role.
- Recording all child /adult specific supervision in the child /adult's notes, reflecting on the discussion/challenge and analysis with a clear action plan recorded as agreed at supervision, ensuring that the date and time and name of supervisor are recorded.
- Providing feedback and participating in the evaluation of the safeguarding supervision process.

- Managing the security of their copy of the supervision session. When using the session for revalidation ensuring that the patient details are non-identifiable.
- Seeking ad hoc supervision from the appropriate person at the appropriate time to avoid any delay in keeping a child /adult safe if they are concerned for the health, safety and wellbeing of a child in their care or about a parent, carer or a vulnerable adult. The appropriate person may be for instance their peer, manager, on-call site practitioners/ matrons/ safeguarding team/ MASH (multi Agency Safeguarding Hub)/ police or a Community Social worker from The Family Front Door or Emergency Duty Team.
- 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 with adults at risk.
- The practitioner will ensure that they do not discriminate against individuals because of their age, gender, race, culture, religion, language, disability, sexual orientation or individual lifestyle choice.

5. Policy Detail

5.1 Confidentiality

Staff members receiving supervision must be aware that while the session is primarily confidential if any concerns arise during the sessions that may put a child, adult or staff member at risk; these concerns will be escalated through the appropriate safeguarding processes.

Professional practice concerns highlighted during supervision will also be escalated in line with Trust HR Policy and procedures to ensure the wellbeing and safety of both patients and staff.

5.2 The Supervision Contract

Formal supervision sessions will be undertaken within a supervision contract. The purpose of this contract is to ensure:

- Clarity of expectations.
- Roles and responsibilities are understood.
- Practical issues are agreed.
- A copy of the contract will be held with the supervisor and the practitioner.
- The supervisor will take responsibility for monitoring and reviewing the contract with the practitioner as necessary.

5.3 Levels of Safeguarding Supervision available to WAHT staff

Level of Supervision 1

Staff can access safeguarding support and advice from their peers, line managers and Safeguarding Champions/Supervisors.

Level of Supervision 2

Safeguarding support and advice is available from the Integrated Safeguarding Team via telephone or face to face contact.

This is one off advice regarding a specific concern.

Level of Supervision 3

Staff can access planned face to face individual supervision from the Integrated Safeguarding Team.

Level of Supervision 4

Teams can access planned face to face group supervision from the Integrated Safeguarding Team.

NB: Staff can access supervision at any time via any type on request. They must however follow The Standard Practice:

5.4 STANDARDS AND PRACTICE – SAFEGUARDING CHILDREN SUPERVISION

Staff Group	Supervision tool and Process	Frequency
	Staff to utilise the Assessment Framework (The Triangle) alongside Signs of Safety process	
Head of Safeguarding Named Nurse Children's Safeguarding, Named Nurse Safeguarding and Named Midwife	Level 3: One to One with an appropriate/suitable Safeguarding Supervisor	A minimum of Quarterly
Named Doctor Safeguarding Children	Level 3: One to One with Designated Doctor for Safeguarding Children	A minimum of Quarterly
Associate Nurse for Safeguarding; Specialist Safeguarding Midwife and Safeguarding Administrator	Level 3: One to one with Named Nurse Safeguarding; Named Nurse Safeguarding Children/Named Midwife	A minimum of Quarterly
Named Nurse Safeguarding Adults and Staff Caring for Adult Patients who are parents or carers	Level 2: Telephone or face to face Round table process	Ad hoc
Community Midwives Hospital Midwives	Level 4: Group	A minimum of 6 monthly

