

Safeguarding Children Supervision Policy

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APPROVALS & RATIFICATION SCHEDULE	
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Version	Version/Description of amendments	Date	Author/amended by
1	New Policy		
2	Change to training guidance in references & change to Chief Nurse title.	21.12.2020	S Nightingale
3	Updated to reflect new organisation ICB	22.06.2022	S Nightingale
4			

Impact Assessments – available on request

	Stage	Complete	Comments
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SUMMARY

This document defines the Safeguarding Supervision Policy for Staffordshire and Stoke-on-Trent Integrated Care Board.

- This policy applies to Designated and Named Professionals working within the ICB, clinical staff working in environments where children and their families are assessed and treated and their line Managers.
- Safeguarding Supervision is “an accountable, reflective process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve good outcomes”.
- This policy supports the requirements and compliance with statutory guidance and legislative duties to safeguard children; supervision being one element of this protective process.
- This Policy should be used in association with the ICB Safeguarding Children Policy & Safeguarding Training Policy.
- Safeguarding supervision is the responsibility of the supervisee and the supervisor, who are both accountable to arrange, manage and record all sessions according to Policy timescales.

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1.0 Introduction

Integrated Card Board (ICB) are jointly committed to ensuring that all staff have access to advice and support from competent safeguarding professionals and that staff working with children, young people and families receive Safeguarding Supervision appropriate to their level of contact and responsibility with children and families in accordance with national and local standards and requirements.

The Children Act 2004, Section 11 sets out the duties for all services to safeguard and promote the welfare of children and this includes effective and accountable processes which supports, assures and develops the knowledge, skills and values of practitioners in order to improve the quality of their work and therefore improve outcomes for children (HM Government, 2004).

The statutory guidance on making arrangements to safeguard and promote the welfare of children states that an effective system for safeguarding and promoting the welfare of individual children when working with children and their families includes 'effective supervision and monitoring of the work'. Appropriate supervision by trained staff should be in place 'to keep children safe when using services' (HM Government, 2007).

- 1.1** This policy has been written according to findings and recommendations following a gap analysis of supervisory practices according to staff role and working environment.
- 1.2** Named and Designated Safeguarding Professionals in the ICB, Primary Care and provider organisations have contact with NHS staff who present complex safeguarding issues which necessitates a prompt response in order for safe and effective decision making to take place. Specific reference is made to them within this policy.
- 1.3** Clinical staff working in environments where children and their families are assessed and treated have increased exposure to complex safeguarding issues which necessitates mandatory provision be made for them and specific reference is made to them within this policy.
- 1.4** Enquiries into child deaths and serious incidents involving children have indicated serious failings in professional efficiency and effectiveness attributed in part to inadequate supervision and support for professionals providing a service to children.
- 1.5** A formal Safeguarding Children 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. A formal Safeguarding Children Supervision framework allows clinicians to plan and evaluate interventions in complex clinical situations.

It is acknowledged that this policy refers to specialist Safeguarding Supervision which is additional and complimentary to other types of managerial, professional or clinical supervision that may be offered within the ICB. Safeguarding Supervision will incorporate

a management function, an educational function, a supportive function and a mediation function (Richards and Payne 1990).

There is support for its use (DfE, 2015) and it is a means of assuring good professional practice as required in NMC & GMC Codes of Professional Conduct. It is particularly relevant in the current climate following the Laming Report (2003) and (2009), and the Munro review (2011) which places a clear responsibility on health organisations to support professionals in practice in order to achieve the best possible outcome for the child in the context of safeguarding children.

2.0 Scope of the Policy

- 2.1** The policy applies to ICB employees who perform a Safeguarding Designated, specialist or Named Professional role. It is aimed at all staff receiving or providing supervision in relation to safeguarding children and is also relevant to clinical healthcare professionals involved with direct patient care.
- 2.2** Those identified safeguarding employees of the ICB have an individual responsibility for the protection and safeguarding of children and young people and the appropriate reflective processes to support safe decision making. This is outlined in their job descriptions.
- 2.3** Managers of safeguarding professionals and clinical staff having direct contact with children and their families must ensure their staff are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.
- 2.4** This Policy should be used in association with the ICB Safeguarding Children Policy and Safeguarding Training Policy which provides practitioners with increased awareness of the categories of abuse, safeguarding process and the ICB expectations of compliance with safeguarding training.
- 2.5** The ICB are committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:
 - Race, religion, first language or ethnicity
 - Gender or sexuality
 - Age
 - Health status or disability
 - Political or immigration status

3.0 Policy Statement

- 3.1** The ICB will fulfil the statutory duties relating to the safety and welfare of children through the demonstration of:
 - Compliance with all statutory guidance on safeguarding children including Children Act 2004 section 11.

