Mid Essex Hospital Services NHS
NHS Trust

Child Safeguarding Supervision Policy	**Type: Policy** **Register No: 11018** **Status: Public**

Developed in response to:	Children Act, 1989 Children Act, 2004 Southend, Essex, Thurrock Child Protection Procedures, 2015 Working Together to Safeguard Children, 2015
Contributes to CQC Regulation	Regulation 13

Consulted With	**Post/Committee/Group**	**Date**
Leila Francis	Designated Nurse Safeguarding Children Mid Essex CCG	May 2016
	Safeguarding Management Group	May 2016
Professionally Approved By Cathy Geddes	Chief Nurse	May 2016

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Author/Contact for Information	Sue Wright & Kelly Doran
Policy to be followed by (target staff)	All clinical staff
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Related Trust Policies (to be read in conjunction with)	Safeguarding Children & Young People Policy (04064) Safeguarding Children Training Strategy (10087) Allegations against staff- Children and Adults at risk (10118) Sharing Patient Information Policy (07026) Confidentiality Policy (07011) Speaking up-How to raise a concern Policy (04034) Disciplinary Policy (04029)

Document Review History

Version No	Author/Reviewed by	Issue Date
1.0	Louise Hagger	24th March 2011
2.0	Sue Wright	4th March 2013
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3.1	Louise Bell - 6 month extension request due MSB standardisation	8th February 2019

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1. Purpose

1.1 The purpose of this policy is to provide guidance for MEHT staff on the implementation and provision of safeguarding children supervision and to ensure that Mid Essex Hospitals Services NHS Trust (MEHT) reflects guidance at both local and national levels. Safeguarding will encompass child protection for the purpose of this policy.

1.2 MEHT Safeguarding Supervision Policy provides the framework for practice outlining the principles and functions which underpin safeguarding supervision. This includes the promotion of anti-discriminatory practice.

1.3 Section 11 of Working Together to Safeguard Children (2015) identifies that all health professionals who provide help and support to promote children's health and development should receive the training and supervision they need to recognise and act on child welfare concerns and respond to the needs of children.

1.4 The policy has been developed in support of the Southend, Essex and Thurrock Child Protection Procedures (SET 2015) which indicate that arrangements should be in place for safeguarding supervision for all staff involved in providing services to:

- children and families
- Vulnerable adults who are parents and carers and /or who may pose a risk to children.

2. Introduction

2.1 Effective supervision can play a critical role in ensuring a clear focus on a child's welfare including risk; supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.

2.2 Supervision is defined as an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose of supervision is to improve the quality of professionals work by assisting them to review, plan and account for their safeguarding responsibilities.

2.3 Providers of care must take responsibility for ensuring the quality and safety of their services; the requirements set out in law include providing good management and the right supervision.

- Section 11 of the Children Act 2004 requires effective systems to safeguard and promote the welfare of individual children in services who work with children and families; this includes "effective supervision and monitoring"

Therefore supervision of trained staff should be in place to keep children using the services safe.

2.4 The requirement for formal supervision processes to be in place has been identified in the recommendations of Serious Case Reviews both locally and nationally. Inquiries into serious incidents involving children have indicated serious failings in professional efficiency and effectiveness attributed in part, to inadequate supervision and support for professionals involved in the care of vulnerable children.

2.5 It is recognised that working to ensure children and young people are protected from harm requires sound professional judgements to be made and therefore all those involved should have access to advice and support in order to ensure that practice is soundly based and consistent with organisational procedures.

2.6 Good quality supervision can aid the professional/s involved to maintain a degree of objectivity and challenge fixed views, test and assess the evidence base for assessment and decisions, address the emotional impact of the work involved and maintain a focus on the needs and vulnerabilities risks for the child.

2.7 A formal safeguarding supervision framework is essential to ensure the safety of the most vulnerable children by the provision of continuing assessment, monitoring and review of the professionals responsible for their welfare. Formal safeguarding supervision enables practitioners to assess and evaluate interventions in complex clinical circumstances.

2.8 The core functions of supervision are:

- Case management
- Reflecting on and learning from practice
- Personal support
- Mediation in which the supervisor acts as a bridge between the staff member and the organisation?? Clinical supervision not safeguarding supervision
- Professional development as above

2.9 The requirement to attend safeguarding supervision sessions is in addition to any other forms of clinical supervision which may be available within the trust and does not negate the need to attend mandatory safeguarding children training.

