

SAFEGUARDING CHILDREN and YOUNG PEOPLE SUPERVISION POLICY

Version:	001
Ratified by:	
Date ratified:	
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1.0 INTRODUCTION

- 1.1 All NHS Thurrock CCG staff and services are required to fulfill their legal duty under section 11 of the Children Act 2004 and statutory responsibilities as set out in Working Together to Safeguard Children 2013. Therefore, safeguarding and promoting the welfare of children must be an integral part of the care offered to all children and their families by all health care professionals working within South West Essex. This may be care offered to children, young people, families or adults who are parents or carers.
- 1.2 Many of the inquiries into child deaths and serious incidents involving children have demonstrated serious failings in the effectiveness of professionals. This has been in part attributed to not receiving appropriate supervised support. The National Service Framework for Children, Young People and Maternity Services (section 14.1, 2004) advocates that “consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people”.
- 1.3 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 and those involved must have access to advice and support from professionals experienced in the field of safeguarding children.
- 1.4 Effective supervision promotes good standards of practice. This policy has been written to be consistent with national and local policies and procedures, in particular, Southend Essex Thurrock (SET) Child Protection Procedures (2011 which is currently under review) and Working Together to Safeguard Children (2013)

2.0 PURPOSE

- 2.1 The purpose of this policy is to provide specific guidance on the implementation and utilization of supervision and or telephone consultation within the context of safeguarding /child protection.

Good quality supervision can help to:

- keep a focus on the child;
- avoid drift;
- maintain a degree of objectivity and challenge fixed views;
- test and assess the evidence base for assessment and decisions; and
- address the emotional impact of work.

3.0 DEFINITIONS

- 3.1 **Supervision** is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team.

“Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact on their decisions on the child and their family” (Working Together 2013 p23)

3.2 Advice and Support Designated and Associate Designate and Named professionals provide expert safeguarding children advice, telephone consultation and support as required to commissioned and independent contractors, CCG staff, Clinical Support Unit (CSU) staff, who provide health services to the local population. This should not be confused with Safeguarding Children Supervision

3.3 A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

3.4 Child In Need is defined under section 17 of the Children Act 1989 as a child is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

3.5 Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

3.6 Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

3.7 Safeguarding Children Supervisor is a Designated/Associate Designate/Named professional or delegated person who has undertaken a professionally recognised supervision skills course (e.g. NSPCC) and is experienced in the field of safeguarding children.

3.8 The CCG is defined as NHS Thurrock Clinical Commissioning Group responsible for commissioning health services for the population of Thurrock

4.0 ROLES AND RESPONSIBILITIES

4.1 The Accountable Officer for the CCG is responsible for ensuring that the

Clinical Commissioning Group, implements this policy.

4.2 All staff are responsible for adhering to and complying with the requirements of the policies, procedures, guidelines and protocols contained within and applicable to their area of operation. All staff have a duty to safeguard children by recognising abuse and neglect and referring onwards as required (Working Together 2013).

4.3 Individual Accountability

The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision. Safeguarding children supervision does not replace nor should it delay the individual's responsibility to make a referral to statutory agencies where there are concerns that a child may be suffering or likely to suffer from significant harm. In such cases staff should refer to the SET Child Protection Procedures 2011.

4.4 Organisational Accountability

4.4.1 Under Section 11 of the Children Act 2004 all health care organisations have a duty to make arrangements to safeguard and promote the welfare of children and young people, and to cooperate with other agencies to protect individual children and young people from harm.

4.4.2 The organisation must ensure that staff who work predominately with children, young people and adults who are parents/carers have access to safeguarding children supervision.

4.4.3 The Organisation will ensure that those practitioners providing supervision are adequately trained in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children. This must reflect the requirements set out in Working Together (2013), the Intercollegiate Document (2010) and Essex Safeguarding Children Clinical Network Training Strategy.

4.4.4 A quarterly report through standard governance arrangements will be submitted to provide assurance that there is compliance with this policy.

4.5 Supervisor Responsibilities

4.5.1 Designated Professionals are responsible for providing prearranged safeguarding children supervision to Associate Designate/ Named Professionals in accordance with Working Together (2013) (see 5.5).

