

SAFEGUARDING CLINICAL SUPERVISION POLICY

**(To be read in conjunction with the Trust
Clinical Supervision Reflective Practice and Support Policy and all
Trust Safeguarding Policies and Procedures)**

Version:	1
Date of Issue:	January 2019
Review Date:	January 2022
Applies to:	All clinical staff

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact Document Author.

DOCUMENT CONTROL

Reference SA/Dec18/SCS	Version 1	Status Final	Author Named Nurse Safeguarding Children Safeguarding Adults Lead
Amendments	New integrated policy		
Approving body	Quality Assurance Group	Date: September 2018 Virtual Approval	
Equality Impact Assessment	Impact Part 1	Date: January 2019	
Ratification Body	Senior Management Group	Date: December 2018	
Date of issue	January 2019		
Review date	January 2022		
Contact for Review	Named Nurse Safeguarding Children Safeguarding Adults Lead		
Lead Director	Director of Safeguarding		

CONTRIBUTION LIST Key individuals involved in developing the document

Contributor – Designation or Group
Safeguarding Steering Group
Safeguarding Children Best Practice Group
Named Nurse Safeguarding Children, Taunton and Somerset NHS Foundation Trust
Named Midwife, Taunton and Somerset NHS Foundation Trust
Safeguarding Adults Lead, Taunton and Somerset NHS Foundation Trust

CONTENTS

Section	Title of Section	Page
	Document Summary	
Doc.	Document Control	
Con.	Contents	
1	Introduction	4
2	Purpose and Rationale	4
3	Policy Statement	4
4	Definitions	5
5	Safeguarding Supervision Processes	6
6	Duties and Responsibilities	9
7	Monitoring Compliance and Effectiveness	10
8	Training and Competency Requirements	10
9	References, Acknowledgements and Associated documents	11
10	Appendices	12
Appendix 1	Criteria for cases brought to Child Protection Case Work Supervision	13
Appendix 2	Matrix to illustrate safeguarding supervision by staff group	15
Appendix 3	Safeguarding Supervision Contract	18

1. INTRODUCTION

- 1.1 Safeguarding adults and children is a collective responsibility across the health economy. The Trust fully recognises its responsibility for protecting and safeguarding the welfare of all vulnerable people and acknowledges its responsibility to take all reasonable steps to promote safe practice and to protect people from harm, abuse or exploitation. The Trust, as a provider of local health services, needs to ensure its workforce has access to appropriate supervision and support to fulfil their safeguarding responsibilities effectively
- 1.2 The Trust is committed to ensure that the risks of abuse and neglect to adults, children and young people are minimised and that all vulnerable people achieve their optimal life chance in accordance with Working Together to Safeguard Children (2015) and The Care Act (2014).

2. PURPOSE AND RATIONALE

- 2.1 The purpose of this policy is to clarify safeguarding clinical supervision processes within the Trust to ensure the following outcomes:
- safe and consistent clinical practice in relation to work with vulnerable people
 - embedding of the Think Family approach to safeguarding
 - increased knowledge, confidence and competence in practitioners, supporting Continuing Professional Development, (CPD)
 - development of greater clinical proficiency and creative professional development
 - development of an environment and culture where reflection on clinical practice is encouraged and supported
 - shared expertise through gaining access to new ideas
 - improved clinical standards which contribute to clinical effectiveness and the Trust's Strategy for Clinical Governance
 - safe management of identified stress factors in clinical practice
 - a culture of challenge to professional practice to drive up standards
- 2.2 This Policy applies to all clinical staff who work with adults, children and young people, including temporary, locum, bank, agency and contracted staff as appropriate
- 2.3 This Policy also covers the responsibility of the Trust to provide a variety of different supervision models including single, group, and ad hoc supervision to all Trust staff requesting support and advice on safeguarding matters.

3. POLICY STATEMENT

- 3.1 Somerset Partnership and Taunton and Somerset NHS Foundation Trusts recognise the importance of the provision of safeguarding supervision, support and guidance. Safeguarding supervision is an essential requirement to

ensuring that all Trust staff fully understand the need to keep vulnerable adults and children safe, protect them from harm and promote their welfare in accordance with Working Together to Safeguard Children (2015) and The Care Act (2014).