2.10 This policy should be read in conjunction with SET Procedures (2015), MEHT Safeguarding Children and Young People Policy and MEHT Safeguarding Children Training Strategy.

2.11 Safeguarding Supervision is mandatory; the frequency of supervision is determined by the most recent key performance indicator for the year.

3. Aims

3.1 The aims of the safeguarding supervision policy include;

- To ensure that practitioners protect and ensure the best interests of the child or young person remains paramount.
- To ensure practitioners take a proactive approach when children or young people are at risk of actual or potential significant harm.
- To clarify the roles, responsibilities and expectations of the supervisor and supervisee
- To clarify the purpose and the limits of supervision so that conflicts and confusion do not arise within this process.
- To ensure a mechanism for evaluating the effectiveness of supervision.
- To support and encourage reflective practice and promote personal and professional development in relation to working with families where there are safeguarding concerns.

- To provide the forum through which 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.
- To ensure the highest level of co-operation both within and between agencies.
- To ensure that professionals fully understand their roles, responsibilities and the scope of their professional discretion and authority.
- To help identify the training and development needs of practitioners so that each has the skills to provide an effective service.

3.2 However the aim of supervision is not:

- a form of appraisal
- Counselling session
- Consultation
- Coaching

3.3 Safeguarding supervision is not intended to be solely directive, unless there is a significant and imminent risk to the child or young person that has not been identified by the professional working with the family.

3.4 It is not the intention of supervision to remove accountability or professional judgement from the practitioner being supervised.

3.5 Safeguarding supervision is not to be used as a forum for disciplinary procedures or teaching

4. Scope

4.1 Safeguarding supervision applies to all staff who are identified as requiring Level three Safeguarding Children training as mapped within the Safeguarding Children training strategy; this is defined within the Intercollegiate Document (2014) as " all clinical staff working with children, young people and/or their parents/carers who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns

4.2 This includes:

- Emergency Department
- Children's ward
- Children's OPD
- Children's Burns ward
- Burns OPD
- Wizard Ward
- Neo-natal unit
- All Midwives
- Cleft specialist practitioners
- Childrens Burns Club
- Burns ITU

- Consultant Paediatricians
- HIV clinic

4.3 Other hospital staff concerned about safeguarding issues can, according to need, opt to either attend a group advisory discussion or request individual support with the safeguarding team to reflect on particular safeguarding issues.

4.4 Safeguarding supervision is a form of clinical supervision. Any staff member/volunteer working for MEHT can request safeguarding supervision if they have an issue that has caused them concern and on which they wish to reflect. At no time should that request be confused with the provision of advice for an identified case requiring urgent referral to Children's Social Care.

5. Roles and Responsibilities

5.1 Chief Executive Officer

The Chief Executive Officer is ultimately responsible for supporting the policies and procedures in place across the trust to ensure high standards of safeguarding practice.

5.2 Chief Nurse

The Chief Nurse, as the Executive Lead for Safeguarding Children and Young People is responsible for ensuring that processes are in place to ensure that the Trust fulfils its obligations to safeguard children and young people.

5.3 Associate Chief Nurses/Clinical Leads/ Matron's/Lead Midwives/Line Managers.

5.3.1 The Associate Chief Nurses have overall responsibility to ensure that staff members within their department are aware of the requirement to attend safeguarding supervision and training and actively support attendance.

5.4 It is the responsibility of senior members of staff to identify and act upon inconsistencies in knowledge base with regard to safeguarding processes and address these accordingly. In this instance, the provision of individual or group safeguarding supervision should be considered.

5.5 The Line managers are responsible for ensuring staff are supported to attend safeguarding supervision sessions and that this time is protected.

5.6 Safeguarding Team

5.6.1 It is the responsibility of the safeguarding team to ensure that the safeguarding supervision policy and programme are established, reviewed and widely disseminated.

5.6.2 Named professionals are responsible for providing safeguarding supervision by supervisors who have attended the NSPCC Supervisors course or refresher within the last three years.

