

<b>Title</b>	<b>Safeguarding Adults and Children Supervision Policy</b>		
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<b>Distribution:</b>	All staff and GP members of the CCG		
<b>Compliance:</b>	Strategy		
<b>Equality &amp; Diversity Statement</b>	In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.		

## DOCUMENT CONTROL

CONTROL RECORD			
<b>Title</b>	Safeguarding Adults and Children Supervision Policy 2019 - 2021		
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# NHS Rotherham Clinical Commissioning Group (the CCG) Safeguarding Adults and Children Supervision Policy

## 1. INTRODUCTION

NHS Rotherham Clinical Commissioning Group has in place a range of systems and processes to meet safeguarding obligations, both in respect of Safeguarding Adults and Children (including unborn babies). This includes arrangements for Safeguarding Supervision.

The Children Act (2004) dictates an effective system for safeguarding and promoting the welfare of individual children when working with children and families includes effective supervision and monitoring of work, 'appropriate supervision by trained staff' should be in place.

The Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 intercollegiate document provides a point of reference to help the healthcare workforce identify and develop the knowledge, skills and competence in safeguarding. It gives clear indications of the requirements for adult safeguards competencies: including the need for safeguarding supervision, and skills needed for these levels.

The Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019 notes that it remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that's the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults is at the heart of what we do

Front line professionals should be given sufficient time, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively. NHS Rotherham CCG as a responsible employer will therefore ensure that all staff are appropriately supervised, supported and receive safeguarding training commensurate to their role. This supports NHS Rotherham CCG in their belief that all healthcare practitioners have a significant role in relation to ensuring that children, young people and other vulnerable groups are safeguarded from harm, consequently a clear structure of safeguarding supervision has been developed to support this belief.

Safeguarding supervision is separate and additional to clinical supervision and does not replace it. This policy applies to all staff working with children, families and adults at risk across NHS Rotherham CCG.

NHS Rotherham CCG will provide safeguarding supervision appropriate to role and responsibility. This may be on an individual or group supervision basis and is available for anyone to access.

This policy must be read in conjunction with Rotherham Local Safeguarding Children Partnership and The Safeguarding Adults Board Procedures which can be accessed at:

<http://rotherhamscb.proceduresonline.com/index.htm>

<http://www.rsab.org.uk/>

## 2. PURPOSE

The purpose of this policy is to provide a framework for the practice of safeguarding children and adults at risk supervision. It ensures that NHS Rotherham CCG employees are made aware of the type of safeguarding supervision that they should access / deliver when working with children and families, where there are concerns about the welfare of a child and/or adults at risk.

This policy clarifies practitioners' access to identified safeguarding supervision within individual areas of responsibility including the expectations of the Safeguarding Executive Lead, Designated Professionals, Safeguarding Adult lead, Named GP and Nurses in the Continuing Health Care team etc. See appendix 1 - Supervision Frequency Tool in Relation to Staff Role for Children's, appendix 2 for Adults.

The policy aims to build on the development of effective, competent and confident practitioners and provides a planned systematic approach to the care provided and delivered to children and families taking into account the broader definition of safeguarding as defined in Working Together 2018 (pg. 6/7).

- Protecting children from maltreatment

- Preventing impairment of children’s health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

This policy is written with the intention of providing practitioners with guidance and structure, it is NOT intended to remove professional judgement. Individual practitioners remain accountable and as such need to be able to justify their decisions at all times.