4. DEFINITIONS

4.1 **A child** is anyone aged between 0 and their eighteenth birthday regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Act 1989 and 2004. For the purposes of child protection, this policy also applies to unborn babies.

4.2 **A vulnerable adult** as defined by the Care Act 2014 is an adult who: has needs for care and support (whether or not the local authority is meeting any of those needs) and;

- is experiencing, or at risk of, abuse or neglect; and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

4.3 **Clinical supervision** is “an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes” (Skills for Care and CWDC, 2007, page 5). The Trust supports several different styles and models of clinical supervision, as detailed in the Trust overarching Clinical Supervision Policy

4.4 **Safeguarding supervision** is a collection of supervisory processes, (see Section 5 below), embedded across the Trust to enable staff to analyse risk information effectively, think critically and reflectively and review their understanding of a case. It will also facilitate staff to revise their opinions of a case in light of new information, shifting circumstances or challenges to their thinking, (DHSSPS, 2011a; Turney et al, 2011). Safeguarding supervision enables staff to see “the whole picture” by “thinking family” and to recognise the impact that parental and family behaviours have on children and young people and vulnerable adults.

4.4.1 For many practitioners involved in day-to-day work with vulnerable people and their families, effective supervision is important in order to promote good standards of practice and to support individual staff members. Safeguarding supervision should help to ensure that:

- practice helps to keep vulnerable people safe from harm and identifies risk
- practice is soundly evidence-based
- practitioners develop skills in reflection on professional practice to ensure a positive engagement with supervision

- local processes are consistent with Safeguarding Board and organisational policies and procedures
- practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority
- the training and development needs of practitioners and supervisors are identified, so that each has the skills to provide an effective service, (Working Together to Safeguard Children, 2015)
- The Think Family approach is central to Trust work planned, with adults, children, young people and their families

4.5 **Child Protection Case Work Clinical Supervision** is a specific model of supervision based on reflective practice which involves detailed discussion and analysis of individual cases.

4.6 **Think Family** is the practice of making sure that the support provided by children's, adults' and family services is co-ordinated and focused on problems affecting the whole family, rather than each individual within the family with the aim of:

- improving the identification and support of adults experiencing problems who are parents or carers; and
- coordinating the support that is provided by different agencies to each family, especially those experiencing significant problems.

4.7 **Professional Curiosity:** (also described as "respectful uncertainty") is mentioned in both *Understanding Serious Case Reviews and their Impact A biennial analysis of serious case reviews 2005-2007* and *Building on the Learning from Serious Case Reviews: A two year analysis of child protection database 2007-9*. Lord Laming in his report into the death of Victoria Climbié stated that professionals should not be too trusting or over optimistic in their work with vulnerable people. Staff should:

- Use all sources of information in relation to a vulnerable person and their family
- Corroborate key risk information and potential protective factors with other involved professionals
- Seek advice if unsure of the relevance / accuracy of information shared in respect of vulnerable people
- Respectfully challenge information provided by both vulnerable people and their families and by professionals
- Recognise the importance of information about the carers of vulnerable people, particularly the fathers and male carers of children
- Be aware of your own agency's historical information and seek historical information from other agencies
- Review and act on vulnerable people's lack of engagement with appointments and services
- Keep an "open mind" during assessment processes and always consider that people can and do tell lies.

5 SAFEGUARDING SUPERVISION PROCESSES

Different staff groups across the Trust have very different requirements for safeguarding supervision, dependent on the type of work they do, level of responsibility they have for vulnerable people and their working patterns, (which may rule out access to planned supervision delivered within office hours). Furthermore some staff groups will require regular and planned supervision in order to manage long term cases whereas other staff, (for example staff in emergency and urgent care settings), will require ad hoc supervision to manage ongoing cases.