Staff Group	Supervision tool and Process	Frequency
	Staff to utilise the Assessment Framework (The Triangle) alongside Signs of Safety process	
Emergency Department (ED) Paediatric Nurses	Level 3: One to One	A minimum of Quarterly
Emergency Department staff – Adult	Level 4: Monthly Drop-in Sessions in Emergency Department	A minimum of 6 monthly
NICU community Team	Level 4: Group	A minimum of 6 monthly
Paediatric Ward Staff including Matron and Ward Manager	Level 1,2,3 or 4: Group Drop-in Sessions, individual planned or ad-hoc supervision	Monthly – minimum attendance 2 per year
Paediatric Allied Health Professionals Clinical Nurse Specialists	Level 1,2, 3 or 4: Group Drop-in Sessions, individual planned or ad-hoc supervision	Quarterly – minimum attendance 2 per year
Nursing – Site Manager/On call Matron	Level 4: Group drop-in sessions	Quarterly – minimum attendance 2 per year
Ad Hoc supervision for day to day practice	Level 2: Ad hoc Round Table	Telephone/face to face
Paediatricians Medical Staff	Level 1,2,3 or 4 Peer Review with Named Doctor	Bi Monthly

5.5 STANDARDS AND PRACTICE – SAFEGUARDING ADULT SUPERVISION

The type of Safeguarding Supervision required by colleagues will be dependent on their roles and responsibilities and contact with adults who are at risk. Supervision could be individual or in small, facilitated groups. As a minimum requirement, safeguarding supervision must be based on individual need (employees and patients) in order to reduce risk to patients, improve outcomes for patients, support Professionals, and minimise risk to the organisation.

Group Supervision

Group supervision will be provided at the Safeguarding Committee meeting. These will examine how learning from serious case reviews (SCR), safeguarding adult reviews (SAR), or serious incidents (SI) can be embedded into practice to improve outcomes for vulnerable people.

'Ad Hoc' Supervision

Supervision can be provided for an individual or within a team. Ad-hoc supervision may occur through a discussion with a senior team member, peer supervision between team members, or multi-disciplinary team discussions. This could also be by face-to-face consultation, telephone call or e-mail. This approach is especially useful following an incident or success to examine the thematic learning and provide employees with a safe space to explore the impact on them and their team. 'Ad-hoc' supervision will be routinely offered via automatic e-mail response to any adult safeguarding referrer.

Individual Case Management Advice

Individual case management advice often has to be timely in nature. It may involve opinion on injuries seen and likely causes, advice on whom to contact or which pathway of care to access. Advice can be given by the Integrated safeguarding team during the hours of 08:30 – 16:30 Monday to Friday. Ad hoc advice and support can be given face to face, over the telephone or by e-mail.

Safeguarding Newsletters

Used to disseminate key learning Trustwide from internal and external incidents, safeguarding adult reviews (SAR) and domestic homicide reviews (DHR).

5.5.1 Safeguarding Adults Supervision

The practitioner will be encouraged to constructively explore a safeguarding case, through the discussion of key issues, themes, concerns or successes utilising a reflective cycle. Kolb experiential learning cycle is a common model frequently used in health care settings, but employees are free to use whatever cycle suits them. Learning cycles offer processes where an experience can be shared; reflection upon that experience can be explored; an analysis of what it means for the adult and practitioner can be discussed and an action plan agreed. Socratic Questioning invites the practitioner to consider ways of thinking about the situation and offers them the chance to examine it in a new way.

Considering the trigger questions prompts colleagues to 'think family' when discussing cases.

5.5.2 Named /Lead Professional Supervision

For 'named' and 'lead' colleagues (i.e. safeguarding leads) the supervision will be more strategic and be based around an overview of roles and responsibilities as well as individual case discussions.

5.6 Accountability

A key element of child /adult protection work is that it is underpinned by the principle of professional accountability. All staff members are required to be aware that they are responsible for their own individual practice with children, young people, adults and their families. This includes actions they took or did not take. The supervisor does not take on this

responsibility but supports colleagues through supervision, observation, support and advice. The professional is responsible for identifying cases to bring to supervision for discussion.

