

SAFEGUARDING CHILDREN: SUPERVISION POLICY

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Safeguarding	3	2020	April

Current Author	Kay Crome
Author's Job Title	Named Nurse for Safeguarding Children
Department	Safeguarding Children
Approved by	Children and Young People's Safeguarding Committee
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Ratifying Committee	Clinical Governance Committee
Ratified Date	6 th February 2018
Owner	Val Newton
Owner's Job Title	Deputy Director of Nursing and Patient Experience.

It is the responsibility of the staff member accessing this document to ensure that they are always reading the most up to date version - This will always be the version on the intranet

Related Policies	Safeguarding Children and Young People Policy 2016 Missed appointments policy Guidelines for missing persons Norfolk Safeguarding Children Board (NSCB) policy and procedures Working Together To Safeguard Children 2015
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Stakeholders	All staff and volunteers NHS Great Yarmouth and Waveney Care Commissioning Group Norfolk, Cambridgeshire and Lincolnshire Safeguarding Children Boards Norfolk, Cambridgeshire and Lincolnshire Children Services Local voluntary organisations. West Norfolk Clinical Commissioning Group
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Version	Date	Author	Author's Job Title	Changes
V1	August 2010	Mrs W. Steward-Brown	Named Nurse for Safeguarding Children	Reviewed
V2	June 2014	MS. J Brooks	Named Nurse for Safeguarding Children	Updated This version of the Policy for Child Protection Supervision has been updated to incorporate changes introduced by the Norfolk Safeguarding Children Board (NSCB)
V3	December 2017	K Crome	Named Nurse Safeguarding Children	Modified and more clarity around who requires supervision

Summary of the policy

This policy sets out the arrangements for Safeguarding Children Supervision within the Trust. All health professionals who provide a service to children and families may well in the course of their work come into contact with children who are at risk of significant harm or have been abused. Additionally health professionals may be concerned about an adult in their care who's presenting behaviours or current medical condition may raise concerns about their ability to effectively and safely meet the needs of children in their care.

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare (Working together to Safeguard Children 2015). Working to ensure children are protected from harm requires professional curiosity, professional judgment and professional challenge. It is recognised that working in the field of Safeguarding entails making difficult and risky professional judgments. It is demanding work that can be distressful and stressful. Therefore all frontline practitioners must be well supported by effecting safeguarding supervision, advice and support.

Safeguarding Supervision offers a formal process of professional support and learning for practitioners. Safeguarding supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk (vulnerability and adversity) and protective (resilience)

factors involved. Safeguarding supervision should help to ensure that practice is soundly based and consistent with QEH safeguarding policies NSCB policies.

The policy aims to promote and support the development of a culture within the organisation in which staff value and engage in regular supervision in order to ensure the quality and safety of services to children, young people and their families across the Trust.

Key words to assist the search engine

Safeguarding
Child Protection
Child Abuse
Supervision

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1. INTRODUCTION

- 1.1 All health professionals who provide a service to children and families may in the course of their work come into contact with children who are at risk of significant harm or have been abused. Critical reflection through supervision should strengthen the analysis in each assessment *Working Together to Safeguard Children (HM Government 2015)*: Point 48) and play a critical role in ensuring a clear focus on a child's welfare.
- 1.2 The Trust recognises that Safeguarding Children supervision is integral to providing an effective child-centred service, promoting best practice and continuously striving to improve it. To enable clinical practice which prevents harm to children and young people, promotes their welfare and hears their voice.
- 1.3 The Trust has a responsibility to provide clinical supervision for all staff – this policy should be read in conjunction with the Trust's Clinical Supervision Policy. Safeguarding children supervision is provided in addition to clinical supervision which it compliments but does not replace.
- 1.4 Section 11 of *Working Together to Safeguard Children* identifies that all health professionals who provide help and support to promote children's health and development should receive the training and supervision they need to recognise and act on child welfare concerns and respond to the needs of children.
- 1.5 The involvement of key health professionals with children, in particular where there may be unresolved safeguarding issues, means that they have a major role in the identification of abuse and neglect. Many of the inquiries into child deaths and serious incidents involving children have demonstrated serious failings in professional practice which have been attributed to lack of effective supervision and support for professionals involved in the care of vulnerable children, including those in care.