- 5.1 **Child Protection Case Work Clinical Supervision** is a planned and regular process delivered mainly to professionals working directly with vulnerable children and their families, who will have specific and ongoing responsibility for child protection. This type of supervision will always result in the completion of a clinical supervision template before the supervision session takes place and the development of a plan of care during the supervision which has the vulnerable child at the centre. It will be delivered to small groups of professionals from the same teams to ensure opportunities for joint learning and reflection and to ensure team members have knowledge of each other's cases to enable continuity of care. This type of supervision will be delivered at intervals of three months as a minimum standard, by Safeguarding professionals with a paediatric qualification and detailed knowledge of child development. Each supervisee will be required to sign a contract of supervision on an annual basis. Details of the types of cases to be brought to child protection case work clinical supervision can be found at Appendix 1 but please note this is not an exhaustive list and professional judgement should be utilised to determine which cases are presented.
- 5.2 **Peer Review** is a monthly teaching forum facilitated by the Named Doctors and Nurses for all medical and nursing paediatric staff. Each session focuses on reviewing recent child protection cases to identify good practice and learning for the future. Serious Case Reviews and other learning opportunities will also be reviewed to ensure recommendations are embedded into practice
- 5.3 **Safeguarding Supervision for Children's Services staff** is a planned and regular process delivered to Children's Services staff who do not have specific and ongoing responsibility for child protection, for example Integrated Therapy Services staff. Professionals will review overarching safeguarding processes to ensure they are understood, learning from local and national serious incidents, and may also present ongoing cases for review and to formulate plans of care. This will be delivered by members of the Safeguarding Service on a three monthly basis
- 5.4 **Safeguarding Supervision for Adult Services staff** is a planned and regular process delivered to teams of professionals working in Adult Services, particularly Adult Mental Health Services. Professionals will review overarching safeguarding processes to ensure they are understood, learning from local and national serious incidents, and may also present ongoing cases for review and to formulate plans of care. This will be delivered by members of the Safeguarding Service on a three monthly basis.

5.5 **Ad-hoc Safeguarding Supervision via the Single Point of Access, (SPOA)**

It is recognised that staff will often require advice or support in relation to safeguarding vulnerable people outside of formal supervision sessions. In the first instance they should approach the Safeguarding Service Single Point of Access 0300 323 0035 where the team administrators will take the details and pass them to a Safeguarding professionals for advice. All staff will have access to daily ad hoc supervision for urgent and routine work between 9am and 4.20pm. After hours ad hoc supervision can be sought from on call managers. Urgent safeguarding concerns must always be referred to the Emergency Duty Team or Police out of hours. Ad hoc supervision advice will be recorded by both the supervisor and supervisee for quality assurance purposes in the relevant documents. This type of supervision will not involve a contract of supervision.

5.6 **Safeguarding Supervision for Safeguarding Professionals** In addition to line management supervision members of the Trust Safeguarding Service will have access to both planned and ad hoc safeguarding and case specific supervision delivered by senior safeguarding professionals and the Named Professionals within the Safeguarding Service. The Named Professionals will in turn access safeguarding supervision from the Designated Professionals. The frequency of this supervision will not exceed three months.

5.7 **Supervision Matrix** A table illustrating which staff groups are expected to access which types of supervision can be found at Appendix 2

5.8 **Structure of Planned Child Protection Clinical Supervision Sessions**

5.8.1 Planned child protection case work clinical supervision will be delivered in a group format wherever possible. Group clinical supervision will be the Trust method of choice as it offers staff the opportunity to share information with team members about clinical cases allowing useful discussion and debate of the issues raised with staff contributing their knowledge, skills and experience to the case discussion. This is particularly beneficial in circumstances where teams are working corporately, sharing complicated cases between several practitioners and where the team consists of part-time practitioners who need to cover each other's workload during periods of leave.