- Active partnership and co-operation with Staffordshire Safeguarding Children Board and the Stoke-on-Trent Safeguarding Children Board.

3.2 Ensuring that children and young people are valued and their safety and welfare is considered during safeguarding supervision sessions which will in turn support best practice during the relevant stages of commissioning, including contracting arrangements and performance management frameworks.

4.0 Definition

Safeguarding Supervision is “an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve good outcomes” (Skills for Care & CWDC, 2007). Supervision is supportive, facilitative, gives quality assurance, is reflective and questioning, and it aids role clarity. Supervision allows for action planning, it is educative, enhances communication and is a developmental tool for practice. It informs the wider thematic work of the Safeguarding Team and adds to the operational understanding of the organisation. Supervision should be a safe and affirming experience.

Safeguarding Supervision is not:

- Operational management, appraisal, audit, counselling, disciplinary or intended to take accountability or professional judgment from the practitioner being supervised
- It is not intended to be directive – unless there is a significant and imminent risk to a child that has not been identified by the practitioner.

5.0 Rationale

5.1 United Nations Convention on the Rights of the Child (Article 3) state:

- In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
- Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her and, to this end, shall take all appropriate legislative and administrative measures.
- Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

5.2 Laming (2003) in his report on the death of Victoria Climbié was scathing in his criticism of organisational management. The Laming Report clearly stated that it was unacceptable for managers to be unaware of the factors influencing service delivery. Managers are responsible and accountable for ensuring the quality of services that children and families receive and need, therefore, to have mechanisms in place that enable them to have a clear understanding of what is happening at the point of delivery.

Managerial supervision is a mechanism that keeps the line manager fully aware of the ability of staff to fulfil their statutory requirements for safeguarding children cases in the context of their overall workload and staffing situation. Safeguarding supervision delivered by Designated and Named professionals supports and enhances this aim.

Further review by Lord Laming in 2009 evidenced that the need for supervision, of what is often complex case work, was as great as ever.

- 5.3** There is wide spread recognition that safeguarding children is extremely complex and stressful work, requiring staff to make difficult decisions that can impact directly on the safety of vulnerable children and their families. Safeguarding Supervision should provide a safe forum for the discussion and exploration of issues and feelings and for the development of protection plans that safeguard and promote the child's welfare. Safeguarding Supervision in safeguarding children practice should assist clinicians, who have a duty of care, in developing the highest standards of clinical practice to improve the outcomes for children. It should promote effective working relationships with other professionals and agencies that share responsibility for safeguarding children.
- 5.4** Tait (1994) stated that Supervision should be a mechanism for protecting standards and public safety, while supporting the development of excellence in practice. Moreover, staff have reported that Supervision is a positive and worthwhile experience, which makes them feel supported in their role (Fyffe and Nicklin 1997). Butterworth (1997) also claimed that provision of Supervision could assist in the retention of staff.
- 5.5** As central regulation and prescription is reduced, local leaders need to set about creating a delivery system which supports continuous improvement in the quality of help to vulnerable children and families. Involving service users in this process will be critical. Leaders and managers also need to support their workforce through evidence-based skills development and practice-focused supervision, and create conditions in which practitioners can spend most of their time involved in effective direct work with children and families (Munro 2011).

6.0 Stages of Safeguarding Supervision

Safeguarding supervision is a process which benefits the child, the professional and the organisation.

It contributes to the delivery and quality of safeguarding care given to children and their families by using reflective practice to ensure there is no collusive practice and that concerns for the child are identified and the child focus is maintained throughout the case work.