### 3. DEFINITIONS

#### 3.1 Supervision

For the purpose of this policy supervision can be defined as ‘an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team the purpose being to improve the quality of their work to achieve agreed outcomes

#### 3.2 Group Supervision

Group Supervision is a negotiated process whereby members come together (of equal status) in an agreed format, to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities

### 4. DUTIES/RESPONSIBILITIES

Roles	Responsibilities
The Chief Officer and Chief Nurse Lead Executive for Safeguarding Children	Responsibility for ensuring that policies comply with all legal, statutory and good practice requirements and that response is based on the principles of risk assessment, co-operation with partners, communicating with the public and sharing information.
The Safeguarding Team	To offer safeguarding guidance, support and advice relating to any safeguarding issue, to any member of staff within the NHR CCG. Ensuring that staff receives the most appropriate type of safeguarding supervision required to meet their need and the needs of the service users.
Designated Nurse Safeguarding Children	To provide guidance, support and advice relating to any safeguarding issue to Rotherham health economy as appropriate. To provide safeguarding children supervision to Named & Deputy Designated professionals in Rotherham as per this policy. To personally access bespoke independent safeguarding children supervision and/or group supervision as part of the South Yorkshire Designated Nurses Group and NHS England, North Area Team.

<b>Roles</b>	<b>Responsibilities</b>
Designated Doctor	<p>To provide guidance, support &amp; advice relating to any safeguarding issue to Rotherham health economy as required.</p> <p>To provide safeguarding children supervision to Rotherham Named Doctors as per The Rotherham NHS Foundation Trust policy.</p> <p>Access bespoke independent safeguarding children supervision and support from NHS Rotherham CCG Chief Nurse and/or independent source on specially identified cases e.g. medical challenges, suicides, trafficking etc.</p>
Deputy-Designated Nurse Safeguarding Children	<p>To provide guidance, support and advice relating to any safeguarding issue to Rotherham health economy as required.</p> <p>To access safeguarding supervision from the Designated Nurse Safeguarding Children as per this policy.</p> <p>To provide safeguarding children supervision to NHS Rotherham CCG clinical staff working directly with children and their families.</p>
Safeguarding Adult Lead	<p>To provide guidance, support and advice relating to any safeguarding adult issue to Rotherham health economy as required.</p> <p>To access safeguarding supervision as per Safeguarding Adults: Roles and Competencies for health care staff (2018).</p> <p>To provide safeguarding adult supervision</p>
Named Doctor NHS Rotherham CCG	<p>To provide guidance, support &amp; advice relating to any safeguarding issue to Rotherham health economy as required.</p> <p>To access safeguarding supervision from the Designated Nurse Safeguarding Children as per this policy.</p> <p>To provide safeguarding supervision to GP Safeguarding Leads for Rotherham.</p>
NHS Rotherham CCG clinical staff working directly with children and their family's, and with adults at risk	<p>To access safeguarding children and adult supervision as per this policy.</p> <p>To prepare and complete documentation relevant to supervision as per this policy.</p>

## 5. CHILDREN'S SAFEGUARDING SUPERVISION

Safeguarding children supervision is a formal, accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Reflective, restorative supervision should aim to improve the quality of a practitioners work, achieve agreed objectives and outcomes, ultimately promoting good standards of practice to ensure children and young people are safe and protected from harm through sound professional judgements.

In the Care Quality Commissions (CQC's) review of safeguarding they acknowledged that protecting children:

'...is demanding work that can be stressful and distressing and all those involved should have access to advice and support from, for example, peers, managers or named and designated professionals. It is important that staff working with children and families are effectively supervised to support them and to promote good standards of practice in safeguarding children. In line with Working Together, supervision should include reflecting on, scrutinising and evaluating the work carried out, assessing the strengths

and weaknesses of the member of staff and providing coaching, development and support.’ (A review of arrangements in the NHS for safeguarding children, July 2009).

Section 11 of The Children Act 2004, places a statutory duty on agencies to have arrangements in place to safeguard and promote the welfare of Children and Young People, recognising that “effective supervision can play a critical role in ensuring a clear focus on a child’s welfare” (Working together to safeguard children, 2018). NHS Rotherham Clinical Commissioning Group (NHSR CCG) as a provider of health care, namely Continuing Health Care Assessments to vulnerable children, recognises the value of providing safeguarding supervision.