5.8.2 Child protection case work clinical supervision will involve the detailed, structured discussion of all cases allocated to the supervisee where there are significant concerns about the welfare of a child, (see also Appendix 3). The discussion will include:

- information sharing
- monitoring of professional records
- discussion of the supervisee's ongoing involvement with the family
- review of previous care plans
- the voice of the child as best it can be determined
- identification of risks and protective factors for each child discussed
- formulation of future care plans

- an opportunity for the supervisee to reflect upon their skills, knowledge and value base as well as the impact on them of working with families where children are at risk or have been abused
- any additional practice or supervision issue identified which requires further action
- how information will be shared with other involved professionals and agencies, including GPs

5.9 Structure of Safeguarding Supervision for Adult Services Staff

- 5.9.1 Safeguarding Adults team clinical supervision will be delivered in a group format. Group clinical supervision offers staff the opportunity to for Adult Safeguarding workers to provide updates on process issues, recent relevant learning and enable sharing of information with team members about clinical cases. This will allow useful discussion and debate of the issues raised with staff which will contribute to their knowledge, skills and experience in relation to safeguarding adult related work. This is particularly beneficial in circumstances where teams in other areas may have been experiencing particular issues where learning may not otherwise be shared across the county.
- 5.9.2 Safeguarding Adults clinical supervision will enable specific cases to be discussed, actions can and will be taken by the safeguarding adult worker and feedback provided to the team following on from the meeting. The safeguarding adult's worker will provide an electronic record of the supervision to the relevant team lead following on from the meeting as evidence of staff team supervision.

6. DUTIES AND RESPONSIBILITIES

- 6.1 **The Trust Board** has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children.
- 6.2 **The Designated Non-Executive Director** supports the Executive Lead and the safeguarding team in all aspects of the Safeguarding Children agenda, monitors activity and outcomes and provides additional assurance to the Board in this area.
- 6.3 **The Chief Nurse** is the Executive Director Lead for Safeguarding with the Trust. State duties and accountabilities of directors, committees, specialist staff, and identify the author of the document.
- 6.4 **The Director of Safeguarding** will be the Trust Strategic Lead for CSE and represent the Trust at the Local Safeguarding Children Board Child Sexual Exploitation Sub Group
- 6.5 **The Named Nurse for Safeguarding Children and Lead for Safeguarding Adults** are the authors of this policy and will make any changes to the policy in the event of changes to best practice and local and national policy
- 6.6 **All Trust employees** are accountable for their own practice and must be aware of their legal and practitioner responsibilities relating to their role, competence and work.

- 6.7 **Line Managers** are responsible for ensuring all staff are conversant with this policy and other related policies and that all staff have undertaken the appropriate level of training for their role and are provided with appropriate clinical supervision in line with the current Trust Policy.
- 6.8 **All staff** within Somerset Partnership should be familiar with the procedures detailed in this document and of other related policies.
- 6.9 **All new staff to the Trust** will be informed as to how they can access this Policy during their mandatory induction programme.
- 6.10 **All staff** must seek advice and support from a member of the Trust Safeguarding Service when they have any concerns about the welfare of a vulnerable adult

7. MONITORING COMPLIANCE AND EFFECTIVENESS

- 7.1 The effectiveness of this policy and procedure is subject to scrutiny and review by the Local Safeguarding Children Board (LSCB), Local Safeguarding Adults Board, (LSAB), Somerset Clinical Commissioning Group and the Trust's Safeguarding Steering Group.
- 7.2 Compliance with this policy will be monitored by clinical audit as part of the Trust's annual clinical supervision audit. Audit questions specific to the safeguarding supervision element of the clinical audit will be developed by the Trust Named Nurse Safeguarding Children and Trust Lead for Safeguarding Adults in line with the audit standards for this policy
- 7.3 Specific supervision issues and requests for additional assurance and compliance monitoring will be actioned by additional clinical audit at individual service and team level as required
- 7.4 To ensure child protection case work clinical supervision is a process that is delivered consistently by all supervisors the Designated Nurse for Safeguarding Children will observe each supervisor's practice on an annual basis and provide a formal report to the Director of Safeguarding which includes feedback on each individual supervisor's practice and an action plan to address any improvement actions
- 7.5 Safeguarding supervision audit reports, action plans, DATIX incidents and any other issues relating to safeguarding supervision will be added to the agenda of the Trust's strategic and operational safeguarding committees for discussion and monitoring purposes

8. TRAINING AND COMPETENCY REQUIREMENTS

- 8.1 All members of the Trust Safeguarding Service will be assessed as competent to provide safeguarding supervision before being allocated as a safeguarding supervisor. Competence will be gained by observing safeguarding supervision and delivering supervision in the presence of a more senior supervisor.