****Safeguarding supervision does not replace, nor should it delay the individual's responsibility to refer to statutory agencies where there are concerns that a child or adult may be at risk of significant harm. In such cases practitioners are expected to follow the Trust's Safeguarding Children/Adults at Risk policy.***

5.7 Professional Disagreement

There may be occasions when concern or disagreement may arise between the supervisor and supervisee. The safety of the adult or child will always be paramount in such situations. Any unresolved issues should be escalated in accordance with Line Management procedures, or in accordance with the Worcestershire Safeguarding escalation procedures.

Key information for staff:

[Escalation Policy - Resolution of Professional Concerns V4 Final Feb 2024 - Worcestershire Safeguarding Boards](#)

5.8 Management of Complex Cases

When multiple health professionals are involved where safeguarding concerns are emerging or known, then supervision is paramount to ensuring that the child /adults voice, health, safety and welfare are prioritised. There needs to be a coordinated approach to group supervision for the individual child/ family to be coordinated by any member of the multi-disciplinary team in conjunction with the Integrated Safeguarding Team.

5.9 Evaluation of Safeguarding Supervision

Evaluation is essential in demonstrating the impact and benefit of supervision. It is the responsibility of the supervisor and the practitioner to evaluate the usefulness of safeguarding supervision and ensure the needs of the individual and the organisation are met.

5.10 Record Keeping / Information Governance

- It is the responsibility of all staff to maintain record keeping in line with their own Professional bodies' standards and Trust policy.
- The supervisee must record all specific supervision in the patient records, reflecting on the discussion/challenge and analysis with a clear action plan recorded as agreed at supervision, ensuring that the date and time and name of supervisor are recorded.
- The supervisor and supervisee must keep a record/copy for supervision given/received that is not directly case specific. The templates in the appendices can be used to facilitate record keeping.
- **Anonymised** supervision records can be used as evidence toward professional revalidation.
- Practitioners who discuss specific patients in safeguarding supervision, including individual and 'ad-hoc'/'open door', are responsible for timely and contemporaneous recording of the discussion and actions taken in the person's clinical record. If

someone accepts a task they are responsible and accountable for carrying out that action.

- Minimal patient details (initials or NHS number/presenting issue and details of agreed actions) will be recorded by the supervisors. The 'Safeguarding Supervision summary form' will be completed and retained by the supervisor following any supervision. This will include minimal (such as initials) non patient identifiable, information pertaining to the clients discussed and the details of actions agreed. It will also include a record of any non-patient related discussions and actions. This must be revisited following supervision sessions. In the event of a change of supervisor, discussion between the practitioner and supervisor should occur to agree what supervision records are passed on to the new supervisor.
- A suggested template for supervision reflection has been provided within the policy. This could also be used for inclusion in the reflection section of registered professional's revalidation portfolio.

6. Implementation

6.1. Plan for Implementation

The latest version of this Policy can be found on the Trust intranet site key document and safeguarding pages.

6.2. Dissemination

Staff will be advised of the updated Policy via dissemination by attendees of the Trust Integrated Safeguarding Committee and associated Trust Governance Forums.

6.3. Training and Awareness

All Trust staff undertake mandatory training in respect of safeguarding adults and children at a level in accordance with their job role.

7. Monitoring and Compliance

MONITORING AND COMPLIANCE

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this page. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance

What	How	Who	Where	When
<i>These are the 'key' parts of the process that we are relying on to manage risk.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed?</i>	<i>Who is responsible for the check?</i>	<i>Who will receive the monitoring results?</i>	<i>Set achievable frequencies.</i>
Safeguarding Training compliance at required level for job role.	Monitoring training records/reports/PDR	Training Department / Divisional Teams/ HR / Integrated Safeguarding Team	Integrated Safeguarding Team and associated Trust monitoring Committees	Monthly
Safeguarding Supervision attainment	Supervision logs/ PDR	Integrated Safeguarding Team / Divisional teams	Divisional Teams / Integrated Safeguarding Team / HR / Integrated Safeguarding Committee / Line Manager / Safeguarding Supervisors	In accordance with PDR date.

