

Safeguarding Children and Adult Supervision Policy

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1. INTRODUCTION

East Coast Community Healthcare CIC (ECCH) is committed to the provision of high-quality health care in all aspects of its service to patients, visitors, local community and members of staff. ECCH advocates that all health care professionals should have the opportunity to participate in Safeguarding Supervision; this includes nurses, allied health professionals and medical staff.

Many of the inquiries into child and adult 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 staff not receiving appropriate supervised support. The National Service Framework for Children, Young People and Maternity Services 2004 (section 14.1) advocates that '*consistent, high-quality supervision is the cornerstone of effective safeguarding of children and young people*'. In addition, Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work (2011) standard 4 requires agencies to provide training and supervision of staff and volunteers to promote quality standards of service delivery.

Working to ensure children and adults are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. All of those involved should have access to appropriate advice and support.

For many practitioners involved in the day-to-day work with children, their families and adults at risk, effective supervision is important to promote good standards of practice and to support individual staff members.

Health practitioners have to deal with a number of challenging safeguarding dilemmas, and safeguarding supervision is an opportunity to explore how these should be handled in line with statutory and legislative frameworks. Effective supervision is essential to professional development. It provides opportunity to analyse and reflect on concerns resulting in outcome focussed action planning.

ECCH recognises that safeguarding supervision is integral to providing an effective person-centred service to children, their families and adults at risk and that it has a responsibility to provide clinical supervision for staff. An important point to recognise is that safeguarding supervision is available to staff in addition to clinical supervision and does not replace it.

2. PURPOSE

The purpose of this policy is to provide a framework to enable safeguarding supervision to take place in order to ensure that all staff are supported effectively when experiencing safeguarding concerns. Guidance within safeguarding supervision is vital for frontline practitioners and managers who work with children, their families and adults at risk of abuse or neglect. Health practitioners have to deal with a number of challenging safeguarding

dilemmas, and safeguarding supervision is an opportunity to explore how these should be handled.

3. SCOPE

The aims of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision in order to:

- Ensure that clinical practice protects the best interests of the child or adult and keeps them paramount.
- Ensure practitioners take a proactive approach to instances of actual or potential risk of significant harm.
- Encourage reflective practice and promote personal and professional development in relation to working with families where there are child protection concerns.
- Provide a forum where issues and feelings can be discussed and explored in safety and where practitioners can be assisted in considering preventative intervention strategies, using researched methods of practice.
- Facilitate the highest level of co-operation within and between agencies.
- Provide high quality services, advocating best practice and safe service development.
- Provide formal support and guidance for all health professionals working with children, their families and adults at risk, in order for them to carry out their safeguarding responsibilities according to ECCH and national and local authority policy and guidance.
 - o Ensure that all members of staff working with children and adults at risk understand their role, responsibilities and scope of professional discretion and authority regarding safeguarding children and adults in the multi-agency arena.
- Provide a source of advice, support and expertise for staff in an appropriately safe learning environment.
- Provide opportunity for reflection and critical incident analysis, to identify, deal with and learn from near misses and mistakes and ensure best outcomes for children and adults at risk.
- Endorse clinical judgements and provide specialist support when circumstances require it in the safeguarding process for children and adults at risk.
- Facilitate staff to increase their knowledge, skill, confidence and competence when working with children, their families and adults at risk creating positive outcomes.

4. DEFINITIONS

The following definitions are intended to provide a brief explanation of the various terms used within this policy. This is not an exhaustive list but should help the reader with some of the common terms and words used in relation to safeguarding children and adult at risk

Term	Definition
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.
Supervision	In this context, is defined as an interaction between practitioner(s) who are directly involved with an identified 'supervisor' – usually an expert in the field who holds specialist skills.
Children	
Child	In this policy, as in the Children Act 1989 and 2004, refers to anyone who has not yet reached their 18th birthday. "Children" therefore means children and young people throughout.
Child in need	<p>(Children Act 1989 s.17) A child is considered to be in need if:</p> <ul style="list-style-type: none"> ✦ He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA. ✦ His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA. ✦ He or she has a disability.
Child in need of protection	A child for whom there is reasonable cause to suspect that they may be suffering, or likely to