2. PURPOSE

- 2.1 The requirement for Trust employees to have access to safeguarding children supervision is laid down in *Working Together to Safeguard Children (HM Government, 2015)* and *Intercollegiate Document - Safeguarding Children and Young People: Roles and Competencies for Healthcare staff (RCPCH: 2014)*. *Working Together (HM Government 2015)* states that:

“Working to ensure children are protected from harm requires sound professional judgments to be made. It is demanding work that can be distressing and stressful. All of those involved should have access to advice and support from, for example, peers, managers, or named and designated professionals. Those providing supervision should be trained in supervision skills and have an up to date knowledge of legislation, policy and research relevant to safeguarding and promoting the welfare of children”

https://www.gov.uk/government/.../Working_Together_to_Safeguard_Children_201702_13.pdf

- 2.2 This policy sets out the framework by which The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) will ensure that safeguarding supervision, as appropriate, is embedded within the organisation and has clear evidence for improving the outcomes for vulnerable children, young people and their families.

3. SCOPE

- 3.1 The content of this document applies to all staff groups working for QEH identified as requiring Level 3 safeguarding children training as mapped within the Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare staff (RCPCH: 2014) who work predominantly with children, young people and/or their families, parents/carers.

4. DEFINITIONS/GLOSSARY

4.1 Supervision

- 4.1.1 Supervision is a process of professional support, peer support, peer review and learning. The purpose of which is to improve the quality of professionals work by assisting them to review, plan and account for their safeguarding responsibilities. To assume responsibility for their own practice by enabling staff to develop knowledge and competences in safeguarding children through reflection. (Intercollegiate Document: Safeguarding Children and Young People; Roles and Competences for Healthcare Professionals. RCPCH 2014)

<https://www.rcpch.ac.uk/.../SafeguardingChildrenRolesandCompetencesforHealthcareStaff>

- 4.2 Safeguarding Supervision has three primary functions:

1. The management (or normative) function is primarily to provide accountability to and involvement with the organisation. This involves overseeing the quality of practice through the monitoring of professional and organizational standards, for example, by ensuring that policies and procedures are adhered to.
2. The educational/development (or formative) function is primarily to address the professional development needs of the supervisee. In this aspect of supervision practitioners are assisted to reflect on their work, deepen their understanding and encouraged to develop new skills.
3. The support/mediation (or restorative) function recognises the emotional impact of safeguarding work. This provides support for practitioners and explores strategies for coping and self-care whilst ensuring that the individual and the organisation are congruent in terms of values, aims, task and function

5. ROLES AND RESPONSIBILITIES

5.1 Board of Directors

- 5.1.1 The Board of Directors has a responsibility for ensuring that the Trust has in place a safeguarding children supervision policy and for the identification of systems and processes to ensure its implementation and maintenance. This includes staff training and support for all supervisors and supervisees; resources to enable time to be given over to supervision and facilities to monitor the implementation of the policy.

5.2 Chief Nurse

- 5.2.1 The Chief Nurse has delegated executive responsibility for ensuring that the Board responsibilities are enacted and that the Trust has a robust process in place for safeguarding children supervision.

5.3 Line Managers / Heads of Departments

- 5.3.1 Line managers / Heads of Departments are responsible for:
- Ensuring that safeguarding children supervision occurs in line with this policy and that staff have protected time to participate in the safeguarding supervision process.
 - Ensuring that staff are supported and have access to appropriate support.
 - Ensuring compliance with the supervision policy: Challenge staff when they are not accessing supervision in line with this policy and considering the Trust's disciplinary process when there is evidence of consistent non-compliance.
 - Managing any concerns raised by the supervisor/supervisee, relating either to the supervisees' practice, individual workload or training needs.

5.4 Safeguarding Children and Young Person's Committee (SC&YPC)

- 5.4.1 The SC&YPC is responsible for:
- Reviewing the provision and process for safeguarding supervision across QEH.
 - Monitoring audits of compliance with the supervision process and policy.