5.6.3 All named professionals within the safeguarding team should ensure their knowledge of supervision processes is current and that supervision is being delivered in a professional manner which supports and addresses the needs of staff working for MEHT.

5.6.4 The Named professionals lead on and ensure that reflective practice is embedded within the Trust; this includes peer review

5.6.5 Named professionals will monitor attendance at safeguarding supervision and escalate concerns to ward managers and matron's as required. Attendance will be shared with training and development to update individual training records.

5.6.6 Named professionals will maintain a record of attendance within the Safeguarding office; this will include signatures of attendees, themes discussed and actions agreed.

5.6.7 It is the responsibility of the safeguarding team to demonstrate that safeguarding supervision is audited, evaluated and achieves its objectives in maintaining and developing high standards of care in child protection practice.

5.6.8 It is the responsibility of the safeguarding team to report issues affecting capacity to meet the safeguarding supervision requirements to the Chief Nurse, in his/her capacity as Executive Lead for Safeguarding.?? Orgs risk register

5.6.9 The safeguarding team, as supervisors, have the responsibility to ensure they attend regular supervision with the Designated Nurse for Safeguarding Children in order to maintain their own professional standards.

5.7 **Trust Staff**

5.7.1 All staff who are mapped to require supervision are required to ensure that they attend and actively participate in safeguarding supervision at the required frequency.

5.7.2 The supervisee will be expected to attend the session on time and remain for the duration of the supervision session

5.7.3 Confidentiality will be maintained within each supervision except where it is necessary to protect a child or to seek advice regarding personal practice or service risk; if this is required the individuals within the supervision session will be notified.

6. Process

6.1 Safeguarding supervision will be facilitated in both group and individual sessions led by a member of the safeguarding team or a nominated person who does not have managerial responsibility for the supervisee.

6.2 Individual sessions are available for caseload holders or where it has been identified that an individual practitioner would benefit from a facilitated reflective session; this could include where there are children and young people with complex needs, children who may be at risk of significant harm or where it has been identified that there is a learning opportunity from an incident.

6.3 Individual supervision can be convened at the request of an individual practitioner.

6.4 Group supervision will be offered in accordance with the current key performance indicator at a minimum; to facilitate this, the safeguarding team will try to accommodate the ward/department individual needs.

6.5 Group supervision may also be undertaken retrospectively, in the event of a complex safeguarding concern where multiple members of staff are involved and there are lessons to be learnt.

6.6 The focus of group supervision will be on the identification of risk, need and vulnerability in families. It will promote clarification of processes and services to safeguard children and young people and promote their welfare.

6.7 The provision of group supervision will be facilitated at a minimum within:

- Maternity Services.
- Children's Services including Medical staff.
- Burns and Plastics.
- Neo-natal Unit.
- Sexual Health
- Emergency Department.
- Cleft specialist practitioners

6.8 The decision as to the appropriate provision for individual staff groups will ultimately be decided by the Safeguarding team and altered in response to identified need.

6.9 For the key clinical groups identified above staff are required to undertake safeguarding supervision a minimum of once per quarter in line with current KPI recommendations.

6.10 It is agreed that staff may attend one of the four required mandatory supervision session via additional forums such as peer reviews, safeguarding link practitioner meetings or the safeguarding children psychosocial group. This would be in addition too, and not in replacement of the need to attend three formal group supervision session per year.

6.11 Staff are required to have a minimum of one session of facilitated reflection per quarter which should be of sufficient length to allow for meaningful reflection; both the supervisor and participants should ensure their attendance throughout the whole session. This session is protected time for both the supervisor and the supervisee.

6.12 If the supervisee cannot attend a planned session, the safeguarding team should be notified in advance and an alternative appointment arranged within that quarter.

6.13 Safeguarding supervision will be monitored and evaluated by the Safeguarding team. If at any point concerns arise regarding the effectiveness of the supervision, resources will be formally sought to address this.

