

NHS Derby and Derbyshire Integrated Care Board

Safeguarding Children and Looked after Children Supervision Policy

KEY POLICY MESSAGES

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| 1. | The aim of this policy is promote and develop a culture that values and engages in regular safeguarding children and looked after children supervision in order to provide high quality services and advocate best practice with children services. |
| 2. | All staff who work in the ICB who hold a leadership safeguarding role are responsible for securing supervision external to their organisation. |
| 3. | Safeguarding should be an integral part of the ICB's culture. |

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VERSION CONTROL

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Target Audience:	ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.

1. BACKGROUND

- 1.1 The aim of this policy is promote and develop a culture that values and engages in regular safeguarding children and looked after children supervision in order to provide high quality services and advocate best practice with children services.
- 1.2 Supervision is an essential means of providing professional support and guidance for safeguarding practitioners. The requirement to provide safeguarding children and looked after children supervision and support is well documented in many serious case review reports and in policy guidance for example, Laming Reports (2003 & 2009), Munro review (2011), Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019), Looked after Children; Roles and competencies of health care staff (2020).
- 1.3 *“Supervision is the cornerstone of good practice”* Lord Laming 2009. Supervision has been recommended over the past decade and is recognised as the key vehicle to establish and monitor good standards of practice in safeguarding children. All health services that provide children and family health services are expected to demonstrate established and effective processes for safeguarding children supervision and ICBs are expected to monitor effectiveness and provide supervision for Named Professionals working in the provider services commissioned by NHS Derby and Derbyshire Integrated Care Board (the "ICB").
- 1.4 Effective supervision is essential to professional development. It provides the opportunity to put concerns into perspective and address issues that may otherwise be overlooked. Effective supervision can play a critical role in ensuring a clear focus on child welfare (Working Together to Safeguard Children 2018).
- 1.5 Good quality supervision can help to:
- 1.5.1 keep a focus on the child;
 - 1.5.2 avoids drift;
 - 1.5.3 maintain a degree of objectivity and challenge fixed view;
 - 1.5.4 test and assess the evidence base for assessment and decisions;
 - 1.5.5 address the emotional impact of the work;
 - 1.5.6 reflect on cases and build on experience; and
 - 1.5.7 identify any relevant training and development for the supervisee.
- 1.6 All staff who work in the ICB who hold a leadership safeguarding role are responsible for securing supervision external to their organisation and this supervision should occur on a quarterly basis. The external supervisor could be an experienced Designated Nurse or Doctor from another area.

- 1.7 The ICB has a range of systems and processes in place to meet the statutory national and local obligations for Safeguarding and Looked after Children. This includes arrangements for Safeguarding and Looked after Children supervision.
- 1.8 Supervision is fundamental to good safeguarding practice for those working with children or young people and their families and should therefore lead to better outcomes for them. It should be an integral part of an organisation's culture, recognising that the culture is what establishes the tone, values and behaviours that are expected from every employee. Supervision should be used as an opportunity to challenge practice constructively, and to identify any barriers to effective practice not simply to check compliance with procedures.
- 1.9 All NHS Services are required to fulfil 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 by all health care professionals working within the ICB.

2. SCOPE AND PURPOSE OF SUPERVISION

Supervision will provide opportunities to:

- 2.1 appraise existing programmes of care and level of intervention for children and families to ensure that they are sensitive to the current needs of the child and family;
- 2.2 ensure the practitioner is clear about his/her roles and responsibilities;
- 2.3 clarify roles and responsibilities within interagency working;
- 2.4 establish whether local, regional and national guidance, policies and procedures are being followed;
- 2.5 offer appropriate support, facilitating safe and effective practice;
- 2.6 identify and challenge practice which is considered to be unsafe, unprofessional or unethical;
- 2.7 promote professional development; identify any gaps in knowledge and skills requiring further training.
- 2.8 provide a communication channel between practitioners and line manager that will identify multi-agency and single agency shortfalls in the services to children with safeguarding needs and their families.
- 2.9 be proactive and probing, ensuring that all actions agreed are child focused.
- 2.10 offer opportunity for reflection and critical incident analysis, identifying, actioning and learning from near misses and mistakes, and ensure best outcomes for vulnerable children and adults; and

- 2.11 endorse clinical judgements and provide specialist support when circumstances require it, in the safeguarding process.

3. MODEL AND FUNCTION OF SUPERVISION

One model of supervision that has been used extensively within a safeguarding context is the integrated (4x4x4) model first developed by Tony Morrison (Morrison 2005; Wonnacott 2014). This model recognises the interdependence of the functions of supervision, the impact on key stakeholders and the four elements of the supervision cycle.