By exploring and defining the issues and through gentle questioning the supervisee is able to give a clear account of child / children / family and work done to date.

New understandings should emerge through questioning, probing and discussion. Actual thoughts and feelings will be articulated and any discriminatory practice acknowledged.

Agreed plans for improvement are made and best possible solutions for the child evaluated. These will include issues arising in multi-disciplinary settings.

The outcome should be one achieved in partnership with the professional that benefits the child and / or the care being delivered by the professional. The restorative nature of supervision is also designed to have a beneficial impact on the practitioner and is integral to their professional development.

7.0 Aims and Objectives of Safeguarding Supervision Policy

7.1 The primary aim of Safeguarding Supervision is to ensure that a health professional's clinical practice continually safeguards and improves the outcomes for children, young people and families and ensures that frontline clinicians recognise that the rights, needs and welfare of the child must be the primary consideration in all work with children and families (Working Together to Safeguard Children 2018). The Safeguarding Supervision Policy aims to support the delivery of the safeguarding supervisory process within Staffordshire ICB by:

- Providing a framework outlining the principles and functions underpinning Safeguarding Supervision.
- Clarifying the roles and responsibilities of staff and supervisors, ensuring clear lines of accountability within the organisation for work on safeguarding.
- Stating the boundaries of supervision so that conflict and confusion does not arise within the process.
- Establishing a mechanism for evaluation of the effectiveness of Safeguarding Supervision.
- Identifying training and professional safeguarding development needs.
- Promoting anti-discriminatory practice.
- To ensure that all practitioners employed or contracted by Staffordshire ICB who are in contact with children, young people and families have access to safeguarding professionals for advice, support and supervision in relation to any concerns regarding the welfare of a child.
- To support provider organisations and Primary Care staff, delivering services to children and young people, receive Safeguarding Supervision from identified experienced senior staff, supported by the Named Professionals in accordance with local agreements.
- To recognize the personal and emotional impact of managing complex issues and offer support via a process of telephone advice, one to one and group supervision

using reflective practice, solution based discussion to aid in the decision making.

- To promote adherence to standards, policies and procedures and support delivery of competent, accountable child centred practice reflecting that of national and local safeguarding standards, based on research and evidence based practice.
- To promote the embedding of lessons learned from serious cases into clinical practice.
- To support the identification of professional development and education needs and improve individual practitioners' knowledge and skills through links with the appraisal process and personal development reviews and plans.
- To ensure anti-discriminatory practice is a key standard of practice.
- To prevent the practitioner from carrying out tasks for which s/he is not trained or does not have the remit to undertake.
- Prevents complacency and reduces the stress associated with isolated decision making and burn out.
- Alert the organisation to risk and improve the management of risk, including interagency working and links looking at specific issues that exist.

8.0 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children are outlined in 'Working Together to Safeguard Children' 2018. All Designated, Named and identified staff and their managers should be aware of those responsibilities in relation to safeguarding and promoting the welfare of children and young people.

8.1 Designated & Named Professionals / Safeguarding Supervisors Responsibilities:

Safeguarding supervisors will:

- Will undertake arrangement of their own supervision in keeping with local agreements.
- Remain responsible for evidence of their individual competencies for the delivery of specialist safeguarding supervision and their own continuing professional education in safeguarding practice in accordance with intercollegiate guidelines and national training recommendations.
- All Primary Care and Provider Named Professional staff should have made available and access to the contact details for the ICB Designated and Named Professionals in order to receive advice and supervision.
- Maintain contemporaneous records and database of all supervision sessions personal to them and their supervisees.

- Will develop supervisory arrangements which prioritize newly appointed safeguarding practitioners in order to meet professional competencies for safeguarding practice in line with local agreements.
- Ensure the contract for safeguarding supervision is checked at the beginning of every session and has been signed annually by the supervisee.
- Ensure the confidentiality of the supervisee is protected in accordance with the contract but that information is shared where the safety of a child is at risk or where there is an issue of professional competence and compliance identified. Communication with managers will be undertaken with the knowledge of the supervisee.
- Will monitor and report on the uptake of safeguarding supervision for their supervisees and organisations they represent in accordance with local agreements and service requirements.
- The ICB Designated and Named Professionals will work in partnership with Primary Care and organisational safeguarding leads to develop models of supervision appropriate to staff groups' needs (e.g. team supervision, action learning sets, issue specific group learning sets, serious case review supervision workshops).
- The ICB Designated Nurse for Safeguarding Children will provide a quarterly report of safeguarding supervision compliance to the Quality and Safety Committee. Direct challenge to the provider organisation will take place during periods of non-compliance and concerns regarding poor safeguarding supervision practice.

