



Safeguarding Supervision Policy

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Version number and date	1	January 2025
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	April 2025	
Next anticipated review	April 2026	
Executive director	Chief Nursing Officer/Director of Quality & Safety	
Policy lead	Head of Safeguarding	
Policy author (if different from above)	Lead for Safeguarding Quality & Assurance	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

- This policy and procedure are consistent with the national statutory guidance given by “Working Together to Safeguard Children (2023)” and with the Regional Child Protection Procedures for West Midlands and the Child Protection Procedures of the Local Safeguarding Children Partnership serving the area in which the child normally resides.
- This policy and procedure are consistent with the Care Act (2014); the “Adult Safeguarding: Multi-agency Policy and Procedures of Adults with Care & Support Needs in the West Midlands; the Safeguarding Adult procedures endorsed by the Local Authority Adult Safeguarding Boards where the adult normally resides.

Policy requirement (see Section 2)

- This policy applies to all staff and volunteers across all BSMHFT services working with children, young people and adult service users and carers. All staff and volunteers are required to be aware of regional and national policy and guidance on safeguarding.
- The provision of effective safeguarding supervision is essential to good standards of safeguarding practice and to assist individuals in making sound professional judgements.

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1.0 INTRODUCTION

- 1.0.1** All staff who have contact with adults, children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer's health or behaviour. To fulfil these responsibilities staff should have access to appropriate safeguarding training, learning opportunities, and supervision to facilitate their understanding of the clinical aspects of safeguarding and information sharing.
- 1.0.2** The discussion of safeguarding concerns is a "essential and integral component of good clinical supervision," as directed in the Clinical Supervision /Reflective practice Policy (C08). However, there is also an additional requirement to offer specialist safeguarding supervision to some service areas and teams. BSMHFT is committed to supporting and implementing appropriate safeguarding supervision into practice for all frontline staff who work directly with children and young people.

1.1 Rationale

- 1.1.1** The importance and provision of effective safeguarding supervision is emphasised in national guidance and statute to promote good standards of practice and assist individuals in making sound professional judgements.
- 1.1.2** The Care Act (2014) emphasises organisations and individuals should work in partnership to support adults at risk remain free from harm, abuse and neglect. "Skilful and knowledgeable supervision focussed on outcomes for adults is critically important in safeguarding work", (The Care Act Statutory guidance, chapter 14, 202).
- 1.1.3** Section 11, of the Children's Act (1989), places a statutory duty on NHS organisations. These, "should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children", including, "appropriate supervision and support for staff", (Working Together to Safeguard Children (2023), (Chapter 4, 222, p107).
- 1.1.4** The Safeguarding Children Intercollegiate Document (2019), states, "it is the duty of healthcare organisations to ensure that all health staff have access to appropriate safeguarding/ child protection training, learning opportunities, safeguarding/child protection supervision and support to facilitate their understanding of the clinical aspects of child wellbeing and information sharing", (p12). That a core competency for staff is to, "Undertake(s) regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and *supervision* and as a component of education and training)." (2019, p29). The Adult Safeguarding Intercollegiate Document (2018) reiterates the same importance to supervision for health care staff, that "they should be supported by appropriate clinical supervision and mentorship as required." (p31).

1.1.5 The CQC states: “Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities”) Regulation 18 (2a)”.

1.1.6 Many of the inquiries into the deaths and serious incidents involving children and adults at risk have demonstrated serious failings in the effectiveness of professionals. This has been in part attributed to not receiving appropriate supervised support. Statutory guidance outlines the importance of having effective supervision arrangements in place for health professionals working with children/families and adults at risk of abuse and neglect, to enable staff to feel supported and be able to work competently and confidently (Care Act 2014 14, 228).

1.1.7 BSMHFT’s, safeguarding supervision also encompasses the “Think Family” approach to safeguarding and applies a ‘whole-family’ approach and aims to work in partnership with others to form a full picture of need and risks.

1.2 Scope

This policy applies to all employees of the Trust, including any agency staff, students, sub-contractors, trainees, clinical attachments, apprentices, volunteers and all other staff across BSMHFT services that in the course of their duty have contact with vulnerable adults and children.