Four Functions	Four Stakeholders	Four Elements of the Supervision Cycle
Management	People who use services	Experience
Support	Staff	Reflection
Development	The organisation	Analysis
Mediation	Partner organisations	Action planning

3.1 Functions of supervision

3.1.1 The four main functions of supervision are:

- (a) Management (Competent accountable performance/practice)
- (b) Learning and Development (Continuing professional development)
- (c) Support (Personal support)
- (d) Mediation (Engaging the individual with the organisation)

3.1.2 These four functions are interdependent, and one function cannot be effectively performed without the others.

3.1.3 An over-emphasis on, for example, management, will leave the supervisee feeling that they are being overly controlled and that the only purpose of supervision is to “check up on them”.

3.1.4 An over-emphasis on support will result in important discussions about workload, decision-making, and accountability being neglected leading to a danger of supervision becoming counselling.

3.1.5 Each function is described in detail below.

(a) Management (Competent accountable performance/practice)

This function is to ensure that the work for which the supervisee may be held accountable is carried out to a satisfactory standard. The management function will be achieved through discussion of:

- (i) the overall quality of the supervisee’s performance and work output/outcomes.

- (ii) the policies and procedures relating to their work and that these are understood and followed.
- (iii) the roles and responsibilities of the supervisee and that these are clearly understood, including the boundaries and limits of their role;
- (iv) the development and monitoring of action plans/targets and objectives; and
- (v) monitoring of the supervisee's workload.

(b) Learning and Development (Continuing professional development)

This function is to encourage and assist staff in reflecting on their own performance, identify their own learning and development needs and develop plans or identify opportunities to address those needs. The learning and development function will be achieved through:

- (i) helping supervisees identify their preferred learning style and barriers to learning;
- (ii) assessing development needs and identifying learning opportunities;
- (iii) giving and receiving constructive feedback on performance;
- (iv) encouraging the supervisee to reflect on learning opportunities undertaken and applying that learning to the workplace.

(c) Support (Personal support)

This function is to provide support for staff to carry out their role. The nature of the work as well as the effect of particular situations, incidents or personal issues may have an emotional impact on the staff member. By offering support within the supervision context supervisees should be given the opportunity to reflect on the impact of the work upon them and prevent issues adversely affecting them and their work. This will be achieved through:

- (i) creating a safe environment within supervision where trust and confidentiality are maintained.
- (ii) clarifying the boundaries between support and counselling in the supervisory relationship.
- (iii) enabling and empowering expression of feelings in relation to the work role; and
- (iv) monitoring the health of the supervisee and referring to occupational health or counselling when appropriate.

(d) Mediation (Engaging the individual with the organisation)

This function is to ensure that the relationship between the supervisee, their team, the organisation and other agencies with whom they work are effective. This will be achieved through:

- (i) briefing senior managers about key issues raised by staff.
- (ii) dealing sensitively but clearly with concerns and complaints about colleagues and others with whom they work.
- (iii) consulting and briefing staff on changes and developments that affect their area of work; and
- (iv) advocating between worker or team and other parts of the agency or with outside agencies.

3.2 Links with caseload supervision

3.2.1 If an individual case is discussed during supervision, this should be recorded in the child's individual record. The record should include:

- (a) a summary of the discussion.
- (b) agreed actions and timescales.

3.2.2 This will be the responsibility of the supervisee to add the supervision discussion and an agreed plan into the child health record

4. SUPERVISION METHODS

4.1 One to one supervision should take place in private at a pre-arranged time with an agreed agenda and preparation on behalf of both parties.

4.2 It is recognised, however, that supervision is an on-going process that takes place in other ways. The two other main methods are outlined below. They have a place but should not replace planned, formal, recorded, one to one sessions.

4.3 Group supervision / Action learning set

This should not replace individual supervision but can be used to complement it. It will involve a group of staff; all involved in the same task, meeting with a supervisor to discuss issues about their work or the way they work together as a team. This may be done in the context of a regular team meeting or as a separate session to look at specific issues.

4.4 Unplanned or "ad-hoc" supervision

The pace of work and change and the frequency of supervision mean that staff may need time to reflect with a supervisor, obtain a decision or agree to do something in between formal supervision sessions. In addition, staff who work closely with their

supervisor will be communicating daily about work issues, problems arising, and changes in policies or procedures.