4.5.2 All safeguarding children supervisors will ensure that they:

- have received professionally recognised supervision skills training (e.g. NSPCC) and ensure that their knowledge remains current

- through relevant course updates and accessing relevant literature
- have up to date knowledge in legislation, policy and research relevant to safeguarding children
 - be accountable for the advice that they give
 - ensure those receiving mandatory safeguarding children supervision (see 5.5) have agreed and signed a supervision contract with the supervisor (appendix 1).
 - identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly
 - discuss management of individual safeguarding children cases to explore and clarify the management and thinking relating to the case.
 - share information knowledge and skills with the supervisee
 - if required, constructively challenge any personal and professional areas of concern
 - document the agreed summary of the discussion with clear action plan indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. Where follow-up safeguarding children supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure by the supervisee (Appendix 2)
 - the supervisor is responsible for ensuring that ensure their own safeguarding children supervision needs are met.

4.6 Supervisee Responsibilities

4.6.1 The practitioner has certain responsibilities to ensure that they receive the most effective and timely support, which is:

- to access timely advice and support from the Designated/Associate Designate/Named Professional for Safeguarding Children (or delegated person) as and when required
- For Associate Designate /Named professionals for Safeguarding Children to take responsibility for ensuring they receive safeguarding children supervision within required time scales (see 5.5)
- For Associate Designate /Named professionals for Safeguarding Children undertaking mandatory supervision, to agree, sign and adhere to a supervision contract (appendix1)
- maintain accurate, meaningful and contemporaneous records and documentation as per record keeping policy/professional guidance
- identify and prioritise issues/cases to be discussed
- develop and improve practice as a result of supervision, identifying any training needs
- explore interventions that are useful
- be prepared for constructive feedback/challenge
- develop skills in reflective practice.

5.0 POLICY PROCEDURAL REQUIREMENTS

- 5.1 The arrangements for organising how safeguarding children supervision is delivered will vary across health organisations but there are some key essential elements. It should:
- help ensure that practice is soundly based and consistent with LSCB and organisational procedures
 - ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority, and;
 - help identify the training needs of practitioners, so that each has the skills to provide an effective service.
 - An understanding of when and how to escalate concerns
- 5.2 Effective professional safeguarding children supervision can play a critical role in ensuring a clear focus on a child's welfare. Safeguarding Children Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family (Working Together 2013)
- 5.3 Safeguarding Children Supervision is the framework for safeguarding children and is different from clinical supervision and management supervision.
- 5.4 Safeguarding Children Supervision usually takes place on a one to one basis but may also be undertaken by a group when '*members come together 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*' (Morrison 2005). The recommended number of supervisees in a safeguarding group supervision session is 6. The group must not exceed a maximum of 8 members. This is to ensure that all participants can contribute and avail of supervision in a meaningful way.
- 5.5 Safeguarding Children Supervision is **mandatory** for all Designate, Associate Designate and Named professionals. Effective mandatory Safeguarding Children Supervision needs to be regular (not less than quarterly) and provide continuity, so the relationship between supervisor and supervisee develops.
- 5.6 Mandatory Safeguarding Children Supervision sessions must be pre-arranged to ensure adequate time for both the supervisor and supervisee to prepare for the session. 1½ hours should be allowed for the session.
- 5.7 Safeguarding Children Supervision sessions must be held in a suitable environment where confidential discussion can take place. Adequate protected time must be allowed for effective supervision to take place and interruptions only allowed for urgent situations.
- 5.8 Practitioners accessing mandatory Safeguarding Children Supervision will agree a Safeguarding Children Supervision contract with their supervisor

The contract will:

- promote the interests of children & young people
- reflect the seriousness of the activity
- represent a positive model of behavior
- ensure the supervisee is aware of his/her responsibilities and role within supervision
- clarify accountability
- provide a basis for reviewing and developing the supervisory relationship
- act as a bench mark against which supervision can be audited
- ensure the standard of Safeguarding Children Supervision provided is of appropriate quality
- place a duty on staff to demonstrate continuing development.

5.9 Advice to CCG staff, members and Health Professionals

Designate/Associate and Named Safeguarding Children Professionals are available to CCG staff and members and Independent Contractors to provide advice and guidance with regards to the identification and management of safeguarding children concerns.

Contact details for safeguarding professionals are available in the CCG website (www.thurrockccg.nhs.uk). Out of hours advice can be sought from the duty social worker at Children Social Care.