Access to Trust and Safeguarding Board supervision training will be provided where such training exists.

9. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

References

Department of Health. The Victoria Climbiè Inquiry: Report of an enquiry by Lord Laming, (2003)

Nursing and Midwifery Council. Clinical supervision for registered nurses, (2008)

CQC Supporting information and guidance: Supporting effective clinical supervision July 2013 CQC

Benner's taxonomy: Develop skills across novice to expert practitioners (Benner, 1984)

M Government. Working Together to Safeguard Children, (2015).

Royal College of Speech and Language Therapists. Royal College of Speech and Language Therapists Professional Standards, (2009)

NHS IAPT Supervision Guidance (Turpin and Wheeler, 2011).

NSPCC Assessing children and families (NSPCC 2014)

Skills for Care and Children's Workforce Development Council. Providing Effective Supervision, (2007)

NHS IAPT Supervision Guidance (Turpin and Wheeler, 2011).

Cross reference to other procedural documents

Child Sexual Exploitation (Management of) Policy

Clinical Supervision Policy

Confidentiality and Data Protection Policy

Domestic Abuse Policy

Historic Allegations of Child Abuse and Neglect (Management of) Policy

Record Keeping and Records Management Policy

Risk Management Policy

Safeguarding Adults at Risk Policy

Safeguarding and Protection of Children Policy

Safeguarding Training Strategy

Untoward Event Reporting Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

10. APPENDICES

- a. For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Criteria for cases brought to Child Protection Case Work Supervision

The below criteria illustrate which cases should be discussed at planned child protection clinical supervision. Those practitioners who, due to their professional role, are not required to access planned child protection clinical supervision should access ad hoc supervision if they have any concerns about the welfare of a child, (see also the Trust Safeguarding and Protection of Children Policy).

Please note that this list is not exhaustive and any concerns about a child's welfare can be discussed at planned clinical supervision sessions.

- All families on the practitioner's caseload where children are subject to a Child Protection or Child in Need Plan
- All families with an allocated Social Worker from Children's Social Care
- Families where there have been reported incidents of domestic abuse, either formally through established information-sharing processes or from disclosures from victims or third parties
- Families in which adult behaviour, is believed to have an impact on the welfare of the child(ren), such as through substance misuse or mental illness
- Families where social exclusion impacts on the welfare of the child(ren)
- Families who are not compliant with health and care services for either adults or children, which will negatively affect the child(ren)
- Families where Fabricated or Induced Illness is suspected
- Cases where there have been several low level concerns over a short period of time, (including Domestic Abuse notifications, attendance at A and E or MIU, poor attendance at routine health appointments, or lack of access by a health professional)
- Cases where child exploitation is suspected or disclosed
- Cases where one or more of the child's parents/main carers are care leavers
- Families in which a child is 'Looked After' (in the care of the Local Authority or within a private fostering arrangement)
- Families where the practitioner has been subject to any perceived or actual violence or intimidation by any family member

- Any family where Level 4 Early Help Assessment referrals have been declined, and where other means of risk reduction are failing to have a positive impact on the child(ren)'s well-being
- Any case where there is professional disagreement about the actions to be taken, plan of care or threshold of any referrals required
- Any other child / family where the child(ren) are causing the practitioner concern with respect to their welfare for any reason