	suffer, significant harm, or an Emergency Protection Order or use of police powers of protection have been used. This constitutes a duty for the Local Authority to make enquiries (Children Act 1989 s.47)
Significant Harm	The threshold which justifies compulsory intervention in family life in the best interests of the child.
Adult	
Safeguarding Adults Supervision	Is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of situations.
Adult at Risk	The Care Act 2014 identifies those who may require adult safeguarding interventions as an adult (aged 18 and over) who: <ul style="list-style-type: none"> ○ Has care and support needs. ○ Is experiencing, or at risk of experiencing abuse or neglect, and ○ As a result of their care and support needs, they are unable to protect themselves against abuse or neglect or the risk of it.

5. RESPONSIBILITIES

- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH
- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy.
The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision. Safeguarding supervision does not replace nor should it delay the individual's responsibility to make a referral to statutory agencies where there are concerns that a child/adult at risk may be suffering or likely to suffer from significant harm.

- **Senior Management** - The organisation will ensure that practitioners and supervisors are allowed appropriate time and support to fulfil the requirements of the supervision process.
- **Safeguarding Team** - Will be responsible for the implementation and auditing of the process.
- **Line Managers** - It is the responsibility of the line managers to address any managerial issues arising from supervision. These may include the need for additional resources and education/training, caseload issues, any potential disciplinary matters or health and safety issues.
- **Supervisor Responsibilities** All Supervisors will:
 - Have received professionally recognised supervision skills training and ensure that their knowledge remains current through relevant course updates and accessing relevant literature.
 - Have up to date knowledge in legislation, policy and research relevant to safeguarding children/adults at risk.
 - Keep up to date with own child protection practice/knowledge at Level 4 (Intercollegiate Doc. 2014).
 - Demonstrate best practice by accessing own supervision with the Designated Nurse for Safeguarding Children every three months.
 - Establish a safe environment for exploration of child protection and adult safeguarding issues.
 - Give constructive feedback on a supervisee's judgment and practice.
 - If required, constructively challenge any personal and professional areas of concern; document the areas of concerns discussed and identify where information will need to be shared and with whom.
 - Agree and sign a supervision contract with the supervisee and ensure that supervision is conducted within a safe, uninterrupted environment.
 - Document the agreed summary of the discussion with a clear action plan indicating responsibility for each action.
 - Ensure that a copy is held securely by the supervisor and supervisee.
 - Make available documentation from the previous session at the follow-up session for further discussion/closure.
 - Attend on time, giving adequate notice of cancellation or delay.
 - Complete an audit of Safeguarding Supervision annually to ensure robust and effective delivery.
- **Supervisee Responsibilities** - The practitioner has certain responsibilities to ensure that they receive the most effective and timely support, which is:

- To prioritise; negotiate with manager and allocate time within workload for supervision session.
 - To ensure details of the child, family or adult at risk are brought to the supervision session for discussion.
 - To identify children, their family or adult at risk for discussion and keep SystemOne vulnerabilities waiting list up to date.
 - To participate fully in safeguarding supervision sessions and demonstrate an open approach to professional challenge and a willingness to explore new ideas and practices.
 - To attend on time, giving adequate notice of cancellation or delay.
 - To access advice and support from the designated/named professional (or delegated person) as and when required.
 - Agree, sign and adhere to a supervision contract.
 - To take responsibility for ensuring they receive safeguarding supervision within required time scales.
 - Maintain accurate, meaningful and contemporaneous records and documentation as per record keeping policy/professional guidance.
 - Identify and prioritise issues/cases to be discussed at each session.
 - Identify issues for exploration, development and improvement of practice.
 - Share issues and explore interventions that are useful; Be prepared for constructive feedback/challenge; Develop skills in reflective practice.
- **Safeguarding Committee/Group** – Is responsible for oversight of the policy and dissemination of relevant information.

6. POLICY STATEMENT

The purpose of the policy is to outline expectations on ALL clinicians and managers from all service lines, in relation to safeguarding supervision across East Coast Community Healthcare (ECCH). It confirms the arrangements for safeguarding supervision and how this is recorded and monitored. Safeguarding supervision encompasses the “Think Family” approach to safeguarding, acknowledging that staff from adult services may require safeguarding supervision on child concerns and vice a versa.