Good quality safeguarding children supervision should:

- Ensure that the focus is maintained on the child.
- Avoid drift.
- Maintain a degree of objectivity and challenge fixed views.
- Test and assess the evidence base for assessment decisions.
- Address the emotional impact of safeguarding work.
- Be available as a source of advice and experience to practitioners
- Support professional development

Working Together to Safeguard Children (2018) also states to manage risks, social workers and other practitioners should make decisions informed by evidence available and underpinning knowledge of child development. Critical reflection though supervision should strengthen the analysis in each assessment.

Effective supervision can play a critical role in ensuring a clear focus on a child’s welfare.

Supervision should support practitioners to reflect critically on the impact of their decisions on the child and family.

The DfE, 2009b tells us that there is evidence to indicate that safeguarding supervision in the NHS has at times been found lacking in terms of quality and frequency for cases which subsequently become the subject of serious case reviews.

The process of supervision is underpinned by the principle that each practitioner remains accountable for his/her own practice and as such his or her own actions within supervision. Safeguarding supervision does not replace nor should it delay the individual’s responsibility to refer concerns about children or vulnerable adults to statutory agencies where there are concerns that a child or adult may be at risk of significant harm.

### Supervision in line with staff role

Staff Role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Safeguarding Named Nurses/Drs and Safeguarding Nurse Advisors	3 Monthly minimum	Yes	If applicable	Designated Nurse/Dr (CCG)/ Independent professional
Safeguarding Children Supervisors	3 monthly	Yes	If applicable	Deputy Designated Nurse

Staff Role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Staff working predominantly with children & families & staff holding a child/family caseload Paediatric CHC Nurses	3 monthly minimum	Yes	Yes	Safeguarding supervisors within individual practice areas, for NHS RCCG this will be the Deputy Designated Nurse
Role involves input with children and families but practitioners do not hold a children caseload	On an ad hoc basis as and when required		Yes	Safeguarding supervisors within individual practice areas
Role involves working with adults	Ad hoc according to need	Yes if required	No (as it will be case specific)	Safeguarding Supervisors within individual practice areas.
Non Clinical staff	Ad hoc according to need	Yes – if required	Yes	Safeguarding Supervisors within NHS RCCG.

The procedure for Children's Safeguarding supervision can be found in appendix 1

## 6. ADULTS SAFEGUARDING SUPERVISION

The Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 intercollegiate document provides a point of reference to help identify and develop the knowledge, skills and competence in safeguarding of the health care workforce. It gives clear indications of the requirements for adult safeguards competencies: including the need for safeguarding supervision, and skills needed for these levels.

The Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019 states that CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include: training staff in recognising and reporting safeguarding issues, appropriate supervision, and ensuring that their staff are competent to carry out their responsibilities for safeguarding.

Adult supervision can be completed in various ways, such as through audit, case discussion, peer review, reflective practice, group supervision and as component of refresher training.

The safeguarding supervision tool can be utilised to give a structure to the supervisor and supervisee (see appendix 4), this should be completed prior to the supervision session by the supervisee.

### 6.1 Responsibilities within the Supervision Process

Supervisor's responsibilities

- Ensure they have received training in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults.
- Be accountable for the advice they give.
- Identify when they do not possess the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly.

- Discuss management of individual safeguarding cases if needed to explore and clarify the management and thinking relating to the case.
- Provide clear feedback to the supervisee and identify who is responsible for implementing any required actions resulting from the supervision.
- Share information, knowledge and skills with the supervisee.
- If required, constructively challenge personal and professional areas of concern.
- Where supervision relates to a specific case, review documentation relevant to discussions in case records, reports and statements.
- Receive regular supervision; this supervision in line with the intercollegiate document

## **6.2 The Practitioner's or Supervisee's Responsibilities**

The practitioner has a responsibility to ensure that they receive the most effective and timely support, which is:

- To familiarise themselves with the Safeguarding Supervision Policy and to ensure that the principles are applied to practice.
- To understand their responsibilities in relation to safeguarding.
- To cooperate with instructions and advice given by the Safeguarding team.
- To attend safeguarding meetings if required
- To access advice and support from the Safeguarding Professional team as and where required.
- To take responsibility for ensuring they receive safeguarding supervision.
- Maintain accurate, meaningful and contemporaneous records and documentation.
- Complete necessary supervision documentation if required for each supervision session.
- Prioritise issues/cases to be discussed at each session.
- Identify issues for exploration and improvement of practice.
- Develop practice as a result of supervision.
- Share issues and explore interventions that are useful.
- Be prepared for constructive feedback/challenge.
- Reflection on practice is positively encouraged.
- Where areas of concern are identified, the practitioner has a responsibility to address these with their line manager.