Unless otherwise agreed the person requesting advice is responsible for taking action as required and advised to safeguard and promote the welfare of the child.

Escalation of Concerns

Problem resolution is an integral part of professional co-operation and joint working to safeguard children. Concern or disagreement may arise over another professional's decisions, actions or omissions in relation to a referral, an assessment or an enquiry. It is important to resolve difficulties quickly and openly by identifying areas in working together where there is a lack of clarity to promote resolution.

The safety and focus of individual children are the paramount consideration in any professional disagreement and unresolved issues should be escalated to their line manager/safeguarding lead with due consideration to the risks that may exist for the child. Where children's services practitioners are concerned or in disagreement with their colleague relating to the safeguarding of a child they should seek advice from the Designate/Associate and Named Safeguarding Children Professionals to promote resolution.

5.2 DOCUMENTATION

- 5.2.1** A Copy of the signed Safeguarding Children Supervision Contract should be kept securely by the supervisor and supervisee.
- 5.2.2** Where possible the supervisee will ensure that children's records are available to the supervisor when they seek supervision relating to individual children.
- 5.2.3** The supervisor and supervisee will agree how and where safeguarding children supervision records will be stored at the introductory session and what will be recorded within health records on an on-going basis. In cases where the supervisor does not make an entry into the health record s/he will make a summary of the Safeguarding Children Supervision with clear action plan indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. (appendix 2). Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure.

5.3 NON-ATTENDANCE AND PRACTICE ISSUES

- 5.3.1** It is the responsibility of the supervisee to contact their supervisor to arrange Safeguarding Children Supervision and ensure that their attendance meets the mandatory requirements of this policy. The supervisor will maintain a record of supervision attendance and inform the practitioner's line manager of any practitioner who does not access Safeguarding Children Supervision within the above prescribed time frames. It is the responsibility of the line manager to address this with the practitioner.
- 5.3.2** Safeguarding Children Supervision is a confidential process and the supervisor will allow time for the practitioner to reflect on and learn from mistakes, and rectify them. In cases where issues are resolved within the Safeguarding Children Supervision process the information will not be shared with the line manager.
- 5.3.3** Where there are on-going concerns about a supervisee's practice and/or their refusal to comply with the supervisor's recommendations, the supervisee will be informed that their line manager will be contacted for resolution.

5.4 RESOLUTION OF PROFESSIONAL DISAGREEMENT

Concern or disagreement may arise over supervisors/supervisee's opinions/advice. The safety of individual child/ren and focus on child/ren 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

- 5.4.1** As the Designated Professionals (Supervisors) for children's safeguarding are directly employed by the Southend CCG and are part of a hosted arrangement for BB CCG, ongoing concerns / unresolved practice issues may be escalated to the appropriate Chief Nurse in the hosted CCG (Southend CCG).

5.5 TRAINING AND FACILITATION

- 5.5.1** All supervisors delivering Safeguarding Children Supervision must have completed training in the supervision process and should have undertaken the NSPCC Child Protection Supervision Course or its equivalent and ensure that their knowledge remains current through relevant course updates and accessing relevant literature. In addition further training should be undertaken to meet the competency levels set out in Working Together (2013) and the Intercollegiate Document (2010).

6.0 MONITORING COMPLIANCE

- 6.1** Monitoring of adherence with this policy is required to ensure compliance with:

- Criteria 1.4 Section 11 Audit
- Outcome 7 Care Quality Commission Essential Standards

- 6.2** Designate/Associate Designate and Named Professionals attendance to safeguarding supervision will be monitored continuously and compliance reported 3 monthly to the Board.

- 6.3** Compliance with other requirements of this policy will be audited on an annual basis by Designated/Associate Designated/Named Professionals and reported to the Board.