7. PROCEDURE

Outcomes of Safeguarding Supervision

The aims of safeguarding supervision should achieve the following outcomes:

- The practitioner’s professional practice will be patient focused, ensuring the holistic needs of the child/family or adult at risk are paramount.

- The practitioner will have a clear understanding of their role and responsibilities when working with children and adults at risk.
- The practitioner's response to safeguarding concerns is appropriate and in the best interests of the individual.
- The practitioner will recognise their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to work with and support children, their families or adult at risk.
- The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.
- The practitioner will maintain confidentiality with regards to safeguarding issues.
- The practitioner will be familiar with and understand the policy, guidance and legislation relevant to safeguarding children and adults at risk.
- To identify any training and developmental needs.
- The supervisor will inform the Integrated Governance Committee of any areas of concern or risk to ensure that the organisation is able to fulfil its responsibility in safeguarding children and adults at risk.

The Supervision Sessions will:

- Start on time
- Remain undisturbed
- Remain confidential
- Include a supervision contract
- Record discussions and have an agreed action plan

The key functions of Safeguarding Supervision

Performance Management

- Ensure the performance and practice in line with safeguarding is competent, accountable and soundly based in research and practice-based knowledge.
- Ensure that practitioners fully understand their roles and responsibilities and the scope of their professional discretion and authority.
- To provide reflective space to analyse on-going work and specific concerns or incidents, to assess risk and need and to provide an important check and balance on safeguarding decision making and planning.

Personal Support

- To provide reflective space for the supervisee to discuss and work through the personal impact of their safeguarding roles and responsibilities. This should include support to address the emotional impact of the work where required.

Professional Development

- Ensure that professional staff training and development needs for safeguarding practice are identified and supported.

Types of Safeguarding Supervision

The following methods of Safeguarding Supervision will be available for all health care practitioners:

- **‘Open Door’ (Ad-Hoc)** advice and support by the Named Nurse for Safeguarding regarding a specific child or adult safeguarding issue at the request of the practitioner. This may be a face-to-face consultation, telephone call or email.
- **Group supervision** sessions facilitated by the Named Nurse for Safeguarding conducted face to face or by video conferencing
- **Formal one-to-one** supervision regarding children or adults at risk who are the subject of safeguarding procedures. To be carried out at a frequency agreed by the practitioner and supervisor. Formal sessions can be facilitated by the Named Nurse for Safeguarding

Process of Safeguarding Supervision for Children

Child Protection supervision is a formal process expressed through a relationship between supervisor and supervisee.

All families who have a Child Protection Plan will be discussed at Safeguarding supervision and recorded with a clear plan of the way forward within the child’s records, for future reference and audit purposes. These records will also be used for Serious Case Reviews and Section 47 enquiries.

For those health staff who are working with families/children within the Child in Need/Common Assessment Framework/Family Support Process and Looked After Children arena, they will be required to seek supervision with the Named Nurse, if they have concerns that the case is becoming ‘stuck’ or requires to be escalated. The discussion and action must be documented on SysmOne.

Attendance is **mandatory** within ECCH for staff who are working with children within the child protection process.

For other members of staff (e.g., Continence Team/TB service) who work with children and young people, there will also be a provision for the Named Nurse Safeguarding to provide safeguarding supervision and updates. These sessions may be offered quarterly depending on staff requirements.

Additional supervision sessions can be requested as necessary. Priorities within supervision will be discussed particularly relating to factors of vulnerability.

(For more information see Appendix 1)

Process of Safeguarding Supervision for Adults at Risk

The primary aims of Safeguarding Adult Supervision are to:

- Ensure professional practice remains person focused and promotes patient choice in line with the **Making Safeguarding Personal** agenda.
- Ensure practitioners are aware of and comply with relevant legislation
- Ensure that all action taken are with consent of the individual or are in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues.
- Allow practitioners to discuss strategies in order to prevent adults at risk from experiencing abuse, neglect or harm.
- Allow practitioners to explore and develop ways of working openly and in partnership with other professionals and other agencies.
- Create an opportunity for the practitioner to reflect and discuss individual practice and organisational issues that may impact on their practice.
- Ensure the practitioner fully understands their role, responsibilities and scope of their professional discretion and authority.
- Enable and empower the practitioner to develop skills, competence and confidence in their Safeguarding Adults practice.
- Provide a forum for the practitioner to discuss the emotional impact on them of working with children, their families and adults at risk.
- Provide a safe place to explore and challenge hypothesis and to analyse and synthesise complex cases.
- Identify the training and developmental needs of the practitioner so that they have the skills and knowledge to provide an effective service.
- Identify, in partnership with the practitioner, any difficulties in ensuring policies and procedures are adhered to.
- Enable practitioners to deal with the stresses inherent in working with adults at risk of abuse or neglect.

