


Safeguarding Supervision Policy

2026-2027

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1. Introduction

This policy sets out the principles and requirements for safeguarding supervision within Central East Integrated Care Board. It aims to ensure a consistent and effective approach that supports the organisation's objectives, complies with statutory and regulatory requirements and promotes best practice.

Safeguarding supervision is a statutory and essential component of safe practice. It enables staff to reflect critically on decisions, maintain professional curiosity, and keep a clear focus on the baby, child, young person or adult at risk, aligned with national frameworks including *Working Together to Safeguard Children (2023)*, the *Care Act (2014)*, the *Mental Capacity Act (2005)*, the *NHS Safeguarding Accountability and Assurance Framework (2024)*, and the *Intercollegiate Competency Frameworks (2024 and 2025)*.

Central East ICB operates across three geographical areas, each with its own locally mandated safeguarding procedures, escalation routes, and multi-agency partnerships (such as Local Safeguarding Children Partnerships and Safeguarding Adults Boards). Staff must continue to follow the local multi agency safeguarding procedures relevant to the area in which the concern arises. This policy provides a single organisational approach to safeguarding supervision while respecting these local arrangements.

Safeguarding work is complex and emotionally demanding. Effective supervision supports staff wellbeing, builds confidence and competence, strengthens decision-making and multi-agency working, and improves outcomes for our population.

2. Purpose and Scope

The purpose of this policy is to embed an organisational culture in which safeguarding supervision is routinely available, accessible, and effectively delivered. This includes ensuring that all relevant staff receive planned, regular supervision and have access to ad hoc supervision when required, supporting safe, reflective, and accountable safeguarding practice.

The policy is underpinned by the statutory duties placed on ICBs under Section 11 of the Children Act 2004 and the Care Act 2014, which require ICBs to discharge their functions and those they fund, with due regard to the need to safeguard and promote the welfare of children, young people, and adults at risk. Ensuring staff receive appropriate safeguarding supervision is essential to fulfilling these statutory duties and is a key element of effective clinical governance.

Safeguarding Supervision aspires to be:

- Person-centered: Focus on the individual's lived experience and voice.
- Reflective & Restorative: Safe space to explore complexity and emotional impact.
- Think Family: Consider family dynamics and context.
- Timely & Consistent: Regular planned supervision with flexibility for urgent issues.
- Multi-agency Alignment: Follow local safeguarding procedures and escalation routes.
- Confidential but accountable: Clear boundaries for information sharing.

- Equality driven: Inclusive, anti-discriminatory, culturally sensitive practice.

This policy applies to all Central East ICB staff, Board members, contractors, and others involved in working with children, young people and adults who are suffering from maltreatment or at significant risk of harm and neglect.

3. Definitions

Safeguarding Supervision: A structured, formal, and reflective process of professional support and learning that enables practitioners to develop their safeguarding knowledge, skills, **analytical thinking, and emotional resilience**. It supports practitioners to take responsibility for their own practice and improves the outcomes for children, adults, and families. Unlike clinical supervision, safeguarding supervision focuses specifically on safeguarding practice and outcomes. There is currently no nationally agreed single definition however, the following are frequently used:

“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 good outcomes.” Promoting effective supervision (Skills for Care and Children’s Workforce Development Council 2007)

“Safeguarding supervision is a facilitative process that enables the supervisor and supervisee to reflect on, scrutinise, challenge and evaluate the work undertaken. This includes assessing risk and protective factors for the child in question as well as the strengths and areas for development of the practitioner. The context should be in an environment in which the supervisee receives appropriate emotional support” (Smikle, 2017)

Restorative Safeguarding Supervision: Supervision that incorporates structured reflection, emotional containment and strengths-based dialogue to enhance practitioner resilience, reduce the impact of work-related stress and promote high quality safeguarding decision-making. (All Wales Safeguarding Supervision Guidance, Public Health Wales, 2026).

Supervisor: A qualified, experienced safeguarding professional who has completed recognised safeguarding supervision training. A safeguarding professional who is suitably qualified and experienced, has completed accredited safeguarding supervision training, and maintains competence through regular refresher learning, normally undertaken every two years.

Supervisee: A ICB staff member accessing safeguarding supervision.

