

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURES FOR SAFEGUARDING SUPERVISION

1.0 INTRODUCTION

- 1.1 Working Together 2018 acknowledges that working to ensure children are protected from harm requires sound professional judgements to be made. The National Service Framework for Children Young People and Maternity Services 2004 advocates that *consistent, high quality supervision is the cornerstone of effective safeguarding of children.*
- 1.2 Supervision is defined by the Children's Workforce Development Plan 2007 as:

'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'.
- 1.3 Many of the inquiries into child deaths, and serious incidents involving children, have demonstrated serious failings in professionals effectiveness which have been attributed to lack of 'supervised support' from professionals involved in the care of vulnerable children.
- 1.4 Trust staff working with children and adults are key professionals in the identification and prevention of abuse where there are safeguarding children concerns.
- 1.5 Trust staff should read this guidance in conjunction with the Trust Supervision and Appraisal Policy HR48 which outlines both clinical and management supervision arrangements.
- 1.6 Staff can access additional support and advice via the Workforce Wellbeing and Stress Management Policy (HR26).

2.0 PURPOSE

- 2.1 Supervision in safeguarding children is a formal process of professional support and learning, which enables and empowers practitioners to develop knowledge and competence, assume responsibility for their own practice and, therefore, enhance safeguarding children by assisting them to review, plan and account for their safeguarding work.
- 2.2 Supervision enables both the supervisor and the supervisee to reflect on, scrutinise and evaluate clinical practice and is both educative and supportive whilst facilitating the supervisee to explore their feelings about the work and the family. Safeguarding supervision aims to:
 - Ensure that clinical practice both protects and represents the best interest of the child.

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- Provide a framework for supervisory practice, which enables the principles and underpins safeguarding supervision.
- Ensure that the respective roles, responsibilities and expectations of supervisor and supervisee are understood and agreed.
- Ensure that the boundaries of supervision are clear so that conflicts and confusion do not arise within this process.
- Establish a mechanism for evaluating the effectiveness of supervision.

2.3 Effective supervision enables the practitioner to:

- Keep a focus on the child.
- Avoid drift.
- Maintain a degree of objectivity and challenge fixed views.
- Test and address the evidence base for assessment and decisions.
- Address the emotional impact of work.

2.4 The key functions of supervision are:

- Management (ensuring competent and accountable performance/practice)
- Development (continuing professional development)
- Support (supportive/restorative function)
- Engagement/mediation

2.5 The process of supervision is underpinned by the principle that professionals remain accountable for their own practice and the Supervisor will be accountable for the advice and guidance given or action they take. All professionals should adhere to their professional code of practice.

2.6 All supervisors will have undertaken training in supervision.

2.7 Named Nurses and Specialist Practitioners providing supervision will themselves require specific supervision which can be accessed with similar colleagues and Designated professionals in accordance with local agreements.

2.8 Safeguarding Supervision will ensure that the racial, cultural, linguistic and religious identity of the child and family is consistently addressed for all families where there are child protection concerns.

3.0 PROCESS

3.1 Confidentiality

3.1.1 Supervision is a confidential process with the following exceptions. Information shared through the supervision process may need to be disclosed to another professional or agency in order to protect children from significant harm. Plans about the on-going and future work with the child and family will be documented in the child's health records and, therefore, those who acquire responsibility for the protection of the child in future will have access to that information.

- 3.1.2 If there are issues with regard to professional competence, unsafe or poor practice, which cannot be resolved within the supervisory relationship, this will be discussed with the practitioner, and a discussion taken as to how the issue will be resolved. This may involve consultation outside the context of supervision with the practitioner's line manager or named nurse. The outcome of these decisions will be recorded separate from the child's health records.
- 3.1.3 The safety and focus of individual children are the paramount consideration in any professional disagreement and unresolved issues should be escalated to a line manager with due consideration to the risks that may exist for the child.
- 3.1.4 If line managers are aware of professional concerns or personal circumstances that may impact upon a staff member's professional judgement and assessment of risk it is their responsibility to discuss this with their safeguarding supervisor. Best practice requires that this must be discussed with the member of staff prior to disclosure.

3.2 Structure

- 3.2.1 Supervision is mandatory for all Trust staff and is monitored for compliance.

There are a variety of models used within the Trust area for safeguarding children supervision, including individual, group or peer supervision and pre and post case conference supervision. There are also different minimum standards for the frequency of supervision. For example, Mental Health staff must receive clinical and management supervision which includes Safeguarding, every 4-6 weeks. Community Health Services in Essex and Bedfordshire will require safeguarding children supervision two to four times per year.

- 3.2.2 The length of supervision session should be agreed between the health professional and the Supervisor/Named Nurse or Safeguarding team member to set clear parameters and allow the time available to be used to maximum effect, according to the individual needs of staff. Generally sessions should not exceed 2 hours.
- 3.2.3 Community Healthcare Teams may operate a clinical supervisor's model for safeguarding children supervision incorporating one to one and group supervision as reflected in National Society for the Prevention of Cruelty to Children (NSPCC) supervisors' programme. Those delivering Supervision will develop an agreement with the supervisee which will include frequency and venue as per agreed protocol. (See local Safeguarding Supervision agreements accessed via local Trust Safeguarding Teams).
- 3.2.4 Staff can access ad hoc supervision from the Safeguarding Team for support between formal/ planned individual and group supervision sessions.

3.3 Content and Documentation of Supervision

3.3.1 Supervision will centre on children/families in the medium and high priority categories indicated by the National Assessment Framework tool as outlined in Appendix 3, Case Conferences Procedures. Additionally practitioners may bring to supervision cases regarding vulnerable children/families where there are difficulties in assessing the level of risk e.g. poor uptake of service, difficulty in gaining or engaging access, domestic abuse. The voice and lived experience of the child will be explored in case management supervision.

3.3.2 There should be a prepared agenda for the meeting in terms of casework and personal supervision. Plans that are formulated during supervision should be adhered to, with the targets set being realistic and in line with the practitioners own objectives. Issues that are identified in safeguarding children supervision should be responded to and acted upon.

3.3.3 The relevant client records should always be made available within the session. The appropriate Supervision forms, previously agreed action plans and priority lists where used should be used during supervision sessions.

3.3.4 The supervision discussion form enables an analysis of need to be made but will also constitute as evidence of supervision. Any specific health or safeguarding action plan should be entered in the child's or adult's record as appropriate. Any discussion form used will be, retained by both the practitioner and the Safeguarding team and will not be disclosed except for the purpose of a Local Child Safeguarding Practice Review formally known as a Serious Case Review, or disclosed by court order with a P.I.I. (Public Indemnity Immunity).

3.3.5 Records of supervision attendance must be maintained in accordance to the Trust supervision and appraisal policy for audit purposes.

3.3.6 Records of all case management discussions and care plans will contribute to the identification of trends and development and targeting of services for vulnerable children and families.

3.3.7 It is the Line Managers responsibility to identify where additional support is necessary for staff e.g. Complex cases, workforce issues or individual health professional need.

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