8.2 ICB Clinical Employees & Safeguarding Supervisee Responsibilities:

- Supervisees will prepare for the session by being accountable for selecting cases of concern to be discussed and bring the clients records to supervision if available.
- Supervisees are responsible for arranging their supervision in accordance with local policy and for ensuring they make the time to attend, cancelling only in the case of extreme circumstances and making immediate arrangements for a further session.
- Take responsibility for making effective use of the time and completing any actions agreed at supervision.
- Be willing to learn to develop safeguarding skills and be open to receiving support and constructive feedback.
- To be aware of the Safeguarding Children Supervision Policy and expectations attached to this.

- To uphold the principles of anti-oppressive and anti-discriminative practice in any case discussion.
- Supervisees are accountable for the completion of actions agreed with their supervisor and for reporting back to the supervisor if agreed actions cannot be carried out and the child remains at risk.
- Supervisees are responsible for retaining their personal supervision records and for discussing any professional developmental needs identified at their annual performance review with their manager.

8.3 ICB Managers Responsibilities:

- Support the policy development and implementation by promoting best practice in keeping with the national, local and research based evidence in respect of the benefits of safeguarding supervision.
- Will notify the ICB Safeguarding Team about new starters into their services where the policy will require the new starter to be allocated to a Supervisor.
- Are responsible for following up any non-compliance of their staff in respect of safeguarding supervision as notified to them by Designated and Named Professionals.
- Where relevant, ensure that annual appraisal systems include review of any actions agreed for the professional development and safeguarding competencies of the member of staff.

9.0 Review and Maintenance of Policy

- 9.1** This policy will be subject to a routine biennial review or as necessary, and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance.

If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Safeguarding Children Team, Chief Nurse and Therapies Officer and other relevant personnel.

- 9.2** The Safeguarding Children Supervision Policy will be equality impact assessed and the quality of the Equality Impact Assessments will be assessed by the Equality and Human Rights Advisors.

10.0 References and Bibliography

Butterworth T (1997) "It is good to talk" an evaluation study in England and Scotland. University of Manchester department of Nursing and Midwifery. Manchester. England.

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Fyffe T (1997) Clinical Supervision: exploratory study of staff experiences and perceptions. Unpublished Master of Medical Education Thesis. University of Dundee. Scotland.

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Nicklin P (1997) "Clinical Supervision: Efficient and Effective?" Executive Summary of a report presented at the British Educational Research Association Conference. University of York. England.

NMC (2016) The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives. London.

NSPCC (2009) NSPCC 'The 10 Pitfalls in Child Protection'.

RCPCH (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: Intercollegiate Document. London.

Richards M, Payne C (1990) Staff Supervision in Child Protection Work. National Institute for Social Work.

Skills for Care & Children's Workforce Development Council (CWDC)
(2007) Providing Effective Supervision. Leeds.

Tait J (1994) DCNO Department of Health Opening Address at Clinical Supervision Conference. Birmingham. England

Appendix 1 – ICB Supervision Process

- Supervision may take the form of one to one sessions and group sessions according to local agreements.
- Sessions will take place at a mutually agreed time and place. Lack of interruption should be ensured where clinically possible.
- A Safeguarding Supervision Agreement should be agreed and signed prior to the commencement of supervision and this should be reviewed annually.
- Supervision should be arranged every 12 weeks for Designated and Named Professionals and 16 weeks for clinical staff having direct contact with children and their families.
- Each safeguarding supervision session should last a minimum of one hour and not exceeding two hours.
- It is the responsibility of the supervisee to bring cases to discuss or matters of concern. The supervisor may contribute learning from local and national serious cases, legislation and guidance updates.
- Issues discussed remain confidential unless poor or dangerous practice is discerned or the supervisee consents to disclosure. The supervisor has a duty under codes of professional conduct to inform supervisee of what action will be taken.
- Contemporaneous record of the supervision session is to be made by the supervisee and a copy given to the supervisor. Both copies need to be signed.
- All safeguarding records are kept in a confidential, locked facility and preferably kept electronically (password protected) by the supervisor and supervisee, according to local information governance protocol.