Child: A person under 18 (or up to 25 for care leavers or those in education with SEND). Safeguarding and promoting the welfare of children is defined under the Children Act 1989 and 2004. This also includes consideration for those who are unborn.

Adult at Risk: Under the Care Act 2014, safeguarding duties applies to adults aged 18 and over who:

- Has needs for care and support (whether or not the local authority is meeting those needs).
- Is experiencing, or at risk of abuse or neglect.
- 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.

When there is concern that an adult may lack capacity to make decisions about protecting themselves from harm or abuse, the Mental Capacity Act 2005 must be applied, alongside the Care Act Statutory Guidance (2022 update). An assessment is required where there is reason to believe a person may lack capacity due to an impairment or disturbance of the mind or brain. The Mental Capacity Act 2005 also applies to young people aged 16–17, and should be used where there are concerns they may be unable to understand, weigh, or communicate decisions relating to their own safety.

4. Policy Statement

Outline the core principles and commitments of the policy.

Central East ICB is committed to ensuring compliance with all relevant legislation, national guidance and evidenced best practice. This includes fulfilling statutory duties under Section 11 of the Children Act 2004 and the Care Act 2014, which require ICBs to discharge their functions with due regard to safeguarding and promoting the welfare of children, young people and adults at risk. Safeguarding supervision is further aligned with the Intercollegiate Documents, which outline the strategic leadership role of Designated Professionals in providing expert advice, support and supervision across the health system, and with the NHS Safeguarding Accountability and Assurance Framework (SAAF), which sets organisational expectations for robust safeguarding governance and effective supervision delivered by appropriately skilled safeguarding professionals

The core principles underpinning safeguarding supervision within Central East ICB are:

- **Person-centred:** Grounded in the lived experience and voice of children, young people, adults and families.
- **Reflective and restorative:** Providing space to explore complexity, emotional impact and professional judgement.
- **Think Family:** Recognising interconnected risks and dynamics across the whole family system.
- **Timely and accessible:** Offering regular planned supervision and responsive ad hoc support when needed.
- **Aligned with multi-agency safeguarding arrangements:** Consistent with local procedures, statutory guidance and escalation pathways.

- **Confidential yet accountable:** Maintaining appropriate privacy while meeting legal, professional and organisational responsibilities.
- **Inclusive and anti-discriminatory:** Valuing diversity and promoting culturally sensitive, equitable safeguarding practice.

All staff are expected to adhere to the requirements set out in this policy.

5. Roles and Responsibilities

List committees, executive roles, line managers, and staff responsibilities.

The following have specific responsibilities in relation to this policy:

Chief Executive/Accountable Officer: Overall accountability for statutory safeguarding compliance, including systems for supervision.

The Director of Safeguarding and Complex Care: Ensures a supervision policy is in place and monitored; oversight of training and resources for supervisors; provides assurance to governance committees.

Designated Professionals: Provide supervision to ICB staff; maintain secure records and a central register; ensure supervisor training and refreshers; escalate concerns; audit and report; update policy and guidance.

Line Managers: Ensure staff attend regular supervision with protected time; support completion of actions and training; address non-engagement.

All Staff: Access supervision appropriate to role, level of need and emerging risk; remain accountable for timely safeguarding referrals; prepare for sessions with relevant cases or issues. To inform the supervisor in advance when unable to attend. To participate in anonymised supervision feedback to assist service improvement.

6. Processes and Procedures

Detail all relevant processes and procedures. Use sub-sections for clarity and easy navigation.

The following processes must be followed to comply with this policy:

Central East ICB adopts a blended supervision model that integrates reflective practice, restorative supervision, and clear accountability frameworks. Wallbank and Wonnacott (2015) emphasises that a blended approach ensures an appropriate balance between supporting staff and maintaining professional standards. Restorative supervision provides supervisees with a

psychologically safe space to explore the emotional impact of their work, helping to reduce stress, mitigate burnout and sustain effective safeguarding practice.

A range of recognised supervision models can be used in both individual and group settings, including:

- [Kolb learning cycle.pdf](#) (2015)
- [Gibbs Reflection model.pdf](#) (1988)
- [Morrison 4x4x4 supervision model](#) (2005)
- [Driscoll model of reflection](#) (2007)
- [The restorative supervision model by Wallbank & Wonnacott](#) (2016)

Modes of supervision:

Individual Supervision: One-to-one reflective discussion of cases, complexities, decisions and emotional impact. Staff can request individual safeguarding supervision from the Safeguarding Team when involved in safeguarding children, young person or adults. The supervision is pre-arranged with protected time and a nominated specialist practitioner.

