


**TRUST POLICY FOR SAFEGUARDING CHILDREN SUPERVISION**

<b>Reference Number</b>  <b>POL-CL/ 1797/2014</b> (Old ref no. CL/CHPRO T 2014/038)	<b>Version: V6</b>		<b>Status</b>  <b>FINAL</b>	<b>Author:</b> Jane O’Daly- Miller  <b>Job Title:</b> Head of Safeguarding & Vulnerable People
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	V1	Jan 2014	Jane O’Daly Trust named Nurse for Safeguarding	Original version
	V2	Dec 2015	Jane O’Daly Trust Safeguarding Lead	Following CQC inspection July 2015
	V3	Dec 2016	Jane O’Daly-Miller Trust Safeguarding Lead	Following audit of supervision
	V4	March 2019	Jane O’Daly-Miller Trust Safeguarding Lead	Following merger of Trust
	V5	May 2019	Lisa Chilton Safeguarding Children Matron	Following audit
	V6	October 2022	Jane O’Daly-Miller	Review-amendments made to reflect changes to external organisations and internal roles
<b>Intended Recipients:</b> Nurses, midwives and managers of teams having members of the workforce who work predominantly with children, young people and their parents / carers and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child; contributing to child in need or child protection enquiries and processes.				
<b>Training and Dissemination:</b> The Safeguarding Team, Business units, Divisional Nurse Directors and Safeguarding Committee members to ensure staff are aware of the policy through local clinical governance arrangements. Dissemination via the Intranet				
<b>To be read in conjunction with:</b> Trust Policy for Safeguarding Children				
<b>In consultation with and Date:</b> Trust Safeguarding & Vulnerable Committee -November 2022				
<b>EIRA stage One</b>	Completed Yes			
<b>stage Two</b>	Completed No			
<b>Approving Body and Date Approved</b>			Trust Delivery Group - 19 December 2022	
<b>Date of Issue</b>			November 2022	
<b>Review Date and Frequency</b>			November 2025 then 3 yearly	
<b>Contact for Review</b>			Head of Safeguarding & Vulnerable People	
<b>Executive Lead Signature</b>			  Garry Marsh, Executive Chief Nurse	

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## **1. Introduction**

It has long been established that the supervision of staff dealing directly with families where child abuse and neglect are a feature, is advantageous in protecting the child, the organisation and the professional involved (DOH 1991, DOH 1995). Statutory guidance, Working Together to Safeguard Children (2018) outlines the importance and duty of agencies to provide supervision to staff in the arena of safeguarding children

University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) is committed to ensuring that all staff have access to advice and support from competent safeguarding professionals and that staff working with children, young people and families receive safeguarding supervision appropriate to their level of contact and responsibility with children and families, in accordance with national and local standards.

Safeguarding work requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. Safeguarding children supervision is an essential element of support for staff undertaking work with children and families. The Trust recognises the responsibility to ensure safe systems are in place for staff working with children and families.

Those providing safeguarding supervision should be trained in safeguarding supervision skills and have an up-to-date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and / or adults.

The policy applies to members of the workforce who work with children, young people and pregnant women in particular, either managing caseloads in the community or working in the acute setting and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns and involvement in child protection enquiries and processes.

The content of the policy does not preclude any practitioner from seeking advice from the Safeguarding Team /Named Doctor or the Designated Nurse / Designated Doctor, or social care services / police when a practitioner is concerned for the safety or wellbeing of any child / vulnerable adult at any time.

## **2. Purpose and Outcomes**

- To ensure that all practitioners employed or contracted by UHDB NHS Foundation Trust who are in contact with children, young people and families have access to safeguarding professionals for advice, support and supervision in relation to any concerns regarding the welfare of a child.
- To recognise the personal and emotional impact of managing complex safeguarding casework and support staff appropriately
- To ensure the practitioner is aware of the roles and functions of other agency staff and is maintaining appropriate professional boundaries in their work
- Prevent complacency, ensure appropriate thresholds are maintained, reduce practitioner stress and avoid isolated decision making and burn out.
- Alert the organisation to risks and improve the management of risk and multi-agency / disciplinary working.