## **7. AD-HOC SAFEGUARDING SUPERVISION**

It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions. In the first instance they should approach a safeguarding professional, in the case of RCGG this will be the safeguarding adults lead or the named GP for adults at risk. The Safeguarding professionals are available for advice regarding any safeguarding issues that practitioners wish to discuss. Staff can make individual appointments with the Safeguarding professional if required.

## **8. EDUCATION/TRAINING**

NHS Rotherham CCG will ensure that those practitioners providing supervision will be trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of adults, as identified within the intercollegiate document 2018. All staff are responsible for accessing supervision as relevant to their role and as guided by this policy. Those carrying out a role as a supervisor should access regular supervision themselves from a safeguarding professional.

<b>Level 1</b>	N/A
<b>Level 2</b>	Understands how to access local safeguarding supervision, networks and support.
<b>Level 3</b>	<p>Undertakes regular documented reviews of own (and/or team) safeguarding practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, reflective practice, supervision and as a component of refresher training).</p> <p>Undertakes clinical supervision and provides support for other staff (as appropriate to role).</p> <p>Understands the principles of effective adult safeguarding supervision and peer support.</p> <p>Knows about models of effective clinical supervision and peer support.</p> <p>Able to provide clinical support and supervision to junior colleagues and peers.</p>
<b>Level 4</b>	<p>Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include clinical leadership, appraisal, and supervision training.</p> <p>Provides safeguarding supervision and leads or ensures appropriate reflective practice is embedded in the organisation, to include peer review</p> <p>To be able to be a trained provider of adult safeguarding supervision and/or support.</p>
<b>Level 5</b>	<p>Designated professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include leadership, appraisal, supervision training and the context of other professionals work.</p> <p>Provides supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community.</p> <p>To be able to provide clinical supervision, appraisal, and support for named professionals.</p> <p>To be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community. Ensures that commissioned services have robust systems, procedures, policies, professional guidance, training and supervision are in place in keeping with national legislation, procedures and recommendations.</p> <p>Able to provide clinical supervision, appraisal, and support for named professionals.</p>
<b>Board Level</b>	Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training.

## 9. REVIEW

The document will be reviewed every 3 years.

## Safeguarding Supervision

### 1. Safeguarding supervision contract

Safeguarding supervision is a formal process, and a contract must be agreed between the supervisee and supervisor, both of whom must discuss and agree the arrangements for supervision sessions at their first meeting.

The contract must be signed at the commencement of a new supervision relationship or change in supervisee's role (appendix 2 ).

Supervision agreements or contracts must clearly define:

- The purpose of supervision and any limitations
- The roles and responsibilities of both supervisor and supervisee
- The frequency of supervision
- Confidentiality limits within the supervision relationship
- How records including decisions and actions will be shared

### 2. Preparing For Supervision

Cases to be discussed within safeguarding supervision may be identified through direct working with a woman during pregnancy, the child or young person or through the care interventions with the parent and/or carer or following discussion with other practitioner's.

The supervisee reviews the cases they wish to discuss ready for supervision, considering the issues related to the case, strengths, difficulties and needs of child/family.

### 3. The Content Of Safeguarding Children Supervision

An agenda for the safeguarding supervision session should be negotiated at the beginning of each session.