Group Supervision: Shared learning with colleagues, enabling multi-perspective analysis and support. Sessions are pre-planned with protected time. Supervisees meet in an agreed format to reflect on a case, pooling their skills, experience, and knowledge in a shared learning opportunity.

Responsive/Ad Hoc Supervision: Available when urgent concerns arise or immediate consultation is needed. Supervision can be requested by any member of staff outside of the normal planned supervision cycle in response to a specific concern but must follow the same formal process identified in this policy.

Frequency:

Supervision frequency should reflect the level of safeguarding exposure associated with each role; a full breakdown of required frequencies is provided in *Appendix X – Safeguarding Supervision Matrix*, including quarterly supervision for roles with high safeguarding intensity and access to ad-hoc sessions as needed.

Safeguarding Supervision Process

Pre-session Preparation:

- Agree and sign a supervision contract at the start of the relationship.
- Supervisor and supervisee complete a safeguarding supervision history.
- Supervisee prepares cases/issues for discussion.
- Supervisor and Supervisee manager schedules protect time and supervisor ensures a confidential setting.

During the Session:

- Use an appropriate reflective model.
- Consider risks, protective factors, equality impacts and family context.
- Identify and agree with clear, measurable actions.
- Explore emotional impact and coping strategies.
- Clarify any required escalation or multi-agency communication.

After the Session:

- Supervisor and supervisee complete required documentation.
- Supervisee records relevant case decisions in patient notes (where appropriate).
- Actions completed within agreed timescales.
- Evaluation form completed to support quality assurance.

Non-engagement: Repeated missed sessions or incomplete actions are escalated to the line manager.

Confidentiality and Information Sharing

Safeguarding supervision is managed confidentially and information is only shared when required by law, when there are professional practice concerns, or when there is a potential risk of significant harm to an adult/patient, child, colleague, or member of the public, with any information sharing carried out in line with the Data Protection Act 2018, UK GDPR, local safeguarding procedures, and the NMC Code of Conduct.

Supervisees are responsible for sharing case information with multi-agency partners as agreed, and all information to be shared outside supervision must be recorded.

Escalation and Professional Challenge

Professional disagreements may arise within a single or multi-agency context. An informal discussion should always take place first between the supervisor and supervisee(s) to understand the rationale and decision-making.

When disagreements remain unresolved the Supervisee should escalate to line managers or Designated Professionals as required. Follow the local multi-agency escalation pathways for the relevant geographical area and record escalation routes and decisions.

Cambridgeshire and Peterborough: [Resolving Professionals Differences \(Escalation\) Policy | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

Bedfordshire and Luton: [dis-esc-proc.pdf](#)

Milton Keynes: [july-2023-mktsp-escalation-policy.pdf](#)

Hertfordshire: [Resolution of Professional Differences including Escalations](#)

7. Training and Support

Supervision supports legal literacy, professional curiosity, emotional wellbeing and resilience. Safeguarding supervision and how to access this will be introduced to all staff in mandatory safeguarding training and published on the Organisations intranet.

Professionals providing a supervisory role must have completed additional training in safeguarding supervision skills. The training must be an external validated and nationally recognised course.

Supervisors should ensure a refresher course is completed every 2 years.

Supervisors must also ensure that they access regular supervision to maintain their own best practice and safeguard against vicarious trauma.

8. Monitor Audit and Governance

An annual audit and report will be conducted by the Safeguarding team and submitted to the Chief Nurse. The effectiveness of the supervision delivered will be assessed from the staff evaluation forms. Themes of concerns will be collated which will guide future improvements in service and training provision.

The Safeguarding Team will maintain the Supervision online register and feedback to team Leads when required non-attendance occurs.

The Safeguarding Team will ensure the Safeguarding Supervision policy updates occur every 2 years.

Equality, Diversion and Inclusion

Central East ICB is committed to inclusive, anti-discriminatory practice. Reasonable adjustments (e.g., interpreters, accessible formats, flexible scheduling) will be provided. Supervision should encourage reflection on unconscious bias and health inequalities.