### 3. Definitions used

<b>Safeguarding</b>	The action we take to promote the welfare of children / vulnerable adults to ensure we protect them from harm and further defined for the purposes of this guidance as: <ul style="list-style-type: none"> <li>• protecting from maltreatment.</li> <li>• preventing impairment of health or development;</li> <li>• ensuring that vulnerable children and adults are living in circumstances consistent with the provision of safe and effective care; and</li> <li>• taking action to enable all to have the best outcomes.</li> </ul>
<b>Safeguarding supervision</b>	is defined as: <i>“an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.”</i> Providing Effective Supervision (Skills for Care and CWDC 2007, page 5)
<b>Child Protection Concerns</b>	Suspicion that a child is at risk of, or has experienced, significant harm, neglect, or abuse.
<b>Adult Protection Concerns</b>	Suspicion that an adult is at risk of, or has experienced, significant harm, neglect, or abuse.
<b>Children and Young People</b>	Defined in the Children Acts (1989 and 2004), a child or young person is anyone who has not yet reached their 18th Birthday, or 21yrs if in Local Authority Care (LAC), or 25 if is disabled. Issues of neglect as defined in Working Together 2018 can apply to the unborn baby.

### 4. Outline of safeguarding supervision process

Safeguarding supervision is a process which benefits the child, the professional and the organisation. It contributes to the delivery and quality of safeguarding care given to children and their families by using reflective practice to ensure there is no collusive practice, that concerns for the child are identified and child focus is maintained throughout the case work. By exploring and defining the issues, and through gentle questioning, the supervisee is able to give a clear account of child / children / family and work done to date and new understanding and insight will emerge. Actual thoughts and feelings will be articulated, and any discriminatory practice acknowledged. Agreed plans for improvement will be made and the best possible solutions for the child evaluated. These will include issues arising from multi-disciplinary and multi-agency working.

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

### 5. Key responsibilities/ duties

<b>Safeguarding Children Partnerships</b>	Safeguarding Children Partnerships are required to lead, monitor and coordinate safeguarding arrangements across its locality; oversee and coordinate the effectiveness of the safeguarding work of its members and partner agencies. The Trust is required, as a partner agency, to attend the Partnership meetings and their sub-groups, participate in the work of the partnership to achieve their aims and submit the findings of s11 (Children Act 2004) audits to the relevant forum.
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<b>Integrated Care Boards (ICB); Derby &amp; Derbyshire / Stoke &amp; Staffordshire</b>	The ICB monitor Trust safeguarding performance in regular meetings with the Trust. The Designated Safeguarding Professionals situated within the ICB receive regular reporting on performance, and provide supervision to the Named Nurses, Named Midwives & Named Doctors.
<b>Director of Patient Experience &amp; Executive Chief Nurse</b>	The Executive Lead accountable to the Trust Board for ensuring compliance with this policy in all parts of the Trust. The Executive Lead, or their nominated deputy, is also a member of the Partnership Boards.
<b>Head of Safeguarding &amp; Vulnerable People</b>	The post-holder is responsible for alerting the Trust Safeguarding Committee and Lead Executive to any concerns or shortfalls in safeguarding practice within the Trust, advising with regard to the impact of relevant policy, enquiries or legislation; development or review of safeguarding training, and Trust policy and procedures for safeguarding. The post-holder is also responsible for overall management of the Safeguarding and Vulnerable People Team.
<b>The Safeguarding Lead for 0-18yrs team</b>	The post-holder is responsible for the operational, day to day management of the Named Nurses/Midwives and safeguarding specialists; ensuring the quality of supervision to Trust staff, and auditing the process; for facilitating liaison and escalation with the appropriate Local Authority Social Care Departments and through to the Head of Safeguarding & Vulnerable People team; the provision of training and for maintaining records of the number and nature of referrals raised and the quality of advice in such cases. They are also responsible for ensuring timely response to Rapid Review processes and production of Individual Management Reports in Child Safeguarding Practice Reviews, ensuring specific, measurable, achievable, relevant, and time-bound action plans. Additionally, they ensure the Trust is represented in sub-groups of the Safeguarding Children Partnership, coordinates Trust involvement in multi-agency and in-house audit and ensures submission of data to FGM dataset
<b>Trust Safeguarding and Vulnerable People Committee (TSVPC)</b>	The TSVPC should ensure that national developments regarding safeguarding are incorporated into Trust policies and processes and advise the Trust Safeguarding Lead and Lead Executive regarding any issues with implementation in their area of responsibility accordingly. They also receive reports and monitor the implementation of action plans and safeguarding processes throughout the Trust, agree assurance reports to the Trust governance groups and assist with compilation of evidence in s11 audit.
<b>Business Units, Ward Sisters/Charge Nurses, line managers</b>	It is the responsibility of the business units, line managers / ward or team managers to ensure practitioners caseloads allow them to access safeguarding children supervision within the terms of this policy.
<b>Nursing, midwifery and clinical staff</b>	Staff working on caseloads of pregnant women, children & young people must attend 1:1 safeguarding supervision; at a minimum this must be quarterly but where the caseload requires it, this will be more frequent. They must be prepared with knowledge of the case for each session. They can bring any case to supervision, but they must also ensure cases as outlined in Appendix 1 are brought for discussion.