5.5 The Named Nurse (Safeguarding Children)

- 5.5.1 The Named Nurse is responsible for:
- Organising and facilitating the safeguarding supervisors 3 monthly meetings.
 - Escalating any issues to the Safeguarding Children and Young Person's Committee (SC&YPC).
 - Escalating professional practice concerns through the appropriate safeguarding route.
 - Recording/collating and monitoring the number of supervision sessions and reporting to SC&YCP.

- Reporting any staff to their line manager if they are not following the expected level of supervision as cited in this policy.
- Providing supervision to individual practitioners and groups and providing ad hoc supervision to practitioners across The Trust.

5.6 The Named Doctor (Safeguarding Children)

5.6.1 To provide child protection supervision for Paediatricians and medical staff.

5.7 Safeguarding Supervisors for Children –

Named Midwife

Specialist Safeguarding Midwife

Deputy Named Nurse – Specialist Practitioner for Safeguarding Children

5.7.1 The Safeguarding Supervisors for Children are responsible for acting as a resource and source of expertise for others. The Safeguarding Supervisors for Children are required to:

- Attend and maintain safeguarding children training at Level 3.
- Receive training by attending an approved safeguarding supervision course e.g. NSPCC.
- Maintain competence through their Level 3 safeguarding children training and by attendance at their planned individual supervision or group safeguarding children supervision sessions (or both) run by the Named Nurse.

5.7.2 Any registered and experienced member of staff is eligible to apply to be a safeguarding supervisor.

5.8 Individual Staff

5.8.1 All staff members (supervisee's) are responsible for:

- Identifying cases of concern to discuss at supervision, whether planned formal supervision or adhoc supervision.
- Taking part in safeguarding supervision as stipulated in this policy for their role.
- Recording all child specific supervision in the child's health record, reflecting on the discussion/challenge and analysis with a clear action plan recorded as agreed at supervision, ensuring that the date and time and name of supervisor are recorded.
- Providing feedback and participating in the evaluation of the safeguarding supervision process.
- Managing the security of their copy of the supervision session. When using the session for revalidation ensuring that the patient details are non-identifiable.
- Seeking ad hoc supervision from the appropriate person at the appropriate time to avoid any delay in keeping a child safe if they are concerned for the health, safety and wellbeing of a child in their care or about a parent, carer or a vulnerable adult.

The appropriate person may be for instance their peer, manager, on-call site practitioners/ matrons/ safeguarding team/ MASH (multi Agency Safeguarding Hub)/ police.

6. MANAGEMENT OF COMPLEX CASES

- 6.1 When multiple health professionals are involved in the child's care where safeguarding concerns are emerging or known then supervision is paramount to ensuring that the child's voice, health, safety and welfare are prioritised. There needs to be a coordinated approach to group supervision for the individual child/ family to be coordinated by any member of the multi-disciplinary team in conjunction with the safeguarding team.

7 ACCOUNTABILITY

- 7.1 A key element of child protection work is that it is underpinned by the principle of professional accountability. All staff members are required to be aware that they are responsible for their own individual practice with children, young people and their families. This includes actions they took or did not take. The supervisor does not take on this responsibility but supports colleagues through supervision, observation, support and advice. The professional is responsible for identifying cases to bring to supervision for discussion.

8 RECORD KEEPING

- 8.1 It is the responsibility of all staff to maintain record keeping in line with their own Professional bodies' standards and Trust policy.
- 8.2 The supervisee must record all child specific supervision in the child's health record, reflecting on the discussion/challenge and analysis with a clear action plan recorded as agreed at supervision, ensuring that the date and time and name of supervisor are recorded.
- 8.3 The supervisor and supervisee must keep a record/copy for supervision given/received that is not directly case specific. The templates in the appendix can be used to facilitate record keeping.
- 8.4 Anonymised supervision records can be used as evidence toward professional revalidation.

9 CONFIDENTIALITY

- 9.1 Staff members receiving supervision must be aware that while the session is primarily confidential if any concerns arise during the sessions that may put a child, adult or staff member at risk these concerns will be escalated through the appropriate safeguarding process.

9.2 Professional practice concerns highlighted during supervision will also be escalated to the staff member's manager in line with Trust HR Policy.