1.3 Principles

1.3.1 Safeguarding supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual group or team. (Skills for Care, 2007). It provides the opportunity for staff to:

- reflect and review their practice
- discuss individual cases in depth
- discuss the impact of safeguarding training on practice
- change or modify their practice and identify training and continuing development needs
- reflect on multi-agency working
- identify the emotional impact of their safeguarding work

1.3.2 Safeguarding supervision has three primary functions:

- the management (normative) function is to provide accountability to the organisation. This involves overseeing the quality of practice through the monitoring of professional and organisational standards e.g. policies and procedures are adhered to.
- the educational (formative) function addresses the professional development needs of the supervisee(s). Practitioners are assisted to reflect on their work, deepen their understanding and encouraged to develop new skills. To develop competence and skill in safeguarding practice.

- The supportive (restorative) function recognises the emotional impact of safeguarding work. This provides support for staff and explores strategies for self-care

1.3.3 Safeguarding supervision is underpinned by the principle that each practitioner remains accountable for their practice; this includes their own actions within or following supervision. 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 Adult and Domestic Abuse policies

1.3.4 The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately to support this.'

2.0 POLICY

2.0.1 The safeguarding team will provide structured safeguarding group supervision to all BSMHFT, children and young people services. They will also provide group supervision for some BSMHFT, adult services. They will also provide supervision via one-to-one or group supervision for specific cases when a specific safeguarding concern is identified.

3.0 PROCEDURE

3.0.1 All teams providing assessment, treatment and support to children and young people are required to attend formal safeguarding children group supervision once every 12 weeks. This is mandatory and reported on a quarterly basis to the ICB.

3.0.2 A range of teams providing treatment and support to adults will receive safeguarding adult/domestic abuse group supervision once every 12 weeks. Service areas identified by the safeguarding team will include those who have been seeing significant safeguarding activity. This is monitored via the Eclipse reporting system, calls to the duty line or from concerns raised by external agencies such as social services or the CQC. Staff can also make contact with the safeguarding team to request supervision if they think their service area would benefit.

3.0.3 Practitioners can request advice and supervision in relation to a particular safeguarding case issue. This may be in the form of telephone support or ad hoc supervision. Accessing this type of supervision may be useful where there are situations of an urgent nature, and practitioners need immediate guidance and support.

- 3.0.4** It is recognised that the needs of the service will mean not all team members can attend safeguarding supervision on every occasion, but a rotation will need to ensure team members are attending on a regular basis.
- 3.0.5** All group supervision will be underpinned by a safeguarding supervision agreement for both supervisee and supervisor (appendix 3).
- 3.0.6** Safeguarding supervision attendance will be logged to provide assurance that guidance and statutory requirements are being met.
- 3.0.7** Following supervision, a supervision record (appendix 4) will be completed by the supervisor and sent to the participants including any agreed actions. The supervisee will add a progress note to the service user's integrated care record to record that there was supervision discussion and any agreed actions.
- 3.0.8** Safeguarding Supervision is separate from, but complimentary to, other forms of management and clinical supervision. If safeguarding is to be discussed within protected clinical and management supervision time, then evidence of this needs to be maintained and available for reporting purposes. Staff can also record this as 'group supervision' within the clinical supervision recording on their traffic lights. As safeguarding supervision can also be defined as participatory learning, it can also be recorded as such on revalidation.
- 3.0.9** The requirements for the participation in Safeguarding Supervision by staff will be reinforced during one-to-one management supervision/appraisal process and participants will be expected to demonstrate compliance of the requirements at subsequent meetings.
- 3.0.10** Safeguarding team members facilitating safeguarding supervision will access their own safeguarding supervision a minimum of once every 12 weeks.
- 3.0.11** All new safeguarding team members will complete supervision training prior to facilitating supervision.
- 3.0.12** The safeguarding supervision group sessions are based around an Action Learning Set and Signs of Safety approach. Action Learning is based between reflection and action. When a case is brought for discussion, colleagues and the supervisor provide support to clearly identify the issue through active listening and questioning. This will reach a point of planning and agreeing future action in a structured, safe and supportive session. The Signs of Safety approach seeks to understand, 'what are we worried about', 'what's working well', 'what we don't know', and 'what needs to happen next'.
- 3.0.13** Confidentiality in Safeguarding Supervision is of upmost importance to ensure practitioners feel able to share issues or problems that are sensitive or where an incident has occurred. This should only be breached if there is an identified risk to the practitioner or another individual or where there is a concern about the practitioner's capability or conduct. In such cases, the supervisor will inform the supervisee of any concerns and action and who relevant information will be shared with others e.g. line manager, service manager, HR advisor