## **6. Implementation of Policy**

### **6.1 Safeguarding Supervision and Action Learning Sets**

#### **6.1.1 One to One Supervision**

Should address the following:

- The part of any protection/child in need plan for which the practitioner is responsible for carrying through.
- Reflective practice.
- The vulnerable adult/child's needs.
- Multi-agency working issues.
- Required actions, timescales and outcomes of safeguarding interventions must always be documented.
- Risk to the organisation must be noted.

All professionals identified in the matrix at Appendix 2 will access a minimum of quarterly individual supervision sessions. However, where safeguarding caseloads are high this may be required more frequently. No supervision session should extend beyond 2 hours. The model of supervision will be determined by the needs of the staff member / group but should in general address and reflect the organisational, supervisee and user needs of safeguarding supervision and reflect the principles of the Kolb cycle (e.g. experience, reflection, analysing, planning and action).

A supervision agreement must be drawn up between supervisor and supervisee and signed prior to commencing supervision. (Appendix 3)

Agency or temporary staff will receive supervision if they are working directly with children with a child / adult protection issue.

All outcomes of the supervision process, that is, the agreements made about the ongoing and future work with the vulnerable adult, child, carer and family, will be documented in the relevant health record.

#### **6.1.2 Action Learning Sets (ALS)**

- Practitioners in key areas identified in Appendix 2 will have access to ALS provided by the safeguarding team professionals.
- Action learning sets provide the opportunity for reflective practice and discussion to formulate decision making on specific cases/situations.
- Practitioners in the target audience must attend an ALS session once per quarter.
- These sessions will be undertaken as a group of professionals with a safeguarding team member leading the session who will keep a record (see Appendix 4) of all attendees.

### **6.2 The Supervisor's Responsibilities**

- Providing 1:1 or Action Learning set supervision according to the policy.
- Keeping an attendance record and a list of all practitioners safeguarding cases as a personal record and for audit purpose.

- At the end of each quarter, one to one and action learning set attendance will be shared with business unit managers.
- Setting up the supervision agreement at the onset of supervision and reviewing yearly or more frequently if required.
- Conducting the sessions in a structured manner using a recognised framework.
- Contributing towards auditing the supervision process.
- Supervising staff in any location across the UHDB as required.
- Formulating and providing the supervisee any plans of action with timescales as necessary and setting review dates.
- To book a private suitable venue for the session.
- Ensure that a record of the supervision and any actions are recorded on the relevant electronic system during the session or within 24 hours.
- Informing the professional with regard to any concerns in supervisee safeguarding practice and working with them to change and improve. If there is no improvement in practice, the supervisor has responsibility for sharing these concerns with the line manager of the supervisee and Specialist Safeguarding Practitioner 0-18yrs service, or Head of Safeguarding & Vulnerable People team, only after the supervisee has been informed of the need to do so.

