1 INTRODUCTION

1.1 All NHS Thurrock CCG staff 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 2018. 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 carer’s.

1.2 Many of the inquiries into child deaths and serious incidents involving children and young people 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 2018 and Working Together to Safeguard Children (2018) and the Intercollegiate Document 2014.

2 PURPOSE / POLICY STATEMENT

2.1 The purpose of this policy is to provide specific guidance on the implementation and utilisation of supervision and or telephone consultation within the context of safeguarding children.

2.2 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

3 DEFINITIONS

<table>
<thead>
<tr>
<th>The CCG</th>
<th>Is defined as NHS Thurrock CCG responsible for commissioning health services for the population of Thurrock.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision</td>
<td>Is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. “Effective practitioner 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 2018 p30).</td>
</tr>
</tbody>
</table>
### Safeguarding Children Supervisor

Is a Designate/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.

### 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.

### 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.

### Child In Need

Is defined under section 17 of the Children Act 1989 as a child who 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.

### 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.

### 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

## 4 ROLES AND RESPONSIBILITIES

### 4.1 CCG Board

**4.1.1** The CCG Board has the ultimate responsibility and accountability for ensuring that all quality and safeguarding duties are discharged effectively. The Board will receive assurance that all responsibilities are discharged; that systems and process are in place to monitor quality issues including safety in an on-going way, that arrangements are in place to proactively identify early warnings of a failing service, arrangements are in place to deal with and learn from serious untoward incidents and never events and has established appropriate systems for safeguarding from a committee of the Board, the Quality & Patient Safety Committee.

**4.1.2** The CCG Board is responsible for ensuring that there are robust safeguarding systems in place to effectively safeguard children and young people in the local health economy and these systems are monitored. They are also responsible for
ensuring that all commissioned provider services are meeting their statutory duties in relation to safeguarding Children, Young people and their families.

4.2 Relevant Sub-Committees

4.2.1 The Quality and Patient Safety Committee is directly accountable to the CCG Governing Body and provides assurance that the governance systems, processes and behaviours by which the CCG leads, directs and controls functions in order to achieve its organisational objectives, and the way in which they relate to patients and carers, the wider community and partner organisations are integrated and effective. The Quality Committee oversees processes and compliance issues concerning safeguarding children and informs the CCG.

4.2.2 Governing Body of any escalation or sensitive issue in a timely manner.

4.3 Accountable Officer

4.3.1 The Accountable Officer for the CCG is responsible for ensuring that the Clinical Commissioning Group, implements this policy.

4.4 All Managers

4.4.1 Responsible to ensure that all staff have protected time for supervision.

4.5 All CCG Staff and / or Specific Board Members

4.5.1 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 2018).

4.6 Individual Accountability

4.6.1 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.

4.6.2 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 or young person may be suffering or likely to suffer from significant harm. In such cases, staff should refer to the SET Safeguarding and Child Protection Procedures 2018.

4.7 Organisational Accountability

4.7.1 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.

4.7.2 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.

4.7.3 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 (2018), and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (2014).

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

4.8 Supervisor Responsibilities

4.8.1 Designated Professionals are responsible for providing prearranged safeguarding children supervision to Associate Designate/ Named Professionals in accordance with Intercollegiate Document 2014.

4.8.2 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.
- Are accountable for the advice that they give;
- Ensure those receiving mandatory safeguarding children supervision have agreed and signed a supervision contract with the supervisor (Appendix B);
- 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 C);
- The supervisor is responsible for ensuring that their own safeguarding children supervision needs are met.

4.9 Supervisee Responsibilities

4.9.1 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 Designate/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;
For Associate Designate /Named professionals for Safeguarding Children undertaking mandatory supervision, to agree, sign and adhere to a supervision contract (Appendix B);

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 POLICY DETAIL

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 2018).

5.3 It is not appropriate to be prescriptive on what cases should be brought to supervision, however below is a very general guide/checklist, and it is not an exhaustive list, of risk factors that should be considered. These categories cannot indicate the nature, degree or severity of risk or act as a substitute for professional curiosity and judgment about the nature or degree of levels of risk within specific families.