The Remit of Safeguarding Adult Supervision

Safeguarding Adults Supervision will be offered to practitioners who are working directly with individuals who are eligible for or currently subject to safeguarding adult's procedures. Examples of issues which may need to be addressed as part of the supervision process may include:

- Practice Issues
- Risk Management Issues
- Mental Capacity Act Issues
- Deprivation of Liberty Issues
- Emotional Support
- Court Processes
- Education and Professional Development

Process for the Safeguarding Named Nurse

One to one supervision will take place on a bi-monthly basis with the Deputy Director of Quality

Process for Staff who are Safeguarding Champions

All Safeguarding Champions can access 'open door' supervision from the Safeguarding Named Nurse Safeguarding

Group supervision will be accessible via the Safeguarding Champions network meetings organised by the Safeguarding Team.

The frequency of supervision will be determined by the individual depending upon caseload.

Ad-hoc supervision

It is recognised that staff will often require advice or support in relation to safeguarding children and adults at risk outside of formal supervision sessions. In the first instance they should approach a member of the Safeguarding Team, who will record the information discussed and the actions agreed. This type of supervision will not involve a contract of supervision.

Issues for supervisees

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.

Dealing with poor practice

Issues of poor practice should be 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.

Escalation of concerns

Problem resolution is an integral part of professional co-operation and joint working to safeguard children and adults at risk. Concern and/or disagreement may arise over another professional's decisions, actions or omissions in relation to a referral, assessment or an enquiry.

It is important that any difficulties are resolved quickly and openly by identifying areas in working together where there is a lack of clarity to promote resolution.

The safety of the child /adult at risk is paramount and care must be taken not to lose the focus on the child/adult at risk when there are professional disagreements or unresolved issues.

Where there are concerns in relation to a child/adult at risk, practitioners should inform their line manager/safeguarding lead so that any risks to the child/adult at risk can be given due consideration.

Individual Case Management Advice

This often has to be timely in nature and indeed may need to be immediate. It may involve opinion on the injuries seen and likely causes, advice on whom to contact or which pathway of care to access.

The discussion should be documented and held within the main safeguarding adults file within the medical division.

The Supervision Contract

Practitioners who receive regular supervision will agree a supervision contract with their supervisor at the first session and this will be renewed on a regular basis.

The contract will:

- Promote the interests of children & young people and/or adults at risk.

- ❑ Reflect the seriousness of the activity.
- ❑ Represent a positive model of behaviour.
- ❑ Ensure the supervisee is aware of his/her responsibilities and role within supervision.
- ❑ Clarify accountability.
- ❑ Provide a basis for reviewing and developing the supervisory relationship.
- ❑ Ensure the standard of supervision provided is of appropriate quality.
- ❑ Place a duty on staff to demonstrate continuing development.
- ❑ Act as a benchmark against which supervision can be audited.

A copy of the contract will be held by the supervisor and the supervisee. The supervisor will take responsibility for monitoring and reviewing the contract with the supervisee as necessary **(See Appendix 3 for more information)**

All supervision sessions will be confidential with the exception of the disclosure of any unsafe, unethical or illegal practice.

Training

Staff providing safeguarding supervision should undertake ECCH's clinical supervision training as well as a nationally recognised Safeguarding Supervision course. There is no specific requirement to undertake any further training regarding supervision, the Named Nurse for Safeguarding will have undertaken specialist safeguarding children and adults training.

Monitoring and Audit

A record of attendance of both individual and group sessions will be kept by the Supervisor.

Any concerns identified during the supervision session will be discussed with the Team Leaders/Senior Management if appropriate.

Annual Audit of the supervision process will be undertaken by the Safeguarding Team.