### **6.3 The Supervisee has responsibility for:**

- Attending sessions as agreed and prioritising attendance.
- Arranging a 1:1 session with their supervisor within 2 weeks if they are not able to attend a planned supervision session (due to sickness or annual leave etc.).
- Signing the Supervision Agreement each year.
- Preparing for supervision in advance by having a good understanding of the cases to be discussed.
- Ensuring that the action plans formulated are adhered to within timescales.
- Contacting a member of the Safeguarding Team for initial supervision session within one month of employment.
- Informing the supervisor if they are under any increased pressure professionally or personally so that extra support may be offered.
- Inform their supervisor of any new cases identified as per policy.

### **6.4 Documentation/ record keeping issues**

- A supervision agreement needs to be completed between the supervisor and the supervisee (Appendix 3).
- A register of those attending Action Learning Sets must be taken and stored electronically by the safeguarding team.
- An electronic database of all one-to-one supervisees and their caseload will be kept by the safeguarding team with dates of supervision sessions attended.

## **7. Information Sharing**

Staff should know when and with whom to share information when there are concerns about a child or young person's welfare. As a general rule it is in the public interest to share relevant information with other health professionals and multi-agency professionals who work with the adult, child or young person; where necessary this can be without consent of the child, young person or parents / carers where there are child protection concerns.

## 8. Monitoring compliance and effectiveness

<b>Monitoring Requirement:</b>	Yearly supervision audit List of practitioners names who have attended supervision will be sent to each business unit at the end of each quarter.
<b>Monitoring Method:</b>	Random case file audit of cases taken to supervision
<b>Reports Prepared by:</b>	Specialist Safeguarding Professional 0-18yrs service
<b>Report presented to:</b>	Trust Safeguarding & Vulnerable People Committee
<b>Frequency of Report</b>	Yearly

## 9. Reference

<b>Source of data</b>	<b>Date of publication/issue</b>
<b>Brandon, M</b> Understanding Serious Case Reviews and their impact	(2009)
<b>Laming, C.</b> The Victoria Climbié Inquiry	(2004)
<b>Laming, C.</b> The Protection of Children in England	(2009)
<b>Morrison, T</b> Making the Most of Supervision in Health and Social Care Sectors	(2006)
<b>Reder, P. McClure, M.</b> Family Matters	(2008)
<b>Working Together</b> DCSF	(2018)
<b>Care Act Statutory Guidance</b>	(2014)



## **Appendix 1 – Cases to be taken to Supervision**

Any child subject to a:

- Child protection plan
- Child in need plan
- Looked after child
- Early Help

Any child or adult at risk of abuse and neglect these include:

- Domestic abuse
- Mental health
- Personality Disorders
- Medical neglect
- Teenage parents
- Unborn whose mother was subject to FGM
- Complex health needs
- Alcohol or drug misuse
- Adults posing a risk to children
- Parents with identified learning disability
- Siblings/children in family who are LAC
- Private fostering
- Late bookers to maternity
- Any concerns with missed appointments
- Lack of engagement with services

Any other cases where **you deem there are emerging concerns/needs/risks.**

This is a very general guide/checklist and not an exhaustive list of risk factors. These categories cannot indicate the nature, degree or severity of risk or act as a substitute for professional judgement about levels of risk within specific families or situations.