10. DISAGREEMENT RESOLUTION

10.1 Concern or disagreement may arise over supervisors/supervisee's opinions/advice. The safety of individual children and focus on children are the paramount considerations in any professional disagreement and any unresolved issues should be escalated via line managers with due consideration to the risks that might exist for the child and associated Local Safeguarding Children Boards professional disagreement processes.

11. STANDARDS AND PRACTICE

Staff Group	Supervision tool and Process	Frequency
	Staff to utilise the Assessment Framework (The Triangle) alongside Signs of Safety process	
Named Nurse Safeguarding Children	One to One with Designate Nurse for Safeguarding Children	Quarterly
Named Doctor Safeguarding Children	One to One with Designate Doctor for Safeguarding Children	Quarterly
Deputy Named Nurse Safeguarding Specialist; Named Midwife; Specialist Safeguarding Midwife	One to one with Named Nurse for Safeguarding Children	Quarterly
Named Nurse Safeguarding Adults and Staff Caring for Adult Patients who are parents or carers	Telephone or face to face	Ad hoc
Midwives <ul style="list-style-type: none"> • Safeguarding Midwifery Advocates • Midwives 	<ul style="list-style-type: none"> • One to One • Group 	<ul style="list-style-type: none"> • Quarterly • Quarterly
Emergency Department (ED) Paediatric Nurses	One to One	Quarterly
Emergency Department staff – Adult	Monthly Drop-in Sessions in Emergency Department	Minimum attendance 2 per year
NICU community Team	Group	Quarterly – minimum attendance 2 per year

Staff Group	Supervision tool and Process	Frequency
	Staff to utilise the Assessment Framework (The Triangle) alongside Signs of Safety process	
Paediatric Ward staff (Rudham and NICU)	Group – Drop-in Sessions or individual planned or adhoc supervision	Monthly – minimum attendance 2 per year
Specialist Community Paediatric Nursing teams – to include Community Paediatric team/diabetes/oncology and other specialist community children teams (includes team support staff)	Group or when identified individual planned supervision	Quarterly – minimum attendance 2 per year
Paediatric Allied Health Professionals (Physiotherapists/Occupational Therapist/ Orthoptist/Dental/Child Psychologist)	Group	Quarterly – minimum attendance 2 per year
Nursing - Site managers/on call matron	Group drop-in sessions	Quarterly - minimum attendance 2 per year
Ad Hoc supervision for day to day practice Paediatricians	Adhoc	Telephone
	Peer Review with Named Doctor	Monthly - minimum attendance 1 per quarter

12. REFERENCES

- 12.1
- Safeguarding Children and Young People: roles and competencies for health care staff. Intercollegiate Document. RCPCH March 2014
 - Norfolk Safeguarding Children Board policies, procedures and guidelines including 8.2 Safer Working Practice, Supervision and Culture: part 3 Supervision and Support
 - Working Together to Safeguard Children 2015 (and subsequent version due April 2018) Department of Health
 - Framework for the Assessment of Children in Need and their Families. DOH (2000)
 - The Norfolk Threshold Guide: A Child Centred Framework for Making Decisions – NSCB September 2017
 - Signs of Safety pages 18-21 of The Norfolk Threshold Guide: A Child Centred Framework for Making Decisions – NSCB September 2017
 - Information Sharing/7 Golden Rules pages 22-23 of The Norfolk Threshold Guide: A Child Centred Framework for Making Decisions – NSCB September 2017

13	EQUALITY IMPACT STATEMENT
13.1	This policy has been subject to an equality impact assessment and includes measures to ensure robust training and supervision of practice to ensure that safeguarding practices are implemented fairly and equitably.

14 DISSEMINATION OF DOCUMENT

14.1 Following authorisation of this policy it will be accessible to staff on the policy section of the intranet with a link to the Safeguarding Team Website (intranet). A broadcast email will be sent out to inform all staff of the update:

- It is the responsibility of all Managers to ensure all staff in their area (clinical and non-clinical) are aware of the policy and that it is adhered to.
- It is the responsibility of the Lead Consultants to ensure all medical staff in their service are aware of, and adhere to, the policy.
- The intranet version will be the most up to date version.
- Survey Monkey will be sent out to staff to audit awareness of new policy within one month of dissemination.