Data Protection and Record Keeping

The General Data Protection Regulation (GDPR), the Data Protection Act (2018) and Human Rights Act (1998) stipulates law should not prevent or be used as a barrier to sharing patient information where there are concerns of significant harm. '*Safeguarding of children and individuals at risk*' are included as a condition that allows sharing of information without consent under the Data Protection Act 2018. Decisions should be made on an individual basis, following the 7 Golden rules to Sharing Information:

- GDPR is not a barrier to sharing information.
- Be open and honest.
- Seek advice.

- Share with consent where appropriate.
- Consider safety and wellbeing.
- Necessary, Proportionate, Relevant, Accurate, Timely and Secure.
- Keep a record.

Supervision records will be securely stored in line with ICB Information Governance requirements and the NHS Records Management Code of Practice. The Supervisor and supervisees will have a copy of the supervision notes. The supervisee should record the relevant action plans and case decisions within the patient record.

9. Statutory and National Guidance

Provide details of any statutory, national, or other relevant guidance that has been used to develop this document. Include NHS England guidance, legislation, and best practice standards.

This policy has been developed with reference to the following statutory and national guidance:

- Central East ICB Safeguarding People Policy (2026)
- Intercollegiate Document: Safeguarding Children and Young People and Children and Young People in Care: Competencies for healthcare staff (2025).
- Intercollegiate Document: Adult Safeguarding; Roles and Competencies for Healthcare Staff (2024)
- NHS Safeguarding Accountability & Assurance Framework (2024)
- Working Together to Safeguard Children (2023, updated 2025)
- Care Act (2014)
- Care Act: Care and Support Statutory Guidance (2022)
- Mental Capacity Act (2005)
- Data Protection Act (2018)
- Guide to the UK General Data Protection Regulation (2018)
- Lord Laming: The Victoria Climbié Inquiry (2003)
- Munro Report (2011)
- Nursing and Midwifery Council: The Code (2018)
- The Children Act 1989 and 2004 (Section 11 duties)
- Department of Health (2000) Framework for the assessment of children in need and their families
- Health and Social Care Act (2022)
- Human Rights Act (1998)

10. Stakeholder Engagement Record

The following stakeholders were engaged in the development / review of this policy:

Role/Group	Date of Engagement	Summary of Feedback
[central ICB safeguarding team]	N/A	[This policy has been developed by merging the MCA policies from the three formal ICBs. The three formal ICBs' policies were developed with stakeholders' engagement from their various locality therefore from implication, this policy has been developed with stakeholder engagement.]

11. Accessibility Statement

This policy is available in alternative formats upon request, including large print, Braille and translated versions, to ensure accessibility for all staff and stakeholders.

CEICB comply with the Equality Act (2010) and Public Sector Equality Duty (2011) and as such recognises that some individuals with protected characteristics may need additional support to understand, interpret and implement this Policy.

CEICB Safeguarding Team will respond to any direct or indirect request for support in relation to this policy to meet the needs of individuals where their Equality Act protected characteristic requires adjustments to be made to ensure equity of outcome, which will include clarification and translation.

12. Implementation Plan

Development and Consultation: : This policy was developed with wider contribution from safeguarding team and included feedback from specialist practitioners within safeguarding team.

Dissemination: All ICB staff and relevant stakeholders will be made aware of this policy and guidance through various communication channels. The policy should be published on the ICB's website www.centraleast.icb.nhs.uk

Training: All relevant staff are required to undertake relevant training including safeguarding Training commensurate with their duties and responsibilities as outlined in the Intercollegiate

Document 'Adult Safeguarding: Roles and Competencies for Health Care Staff' and the ICB document 'A Learning Approach to Adult Safeguarding'. Staff requiring additional training should speak to their line manager in the first instance

Monitoring: To be monitored via the ICB governance structure and the safeguarding team

Review:

Equality, Diversity, and Privacy: See Appendices CEICB recognise the diversity of the local community and those in its employment. The policy is supported by the auditable EQIA standards contained in this document and will be monitored for impact. See Appendices. CEICB recognise the diversity of the local community and those in its employment. The policy also acknowledges how the key principles support specific vulnerable groups.