7. Procedure

7.1 Safeguarding supervision is a formal process expressed through a relationship between supervisor/supervisee, whose paramount purpose is to promote the welfare of children identified as being at risk by:

- Reviewing the progression of the child protection/ child in need/ looked after child plan for those staff who hold a caseload as with Midwives.
- Discussion of families in which parenting/care of the child/ren and/or unborn baby risk is a cause of concern to the professional.
- Exploration and discussion of cases whereby there are concerns pertaining to the intervention of other agencies and/or where disagreement exists amongst professionals about the most appropriate plan of safety for the child.
- Organisational or Clinical issues which may impact on the ability to protect

7.2 The Supervisor will be a Named Doctor/Nurse/Midwife or delegated other and will be responsible for:

- Facilitating the supervision sessions unless otherwise negotiated.
- Arranging the sessions and venues.
- Maintaining a record of attendance and outcome of the supervision using appropriate trust documentation (see appendix 1)
- Ensuring respect is shown for each participants view point and needs.
- Recording any review or alterations to the care plan in the child's health records. This should be signed together with the supervisee.

7.3 The Supervisee has a responsibility for:

- Being adequately prepared for supervision and ensuring that all relevant information is available inclusive of health records for each child or family member concerned.
- Clearly identifying areas of concern to be discussed.
- Contacting the supervisor should any difficulties with attendance occur.
- Maintaining a record of supervision they attend in accordance with their own professional and personal development.
- Ensuring that any plans, targets and objectives formulated and agreed during supervision are adhered too.
- Respect other participants view point if in a group setting.
- Communicating outcomes that pertain to changes to the child's/ren's care plan with other relevant health professionals as appropriate.

7.4 It is the responsibility of both the supervisor and supervisee to ensure that each supervision session has a clear time frame and other than with prior negotiation with the Named Professional or delegated other is not cancelled.

7.5 Staff will sign to say they have attended the supervision session, any supervision contract will be signed by the individual member of staff each year or more frequently if amendments are made if this is earlier. This will be held in the staff member's personal file.

8. Confidentiality

8.1 Supervision is a confidential process between the supervisor and supervisee however it is imperative that action plans pertaining to any ongoing or future work with a child or family is documented in the child's health record.

8.2 Should concerns arise regarding professional competence that cannot be determined within the supervisory relationship; this will then be discussed with the practitioner and a decision taken as to how this may be resolved. This may involve consultation with the supervisee's line manager or the Designated Nurse Safeguarding Children.

8.3 If there are concerns regarding the risk, safety or welfare of a child or young person, this must be the overriding consideration and relevant information will be shared according to the MEHT safeguarding children policy, in order that the child/ren are protected from harm.

9. Monitoring, Audit & Evaluation

9.1 It is important to monitor and assess the extent to which safeguarding supervision achieves its objectives in maintaining and developing high standards of care in safeguarding practice.

9.2 Supervision records should be kept and reviewed alongside health records as part of the annual safeguarding record keeping audit.

9.3 In response to local and national guidance, this policy will be reviewed and audited to ensure accuracy and identify areas for improvement.

9.4 The audit tool is attached as appendix 2

9.5 An evaluation of the impact on practice will be completed on a quarterly basis; the results will be published within the Annual report. The Evaluation tool is included as appendix 3.

9.6 A risk event form will be completed where a child is placed at risk due to the action or inaction of a Trust member of staff identified during supervision. All risk events will be monitored according to Trust policy.

9.7 All failed supervision sessions which have been planned will be notified to the Deputy Chief Nurse.

10. Implementation & Communication

10.1 It is the responsibility of each division to make sure that where manual copies of documents are kept and relied upon that these are always up to date and that the old version is routinely removed.

10.2 The policy will be accessible on the Intranet and the Trust safeguarding children web page.

10.3 The policy will be promoted through the:

- Safeguarding Management Group
- Associate Chief Nurse meeting
- Nursing and Midwifery Executive Group
- Lead nurse meeting
- Ward sisters meeting
- Link Nurse meeting

10.4 It is expected that the managers for the individual departments will cascade new policies to their team members.

11. Equality and Diversity.

11.1 **Mid** Essex Hospitals Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the need of all individuals (see Equality Impact Assessment - Appendix 4)

12. References.

- Southend, Essex and Thurrock (SET) procedures. (2015) Essex Safeguarding Children Board.

- Working Together to Safeguard Children. (2015) HM Government.