15 ARRANGEMENTS FOR MONITORING COMPLIANCE WITH THIS POLICY

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Implementation of policy	Feedback received from staff groups with regards to compliance	Staff group representatives on the Safeguarding Children & Young Person's Committee	Safeguarding Children and Young Person's Committee.	Bi-monthly
Trust's statutory responsibilities associated with Section 11 of The Children Act 2004	Evaluation of compliance with safeguarding supervision will be undertaken as part of the annual audit schedule. The audit will monitor adherence to the policy - reports will be compiled detailing the numbers and groups of staff accessing supervision.	Named Nurse for Safeguarding Children	Safeguarding Children and Young Person's Committee.	Quarterly

APPENDICES

Equality Impact Assessment

STAGE 1 - SCREENING

Name & Job Title of Assessor: Kay Crome, Named Nurse Safeguarding Children		Date of Initial Screening: December 2017	
Policy or Function to be assessed: Safeguarding Supervision Policy			
		Yes/No	Comments
1.	Does the policy, function, service or project affect one group more or less favourably than another on the basis of:		
	• Race & Ethnic background	No	
	• Gender including transgender	No	
	• Disability:- This will include consideration in terms of impact to persons with learning disabilities, autism or on individuals who may have a cognitive impairment or lack capacity to make decisions about their care	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	Yes	Additional protective measures in place for children and young people in line with legislation
2.	Does the public have a perception/concern regarding the potential for discrimination?	Yes	Concerns have been expressed in the media about the efficacy & equity of safeguarding processes

If the answer to any of the questions above is yes, please complete a full Stage 2 Equality Impact Assessment.

Signature of Assessor:

Kay Crome

Date: 21-12-17

Signature of Line Manager:

Val Newton

Date: 15-01-18

STAGE 2 – EQUALITY IMPACT ASSESSMENT

If you have indicated that there is a negative impact on any group in part one please complete the following, is that impact:

		Yes/No	Comments
1.	Legal/Lawful under current equality legislation?	Yes	This policy is in line with national guidance and statutory legislation.
2.	Can the negative impact be avoided?	Yes	Through clear communication and explanation with individuals affected by the implementation of safeguarding practices and through robust training and supervision of staff.
3.	Are there alternatives to achieving the policy/guidance without the impact?	No	
4.	Have you consulted with relevant stakeholders of potentially affected groups?	Yes	This is in line with regional guidance
5.	Is action required to address the issues?	No	

It is essential that this Assessment is discussed by your management team and remains readily available for inspection. A copy including completed action plan, if appropriate, should also be forwarded to the Equality & Diversity Lead, c/o Human Resources Department.

SAFEGUARDING CHILDREN SUPERVISION CONTRACT (Individual)

This contract should be read in conjunction with the Safeguarding Children and Young People Supervision Policy

Supervisor Name and signature	
Supervisee Name and signature	
Supervisee's manager	
Date of Contract	
Frequency of Sessions	
Length of Sessions	
<p>Objectives of Supervision:</p> <p>To discuss items relating to the following areas :</p> <ul style="list-style-type: none"> • Confidentiality • Record Keeping • Expectations of Supervision Sessions • Supervisee will identify cases for discussion and prepare for supervision utilising the tools in appendices • Sessions will not be interrupted unless agreed beforehand. • Discussions will be open and honest. • Supervisees will provide information relating to work activities as appropriate. • Supervisees will bring patient records to the session • Date of subsequent session to be agreed at end of session; it is the supervisee's responsibility to ensure compliance to policy. • Other Issues 	