5.4 Examples of cases to discuss at safeguarding supervision:

- Child protection plans where there is drift or professional disagreement
- High risk/ escalating/ concerning incidences of domestic abuse where children and young people are resident in the household.
- On-going concerns about neglect (including graded care profiles that are not progressing)
- Concerns in regard to Looked After Children
- Midwifery causes for concern
- Intimidating or aggressive adult behaviour/ Sexual offender in the household
- Potential child sexual / criminal exploitation, gang involvement and county lines, honour based abuse, modern slavery / trafficking
- Risk factors associated with Female Genital Mutilation (FGM)
- Young people with self-harming behaviour’s and increased risk of suicide
- Parental mental health/ learning disabilities that are impacting on parenting ability
Families where the toxic trio (mental health, drug and alcohol misuse and domestic abuse) are present

Non-compliant families

5.5 Families where professional intuition indicates there are issues or professional curiosity has not been satisfied.

5.6 Safeguarding Children Supervision is the framework for safeguarding children and is different from clinical supervision and management supervision.

5.7 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. Groups may be made up of staff working in the same teams or from different teams/areas (Safeguarding Children Supervision Procedure for Nurses 2011).

5.8 For group supervision sessions staff members should have identified children/families that they wish to discuss and these will be negotiated at the session. However for urgent cases advice should always be sought from the Safeguarding Children team at the time the concern is identified.

5.9 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.

5.10 Mandatory Safeguarding Children Supervision sessions must be pre-arranged to ensure adequate time for both the supervisor and supervisee to prepare for the session. At least 1½ hours should be allowed for the session.

5.11 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.

5.12 Practitioners accessing mandatory Safeguarding Children Supervision will agree a Safeguarding Children Supervision contract with their supervisor.

5.13 The contract will:

- Promote the interests of children & young people
- Reflect the seriousness of the activity
- Represent a positive model of behaviour
- 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 benchmark 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.

5.14 Advice to CCG staff, members and Health Professionals

5.14.1 Designate/Associate and Named Safeguarding Children Professionals are available
5.14.2 The Safeguarding Children Team Contact Details can be accessed via the Intranet

- [http://basildonandbrentwoodccg.nhs.uk/safeguarding/safeguardingchildrencontacts](http://basildonandbrentwoodccg.nhs.uk/safeguarding/safeguardingchildrencontacts)
- [http://thurrockccg.nhs.uk/safeguarding-children](http://thurrockccg.nhs.uk/safeguarding-children)
- 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.

5.15 Escalation of Concerns

5.15.1 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. Guidance should be sort from SET Safeguarding and Child Protection Procedures 2018 and there should be open dialogue with partner agencies when this process is being initiated. (See SET: Part B, section 11 p 293).

5.15.2 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.

5.16 Documentation

5.16.1 A Copy of the signed Safeguarding Children Supervision Contract should be kept securely by the supervisor and supervisee.

5.16.2 Where possible the supervisee will ensure that children’s records are available to the supervisor when they seek supervision relating to individual children.

5.16.3 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 B). Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure.
5.17 Non-attendance and Practice Issues

5.17.1 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.

5.17.2 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.

5.17.3 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.

5.18 Resolution of Professional Disagreement

5.18.1 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.

5.18.2 As the Designated Professionals (Supervisors) for children’s safeguarding are directly employed by Thurrock CCG, ongoing concerns / unresolved practice issues may be escalated to the appropriate Chief Nurse in Thurrock CCG.

5.19 Training and Facilitation

5.19.1 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 (2018) and the Intercollegiate Document (2014).

6 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
- Standard NHS Contract 2018/19 (as amended per year)
6.2 Designate/Associate Designate and Named Professionals attendance to safeguarding supervision will be monitored continuously and compliance regularly reported to Safeguarding Children Clinical Network (SCCN) Local Safeguarding Children Board via subgroups and Patient Safety and Quality Committee (PS&QC). This is also reported in the CCG Annual Report with an annual overview.

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 STAFF TRAINING

7.1 Staff with specific responsibility will be trained in accordance with this policy as outlined within section 5.5. All other staff will be made aware of the policy as it may apply to them, but do not necessarily require specific training, any training requirements will be determined by the CCG Chief Nurse.

8 ARRANGEMENTS FOR REVIEW

8.1 This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance.

8.2 If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the CCG Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the CCG Board.