- Skills for Care and CWDC (2007) Providing Effective Supervision

- The Munro Review of Child Protection (2011) Final report , A Child Centred System

- Brandon M, Belderson P, Warren C, Howe D, Gardner R, Dodsworth J, Black J. (2008) Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005. DCSF London

- Children Act 2004. London: HMSO

Appendix 1

Mid Essex Hospital Services NHS
NHS Trust

INDIVIDUAL SUPERVISION CONTRACT

SUPERVISEE	
SUPERVISOR	
We have agreed that clinical supervision will be conducted as follows:	
Frequency of sessions	Safeguarding case holder: minimum; quarterly, and as required clinically. All other staff: Group Supervision twice yearly; and as required clinically.
Duration of sessions	1-2 hours, or as agreed
Venue	TBA individually.

Agreed action for cancellation of planned supervision
You are responsible for accessing supervision as above. If you do not adhere to the statutory requirements, your line manager will be informed. Telephone contact 01245 515167 or 01245 513351 (For midwifery) Telephone 01245 514286 or 01245 514728 (Safeguarding Children) **New date rebooked?**
Issues not considered appropriate for supervision
Managerial issues not pertaining to safeguarding, personal issues.

What the supervisor expects from supervision	Supervision will be conducted in a professional manner and in line with this contract: Focus on the child/young person Arrive on time and remain for whole session Enter into discussions, value and listen to contributions. Confidentiality will be maintained at each session except where advice from others, e.g management, human resources, occupational health needs to be obtained. To question differences constructively and respect the thoughts and feelings of group participants Consider diversity and equality Informing of non attendance. Information and data will be used anonymously for audit I understand that all information (that relates to people or agencies) that is disclosed during child protection clinical supervision should be treated with strict confidentiality,

	and must not be disclosed outside the session except where it is necessary to protect a child or to seek advice regarding personal practice or service risk from management human resources or occupational health - Individuals will be informed should this decision need to be taken. If the supervisee fails to attend two concurrent sessions the supervisor will inform the manager of the supervisee and cc supervisee into the correspondence.
What the supervisee expects from supervision	Safe environment to gain support learning and guidance on complex or difficult cases Support in the professional escalation of cases which are not going to plan for extraneous causes. Gain support for further development of safeguarding skills and research.

Confidentiality discussed and limitations agreed	**Yes**

Signature of supervisor……

Signature of supervisee……

Date

SAFEGUARDING SUPERVISION RECORD FORM

Name of supervisor	
Name of supervisee	
Date of session	**Time commenced**
	Time ended

Reflection on last session
Issues brought to supervision
Action to be taken

Signature of supervisor……

Signature of supervisee……

Date

Supervision Closure Form

Name of Supervisor:	
Name of Supervisee:	
Date:	
Summary:	
Positives:	**Development areas:**
Action:	**By (date)**
Comments:	

SAFEGUARDING SUPERVISION REGISTER FOR AUDIT:

It is the responsibility of the supervisor to maintain a confidential copy – only this section will be held electronically.

Date	**Name of supervisor:**

Agreed Ground Rules standard ground rules, for agreement at each session and recorded? **Yes/No**

Signatures to indicate confirmation of agreement present ? **Yes/No**

Acute service ☐

Community service ☐

Apologies Received ***N/A/Yes/No***
Reason for Non-Attendance ***Yes/No***
Date rebooked ***Yes/No***
If second DNA manager & supervisee informed by letter? ***Yes/No***
(if no please explain)

Issues discussed	*Number*		
Alcohol Misuse		Parenting Capacity	
Attachment Issues		Physical Abuse	
Carers with Learning Disabilities		Record Keeping	
Children with Special Needs		Self Harm	
Child to Child Abuse		Sexual Abuse	
Clinical Issues within workplace		Substance Misuse	
Domestic Violence		Teenagers and sex	
Fabricated Illness		Diversity and equality	
Inappropriate Carer e.g. child		Processes within organisation	
Interagency Working			
Involvement with Court Case			
Mental Health issues			
Neglect			