3.1.0 Associated policies:

- Clinical supervision and reflective practice policy (C08)
- Adult Safeguarding policy (R&S 26)
- Domestic Violence and Abuse policy (RS03)
- Safeguarding Children and Young People (R&S 34)
- PREVENT policy (R&S32)

4.0 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
CEO and Board Members	<p>The Chief Executive on behalf of BSMHFT retains ultimate accountability for the health, safety and welfare of all patients, service users, carers, staff and visitors. However key tasks and responsibilities are delegated to individuals in accordance with the content of the policy.</p> <p>Board members hold the responsibility for ensuring that supervision is a valued activity throughout the organisation and that adequate resources are made available to meet the requirements of this policy.</p>	
Executive Director Quality & Safety	<p>The Chief Nurse is the Trust Board executive member with overall responsibility delegated from the Chief Executive for ensuring that effective systems and processes are in place to address the safeguarding adults and children agenda and chairs the Safeguarding Management Board meeting.</p>	
Policy Lead	<p>The Head of Safeguarding is the strategic lead with responsibility for safeguarding adults and children across the organisation and meeting its statutory functions. They take responsibility for ensuring safeguarding supervision is available to staff within the organisation.</p>	
Named Nurse for Safeguarding Children and Young People, Named Nurse for Domestic Abuse, Name Nurse for Safeguarding Adults	<p>The Named Nurses for Safeguarding are the professional leads within the BSMHFT for safeguarding. The named nurse for Children & Young People has a specific, statutory role and responsibility to ensure expected standards to safeguard children. The Named Nurses are responsible for ensuring that safeguarding supervision is delivered to</p>	

	specific service areas and teams according to identified need.	
Line Managers	<p>Oversight of their team members access to safeguarding supervision, monitor attendance compliance and seek to support with any barriers to attendance.</p> <p>To ensure supervisees workload commitments allow adequate time to access supervision</p> <p>Ensuring that all clinical staff are aware of the Safeguarding Supervision policy and that they are assigned to a Safeguarding Supervision group and ensuring that all new starters are linked into Safeguarding Supervision and Preceptorship requirements</p>	

Safeguarding Supervisor Responsibilities

- Providing the supervisee with the safeguarding supervision agreement
- Adhering to their agreed responsibilities within the safeguarding supervision agreement.
- Facilitating the supervisee in the exploration of their practice to enhance personal awareness, learning and effectiveness and outcomes for those staff are working with
- To assess the impact of Safeguarding Training upon safeguarding practice
- Role modelling good practice.
- Taking responsibility for their on-going development needs to continue competent and effective practice in the capacity of supervisor
- Recognising the high level of anxiety aroused by safeguarding work and providing appropriate support within safeguarding supervision to ensure that the practitioner can function effectively.
- Safeguarding supervisors should also be sensitive to the supervisees own experience which may render them particularly vulnerable in certain situations.
- Attending and maintaining safeguarding mandatory training at Level 4/5.
- Recording the supervision session.
- Accessing quarterly safeguarding supervision for themselves.
- Ensure any agreed actions have been completed by requesting updates at the next supervision meeting(s).