8. MONITORING AND REVIEW

This policy has been reviewed by the Named Nurse for Safeguarding and in discussion with the other professionals from the Safeguarding Committee.

The policy will be reviewed biennially and in accordance with the following as required:

- ❑ Legislative changes
- ❑ Good practice guidance
- ❑ Significant incidents reported
- ❑ New vulnerabilities
- ❑ Changes to organisational infrastructure
- ❑ Introduction of new systems and processes

This document will be reviewed by the Safeguarding Committee every two years or sooner if changes in legislation occur or new best practice evidence becomes available.

9. REFERENCES

- DH (2004) The Children Act. The Stationary Office: London.
- DH (2014) The Care Act 2014: Care and Support Statutory Guidance - Chapter 14
- 'Safeguarding Adults. Department of Health: London.
- DH (2015) Working together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.
- IESCCG/WSCCG (2018) Suffolk Adult Safeguarding Supervision Framework. Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group.
- NHSE (2015) Safeguarding Vulnerable People in the NHS - Accountability and Assurances Framework. National Health Service Executive: London.
- RCPCH (2014) Safeguarding children and young people: roles and competencies for health care staff - Intercollegiate Document. Royal College of Paediatrics & Child Health.
- Skills for Care & CWDC (2007) Providing Effective Supervision: a workforce development tool, including a unit of competence and supporting guidance.

10. ASSOCIATED POLICIES & PROCEDURES *(To include but not limited to)*

- Clinical Supervision Policy
- Safeguarding Children Policy
- Safeguarding Adults at Risk Policy
- Mental Capacity Act 2005 Policy
- Deprivation of Liberty Safeguards Policy
- Appraisal Policy
- Disciplinary Policy
- Whistle Blowing Policy Mandatory Training Policy

11. AUTHOR

Named Nurse for Safeguarding
East Coast Community Healthcare CIC

12. APPENDICES

Appendix 1 – Vulnerability Factors

Appendix 2 – Safeguarding Supervision Contract

Appendix 3 – Clinical Supervision Schedule

Appendix 4 - Supervision Record Notes

Appendix 5 – Standards for Safeguarding Supervision for Health Visitors & School Nursing Teams

Appendix 6 – Safeguarding Supervision Audit Tool

APPENDIX 1 - VULNERABILITY FACTORS

Families may be vulnerable if there is:

- Drug and/or alcohol misuse
- Domestic violence/family violence
- Previous history of abuse (intergenerational abuse)
- Frequent moves, homelessness
- Social isolation, weak supportive networks of family and friends
- Socio-economic problems, such as poverty and unemployment
- Diffuse social problems e.g., involvement in criminality
- Poor engagement with professionals Parents/Carers

may be vulnerable if they have:

- Mental health problems, personality disorders
- Unrealistic expectations of child, intolerant and/or indifferent
- Negative perceptions e.g., child miserable, difficult to control, wilful
- Little or no ante-natal and/or post-natal care
- A Learning Disability
- Poor physical health or a disability
- History of abuse and neglect in their own childhood
- No support, e.g., lone parent
- A teenage pregnancy
- Mother less than 21 years at time of birth Children

may be vulnerable if they are:

- Premature and/or low birth weight
- Separated from mother/primary caregiver
- Disabled or have chronic ill health
- Difficult temperament e.g., cries a lot
- Difficult to care for e.g., difficulties in feeding
- Multiple birth and/or less than 18 months between siblings
- Different to expectations, e.g., 'wrong' sex
- Unwanted and/or unplanned
- Looked After e.g., foster care, residential care, private fostering
- Not attending nursery or school

Additional Risk Factors

All children where there are unresolved child protection issues should become the subject of discussion during supervision. Criteria for identifying children at risk of harm can be considered under the following categories. Some of these factors will indicate that evidence of significant harm had already been established, other factors will indicate that a child may be being harmed and that further assessment needs to take place.

This is a general guide and not an exhaustive checklist of risk factors. These categories cannot indicate the nature, degree or severity of risk or act as a substitute for professional judgement about levels of risk within specific families.

It is crucial that these categories should not be viewed in isolation from one another. The fact that a child has not been seen for example will carry no risk in most cases. However, if this is combined with other risk factors, such as history of previous abuse, professionals should be alert to the fact that, potentially, a very dangerous situation may exist and assess the risk accordingly.