7.0 ASSOCIATED DOCUMENTATION

- 7.1** Section 11 Children's Act 2004
<http://www.legislation.gov.uk/ukpga/2004/31/section/11>

- 7.2** Care Quality Commission: Essential Standards of Care
<http://www.cqc.org.uk/public/government-standards>

- 7.4** Essex Safeguarding Children Clinical Network Training Strategy

8.0 REFERENCES

- 8.1** Department of Health (2004) National Service Framework for Children, Young People & Maternity Services. Stationary Office, London

- 8.2** Department for Children, Schools & Families (2013) Working together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children. Stationary Office, London.
- 8.3** Morrison, T (2005) Staff Supervision in Social Care: making a real difference to staff and service users. Pavilion Publishing, London.
- 8.4** Royal College of Paediatrics & Child Health (2010) Safeguarding Children & Young People: roles and competencies for health care staff (Intercollegiate Document)
- 8.5** Southend, Essex & Thurrock Children Protection Procedures (2011)
http://www.shapingthurrock.org.uk/safeguard/pdf/set_procedures_2011.pdf
- 8.6** Skills for Care & CWDC (2007) Providing Effective Supervision: a workforce development tool, including a unit of competence and supporting guidance.
http://www.cwdcouncil.org.uk/assets/0000/2832/Providing_Effective_Supervision_unit.pdf

9.0 LIST OF STAKEHOLDERS CONSULTED

Date Sent	Name of individual or group	Designation	Were comments received, considered and incorporated Yes / No	If not incorporated record the reason why
30.10.14 06.01.14	Jane Foster-Taylor	Executive Nurse for NHS Thurrock CCGs	Yes	
30.10.13	Yvonne Anarfi, Dr Puvanendran	Designate Professionals Safeguarding Children	Yes	
	Vacant	Named GP Safeguarding Children		
30.10.14	Jane Herriott and Anita Erhabor	Associate Designate Nurses	Yes	
30.10.14	Patricia Perolls	Designate Nurse LAC	No	
13.1.14	Dr S Karunaratne	Named Doctor BTUH	No	
13.1.14	Andrew Stride	Head of Corporate Governance	No	
13.1.14	Jackie Pridie	Named Nurse Safeguarding Children NELFT	No	
13.1.14	Sarah Pope Cassandra Moore Alison Balaam Smith	Head Of Safeguarding Named Nurse Named Midwife BUTH	No No No	
13.01.14	Neale Laurie	Quality Assurance Safeguarding and Child		

		Protection, Service Manager and LADO		
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10.0 EQUALITY IMPACT ASSESSMENT

NHS South Essex is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the Trust's Equality Impact Assessment framework which identified the following impact/s upon equality and diversity issues:

Age	Marital Status	Disability	Gender & Pregnancy	Race	Sexuality	Religion	Human Rights	Total Points	Impact
2	0	2	1	2	1	2	1	11	medium

Points

3	This area has a high relevance to equalities
2	This area has a medium relevance to equalities
1	This area has a low relevance to equalities
0	This area has no relevance to equalities

Scoring

13 – 18 points	High impact
07 – 12 points	Medium impact
0 – 06 points	Low or no impact

11.0 VERSION CONTROL

Version	Date issued	Date of next review	Author Name & title	Comment

APPENDIX 1

Safeguarding Children Supervision Contract

Supervisor Name & Designation	
Supervisee Name & Designation	

Type of Supervision	Frequency	Duration	Venue
Individual			
Group			

As supervisor and supervisee we agree to:	
<ul style="list-style-type: none">• work together in accordance with the Supervision Policy to facilitate in depth reflection on issues affecting practice to develop the practitioner both personally & professionally, to ensure high quality clinical practice is maintained• ensure an appropriate venue is available for the supervision session• allow 1 ½ hours for the supervision session, arrive on time and remain for the whole session• have protected time by not allowing interruptions and switching off mobile phones• not to cancel appointments with less than 5 working days' notice unless an urgent situation arises• maintain confidentiality within the boundaries specified within the Supervision Policy• question differences constructively and actively work towards resolution	
As a supervisee I agree to:	
<ul style="list-style-type: none">• prepare for the session and ensure any relevant records are available• take responsibility for making effective use of time• ensure all actions agreed are completed within timescales and report to the supervisor when actions are unable to be completed	
As a supervisor I agree to:	
<ul style="list-style-type: none">• make time available for supervision to be booked in advance• document the agreed summary of the discussion with clear action plan indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure	
Supervisor Signature & Date	
Supervisee Signature & Date	

Appendix 2

Safeguarding Children Supervision Record

Name of supervisor	
Name of supervisee	
Date of session	Time commenced
	Time ended

Reflection on last session

Issues brought to supervision

Actions already taken

Action to be taken:	By whom:	Date to be completed by:
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Signature of supervisor.....

Signature of supervisee.....

DRAFT