9 ASSOCIATED DOCUMENTATION

- Section 11 Children’s Act 2004
- Care Quality Commission: Essential Standards of Care

10 REFERENCES

11 LIST OF STAKEHOLDERS CONSULTED

<table>
<thead>
<tr>
<th>Date Policy Circulated</th>
<th>Name of Individual or Group</th>
<th>Were Comments Received?</th>
<th>Were Comments incorporated into Policy?</th>
<th>If no, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DATE?</td>
<td>Jane Foster-Taylor, Chief Nurse Thurrock CCG</td>
<td>Yes</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>NO DATE?</td>
<td>Yvonne Anarfi Designated Nurse Safeguarding Children</td>
<td>Yes</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>NO DATE?</td>
<td>Dr Puvanendran Designated Doctor</td>
<td>No</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>NO DATE?</td>
<td>Paula Gregory Designated Nurse Looked After Children</td>
<td>No</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>NO DATE?</td>
<td>Jacquie Bagley Associate Designated Nurse Safeguarding Children</td>
<td>Yes</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

12 Results of Equality Impact Assessment

12.1 NHS Thurrock CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any quality implications.

12.2 The EIA has identified no equality issues with this policy.

12.3 The EIA has been included as Appendix A.

13 Change History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Author</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2014</td>
<td>1</td>
<td>Yvonne Anarfi Designated Nurse Safeguarding Children</td>
<td>Policy completed</td>
</tr>
<tr>
<td>Date</td>
<td>Version</td>
<td>Author</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>June 2016</td>
<td>2</td>
<td>Yvonne Anarfi</td>
<td>Designated Nurse Safeguarding Children Policy updated and references to national documents</td>
</tr>
<tr>
<td>February 2019</td>
<td>3</td>
<td>Yvonne Anarfi</td>
<td>Designated Nurse Safeguarding Children Policy updated and references to national documents</td>
</tr>
<tr>
<td>April 2019</td>
<td>3.1</td>
<td>Yvonne Anarfi</td>
<td>Designated Nurse Safeguarding Children Policy updated and approved by QPSC.</td>
</tr>
</tbody>
</table>
### Equality Impact Assessment

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Nationality</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Culture</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## Safeguarding Children Supervision Contract

<table>
<thead>
<tr>
<th>Supervisor Name &amp; Designation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee Name &amp; Designation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Supervision</th>
<th>Frequency</th>
<th>Duration</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As supervisor and supervisee we agree to:

- 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:

- 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:

- 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

<table>
<thead>
<tr>
<th>Supervisor Signature &amp; Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee Signature &amp; Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX C

**SAFEGUARDING CHILDREN 1 to 1 SUPERVISION RECORD**

<table>
<thead>
<tr>
<th>Name of supervisor and designation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of supervisee and designation</td>
<td></td>
</tr>
<tr>
<td>Date of session</td>
<td>Time commenced</td>
</tr>
<tr>
<td></td>
<td>Time ended</td>
</tr>
<tr>
<td>Reflection on last session</td>
<td></td>
</tr>
<tr>
<td>Issues brought to supervision and Why</td>
<td></td>
</tr>
<tr>
<td>Actions already taken</td>
<td></td>
</tr>
<tr>
<td>Expectations from Supervisee</td>
<td></td>
</tr>
<tr>
<td>Advice Given</td>
<td></td>
</tr>
<tr>
<td>Action to be taken:</td>
<td>By whom:</td>
</tr>
</tbody>
</table>

*Version 4.0 July 2019*
Signature of supervisor

Signature of supervisee

...
# Safeguarding Children Group Supervision Record

<table>
<thead>
<tr>
<th>Group:</th>
<th>Facilitator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
<tr>
<td>Venue:</td>
<td></td>
</tr>
</tbody>
</table>

Date & time of next meeting:

<table>
<thead>
<tr>
<th>Group Members</th>
<th>Present (✓)</th>
<th>Manager</th>
<th>Reason for non-attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Themes Discussed |

<table>
<thead>
<tr>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Reason for non-attendance**

<table>
<thead>
<tr>
<th>A</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Annual Leave</td>
</tr>
<tr>
<td>SL</td>
<td>Sick Leave</td>
</tr>
<tr>
<td>L</td>
<td>Left</td>
</tr>
<tr>
<td>DNA</td>
<td>Did not attend</td>
</tr>
</tbody>
</table>
Resolution of professional disagreements relating to the safety of children

Introduction
Learning from reviews has highlighted the need for staff across all agencies to have a clear understanding about their responsibility for professional challenge and to know how to escalate concerns about decisions made where there are concerns about the welfare of a child.
Whilst there is generally, a good working relationship between agencies and professional difference can be a driving force in developing practice, occasionally disagreements may arise which requires timely resolution so as not to delay decision making.