- Any child who is subject to a child protection plan or whose sibling is subject to a child protection plan
- Any child who is subject to a child protection conference
- Any child whose health, growth (faltering growth) and development are impaired and there are concerns about parenting capacity, or the source of harm is unclear
- Any child where there is concern about parenting capacity even though there is no direct evidence of significant harm
- Any unborn/preterm child where there are concerns about parental attachment
- Any disclosure of abuse from child or parent/carer
- Any child living in the same household as a person identified as risk to children
- Any child living in a household where an adult or young person has been the subject of allegations of sexual abuse
- Any child whose parents/carers have a violent relationship
- Any child whose parents/carers are hostile/aggressive towards professionals
- Any child who has not been seen because have failed to gain access and there is a history of child protection concerns
- Any child whose parents/carers have a history of abusive or neglectful parenting
- Any child whose parent/carer has a history of poor mental health, a learning disability or poor physical health which could impact on their parenting capacity
- Any child whose parent or carer is currently misusing drugs or alcohol
- Any child who has had a prolonged period of separation from their parent/carer
- Any child whose parents do not keep appointments
- Any child who has had multiple changes of address and/or has changed schools or GP's frequently
- Any child who has been the subject of concern by another agency, professional, family, neighbour or friend.
- Any child who has a history of frequent attendance at A&E departments and may be a cause of concern
- Any child living in a family who are non-compliance to agency interventions

- Any child living in a household where there is a history of house fires
- Any child currently looked after by the local authority
- Any child currently being cared for under a private fostering arrangement and has not been registered with the local authority
- Any child living in a household where there is known criminal activity which may expose a child to harm:
 - Children on the child protection register/subject to a child protection plan
 - Looked after children
 - Families of concern to the professional i.e., domestic violence, mental health issues or substance abuse, complex needs
 - Antenatal women identified as vulnerable

APPENDIX 2 - SAFEGUARDING SUPERVISION CONTRACT

This contract should be read in conjunction with the Safeguarding Children and Adult at Risk Supervision Policy

Supervisor	Designation
Supervisee	Designation & Place of Work
Date of Contract	Date for Review
<p>Ground Rules</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both parties will prepare for supervision. <input type="checkbox"/> Supervision will be given high priority and not cancelled unless in an emergency or sickness. <input type="checkbox"/> In the event of cancellation, it is the responsibility of the cancelling party to arrange another session as soon as possible. <input type="checkbox"/> Sessions should last 1 ½ hours. <input type="checkbox"/> Supervision should not be interrupted by persons or phone calls unless urgent. <input type="checkbox"/> Supervision will be approached in an open and honest way with constructive challenge to ideas and practice. <input type="checkbox"/> Both parties will be aware of and confront any practice, which they feel is influenced by prejudice of any kind such as race, gender or disability. 	
<p>Disagreement Resolution</p> <p>There may be times when the supervisor/supervisee disagree with decisions taken or actions planned. Resolution of those differences is an integral part of professional relationships but will become dysfunctional if not resolved in a constructive and timely fashion. If the professional relationship between the supervisor/supervisee becomes ineffectual, a tripartite meeting will be convened to resolve these differences to the agreement of all involved. If these differences are unable to be resolved, then a change of supervisor will be considered.</p>	
<p>Confidentiality</p> <p>All issues discussed during supervision will be confidential unless the Supervisor becomes concerned about the practice of the Supervisee. In this event the concerns will be discussed with the supervisee's line manager. This will be with the supervisee's knowledge. Concerns may include where procedures/policies have not been followed, where there is a breach of professional conduct or where practice is thought to be unsafe.</p>	

Record Keeping

- A record will be kept of any discussion about the child/family or Adult at Risk and documented on the Safeguarding Supervision template on SystemOne.
- A record of issues discussed not relating to the child/family or Adult at Risk will be kept by the supervisor and a copy given to the supervisee.
- Any action plans arising from supervision must be recorded with timescales within SystemOne.
- An attendance record will be kept.

Frequency of Sessions

Length of Sessions

Signature of Supervisor

.....
PRINT NAME

.....