5. ROLE OF THE SUPERVISOR

- 5.1 The Supervisor has the primary responsibility for managing the process of supervision with the individual staff member. However, it is not the Supervisors responsibility to arrange supervision; that responsibility remains with the individual requiring supervision.
- 5.2 Supervisors are responsible for ensuring that they are appropriately qualified to provide supervision, in receipt of appropriate continual professional development and are provided with their own regular supervision. Specific training may be required if not covered within the supervisor's prior CPD.
- 5.3 The supervisor and the supervisee will share the responsibility for starting and ending supervision sessions on time, prioritising supervision and cancelling only in exceptional circumstances.
- 5.4 In the event of cancellation, it is the responsibility of the cancelling party to arrange another session as soon as possible.

6. ROLE OF THE SUPERVISEE

- 6.1 It is the responsibility of the supervisee to access and participate in supervision
- 6.2 Prepare for a supervision session by identifying cases and/or issues for reflection/discussion.
- 6.3 Supervisees are responsible for carrying out the actions identified and agreed as a result of the supervision session.
- 6.4 It is the responsibility of the supervisee if a specific case has been discussed to record the supervision and agreed plan in the child health record.
- 6.5 The supervisor and the supervisee will share the responsibility for starting and ending supervision sessions on time, prioritising supervision and cancelling only in exceptional circumstances. In the event of cancellation, it is the responsibility of the person who cancels the session to rearrange it.

7. RECORDING SUPERVISION

- 7.1 A record of each individual supervision meeting will be kept by the supervisor and supervisee and signed by both (See Appendix 3: Supervision Record).
- 7.2 Supervisees will keep a record of group supervision sessions attended
- 7.3 In the case of group supervision, a record of themes should be recorded and circulated by the session lead.

8. SUPERVISION AGREEMENT

- 8.1 The purpose of the agreement is to ensure:
 - 8.1.1 clarity of expectation;
 - 8.1.2 roles and responsibilities are understood; and
 - 8.1.3 the supervisor will take responsibility for monitoring and reviewing the agreement with the supervisee as necessary
- 8.2 An agreement should be signed by the supervisor and supervisee, (See Appendix 1 and 2: Supervision agreement) and kept by both parties.

9. MANAGEMENT OF PRACTICE OR PROCESS ISSUES

Where a supervisor becomes concerned about the practice of a supervisee, these concerns will be discussed with the supervisee and their line manager. This will be with the supervisee's knowledge. Concerns may include where procedures/policies have not been followed, where there is a breach of professional conduct or where practice is thought to be unsafe. Confidentiality regarding issues discussed within supervision will be maintained unless concerns arise as described above.

10. TRAINING REQUIREMENTS FOR SUPERVISORS

- 10.1 All Supervisors should be experienced practitioners who have extensive knowledge and practical experience of working within the safeguarding/child in need /looked after children arenas and should be working within level 4/5 of the competency framework for safeguarding and protecting children (Safeguarding Children and Young People: Roles and Competencies for Health care Staff 2019) and Looked after Children; Roles and competencies of health care staff (2020).
- 10.2 Ideally, safeguarding supervisors should have undertaken a specialist supervision training course and should receive updates periodically thereafter.

11. QUALITY MONITORING ARRANGEMENTS

- 11.1 All providers commissioned by the ICB are expected to have relevant supervision policies in place which recognises the need for relevant staff in their employment e.g. Named Professionals, health visitors, school nurses and mental health practitioners to receive the required levels of safeguarding supervision.
- 11.2 Up to date policies for supervision arrangements will be included in the Section 11 / Markers of Good Practice self-assessment tool.
- 11.3 Audit of compliance should be part of the provider annual audit programme to ensure effective supervision arrangements.

12. ACCOUNTABILITY

Safeguarding supervision access and delivery should form part of the Designated and named professionals' annual appraisal. Any difficulty in accessing or delivering supervision should be brought to the attention of the line manager or the ICB Executive Lead for Safeguarding children.

13. REFERENCES

Morrison, T. (2005) Staff Supervision in Social Care: making a real difference for staff and service users Southampton: Pavilion Publishing.

Safeguarding Children and Young People: Roles and Competencies for Health care Staff (2019) and Looked after Children; Roles and competencies of health care staff (2020).

Working Together to Safeguard Children – A guide to interagency working to safeguard and promote the welfare of children (2018)

Safeguarding Children, young people and adults at risk in the NHS; Safeguarding and Accountability and Assurance Framework (2019)

Restorative Safeguarding Supervision – Supporting supervisors to work confidently with emotion and challenge in safeguarding - Wallbank/Wonnacott March 2016

Wallbank, S., & Robertson, N. (2008) Midwife and nurse response to miscarriage, stillbirth and neonatal death: A critical review of qualitative research Evidence based Midwifery, 6, 100-106

Laming Enquiry Report HMSO 2003

The Protection of children in England: A progress Report. (Lord Laming). HM Government 2009

The Munro Review of Child Protection (2011)

14. EQUALITY STATEMENT

- 14.1 The ICB aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

- 14.2 In carrying out its function, the ICB must have due regard to the PSED. This applies to all activities for which the ICB is responsible, including policy development, review and implementation.

