

Ref No:

SAFEGUARDING CHILDREN SUPERVISION POLICY

**SECTION 1
PROCEDURAL INFORMATION**

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1. INTRODUCTION

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 *"working to ensure children are protected from harm requires sound professional judgements to be made"* (Working together to safeguard children, 2015). 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.

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.

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 on a monthly or more frequent basis if necessary.

This policy **must** be read in conjunction with Rotherham Local Safeguarding Children Board Procedures which can be accessed at:
<http://rotherhamsccb.proceduresonline.com/index.htm>

2. PURPOSE & AIM

2.1 Purpose

The purpose of this policy is to provide a framework for the practice of safeguarding children's 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.

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

"Bespoke" safeguarding supervision is offered to individuals or groups by the safeguarding team in circumstances where caring for children is not the staff member's prime responsibility, and for example there are or have been safeguarding concerns that have impacted upon the employee, such as impact on work life balance.

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 2015 (pg 5).

- 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.

The rationale for safeguarding children supervision is to:

- Ensure that the focus is maintained on the child.
- Avoid drift in cases.
- 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

2.2 **Scope**

All identified staff must receive effective safeguarding supervision according to the requirements of their job role (see appendix 1).

NHS Rotherham CCG Safeguarding Team are also available to offer safeguarding guidance, support and advice relating to any safeguarding issue, to any member of staff within NHS Rotherham CCG Trust: this however is separate to and in addition to the provision of specific safeguarding supervision. If appropriate the Safeguarding Team's from provider organisations may offer bespoke safeguarding supervision e.g. Named Midwife or Named Nurse Community and/or Acute Services.

3. **ROLES & RESPONSIBILITIES**

Roles	Responsibilities
The Chief Officer and Chief Nurse Lead Executive for Safeguarding Children	Responsibility for ensuring that Trust 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 NHSR 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 & 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.

Designated Doctor	To provide guidance, support & advice relating to any safeguarding issue to Rotherham health economy as required. To provide safeguarding children supervision to Rotherham Named Doctors as per The Rotherham NHS Foundation Trust policy. 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.
Deputy-Designated Nurse Safeguarding Children	To provide guidance, support and advice relating to any safeguarding issue to Rotherham health economy as required. To access safeguarding supervision from the Designated Nurse Safeguarding Children as per this policy. To provide safeguarding children supervision to NHS Rotherham CCG clinical staff working directly with children and their families.
Named Doctor NHS Rotherham CCG	To provide guidance, support & advice relating to any safeguarding issue to Rotherham health economy as required. To access safeguarding supervision from the Designated Nurse Safeguarding Children as per this policy. To provide safeguarding supervision to GP Safeguarding Leads for Rotherham.
NHS Rotherham CCG clinical staff working directly with children and their family's	To access safeguarding children supervision as per this policy. To prepare and complete documentation relevant to supervision as per this policy.

4. PROCEDURAL INFORMATION

4.1 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

4.2 PREPARING FOR SUPERVISION

4.2.1 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.

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

4.3 THE CONTENT OF SAFEGUARDING CHILDREN SUPERVISION

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

4.3.1 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
- 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 Frasier competency principles' apply

4.3.2 Discussion should also 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 http://www.nspcc.org.uk/inform/publications/downloads/tenpitfalls_wdf48122.pdf

4.4 RECORDING THE SAFEGUARDING SUPERVISION SESSION

4.4.1 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 SystemOne

4.4.2 For staff who are non SystemOne 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

4.5 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.

4.5.1 A framework for group supervision should include the following:

1. Consultation on urgent cases.
2. Content of supervision sessions, e.g. safeguarding children cases, practice development, personal issues which may impact on practice, interagency and inter-disciplinary work.
3. 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.
4. 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.

The expected outcomes of Group Supervision:

1. Reflect on feelings and attitudes discussed
2. Identify any area of practice that needs to be changed and implemented as a result of supervision
3. 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:

1. Clarity of purpose, focus and key tasks for the group
2. A clear mandate and decision-making authority
3. Defined boundaries

4. Negotiation of the role and authority of the facilitator
5. An agreed range of methods to be used

4.6 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 5) to evidence the learning and discussion that has taken place.

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

5. DEFINITIONS AND ABBREVIATIONS

5.1 Definitions

5.1.1 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

5.1.2 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

REFERENCES

Equality Act 2010

Staff Supervision in Social Care: *Making a real difference to staff and service users.*
Morrison, T. (2006) Brighton Pavilion

Laming, Lord (2009) The protection of Children in England: A Progress Report.
London, HMSO

Safeguarding Children. A review of arrangements in the NHS for safeguarding children. CQC (2009)

Working Together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children. DFE (2015)

The Children Act 2004, London, HMSO

Safeguarding Children & Young People: Every nurse's responsibility RCN (2014)

- Ten Pitfalls and how to avoid them - what research tells us", (NSPCC 2010), can be accessed at:
http://www.nspcc.org.uk/inform/publications/downloads/tenpitfalls_wdf48122.pdf

Safeguarding Children Supervision Frequency Tool in relation to Staff Role

Safeguarding supervision is separate and additional to clinical supervision and does not replace it.

It is clearly indicated within **Working Together to Safeguard Children (2015)**, that employers have a responsibility to ensure that staff feel supported within their safeguarding role including having access to advice, expertise and guidance with decision making when working to safeguard children and families.

Supervision is dedicated time for the discussion of individual cases of concern about safeguarding children. It is considered to be best practice in the development of knowledge, skills and competencies.

It:

- Ensures that practice is soundly based and consistent with Local Safeguarding Children Board and organisational procedures
- Ensures that practitioners fully understand their roles and responsibilities and the scope of their professional discretion and authority.
- Identifies the training and development needs of individual practitioners to ensure that they have the appropriate skills to provide an effective service.

Working Together to Safeguarding Children (2015) suggests 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 (2015) also states that for practitioners working with children and families, effective supervision is important to promote good standards of practice and to support individual staff members.

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)
Safeguarding Children Supervisors	3 monthly	Yes	If applicable	Deputy Designated Nurse
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.

It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions.

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 SystmOne 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.

SignedDate.....

SignedDate.....

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?

Safeguarding Children & Young People Individual Supervision Template

Practitioner's Name:		Contact No:	
Date:		Supervisor:	
Manager:			

Child/ Children's Details		
Name	DOB	
Parent/ Carer/ Adult	DOB	Relationship to child

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

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Pen Picture of child & family
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RISK FACTORS	PROTECTIVE FACTORS
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Analysis

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Agreed Action Plan

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Signed.....Supervisor Date:.....

Signed.....Supervisee Date:.....

Safeguarding Children Supervision Professional Learning & Development

Name of Supervisor:

Professional Status:

Name of Supervisee:

Professional Status:

Date of supervision:

Intercollegiate Safeguarding Children Roles & Competencies expected level:

.....

Date of completion:

Update due by:

Update of any learning & development related to safeguarding children since last supervision:

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Professional support required and provided as part of safeguarding children supervision. (as outlined in the Safeguarding Children Frequency Tool in relation to Staff Role, Appendix 1 of NHS RCCG Safeguarding Children Supervision Policy)

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