Associated Documents:

References: please see full reference list in section 9

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Safeguarding Supervision
Date of assessment:	05/03/2026
Screening undertaken by:	Jen Sarsby Assistant Director safeguarding

Protected characteristic and inclusion health groups.	Could the policy create a disadvantage for some groups in application or access?	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?
<p>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination:</p> <p>https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</p>	<p>(Give brief summary)</p>	<p>If not, please detail additional actions that could help.</p> <p>If this is not possible, please explain why</p>

Age	No, this Policy relates to all
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A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

employees of the ICB, regardless of age. The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to the neutral

Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Subjects who have any difficulty with sight, reading, or interpreting critical or complex information (either verbal or written) may require additional support to interpret information.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to the neutral.

Gender reassignment

The process of transitioning from one gender to another.

This Policy relates to all included subjects irrespective of gender re-assignment.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to the neutral.

Marriage and civil partnership

Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

This Policy relates to all included subjects irrespective of marital/partnership status.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met,

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby.

Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion or belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

the impact is expected to the neutral.

This Policy relates to all included subjects irrespective of pregnancy or maternity status.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to the neutral.

Subjects whose first language is not English may require additional support with translation of the policy. For some people this policy may not be understandable and as such may need additional support to understand the Law and Statutory guidance that underpins this policy.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to the neutral.

Subjects may require additional support with the context interpretation of the policy and as such may need additional support to understand the Law and Statutory guidance that underpins this policy.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore,

Sex

A man or a woman.

providing those needs are met, the impact is expected to be neutral.

This Policy relates to all included subjects irrespective of Sex.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.

This Policy relates to all included subjects irrespective of sexual orientation.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Carers

Individuals within the ICB which may have carer responsibilities.

This Policy relates to all included subjects irrespective of carer status.

The policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Please summarise the improvements which this policy offers compared to the previous version or position. This policy provides guidance. It commits to meeting the equality needs of individuals when they interact with the policy. It is my opinion that a full equality impact assessment (EqIA) is not required and that decision makers have sufficient information in this brief EqIA to be able to show Due Regard as required by the Equality Act 2010.

Has potential disadvantage for some groups been identified which require mitigation?

Some individuals with protected characteristics around Disability, Race, Religion or Belief and other identified groups such as individuals who are not UK citizens may require support in relation to the interpretation or translation of this policy.

This has been addressed by the policy which includes provision for any affected individual to be encouraged to approach the safeguarding team for support.

Yes / No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)

Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via **(insert email address once confirmed)**

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Safeguarding Supervision Policy
Date of assessment:	05.03.2026
Screening undertaken by:	Jen Sarsby Assistant Director of Safeguarding

Stage 1 – DPIA form

please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	yes
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	Yes
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	no
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	Yes
5. Will the policy result in organisations or people having access to information they do not currently have access to?	No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?	No

Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	No
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No

Appendix 3: Process Flow Diagram (Recommended for complex procedures)

Visual summary of key processes is encouraged for complex procedures.

Appendix 4: Supervisory Contract

Safeguarding supervision is a collaborative process built on mutual respect between supervisor and supervisee. It provides a safe, confidential space for individual or group reflection with the aim of strengthening safeguarding practice, supporting leadership, and promoting emotional wellbeing.

The Supervisee will:

- Complete a safeguarding supervision history and share any previously effective approaches.
- Bring a case/issue for reflection and actively participate within the supervision session.
- Welcome colleagues' contributions in group supervision to aid mutual learning.
- Implement agreed actions and recommendations from supervision sessions.
- Update patient records with relevant actions where applicable following supervision.
- Be open to constructive, respectful challenges.
- Organise and manage attendance to ensure compliance.
- Engage with any recommended training to strengthen knowledge and skills.
- Complete an anonymous evaluation form at the end of each session.
- The Supervisor will:
 - Be appropriately trained and knowledgeable in safeguarding to facilitate supervision.
 - Timely escalate concerns whereby a child, young person or adult is identified at risk of harm.
 - Be self-aware of limitations and seek advice when needed.
 - Promote an open, supportive, and respectful relationship with supervisees.
 - Be accountable for their own practice and development including accessing supervision.
 - Be open to feedback and reflect on ways to improve supervision.
 - Maintain records.
 - Seek timely advice on practice concerns and escalate any professional practice issues to the appropriate line manager.
- Consent: The Central East ICB Safeguarding Team will securely store case details and advice provided to facilitate follow-up, improve supervision services and inform safeguarding training. If a significant risk of harm is identified, the escalation process will be initiated and information shared with relevant agencies in accordance with the Safeguarding Supervision Policy and UK GDPR.