Appendix 2 - Safeguarding Children Supervision Documentation

Safeguarding Children Supervision Agreement

This is to be completed at the first supervision session and reviewed annually.

Date:	
Name of Supervisee:	
Name of Supervisor:	

Agreed Venue:	
Frequency of Supervision:	
Duration of Sessions:	

The aim of supervision is to:

- Reflect on practice
- Critically analyse problems
- Contribute to professional development
- Deepen clinical knowledge and skills with regard to safeguarding children

Structure

Supervisor and Supervisee should work together, preferably in relation to the purpose and focus of supervision, its frequency, duration and location. Supervision sessions should last no longer than one hour to two hours. Safeguarding supervision sessions should be structured with preparation work having been carried out by both supervisor and supervisee.

Record Keeping

All supervision sessions should be recorded including areas covered, discussion points, analysis, agreed action plans, timescales and who action is to be undertaken by.

Cancellations

In the event that a scheduled safeguarding supervision session is cancelled by either party, it will be re-scheduled at the point of cancellation by the supervisee, and a new date negotiated within 2 weeks wherever possible.

Disagreements

Areas of disagreement between supervisor and supervisee, or the need for further discussion outside the supervision session will be recorded on the supervision form (indicating that discussion will be escalated to a Line Manager).

Review of supervision

Supervision session, process, content, length, frequency, format and style should be reviewed by the supervisor and the supervisee at least annually.

The supervisee should retain a copy of this agreement for their personal file and a copy held by the Designated Nurse for safeguarding children.

Signatures: Supervisor:

 Supervisee

Appendix 3 - Record of Individual Safeguarding Children Supervision

Date:

Name of Supervisor:

Name of Supervisee:

Concerns/Issues

Discussion

Outcome/s required:

Agreed actions:

By whom:

By when:

Date & Time of next supervision:

Signature Supervisor:

Signature Supervisee:

Appendix 4 – Safeguarding Team Contact List

Name	Role	Contact details
Jane Mullock	Safeguarding Support Officer	Email: jane.mullock@staffsstokeccgs.nhs.uk Secure: SASCCG.safeguardingchildren@nhs.net Safeguarding.lookedafterchildren@nhs.net
Stephanie Nightingale	Designated Nurse for Safeguarding Children	Mobile: 07976 584377 Email: stephanie.nightingale@staffsstokeccgs.nhs.uk Secure: stephanie.nightingale@nhs.net
Paula Carr	Designated Nurse for Safeguarding Children	Mobile: 07715 807135 Email: paula.carr@staffsstokeccgs.nhs.uk Secure: paula.carr@nhs.net
Hazel Edwards	Designated Nurse for Looked After Children	Mobile: 07738 117917 Secure: SASCCG.safeguardingchildren@nhs.net
Dr Janey Merron	Designated Doctor for Safeguarding Children	Email: jane.merron@nhs.net
Dr Hassan Zoaka	Designated Doctor Safeguarding Children	Email: Hassan.Zoaka@mpft.nhs.uk
Dr Lorna MacColl Dr Ulka Choudhary	Named GP's	c/o Jane Mullock at: SASCCG.safeguardingchildren@nhs.net
Staffordshire Children's Social Care	Children's Advice and Support	Tel: 0300 111 8007 – Monday-Thursday 8.30am-5pm / Fri 8.30am-4.30pm Tel: 0345 604 2886 – Emergency Duty Team (Out of Hours)
Stoke-on-Trent Children's Social Care	Children's Advice and Duty Service	Tel: 01782 235100 - Monday-Thursday 8.30am-5pm / Fri 8.30am-4.30pm Tel: 01782 234234 – Emergency Duty Team (Out of Hours)

Staffordshire and Stoke- on-Trent	Police	Non-urgent: 101 Urgent: 999
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