The protocol aims to support positive resolution of professional difference between agencies working with children and families in Essex. The protocol offers pathways (Appendix 1 & 2) to support health practitioners which are based on Southend Essex Thurrock Safeguarding / Child Protection Procedures 2018.

Local organisational guidance should be available to staff to support staff with communication issues between agencies that impacting on case knowledge or management.

Areas of possible dissent
Disagreements can arise in a number of areas, but are most likely to arise around thresholds, roles and responsibilities, the need for action and communication. Some examples may include:

- The referral does not meet the eligibility criteria for assessment by children’s social care
- Where one professional disagrees with another around a particular course of action, such as closing involvement with a child or family.
- Where one worker or agency considers that another worker or agency has not completed an agreed action for no acceptable or understood reason.
- Where one agency considers that the plan is inappropriate and that a child’s needs are not being best met by the current plan. This could include a disagreement that a particular agency does not feel it needs to be involved, but another does.
- Where a member of staff or an agency considers that the child’s safeguarding needs are better met by a Child Protection Plan and have requested that a Child Protection Conference be called and feel that this has been refused.
- The best way of resolving difference is through discussion and where possible a face to face meeting between those concerned which will enable clear identification of the specific areas of difference and the desired outcomes for the child. E mail communication, whilst important, can be open to misinterpretation or make for a stilted exchange of views
- Disagreement should be resolved at the lowest possible stage between the people who disagree but any worker who feels that a decision is unsafe should consult their manager, named or designated safeguarding lead. It should be acknowledged that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.
RESOLUTION OF PROFESSIONAL DISAGREEMENT/ ESCALATION

(SET LSCB Procedures 2018)

Problem resolution is an integral part of professional co-operation and joint working to safeguard children however it is important to:

- Avoid professional disputes that lose sight of the child
- Resolve agency difficulties quickly and openly
  Identify problem areas where there is lack of clarity and amend protocols and procedures to promote resolution

Stage 1
- Resolve difficulties at Practitioner level between agencies
- Maximum of 5 working days to resolve but earlier if child is at risk
- Difference in status/experience of professionals may

Stage 2 - Escalation
Problem should be referred to line manager or child protection advisor who will discuss with their counterpart in other agency usually at Children’s Social Care manager, Named Health Professional, Detective sergeant or designated teacher level.

Stage 3 - Escalation
- If no agreement at line manager level must be escalated to senior manager level i.e. service manager, detective inspector, head teacher or Designated Senior professional alternatively in health Designated Doctor or nurse.
- Timescale 1 working week or in a timescale that protects the child.
- Contemporaneous records of each intra agency and inter-agency discussion needed
- If unresolved- matter should be referred up. Verbal reports should be followed up in writing.

Stage 4 - Escalation
- If Professional differences remain unresolved the matter must be referred to senior management in each agency involved with a copy being sent to the chair of the LSCB- this should be a written account of the dispute and the attempts to resolve it.
- If the issue is not resolved referral to the chair of the LSCB should be considered for mediation or referral to LSCB sub group. Again there should be clear documentation.
- When issue resolved general issue should be highlighted to agency’s LSCB rep for consideration and future learning.
- At any stage it may be appropriate to seek expert advice-informed by best practice.
- Debriefing may be useful following disputes to promote good working relationships.
ESCALATING A SAFEGUARDING CONCERN RAISED BY NAMED NURSE / NAMED DOCTOR*(Stage 3 & 4)

Discussion with Designated Nurse/Doctor
Escalation agreed, Action plan drawn up including Issues & risk presented to Social Care Local Delivery Director & Local Authority Director of Quality Assurance

At meeting
Action Plan with outcomes including case review date within 28 days to be agreed

Decision with Named professional who will attend the meeting

Feedback to Provider (if not in attendance) & CCG Safeguarding Board Lead & SCCN Lead Professional Lead

Inform CCG Chief Accountable Officer SCCN Chief Officer Health

NON-RESOLUTION

Designated raises to Director Children Services & LSCB Independent Chair made aware
Action Plan agreed, including meeting with LSCB chair

RESOLUTION

Consider multi-agency locality learning outcomes i.e. MA Audit

SCCN Protocol Resolution/ Escalation* to be read in conjunction with SET Procedures 2015
Escalation must be evidenced via audit trail i.e. emails, referral letters.
Supervision Standards

Standards will apply to safeguarding children to ensure the CCG has promoted the view that effective supervision promotes good standards of practice.