**Appendix 2 – Staff/ Staff groups requiring supervision**

Appendix 2: Staff/ Staff Groups Requiring Supervision	One to One	Action Learning Sets
<p><b>Group 1</b> Staff who do not manage a caseload but have contact with children, young people, and vulnerable adults, including: complex social factors, substance and alcohol misuse, learning disability, domestic violence self-harming behaviour, mental health issues, and teenage parents. E.g. Staff in the acute trust; paediatrics &amp; Midwifery and adult EDs</p>	<p>As and when ad hoc advice and case support is required</p>	<p>Paediatrics; CED, out-patients, ward areas ED Acute based Midwives</p>
<p><b>Group 2</b> Members of the workforce who manage caseloads, work predominantly with vulnerable adults, children, young people and/or their parents/carers who have complex issues of care and treatment and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns and involvement in child / adult protection enquiries and processes. E.g. Midwives, specialist midwives, challenging behaviour team, Family care sisters, Paediatric diabetes team, and KITE team.</p>	<p>Specialist midwife substance misuse Specialist midwife mental health Community midwives KITE case holders Paediatrics diabetes nurses CBS Child Psychology</p>	
<p><b>Group 3</b> Head of Safeguarding &amp; Vulnerable People Team; Deputy Head of Safeguarding &amp; Vulnerable People Team; Named, Nurses, Midwives &amp; Doctors; safeguarding children / midwifery specialists.</p>	<p>Head of Safeguarding &amp; Vulnerable People Team provides 1:1 monthly supervision for the Deputy Head of Safeguarding &amp; Vulnerable People Team Deputy Head of Safeguarding &amp; Vulnerable People Team provides safeguarding supervision monthly for Specialist Professional lead for 0-18yrs team Specialist Professional lead for 0-18yrs team provides safeguarding support session / management supervision monthly for Named Professionals and safeguarding children/midwifery specialists The Designated Nurse (ICB) provides 1:1 supervision for Head of Safeguarding &amp; Vulnerable People Team and Specialist Professional lead for 0-18yrs team as well as action learning sets for Named professionals and safeguarding children/midwives Designated Doctors (ICB) provide safeguarding supervision for Named Doctors</p>	

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**Appendix 3 – One to One Safeguarding Supervision Agreement**

Name of Supervisee	
Name of Supervisor	

**1. Agency Expectations:**

The Trust expects:

- Practitioners to be supervised quarterly as a minimum standard for the duration of their employment with the Trust.
- All staff to be aware of and understand their responsibilities as per safeguarding supervision policy.
- All discussions to include and address any issues affecting parenting capacity and issues which may indicate adult at risk of abuse and neglect but to maintain a focus on the needs of UBB or child.
- Practitioners to perform to the standards specified by their own professional body (see NMC Code of Conduct), Safeguarding Partnership Policies/ Local and the trust policies and procedures

**2. As a Supervisee I agree to:**

- Having an understanding of my roles and responsibilities in relation to safeguarding supervision as stated in the policy.
- Attend all planned sessions on time and rearrange within 2 weeks if I need to cancel a session.
- Prepare for the sessions by have a clear understanding of the case and have access to the electronic record where possible.
- Be prepared to be respectfully challenged.

**3. As a Safeguarding Supervisor I agree:**

- Having an understanding of my roles and responsibilities in relation to safeguarding supervision as stated in the policy.
- Attend all planned sessions on time and rearrange if I need to cancel a session.
- Offer advice, support and supportive challenge to enable you to reflect in depth on issues affecting your practice.
- Discuss any concerns in relation to your practice, conduct, caseload with your line manager / Trust safeguarding Lead only after informing you that I am going to do so.
- To attempt to resolve any disagreements during the session.
- Ensure confidentiality is maintained. However, any issues relating to practice of the supervisee will be responded to as above.

**Other relevant information agreed as part of this contract:**

(Consider, How you will recognise when supervision may not be working, support needs of supervisee, learning styles, how to resolves any difficulties)

**ARRANGEMENTS AGREED FOR SUPERVISION:**

Frequency:	
Length:	

Location:

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

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

**This agreement is to be reviewed on..... and thereafter annually**




**Themes:**

**Reflection/Analysis:**

**Action Points/Comments:**

**Supervisor Signature:**