15. DUE REGARD

This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

Appendix 1 – Safeguarding Children Agreement

Contractual agreement between Designated Professional and Named Professional for one to one meetings / supervision sessions

These sessions provide a formal process of professional support, reflection and learning; which enables practitioners to work together to develop knowledge and competence, identify any gaps in knowledge and skills requiring additional training opportunities. Each party holds responsibility for their own practice with the overall aim of enhancing the safety and protection of children. The Designated professional role is one of advisory and support and does not hold managerial responsibility.

The contractual agreement consists of the below points:

- Set sessions will take place 3 monthly. Additional sessions are available depending on individual needs.
- Each session will be approximately 2 hours in duration.
- Sessions will take place at a suitable venue which is private and uninterrupted.
- Sessions will be undertaken on a one to one basis, unless otherwise mutually agreed.
- Sessions are protected time and take priority unless a clinical emergency is requiring the Designated Professional's attention. In the event of cancellation it is the responsibility of the cancelling party to arrange another session as soon as possible.
- Sessions to be prepared for, with relevant information required available.
- Confidentiality will be maintained unless information is disclosed that is illegal, reveals harm to a vulnerable child and / or adult or concern / evidence of professional misconduct is suspected / identified. In any of these events, the supervisor will inform the supervisee in advance of the decision to take further advice / action as required. All discussions and decisions that take place will be recorded in writing.
- Both Professionals remain responsible and accountable for their own practice and their own actions.
- A summary of the key issues and themes discussed in the session will be summarised by the Designated Professional and the documentation will be signed and retained by both parties. These notes will be reviewed at the beginning of the following session to ensure any actions / objectives have been achieved.
- All parties will treat each other with respect, give accurate and honest feedback, offer constructive criticism and be prepared to be both constructively challenged and challenging in relation to practice issues and to always work towards resolution.
- All participants have a responsibility to challenge or question practice or language which they feel is oppressive, discriminatory or inappropriate.
- The contract will be reviewed annually.

The contract has been discussed and agreed between:

Designated Professional

Named Professional

Name:

Name:.....

Signature:

Signature:

Date:

Date:.....

A copy of this signed contract will be kept by both parties.

Appendix 2 – Looked After Children Agreement

Children in Care Health Supervision Agreement (1: 1)

Boundaries

Clinical supervision sessions conducted by the Designated Nurse for Children in Care for the Named Nurse for Children in Care are outlined within the Intercollegiate Role Framework (2020) and in line with the relevant Health Provider supervision policy. The sessions should not be cancelled or interrupted except in exceptional circumstances. If this becomes an area of concern, it will be discussed with the Named Nurse’s line manager.

The frequency and duration of supervision session will be agreed with the Named Nurse and the Designated Nurse (minimum every 6 months).

Process

A suitable venue that is private and convenient to both supervisor and supervisee will be used, preferably at the supervisee’s base.

It is the responsibility of the Named Nurse to come to the session prepared with discussion points e.g.: specific clinical problems, areas of concern, issues being encountered, progress of work, professional/personal challenges or opportunities. There will be an agreed agenda between the supervisor and supervisee but must include an update or review of previously discussions, any cases of concern and reflection on actions.

A written record of the discussion and action plan will be maintained and reviewed/updated at subsequent supervision sessions. If specific child cases are discussed this must be entered into the relevant child health record.

Reflection and discussion around training attended must take place and to include how the learning will be applied to practice. Future individual professional development opportunities should also be discussed; the Named Nurse should share these discussion outcomes as part of Health Provider managerial supervision and appraisal pathway.

In addition to formal supervision, the Designated Nurse will continue to respond to individual queries and specific concerns on an ad hoc basis and in a timely manner.

Following supervision, a copy of the discussion points and agreed action plan will be retained by the Designated Nurse and a copy given to the Named Nurse.

Date:

Date:.....

Signed:

Signed:.....

Appendix 3 – Supervision Documentation

Private and Confidential

Safeguarding Supervision	
Children in Care Supervision	
1:1 catch up	
Name and role of supervisor	Name and role of supervisee

Review of previous supervision / 1:1 session
Discussion of issues or concerns brought to supervision
Professional challenges / escalation/ risk

Case discussion and reflections
Development / training needs and opportunities
Plan and actions
Any other business
Date and time of next meeting
Signature and date of supervisor
Signature and date of supervisee