



**University of
Nottingham**

UK | CHINA | MALAYSIA

Evaluation of an evidence based model of safeguarding clinical supervision within one healthcare organisation in the United Kingdom

**Dr Julie McGarry¹ Dr Aimee Aubeeluck Dr
Deborah De Oliveira²**

**School of Health Sciences, University of
Nottingham, UK¹**

**School of Medicine, Institute of Mental Health,
University of Nottingham, UK²**

Email: julie.mcgarry@nottingham.ac.uk



- Safeguarding vulnerable adults and children forms a core tenet of contemporary healthcare practice across a range of healthcare settings
- It is explicitly addressed within the United Kingdom (UK) through national policy initiatives and therefore pivotal that those working in clinical practice, across a range of settings, are adequately equipped with the requisite knowledge and skills to be able to identify, support and work with patients/clients and their families where safeguarding concerns may arise
- From this perspective, within the UK as elsewhere safeguarding has often been referred to within the literature as '*everyone's responsibility*' and thus should arguably form an integral part of clinical practice



- However, it is also acknowledged that insufficient time has often been allocated to supporting healthcare professionals in decision making, care planning and care delivery where safeguarding is a feature of the presentation or case
- **Clinical supervision** has been recognised as a valuable mechanism through which healthcare professionals may evaluate, reflect upon and develop their clinical practice within the context of safeguarding
- However, while there is a general consensus with regard to the value of clinical supervision there are multiple approaches to utilisation in practice



- One healthcare organisation in the UK (National Health Service (NHS) Trust) has recently developed a structured Safeguarding Supervision Framework (SSF)
- The model involves structured preparation and training for clinical staff alongside a clear structure of safeguarding supervision responsibilities across all grades of clinical staff
- The rationale for the development of this initiative was based on the ambition to embed safeguarding clinical supervision as a part of everyday practice within teams and across services, rather than as a standalone activity predominantly supported by the safeguarding specialist team

- The overall aim of this evaluation study therefore was to examine the extent to which the Safeguarding Supervision Framework (SSF) supported the delivery of a safe and effective safeguarding supervision process to practitioners within one discrete service within the aforementioned Trust
- This evaluation study had the following research questions:
 - How is the SSF operationalised in practice by supervisors?
 - How do supervisees experience the SSF process, including barriers and enablers to supervision support in practice?

- This study used a survey approach, which involved the development and administration of an online anonymous survey with clinical supervisors and supervisees working within the one service of the Trust
- The study was approved by requisite authorities (FMHS REC ref no 159-1711)
- Participants were individuals involved in giving and/or receiving safeguarding supervision within the service at the Trust and were aged 18 years or above
- A total of 142 individuals completed the anonymous survey. Participants had a mean age of 45.7 (median =47; min/max=26/63) and were mostly females (n=126; 92.0%)
- Overall, there was a balance in representation of individuals from all UK NHS clinical grades (≤ 4 , 5-6, 7-8) and the majority were in their current roles for seven years or more (n=80; 58.4%)



- The survey items were uploaded to a confidential and anonymous survey platform
- The survey was carried out between April and June 2018 and individuals took on average 10 minutes to complete the questions
- It was not mandatory that all questions were completed, meaning that participants could leave questions in blank if they did not wish to provide an answer



- The survey data was exported from the survey platform to the SPSS® 2
- *Survey data*
 - The data were analysed descriptively, with tables of frequencies, range, means and medians. Correlation and significance scores (Pearson Chi-square) were calculated for the Likert scales and gender, age, time in the current role and band groups to explore differences in knowledge, satisfaction and confidence regarding safeguarding supervision between these groups. A 95% confidence interval ($p \leq 0.05$) was considered for all calculations
- *Open-ended comments*
 - Participants' comments were recorded on an EXCEL® spreadsheet. Research team members read the participants' open-ended comments/statements independently. Comments/statements were grouped by the researchers into a series of themes alongside an explanatory commentary



- *The survey results* showed that individuals were overall confident, knowledgeable and satisfied with their safeguarding supervisions
- However, individuals at a lower Band were significantly less positive about supervision, particularly in relation to how much they felt enabled to explore their safeguard concerns, how much they felt equipped to provide/receive safeguarding supervision and about how much they understood clearly the difference between managerial supervision/clinical and safeguarding supervision
- In addition, the high reporting levels of knowledge, confidence and satisfaction in individuals receiving more hours of supervision indicate that a high number of hours of supervision can be more beneficial in many ways, including building professional confidence and as such arguably will have a positive impact in clinical practice
- Gender, age and length of time in current role did not appear to affect individuals' appraisal of their safeguarding supervision sessions
- The open ended comments added context to the survey responses



- ***What constituents form the core components of a successful SSF relationship?***
- Preparation of SSF supervisors and supervisees – potential to review both the length and content of the current training. Possible inclusion of problem-based learning and case-based scenarios for supervisors alongside an overview of the SSF philosophy for both supervisors and supervisees
- Clear demarcation between managerial and safeguarding clinical supervision – ensuring that the boundaries (and time) allocated to supervision are not blurred
- Potential to review current guidance and incorporate into a ‘best practice’ resource guide
- Greater attention/focus given to the individuals at lower grades so that their safeguarding supervision sessions can be more open, supportive and effective, and they can feel more equipped, satisfied and confident about it
- Establishing equity of hours and frequency of safeguarding supervision so that individuals taking part can benefit from it more equally



- The authors would like to thank all of those who agreed to take part in the study and to the funders for their support

- A full copy of the report may be obtained from the authors via JM email

- Garrett D. (2015) Safeguarding adults: everyone's responsibility: RCN guidance for nursing staff. London UK: Royal College of Nursing
- McGarry J, Baker C, Wilson C, Felton A, Banerjee, A. [Preparation for safeguarding in UK pre-registration graduate nurse education](#) Journal of Adult Protection. 2015; 17(6), 371-379
- The Care Act (2014)
<http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted> (accessed 31.10.18)
- Working Together to Safeguard Children (2015)
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> (accessed 31.10.18)