Cases that MUST be discussed at supervision:

- All children that are on a plan of protection.
- Cases where staff involved in case are subject to a complaint by the family whether this has been formalised are not
- Any cases where a family member is subject to MARAC (victim or perpetrator) and where areas of concern remain
- Any cases where a staff member has not been able to complete an action on a child protection plan
- Any cases where there is concern that the child protection plan may not meet the child's needs (born or unborn)
- Any cases where there are professional differences of opinion regarding protection planning and how this will be resolved
- 3 Any cases that are particularly traumatic and the staff member may need further support
- Any cases where the practitioner has concerns they wish to discuss – such as 'revolving door' families through Children & Young people's services.
- Mental capacity concerns (parents and children 16 and over apply MCA). Under 16 Fraser competency principles' apply

### 4. Discussions

Discussions should take place to:

- Address personal safety issues for the practitioner/other services.
- Agree roles and actions to safeguard the unborn/child/family.
- Identify additional training needs.
- Identify potential wider unresolved issues for families and practitioners.
- Explore ways to minimise these and improve care delivery.
- Aim to be supportive and reduce stress.
- Ensure Plans are consistent with Rotherham Local Safeguarding Children Board (RLSCB) procedures.
- Consider safeguarding adult procedures where required and the use of other risk management solutions and forums e.g. Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC).
- Consider risk utilising “Ten Pitfalls and how to avoid them - what research tells us”, (NSPCC 2010). This can be accessed at <https://www.nspcc.org.uk/globalassets/documents/research-reports/10-pitfalls-initial-assessments-report.pdf>

## **5. Recording The Safeguarding Supervision Session**

### **5.1 Documenting Safeguarding Supervision**

The Safeguarding children & young people individual supervision template (Appendix 4) must be completed for each family.

The completed supervision template must be signed by both the supervisee and the supervisor.

The completed supervision template must be scanned in to each child's record related to the family and saved in the applications section on SystmOne.

### **5.2 For staff who are non SystmOne users**

The safeguarding supervision session will be recorded by the safeguarding supervisor and the documentation held securely by the Supervisee & a copy held by the supervisor. It is also the responsibility of the supervisee to clearly document a summary of the discussion, the risks and actions as detailed above in the client record

### **5.3 Group supervision**

‘Group Supervision is a negotiated process whereby members come together (of equal status) in an agreed format, to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities’ (Staff Supervision in Social Care, Morrison, 2005).

It is most appropriate for staff who are not caseload holders Ideally there will be more than three but no more than eight in a group session.

### **5.4 Framework for group supervision**

Frame for group supervision should include the following:

- Consultation on urgent cases.
- Content of supervision sessions, e.g. safeguarding children cases, practice development, personal issues which may impact on practice, interagency and inter-disciplinary work.
- Recording the supervision session: in the case of group supervision, a record of attendance and any themes identified should be recorded and circulated to those who attended.
- Learning from Serious Case Reviews / local and national issues Child Protection Legislation e.g. The Children Act 1989 / 2004: The purpose and effect of various Children Act Orders: Interim Care Order (ICO), Care Order (CO). Residency Order (RO), Police

Protection Order (PPO), Emergency Protection Order (EPO); the requirements of health in relation to Children Act 2004 Section 11 and the related RLSCB Audits.

### **5.5 Expected outcomes of Group Supervision:**

- Reflect on feelings and attitudes discussed
- Identify any area of practice that needs to be changed and implemented as a result of supervision
- Learn from colleagues areas of good practice and recognition of areas of practice which need to improve.

### **For Group Supervision to be successful Bourne (1996) states that it requires:**

- Clarity of purpose, focus and key tasks for the group
- A clear mandate and decision-making authority
- Defined boundaries
- Negotiation of the role and authority of the facilitator
- An agreed range of methods to be used

### **5.6 Professional requirements**

As part of safeguarding children supervision, the supervisor and supervisee will discuss professional issues, such as learning and development, learning from serious case reviews, caseload management.

These needs maybe identified as part of supervising a case, or through discussion, or as part of reviewing the supervisors learning, or developing additional knowledge and understanding or as a directive from the supervisor.

At the end of each supervision meeting, this will be captured (Appendix 3) to evidence the learning and discussion that has taken place.