SAFEGUARDING INDIVIDUAL/GROUP SUPERVISION RECORD

DATE
Supervisor: -

Venue: -

Supervisee/Group Supervision: -

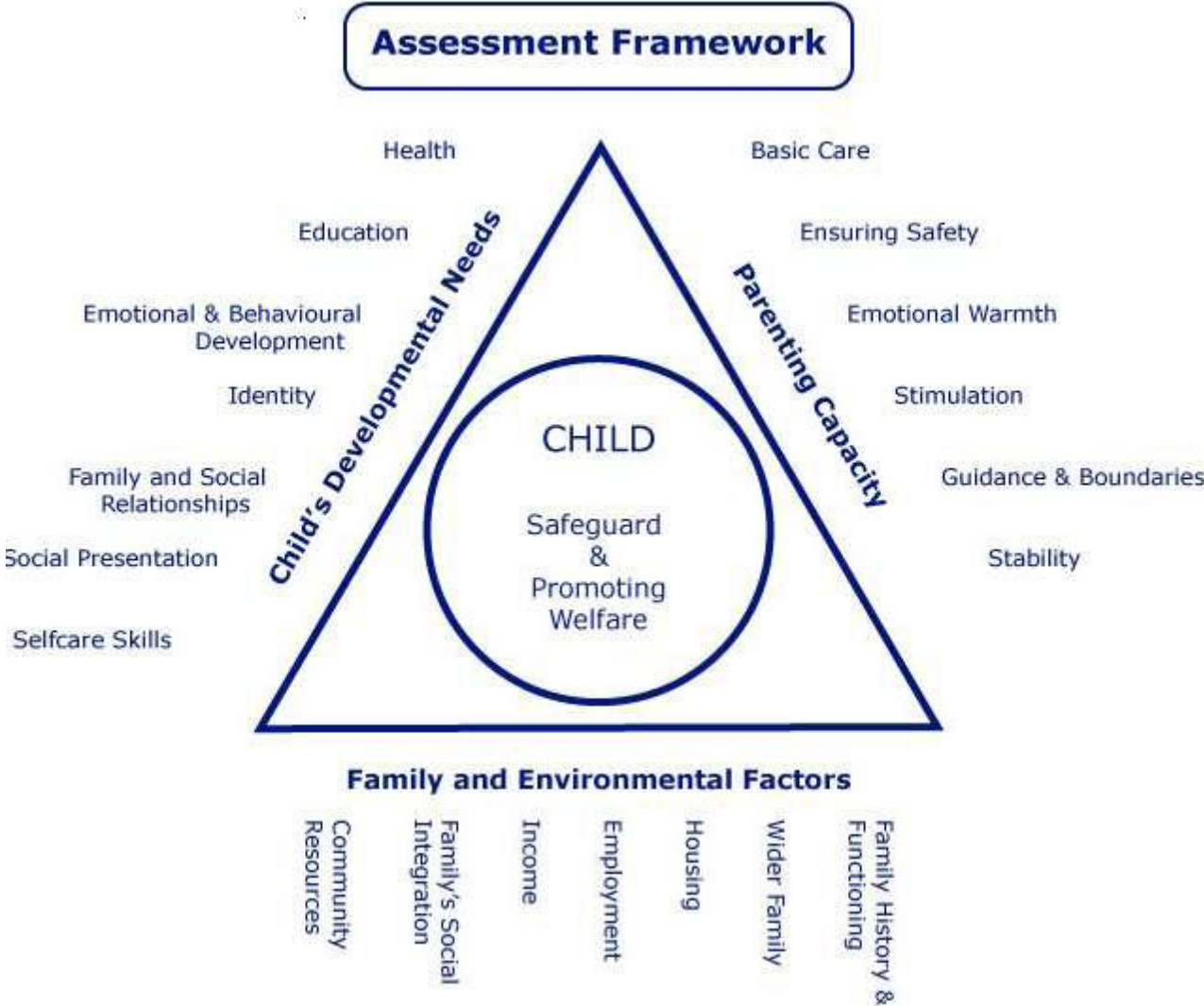
(Not to include names of clients – all case specific discussions to be recorded by practitioner in the client’s health records)

<u>Date</u>	<u>Issues discussed</u>	<u>Learning</u>	<u>Action Taken/By whom:</u>


Date and Time for next supervision: –

Venue: -

The Framework for the Assessment of Children in Need and Their Families:
Department of Health 2000



SIGNS OF SAFETY PROFORMA

When we think about the situation facing this family:		
<p>What are we worried about?</p>	<p>What is working well?</p>	<p>What needs to happen?</p>
<p>On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children they cannot live at home. Where do we rate this situation? If different judgements, place different people's number on the continuum</p>		
<p>0  10</p>		

It is the supervisee's responsibility to record child specific supervision in the child's health record and to file the completed form in the record or replicate assessment in the record then shred this template.