I have read the above supervision contract and consent to the above statements.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____

Appendix: 6 Safeguarding Supervision Record (Individual)

Supervisee Name		Supervisor Name	
Role		Date and Time	
Organisation		Category of Maltreatment if applicable	
Patient Name & DOB			
Current Location (home/hospital/residential care)			
Summary of Discussion			
Main Concerns			
Actions Taken			

Safeguarding Practice Review Themes Identified		Case Highlights / Challenges
Voice of child/adult not gained		
Assumption someone else is managing the concern		
Poor communication/documentation		
Lack of information sharing		
Working in silo from multi-agency professionals		
Lack of professional curiosity		
Lack understanding of the Mental Capacity Act		
Case drift		
Other		

Action Plan:

Escalation Required:

Yes

Escalation Lead

Details:

Next Safeguarding Supervision Date:

Restorative Reflection (Optional): Supervisees can write their own reflection which is confidential and held only by you. Do not include patient identifiable information so that you can use this for your NMC professional revalidation [reflective-accounts-form.doc \(live.com\)](#).

Safeguarding Practice Review Themes Identified		Case Highlights / Challenges
Voice of child/adult not gained		
Assumption someone else is managing the concern		
Poor communication/documentation		
Lack of information sharing		
Working in silo from multi-agency professionals		
Lack of professional curiosity		
Lack understanding of the Mental Capacity Act		
Case drift		
Other		

Action Plan:

Escalation Required:

Yes

Escalation Lead

Details:

Next Safeguarding Supervision Date:

Restorative Reflection (Optional): Supervisees can write their own reflection which is confidential and held only by you. Do not include patient identifiable information so that you can use this for your NMC professional revalidation [reflective-accounts-form.doc \(live.com\)](#).

Appendix: 8 Safeguarding Supervision Evaluation Form

Staff can access the evaluation form via this Microsoft Forms link [\(insert link\)](#)

Following each supervision session please take 5 minutes to complete this evaluation form. The information you provide will be anonymised and audited to help shape the safeguarding supervision service and ensure your needs are being met.

1. Have you received safeguarding supervision prior to this session? Yes / No
2. Have you found the supervision beneficial? No / Satisfactory / Good / Excellent
3. What are your worry levels regarding this case or situation pre and post-supervision?



Pre-supervision

post-supervision

4. What key points have you learned through reflection today.

5. Do you feel more confident with safeguarding processes following supervision? Yes / No

6. If you had the same case scenario would you do anything different in practice?

7. Do you feel any concerns you have raised today have been listened to and there is a plan to address them? Yes / No

8. How often would you like to receive supervision? Monthly / 6 Weekly / 12 Weekly / Other

9. Did you have individual or group supervision today? Individual / Group

10. Any other comments?

Thank you for completing this evaluation form.

Appendix: 9: Safeguarding Supervision Matrix

All NHS Central East staff will have access to safeguarding advice and support Monday – Friday 09:00am-17:00pm from the Safeguarding Team. **Advice and support are different to formal safeguarding supervision.**

Level of Supervision	Accessible to	Frequency	Delivered By
1:1 Supervision and Group Supervision	<ul style="list-style-type: none"> • Programme Manager LeDeR • All Age Continuing Care teams • All Age COPDOL Practitioners • Senior Manager Acute and Mental Health • Senior Manager Perinatal Medicine and CYP • Senior Manager Community and Primary Care • CYPCC Assessors. • Serious Incident Team 	Quarterly (increased frequency upon request)	Safeguarding Team: Monday – Friday 9am-5pm. Pre-arranged
1:1 and Group Supervision	<ul style="list-style-type: none"> • All staff throughout NHS Central East 	Ad hoc as required	Safeguarding Team: Monday – Friday 9am-5pm. E-mail supervision requests to: Single Point of Contacts: Cambridgeshire & Peterborough Cpicb.safeguardingpeople@nhs.net BLMK Hertfordshire hweicbwe.sct@nhs.net

Group Supervision	ICB Safeguarding Team	Quarterly Pre-arranged	External Supervisor
1:1 Supervision	Designated Doctors	Annual	BCYPF by NHS England
Peer Review		Quarterly	

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