A copy will be held by both the supervisee and supervisor.

## Casework Supervision Contract

**Name of Supervisee:** .....

### 1. Ground Rules

Punctuality – time keeping important.

Un-interrupted time – 2 hours un-interrupted private time.

Commitment – must be given high priority and should only be cancelled in exceptional and unforeseen circumstances. Every effort will be made to reconvene a cancelled meeting within 2 weeks.

Reciprocity and Respect - mutual interaction and respect are important. If disagreements occur that cannot be resolved within the supervision meeting to both parties satisfaction, it will be referred to the supervisors line Manager for consideration.

### 2. Frequency and duration of supervision

Date planned for supervision is once every three months intervals. At each supervision session a mutual agreeable date will be made for the next supervision session. Each session will be for 2 hours maximum.

Access to SystemOne for duration of session

### 3. Agenda Preparation

This is a shared responsibility however the supervisee will forward the names of children they wish to discuss to their supervisor 3 working days prior to the supervision session.

The agenda may include discussion regarding:

- Recent referrals made to Children's Social Care
- MASH referrals
- Women on their caseload discussed at Multi-Agency Risk Assessment Conference (MARAC).
- Children who have been made subject to/removed from a Child Protection Plan since last supervision meeting
- Children who have been subject to a Child Protection Plan for longer than 18 months
- Where the practitioner has attended/been invited to a professionals/strategy meeting.
- Concerns regarding an unborn child
- A Looked After Child
- Request to contribute to a Core Assessment
- Identification of a vulnerable adult who has dependent children
- Identification of a vulnerable child

### 4. Issues of Confidentiality

Supervision records made during session which are not related to a child will be recorded on Supervision session document and filed in personnel file.

All employees are responsible for maintaining confidentiality in respect of colleagues and service users.

### 5. Date to Review Agreement

Annually.

**6. Recording Method**

Discussions about individual children and families will be recorded directly into SystemOne during the supervision session as per Supervision Guidance.

Any personal information will be treated as confidential unless such disclosures directly affect the work of the supervisee or implementation of TRFT policies and procedure.

**Signed:** .....

**Date:** .....

**Signed:** .....

**Date:** .....

## Useful tool 1 – What Do You Know?

WHAT DO YOU KNOW?	WHAT DO YOU 'THINK' YOU KNOW?
WHAT DO YOU NEED TO KNOW?	WHAT ACTIONS ARE NEEDED?

<b>Practitioner's Name:</b>		<b>Contact No:</b>	
<b>Date:</b>		<b>Supervisor:</b>	
<b>Manager:</b>			

<b>Child/ Children's Details</b>	
<b>Name</b>	<b>DOB</b>

<b>Parent/ Carer/ Adult</b>	<b>DOB</b>	<b>Relationship to child</b>

<b>Status of child/ family</b>	<b>LAC</b>		<b>CPP</b>		<b>CIN</b>		<b>CAF</b>	
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<b>Chronology of significant events</b>

<b>Pen Picture of child &amp; family</b>

<b>Risk factors</b>	<b>Protective factors</b>
<b>Analysis</b>	
<b>Agreed Action Plan</b>	

Signed: ..... (Supervisor)                      Date: .....

Signed: ..... (Supervisee)                      Date: .....



### Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed	YES/NO/ Unsure	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?		
Is it clear whether the document is a guideline, policy, procedure/protocol or plan?		
<b>2. Rationale</b>		
Are reasons for development of the document stated?		
<b>3. Development Process</b>		
Is the method described in brief?		
Are people involved in the development identified?		
Has relevant expertise has been used?		
Is there evidence of consultation with stakeholders and users?		
<b>4. Content</b>		
Is the objective of the document clear?		
Is the target population clear and unambiguous?		
Are the intended outcomes described?		
Are the statements clear and unambiguous?		
Are cross references accurate?		
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?		
Are key references cited?		
Are the references cited in full?		
Are supporting documents referenced?		
<b>6. Approval</b>		
Does the document identify which committee/group will approve it?		
If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		