Supervisee Responsibilities

- Actively participate in regular safeguarding supervision to further develop and enhance their safeguarding knowledge and skills
- Raise with their supervisor ethical issues or any other matters of concern. Any issues that pose a pressing potential risk or harm should

be brought by the staff member to the immediate attention of the supervisee's manager and not left until a safeguarding supervision session

- Update the supervisor on any actions previously agreed in supervision
- With the support of the supervisor, identifying personal and/or professional development needs that will need to be raised with clinical team leader/line manager through their Continuing Professional Development (CPD) or Regular Management Supervision (RMS)
- Providing feedback and participating in the evaluation of the safeguarding supervision process
- Record on the service user's integrated care record that they have been discussed in supervision and any actions

5.0 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	January 2025	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Safeguarding Team/business Meeting Safeguarding Management Board		
Where received	Summary of feedback	Actions / Response

6.0 REFERENCE DOCUMENTS

Working Together to Safeguard Children – a guide to interagency working to safeguard and promote the welfare of children 2023 [Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115266/Working_together_to_safeguard_children_-_a_guide_to_inter-agency_working_to_safeguard_and_promote_the_welfare_of_children_2023.pdf) (Accessed: 25th July 2024)

Children Act 2004, Available at: [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2004/31/section/100), (Accessed 25th July 2024)

Safeguarding children and young people: roles and competences for health care staff, Intercollegiate document (2019). Available at: [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/press-releases/2019/07/safeguarding-children-and-young-people-roles-and-competencies-for-healthcare-staff), (Accessed: 25th July 2024)

Care Act 2014. Available at: [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/19/section/1) (Accessed: 25th July 2024)

Care Act 2014. Available at: [Care Act 2014: statutory guidance for implementation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/care-act-2014-statutory-guidance-for-implementation) (Accessed: 25th July 2024)

Care Quality Commission, Regulation 18:Staffing. Available at: [Regulation 18: Staffing - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/public/regulation-18). (Accessed: 25th July 2024)

7.0 BIBLIOGRAPHY

None

8.0 GLOSSARY

None

9.0 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Frequency of safeguarding supervision meets contractual and statutory requirements	Head of Safeguarding	Dashboard	Quarterly	Safeguarding Management Board
Frequency of Supervisor's own supervision meets contractual and statutory requirements	Head of Safeguarding	Dashboard	Quarterly	Safeguarding Management Board
Children & Young People services - staff supervision attendance	Named Nurse for Safeguarding Children and Young People	Audit	Annually	Local Clinical Governance and SMB

10.0 APPENDICES

Appendix 1 – Equality Impact Assessment

Appendix 2 - Guide on when to Consider a Case Discussion within Clinical or Safeguarding Supervision

Appendix 3 - BSMHFT Safeguarding Supervision Agreement

Appendix 4 - Safeguarding Children Supervision Record

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Safeguarding Supervision Policy		
Person Completing this proposal	Clive Bell	Role or title	Lead for Safeguarding Quality & Assurance
Division	Corporate	Service Area	Safeguarding
Date Started	1.8.24	Date completed	8.8.24
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The provision of effective safeguarding supervision is essential to good standards of safeguarding practice and to assist individuals in making sound professional judgements. This aligns with the organisation's strategic aim to deliver the highest quality service in a safe and inclusive environment where service users, their families, carers and staff have positive experiences, working together to continually improve			
Who will benefit from the proposal?			
Staff, Service Users and their families, members of the public			
Do the proposals affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
The policy affects service users their families and employees in a positive way			
Do the proposals significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i>			
No. The policy affects service users their families and employees in a positive way			
Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>			
No. Safeguarding, by being 'everyone's business', is already integral to service delivery and clinical practice.			
Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)			

No				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	✓			The policy supports staff to think about the safeguarding concerns of both children and adults. It is anticipated that age will have no impact in terms of discrimination as this policy ensures that all should be treated in a fair, reasonable and consistent manner irrespective of this including their age and how this affects their needs
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	✓			The policy supports staff to think about the individual needs of the person, including if they have a disability, and how this affects their needs. This may be a physical disability, a sensory or neurodiverse issue or a learning disability. It is anticipated that disability will have no impact in terms of discrimination as this policy ensures that all should be treated in a fair, reasonable and consistent manner.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	✓			It is anticipated that gender will have no impact in terms of discrimination as this policy ensures that all staff and service users should be treated in a fair, reasonable and consistent manner irrespective of their gender identity.
This can include male and female or someone who has completed the gender reassignment process from one sex to another				

Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	✓			It is anticipated that marriage or civil partnerships will have no impact in terms of discrimination as this policy ensures that all employees/visitors and service users should be treated in a fair, reasonable and consistent manner.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	✓			It is anticipated that pregnancy or maternity will have no impact in terms of discrimination as this policy ensures that all employees and service users should be treated in a fair, reasonable and consistent manner.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	✓			It is anticipated that race or ethnicity will have no impact in terms of discrimination as this policy ensures that all employees and service users should be treated in a fair, reasonable and consistent manner irrespective of their race or ethnicity.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	✓			It is anticipated that religion or belief will have no impact in terms of discrimination as this policy ensures that all employees/visitors and service users should be treated in a fair, reasonable and consistent manner irrespective of their religion or belief.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	✓			It is anticipated that sexual orientation will have no impact in terms of discrimination as this policy ensures that all employees and service users should be treated in a fair, reasonable and consistent manner irrespective of their sexual orientation.

Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	✓			It is anticipated that transgender and gender reassignment will have no impact in terms of discrimination as this policy ensures that all employees/visitors and service should be treated in a fair, reasonable and consistent manner irrespective of transgender or gender reassignment.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	✓			This policy supports staff to think about the best interests of adults and children and their rights. It is anticipated that the policy will have no impact in terms of discrimination as this policy ensures that all employees/visitors and service users should be treated in a fair, reasonable and consistent manner
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	✓ N/A		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
Leads will work with the organisation to reduce impact of any detriment experienced by reports of concerns
How will any impact or planned actions be monitored and reviewed?
Feedback from reporters of concerns, escalating concerns through governance routes. Regular audits and policy updates, communication to managers through meetings and committees
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Policy will be trust wide promoted in ways accessible to ALL staff.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Appendix 2

Guide on when to Consider a Case Discussion within Clinical or Safeguarding Supervision

This appendix provides additional guidance for staff when considering cases to discuss within clinical or safeguarding supervision. This is not an exhaustive list but guided by legislation and evidence to support decision making.

There is an expectation any children with child protection plans in place are brought to clinical and safeguarding supervision on a regular basis.

Any children identified from the list below will be considered for a minimum of yearly discussion at safeguarding supervision. This does not mean that the case has to be discussed yearly, only that it has been considered and this should then be recorded within the child's electronic health records. Children with complex/multiple physical and or mental health needs including learning differences, (whether or not they have a statutory Education, Health and Care Plan). This may not be achievable for certain staff that hold large numbers of children who fit the above however discussion or consideration of discussion would be expected if there are any concerns in relation to:

- Concerns in relation to potential abuse or neglect including extra-familial harm
- Poor engagement / non-attendance by parent, or child/young person not brought to appointments
- Concerns regarding engagement in treatment and support/ adherence to medical advice, medication and treatment
- Educational neglect
- No change/ improvement in the outcomes of the child
- Concerns about Children Social Care or other agency involvement (need for respectful challenge/escalation/dispute resolution)
- Children who are young carers
- Children showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Children who frequently go missing from home or Care
- Children at risk of modern slavery, trafficking or exploitation
- Children at risk of being radicalised
- Family circumstances present challenges for the child especially in relation to parental mental health, substance use and alcohol, parental learning differences or crime
- Children living with or in contact with a perpetrator or victim of Domestic abuse
- Children living in poverty
- Children who are using substances or alcohol
- Children who have significant changes in their presentation and/ or behaviour that causes concerns
- Children who are privately fostered without Children Social Care assessment or those children that frequently move addresses or being cared for by a variety of people

- Children who have recently been placed back into parental care and /or recently closed from children social care
- Children at risk from harmful practices such as Female Genital Mutilation, Honour Based Violence, Breast Ironing, Forced Marriage, etc.
- A child where there are perplexing presentations i.e. the child's clinical presentation is not adequately explained by any genuine illness or evidence, and this is impacting upon the child's health and social wellbeing
- Concerns about a Person in a Position of Trust