There is an expectation that all relevant health organisations will have a supervision policy which outlines the model used and requirements and responsibilities of the organisation, and that of the supervisor and the supervisee and is compliant with Standards 1-10.

It is recognised that where there are newly qualified practitioner/professionals these standards may not be fully applicable and this should be taken into account.

Standard 1

*Practitioners and their supervisors are provided with formal and regular (not less than quarterly) supervision which relates to their needs and those of the children and young people /Adults at risk with whom they are working*

The organisation will have a supervision policy in place which outlines the minimum standards for supervision.

Standard 2

*All supervisory relationships are subject to a written agreement to be signed up by both parties/groups at the first supervision session (Appendix 1)*

The agreement should address:
- Respective roles and responsibilities
- The frequency of supervision
- How agendas are to be drawn up
- How the supervision sessions are to be recorded
- How confidentiality is to be maintained – and what the limits are to this
- How performance and development review requirements are to be met
- How differences in the working relationship are to be managed
- How the principles of diversity (within the supervisor/supervisee relationship and in service delivery) are to be handled
- How and when the agreement is to be reviewed

Standard 3

*Supervision is a planned and purposeful activity*

The health organisation must have a policy in place which clearly outlines the supervisor and supervisee’s responsibility around preparation for the agenda before a supervision session.
Standard 4
All supervision sessions should be recorded promptly, competently and records stored appropriately and securely

Each health organisation should have a policy that clearly identifies the documentation to be completed and the record keeping policies in respect of supervision records.

Standard 5
Supervisors and supervisees are trained and sufficiently skilled to carry out their role
- Health organisations must offer training opportunities to both supervisor and supervisee to enable them to undertake their safeguarding responsibilities in supervision
- The health organisation must support individuals to undertake the necessary training

Standard 6
The supervisor should ensure through supervision that the supervisee is able to carry out their role competently, with the child/young person and/or adult at risk being central to all decision making/activity carried out.
Supervision meets this function by ensuring that:
- Practice is child focused
- Agency policies and procedures (SET Procedures 2018) are understood and adhered to
- The supervisees workload is reviewed
- Statutory responsibilities are met
- Practitioner is competent to practice
- There is evidence of a purpose relating to the plan or work
- Professional judgment is used appropriately
- The worker is supported/challenged to reflect on their practice and sufficient time is given to do this.
- Learning from Serious case Reviews

Standard 7
The supervisor must ensure that the support function for the member of staff is met through supervision
The safeguarding supervision policy will outline the responsibilities of the supervisor to ensure the support needs of the supervisee are met:
- Enable staff to cope with the stresses that the work entails
- Offer advice on help available to cope with stress and personal issues
- Create a safe climate for workers to examine their practice
- Help workers explore the effect of the work on them, both personally and professionally
- Help workers explore emotional blocks to the work
- Monitor the overall functioning of workers, especially with regard to the effects of stress, team dynamics and relationships

Standard 8
Supervision promotes a commitment to diversity in all aspects of work (i.e. that all children and young people and Adults at risk with children are entitled to the same quality of service irrespective of ethnicity, religion, language, gender, age, disability, or sexual orientation)
Supervision addresses this function by ensuring that:
- All assessments, plans and interventions address the diverse needs of children and young people and/or Adults at risk as applicable.
• The potential vulnerabilities of specific children, young people and their families and/or Adults at risk are identified and countered.
• Discrimination that a child/young person and/or adult at risk or their family may experience is acknowledged and, in so far as is possible, countered by service provision.
• There is effective communication with all children and young people, Adults at risk and their families (this to include, e.g. for whom English is a second language or who are disabled).
• All children and young people and/or adult at risk receive an appropriate level of protection.

Standard 9
Managers assure the quality of supervision
Supervision policy will outline how the quality of supervision is to be audited within the organisation.

Standard 10
Joint supervision, which is also subject to the standards set out in this document, is provided in addition to individual supervision when more than one practitioner is involved in direct work with children, young people and families
Agreements for this supervision arrangement should be based on requirements arising from the work involved.