Issue	Resolved	In progress	Unable to take forward
	Y/N	Y/N	
	Y/N	Y/N	

GROUP SUPERVISION CONTRACT and RECORD FORM

SUPERVISOR Name and Signature	
We have agreed that clinical supervision will be conducted as follows:	
Frequency of sessions	Once in every 3 month period (minimum)
Duration of sessions	1 hour or as agreed – PROTECTED TIME
Date and time	
Issues not considered appropriate for supervision: Managerial issues not pertaining to safeguarding; personal issues	
What the supervisor expects from supervision	• Supervision will be conducted in a professional manner and in line with this contract • By signing below you understand that all information (that relates to people or agencies) that is disclosed during safeguarding supervision should be treated with strict confidentiality, and must not be disclosed outside the session except where it is necessary to protect a child or to seek advice regarding personal practice. Individuals will be informed should the supervisor need to discuss practice issues that have arisen in the session with the supervisee's line or ward manager. • Attendance records are shared with Training and Development for your records to be updated and managers for compliance monitoring • Staff agree to attend 4 supervision sessions a year, stay for the duration of the session, and will come prepared with a case to discuss

Confidentiality discussed and limitations agreed	**Yes**	**No**

Subject(s) Discussed

NAME	DESIGNATION	DEPARTMENT	SIGNATURE

SAFEGUARDING SUPERVISION REGISTER FOR AUDIT:

It is the responsibility of the supervisor to maintain a confidential copy – only this section will be held electronically.

Date	**Name of supervisor:**

Agreed Ground Rules standard ground rules, for agreement at each session and recorded? **Yes/No**

Signatures to indicate confirmation of agreement present ? **Yes/No**

Acute service ☐

Community service ☐

Apologies Received ***N/A/Yes/No***
Reason for Non-Attendance ***Yes/No***
Date rebooked ***Yes/No***
If second DNA manager & supervisee informed by letter? ***Yes/No***
(if no please explain)

Issues discussed	*Number*		
Alcohol Misuse		Parenting Capacity	
Attachment Issues		Physical Abuse	
Carers with Learning Disabilities		Record Keeping	
Children with Special Needs		Self Harm	
Child to Child Abuse		Sexual Abuse	
Clinical Issues within workplace		Substance Misuse	
Domestic Violence		Teenagers and sex	
Fabricated Illness		Diversity and equality	
Inappropriate Carer e.g. child		Processes within organisation	
Interagency Working			
Involvement with Court Case			
Mental Health issues			
Neglect			

Issue	Resolved	In progress	Unable to take forward
	Y/N	Y/N	
	Y/N	Y/N	

Appendix 2
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 Named/Designated Nurses

Audit Questions

1. Number of staff for whom supervision is mandatory 3 monthly.

2. Number of staff who have accessed supervision 3 monthly over the previous 12 months.

3. Number of staff for who have not accessed supervision 3 monthly over that previous 12 months.

4. Number of delegated supervisors providing safeguarding children supervision to staff.

5. Number of delegated supervisors who have accessed supervision 3 monthly over the previous 12 months.

6. Number of staff accessing a combination of group and individual supervision

7. Number of staff accessing individual supervision between each group supervision

Part Two – Audit of compliance with Safeguarding Supervision Policy

Audit Questions

No	Question	Y	N	d/k
1.	Is there a current signed contract between supervisor and supervisee?			
2.	Is the venue identified for supervision appropriate?			
3.	Does the record indicate the time 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?			

Appendix 3

Safeguarding Supervision Evaluation Form

Date:	**Time:**
Designation:	**Group/Individual (*delete as appropriate)**

Issues Addressed:
Did you find supervision supportive?
Did you have sufficient opportunity to participate?
What will you do differently if anything as a result of supervision?

Thank you for taking time to complete this evaluation

APPENDIX 4

Equality Impact Assessment (EIA)

Title of document being impact-assessed:

SAFEGUARDING CHILDREN SUPERVISION POLICY.

Equality or human rights concern.	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	No impact.	
Race and ethnicity	It is recognised that cultural differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern.	This is currently addressed via local and national legislation and guidance and via MEHT safeguarding children training programme.
Disability	No impact.	
Religion, faith and belief	It is recognised that religious differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern.	This is currently addressed via local and national legislation and guidance and via MEHT safeguarding children training programme.
Sexual orientation	No impact.	
Age	No impact.	
Transgender people	No impact.	
Social class	No impact.	
Carers .	No impact.	

Date of assessment: 6th April 2016

Name of Assessor (s): Sue Wright