8. Policy Review

This Policy will be reviewed in accordance with key document review timeframes or in light of any changes to best practice guidance or legislation.

9. References

Children's Act (2004)

Care Act (2014)

Equality Act (2010)

Intercollegiate Document: Safeguarding Children and Young People; Roles and Competences for Healthcare Professionals. RCPCH 2014

Laming Reports (2003 & 2009) [The protection of children in England: a progress report - GOV.UK](#)

Munro review (2011) [Munro review of child protection: a child-centred system - GOV.UK](#)

Safeguarding Adults - A National Framework of Standards for good practice. The Intercollegiate Document (2019)

Safeguarding Adults: Roles and Competences for health care staff – Intercollegiate Document (2018) updated in 2024.

Safeguarding Adults Policy – WAHT-KD-026 – Key Documents

Safeguarding Children & Young People - WAHT-TP-037 – Key Documents

Working Together to Safeguard Children (2023)

Worcestershire Safeguarding Boards Escalation Procedure [Escalation Policy - Resolution of Professional Concerns V4 Final Feb 2024 - Worcestershire Safeguarding Boards](#)

10. Background

10.1. Equality requirements

Refer to supporting document 1.

10.2. Financial risk assessment

Refer to supporting document 2.

10.3. Consultation

Contribution List

This key document has been circulated to the following individuals for consultation:

Name	Designation
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Integrated Safeguarding Committee Trustwide Divisional representatives	Trustwide representation
Rachael Hayter	Director of AHP
Bec Harris	Organisational Development Practitioner, Human Resources Chair LGBTQ+ Network
Reena Rane	EmBRACE network (Chair)
Donna Scarrott	DAWN Network
Safeguarding Supervisors Trustwide	
This key document has been circulated to the chair(s) of the following committees / groups for comments:	
Integrated Safeguarding Committee Trustwide Divisional representatives	

10.4. Approval Process

This Policy will be approved by the Trust Integrated Safeguarding Committee and Improving Safety Action Group (ISAG).

10.5. Version Control

Date	Amendment	Approved by:
24.05.21	Updated Name change of Chief Nursing Officer Worcestershire Safeguarding Children's Board changed to the Worcestershire Safeguarding Children Partnership. Change from Safeguarding Committee to Integrated Safeguarding Committee.	Named Nurse Safeguarding Children Sam Dixon
17.06.21	Added Named Doctor to list of Safeguarding Supervisors that have attended the Richard Swann Safeguarding Supervision Training.	Named Nurse Safeguarding Children Sam Dixon
13.02.2025	Policy review & updated to reflect adult safeguarding supervision – Integrated Policy	Integrated Safeguarding Committee 25.03.2025 ISAG 01.04.2025

11. Appendices

11.1. Appendix 1

SAFEGUARDING SUPERVISION CONTRACT (Individual)

This contract should be read in conjunction with the Safeguarding Adults, Children and Young People Supervision Policy

Supervisor Name and signature	
Supervisee Name and signature	
Supervisee's manager	
Date of Contract	
Frequency of Sessions	
Length of Sessions	

Objectives of Supervision:

To discuss items relating to the following areas:

- Confidentiality
- Record Keeping
- Expectations of Supervision Sessions
- Supervisee will identify cases for discussion and prepare for supervision utilising the
- tools in appendices
- Sessions will not be interrupted unless agreed beforehand.
- Discussions will be open and honest.
- Supervisees will provide information relating to work activities as appropriate.
- Supervisees will bring patient records to the session
- Date of subsequent session to be agreed at end of session; it is the supervisee's
- Responsibility to ensure compliance to policy.
- Other Issues

APPENDIX 2

SAFEGUARDING ADULTS, CHILDREN & YOUNG PEOPLE GROUP SUPERVISION CONTRACT SIGN IN SHEET FOR EACH SESSION (Monitoring form to be returned to child protection secretary for supervisee compliance: to be added to individuals Electronic Staff Record (ESR))