Safeguarding Adults

- Concerns in relation to potential abuse or neglect including extra-familial harm
- Concerns regarding self-neglect and neglect by carers
- Financial abuse
- Signs that a person is being exploited: at risk of modern slavery, trafficking or criminal exploitation
- Concerns that someone is a victim or perpetrator of domestic abuse
- General concerns about family/ relationship circumstances presenting challenges for the adult, such as mental health concerns, domestic abuse, substance misuse, financial abuse
- Adults at risk of being radicalised
- At risk of harmful traditions such as Female Genital Mutilation, Forced Marriage, Honour Based Violence
- Concerns about a Person in a Position of Trust
- Concerns about neglectful and unsafe care someone is receiving from another provider
- Concerns about Adult Social Care involvement and other agency (need for respectful challenge/escalation/dispute resolution)

BSMHFT Safeguarding Supervision Agreement

Supervisor Name & Designation	
Supervisee Name & Designation	

Type of Supervision	Frequency	Duration	Venue
Group/ Peer			

Safeguarding Supervisor Responsibilities

- Providing the supervisee with the safeguarding supervision agreement.
- Adhere to their agreed responsibilities within the safeguarding supervision agreement.
- Facilitating the supervisees in the exploration of their practice to enhance personal awareness, learning and effectiveness and outcomes for those staff are working with.
- To assess the impact of safeguarding training upon safeguarding practice.
- Role modelling good practice.
- Taking responsibility for their on-going development needs to continue competent and effective practice in the capacity of supervisor.
- Recognising the high level of anxiety aroused by safeguarding work and providing appropriate support within safeguarding supervision to ensure that the practitioner can function effectively.
- Safeguarding supervisors should also be sensitive to the supervisees own experience which may render them particularly vulnerable in certain situations.
- Attending and maintaining safeguarding mandatory training at Level 4/5.
- Recording the supervision session.
- Accessing quarterly safeguarding supervision for themselves.
- Ensure any agreed actions have been completed by requesting updates at the next supervision meeting(s).

Safeguarding Supervisee Responsibilities

- Actively participate in regular safeguarding supervision to further develop and enhance their safeguarding knowledge and skills.
- Raise with their supervisor ethical issues or any other matters of concern. Any issues that pose a pressing potential risk or harm should be brought by the staff member to the immediate attention of the supervisee's manager and not left until a safeguarding supervision session.
- Update the supervisor on any actions previously agreed in supervision.
- With the support of the supervisor, identifying personal and/or professional development needs that will need to be raised with clinical team leader/line manager through their Continuing Professional Development (CPD) or Regular Management Supervision (RMS).

- Providing feedback and participating in the evaluation of the safeguarding supervision process.
- Record on the service user's integrated care record that they have been discussed in supervision and any actions.

Supervisor's Signature:**Date:****Supervisee's Signature:****Date:**

Safeguarding Children Supervision Record

Group Supervision Record Template for 'non-client' and 'client' related topics

Date	
Venue	
Duration	
Name of Supervisor	
Team	
Name of Supervisees:	
<u>Case Discussion</u> Presented by: S/U Details: This form will be uploaded in the RIO clinical documentation for all team access	
<u>Background:</u> <u>What are we worried about?</u> <u>Missing information:</u> <u>What's going well?</u> <u>Recommendations/ Next Steps:</u> 	
Other areas of Discussion	

For further training on some safeguarding issues, please below links to training available from the local safeguarding children's boards:

Solihull:

<https://training.solihulllsc.co.uk/Course/CoursesDetailListing.aspx>

Birmingham:

<https://booking.lscpbirmingham.org.uk/events-list>

If the team requires advice or support with any safeguarding matters in between planned supervision, please contact the Safeguarding Team's duty and advice line via 0121 301 1100 (MON-FRI, 9am-4pm) or email at bsmhft.safeguarding@nhs.net

Supervisors Signature	
Date of next supervision	