Matrix to illustrate safeguarding supervision by staff group

STAFF GROUP	SUPERVISION TYPE	SUPERVISOR	FREQUENCY
Health Visitors	Child Protection Case Work Supervision	Safeguarding Advisor / Senior Safeguarding Advisor Children	3 monthly minimum
School Nurses	Child Protection Case Work Supervision	Safeguarding Advisor / Senior Safeguarding Advisor Children	3 monthly minimum
Children Looked After Nurses	Child Protection Case Work Supervision	Safeguarding Advisor / Senior Safeguarding Advisor Children	3 monthly minimum
Continence Nurses	Child Protection Case Work Supervision	Safeguarding Advisor / Senior Safeguarding Advisor Children	3 monthly minimum
Paediatric Integrated Therapy staff	Safeguarding Children Supervision	Safeguarding Advisor / Senior Safeguarding Advisor Children	3 monthly
Paediatric In Patient Unit staff	Ad hoc Safeguarding Supervision	Safeguarding Advisor / Senior Safeguarding Advisor	As required
Paediatric Community Nurses	Child Protection Case Work Supervision	Safeguarding Advisor / Senior Safeguarding Advisor	3 monthly
Midwives	Child Protection Case Work Supervision	Named Midwife / Senior Midwife/ Safeguarding Advisor / Senior Safeguarding Advisor	3 monthly minimum
CAMHS	Child Protection Case Work Supervision	CAMHS Lead / Senior Safeguarding Advisor Children	3 monthly minimum
Paediatric Medical Staff	Child Protection Case Work Supervision	Named and Designated Doctors	Peer Review monthly and ad hoc
SWISH	Child Protection Case Work Supervision	Senior Safeguarding Advisor Children	3 monthly minimum

Diabetic Nurses	Child Protection Case Work Supervision	Safeguarding Advisor / Senior Safeguarding Advisor	3 monthly
A and E and MIU staff	Ad hoc Safeguarding Supervision	Safeguarding Advisor / Senior Safeguarding Advisor	As required
CMHT/ HTT/	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Learning disabilities Service	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
District Nursing Teams	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
IRT	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
OPMHT	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Inpatient Mental Health wards	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Community Hospital wards	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Talking Therapies teams	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
LADS	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
STEPS	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Carers Assessment Service	Safeguarding Adults Team	Safeguarding Advisor / Senior	Recommend 3 monthly/ as

	supervision	Safeguarding Advisor	required
Personality Disorders Service	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
IDDS service	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
SLT/ Podiatry	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Dental	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
Children's services	Safeguarding Adults Team supervision	Safeguarding Advisor / Senior Safeguarding Advisor	Recommend 3 monthly/ as required
T&S Teams	Safeguarding Adults Team supervision	Safeguarding Advisor/ Senior Safeguarding Advisor	As required

Safeguarding Supervision Contract

In line with the current Somerset Partnership Safeguarding Supervision Policy, both supervisor and supervisee will be subject to the following expectations:

The supervisor will:

- be appropriately trained and prepared for their supervisory role
- receive regular supervision themselves from a more senior member of the Safeguarding Service, who will themselves access appropriate clinical supervision
- create a quiet and private environment for the clinical supervision process where:
 - safe reflection on practice can occur
 - the impact of the child protection work on the individual practitioner can be assessed
- facilitate case discussion which evidences best practice in safeguarding activities, (as defined in Working Together 2015), identify areas of concern such as poor practice, leading to liaison with the supervisees' line manager to instigate a programme of support and development.
- ensure the supervision process is completed on a three monthly basis as a minimum but more frequently if required. Any cancellations to planned sessions will be re-scheduled as a high priority, within one month of the cancelled date
- ensure any learning points identified, including examples of good practice and innovative ways of working, are disseminated across the Trust, to promote overall improvements in clinical practice

The supervisee will:

- attend the supervision session on time and adequately prepared
- ensure their preparation includes a clear assessment of the current situation of each vulnerable person to be discussed, specifically known risks and protective factors. This will be evidenced by a review of the relevant clinical records and of any previously completed record of supervision template.
- take a full and active role in the supervision process, responding honestly and with clarity about the issues discussed, expecting the process to challenge practice and pre-conceived professional opinions at times
- ensure that the agreed supervision actions are completed before the next planned session is due to take place

PLEASE NOTE the supervisor reserves the right to postpone the clinical supervision session if the supervisee does not attend the clinical supervision session fully prepared having completed the relevant clinical supervision templates. The supervisees' manager will be informed as this constitutes a breach of Trust policy.

I agree to comply with the above Contract of Expectations

Signed (supervisor)..... Print Name..... Date.....

Signed (supervisee)..... Print Name..... Date.....