Supervisees Name (Print)	Signature	Designation

Date:

Duration of Session:

Location:

Objectives of Supervision –

To discuss items relating to the following areas:

- Confidentiality
- Record Keeping
- Expectations pertaining to Supervision Sessions
- Each party will prepare their own agenda before the Session.
- Supervisees are responsible to identify cases for discussion/scenarios and to record case specific supervision in the patients' record
- Sessions will not be interrupted unless agreed beforehand.
- Discussions will be open and honest.
- Supervisees will provide information relating to work activities as appropriate.
- Date of subsequent session to be agreed at end of session; it is the supervisee's responsibility to ensure compliance to policy.
- Other issues Date and Time of Next Group Supervision

APPENDIX 3

SAFEGUARDING INDIVIDUAL/GROUP SUPERVISION RECORD

Date:

Venue:

Supervisor:

Supervisee/Group Supervision: - (Not to include names of clients – all case specific discussions to be recorded by practitioner in the client's health records)

Date	Issues discussed	Learning	Action Taken / By Whom

Date and Time for next supervision: –

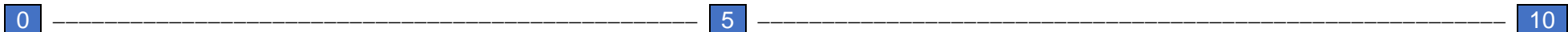
Venue:

APPENDIX 4 – SIGNS OF SAFETY APPROACH – Children & Young People (This tool can be adapted for adult supervision use)

What are we worried about?	What's working well?	What needs to change?
Think child development		Reflection / Learning Points:
Think parenting capacity		
Think environment / social factors		
Mapping against WSCB Multi Agency Levels of Need Doc	Level 1	Level 2
	Level 3	Level 4

On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and 0 means things are so bad for the children they cannot live at home. Where do we rate this situation? If there are different judgements, place different peoples number on the continuum.

Safety Scale



APPENDIX 5 - LEVELS OF NEED GUIDANCE – CHILDREN & YOUNG PEOPLE



Further information can be found here:

[Multi Agency Levels of Need Guidance | Worcestershire County Council](#)

12. Supporting Document 1 – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	D Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
Date assessment completed	05.03.2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: SAFEGUARDING ADULT, CHILDREN & YOUNG PEOPLE: SUPERVISION POLICY			
What is the aim, purpose and/or intended outcomes of this Activity?	This policy sets out the arrangements for Safeguarding Supervision within Worcestershire Acute Hospitals NHS Trust (WAHT). All health professionals who provide services to adults, children and families may well meet individuals who are at risk of significant harm or have been abused.			
Who will be affected by the development & implementation of this activity?	x	Service User	x	Staff
	x	Patient	<input type="checkbox"/>	Communities
	x	Carers	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	

Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Detailed within References
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Detailed within Policy document
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		Policy applicable to all across the lifespan irrespective of age
Disability		x		Policy applicable to all across the lifespan irrespective of disability
Gender Reassignment		x		Policy applicable to all across the lifespan irrespective of gender reassignment
Marriage & Civil Partnerships		x		Policy applicable to all across the lifespan
Pregnancy & Maternity		x		Policy applicable to all across the lifespan including pregnancy and maternity
Race including Traveling Communities		x		Policy applicable to all across the lifespan irrespective of race etc
Religion & Belief		x		Policy applicable to all across the lifespan irrespective of religion /belief
Sex		x		Policy applicable to all across the lifespan irrespective of sex
Sexual Orientation		x		Policy applicable to all across the lifespan irrespective of sexual orientation

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		Policy applicable to all across the lifespan including those at high risk of safeguarding concerns. Safeguarding activity is a statutory requirement as an NHS provider service
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		Policy applicable to all across the lifespan including those with health inequalities

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	D Narburgh
Date signed	05.03.2025
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



13. Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No – funding for safeguarding supervisor training currently met by the ICB
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
[Insert comments here]		