Date

Signature of Supervisee

.....
PRINT NAME

.....

Date

APPENDIX 3 - CLINICAL SUPERVISION SCHEDULE

Planned Date	Session Held	Areas Covered	Types of contact	Reason for cancellation (see code) / signatures
	Yes / No	Management Clinical Professional Development Support	Individual Group	Supervisor/ Supervisee

Reason for cancellation	Code
Supervisor Sick	A
Supervisor at another meeting	B
Annual Leave	C
Supervisee Sick	D
Supervisee at another meeting	E
Clinical Emergency	F
Other	G

APPENDIX 4 - SUPERVISION RECORD NOTES

Supervisee's Name:.....

Supervisor's Name:.....

Date of commencement of supervision:.....

Supervisee signature:

Date:

Supervisor signature:

Date:

Issues	Actions to be taken	By whom	Date of next session

APPENDIX 5 - SAFEGUARDING SUPERVISION AUDIT TOOL

Part One - Audit of compliance with mandatory requirement for accessing safeguarding supervision to be completed by review of supervision data held by the Safeguarding Team.

Audit Questions

No	QUESTION	YES	NO
1	Is there a current signed contract between supervisor and supervisee?		
2	Is the venue identified for supervision appropriate?		
3	Was 1 ½ hours allowed for the supervision session?		
4	Does the record clearly identify who the supervisor and supervisee are?		
5	Has an entry been made of the issues discussed?		
6	Has an entry been made of the actions to be taken?		
7	Is there a clear indication of who is responsible for implementing each action?		
8	Is there written evidence that the practitioner has implemented the action plan?		
9	If there has been deviation from the action plan was it a reasonable response in the context of the case?		

NO	QUESTION	
1	Number of staff for whom supervision is mandatory monthly.	
2	Number of staff who have accessed supervision monthly over the previous 12 months.	
3	Number of staff for who have not accessed supervision monthly over that previous 12 months.	
4	Number of delegated supervisors providing safeguarding supervision to staff.	
5	Number of delegated supervisors who have accessed supervision monthly over the previous 12 months.	
6	Number of practitioners accessing a combination of group and individual supervision.	

7	Number of practitioners accessing individual supervision between each group supervision	
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Part Two - Audit of compliance with Safeguarding Supervision Policy

13. EQUALITY & DIVERSITY IMPACT ASSESSMENT

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:

- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so, is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2

14. DOCUMENT CONTROL

Version Date	Version No.	Author/ Reviewer	Comments
07.02.2014	6	Ali Jennings	
27.05.2014	7	Ali Jennings	Incorporated ECCH Escalation/Resolution Protocol
10.07.2014	8	Ali Jennings	
06.10.2014	9	Ali Jennings	Incorporated disagreement resolution
31.01.2017	10	Ali Jennings	Removal of MIU from policy
08.06.2018	11	Paul Hunter	Whole document updated and renamed to include adult services
June 2019	12	Ali Jennings	Removal reference of HV/Sch Nurses/FNP Deputy Named Nurse SGC/Adults
July 2020	13	S Leech	Review date extended 6 months as per COVID guidance
December 2020	14	Rob Black	Updated to include video conferencing and remove references to Deputy Named Nurse
December 2021	15	Rob black	Minor changes made and removal of requirement for supervision workshops for 0-19 staff.
December 2022	16	Rob Black	Extended until March 2023
April 2023	17	Rob Black	Removal of documents relating to 0-19 and other minor changes

DOCUMENT CONTROL SHEET

Name of Document:	Safeguarding Children & Adult Supervision Policy
Version:	17
File Location / Document Name:	ECCHO
Date Of This Version:	April 2023
Produced By (Designation):	Safeguarding Team
Reviewed By:	Safeguarding Committee
Synopsis And Outcomes Of Consultation Undertaken:	All comments considered and incorporated
Synopsis And Outcomes Of Equality and Diversity Impact Assessment:	No adverse impact
Ratified By (Committee):-	Integrated Governance Committee
Date Ratified:	5 th May 2023
Distribute To:	All Staff
Date Due For Review:	April 2025
Enquiries To:	Safeguarding Team
Approved by Safeguarding Group/Committee	<input type="checkbox"/> Date: 5 th May 2023