SAFEGUARDING CHILDREN SUPERVISION POLICY

Approved by: Safeguarding Committee
Submitted by: Head of Safeguarding Children
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# Index

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Aim</td>
<td>4</td>
</tr>
<tr>
<td>2.4</td>
<td>Types of Supervision</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Procedure</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>All staff</td>
<td>5</td>
</tr>
<tr>
<td>4.1</td>
<td>Aims of Supervision Process</td>
<td>6</td>
</tr>
<tr>
<td>4.2</td>
<td>Contract</td>
<td>7</td>
</tr>
<tr>
<td>5.</td>
<td>Responsibilities of supervisee’s</td>
<td>7</td>
</tr>
<tr>
<td>6.</td>
<td>Additional Support</td>
<td>7</td>
</tr>
<tr>
<td>6.1</td>
<td>Expected Outcomes of Safeguarding Children Supervision</td>
<td>7</td>
</tr>
<tr>
<td>7.</td>
<td>Named Professionals</td>
<td>8</td>
</tr>
<tr>
<td>8.</td>
<td>Record Keeping</td>
<td>8</td>
</tr>
<tr>
<td>9.</td>
<td>Accountability</td>
<td>8</td>
</tr>
<tr>
<td>10.</td>
<td>Audit</td>
<td>9</td>
</tr>
<tr>
<td>11.</td>
<td>Training</td>
<td>9</td>
</tr>
<tr>
<td>12.</td>
<td>Other Relevant Trust Policies</td>
<td>9</td>
</tr>
<tr>
<td>References</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>Appendix 1</strong></td>
<td>Organisational Time, Environment Contract, Policies &amp; Procedures, Record Keeping competence</td>
<td>11</td>
</tr>
<tr>
<td><strong>Appendix 2</strong></td>
<td>Safeguarding Children Supervision Contract</td>
<td>12</td>
</tr>
</tbody>
</table>
CHILD PROTECTION SUPERVISION

1. INTRODUCTION

1.1 Safeguarding Children Supervision must be viewed as an integral part of safeguarding work for all health professionals. Safeguarding Children Supervision differs from clinical supervision in that it is not peer supervision and the supervisor is an expert in safeguarding children. Safeguarding Children Supervision needs to fulfill four major functions:

- Managerial – e.g. agency policies and procedures adhered to, performance of practitioner monitored.
- Educative – e.g. assessment of knowledge base, identification of development needs.
- Professional – e.g. assess professional competence, professional’s value base in relation to equality and diversity.
- Supportive – e.g. allow reflection to take place, safe place for practitioner to look at practice and self, monitor the health and emotional functioning of the practitioner.

(Gadsby Waters 1992)

An example of a health model of safeguarding children supervision can be found at Appendix 1.

1.2 The importance of regular supervision has been highlighted in the many Serious Case Reviews both locally and nationally that have been conducted from Maria Colwell (1974) to Victoria Climbié (2003).

1.3 Safeguarding Children Supervision provides the opportunity for practitioners, with support, to reflect and consider whether the input they provide is appropriate and leads to the desired outcomes. Supervision may also enable management to monitor whether the aims of the organisation are reflected in the outcomes for children.

1.4 There are a number of acknowledged ways to deliver supervision, and in order to meet the needs of child, staff and management, it is appropriate that different models are utilised to facilitate appropriate outcomes.

1.5 Abertawe Bro Morgannwg University Health Board has a duty under section 28 of the Children Act to safeguard and promote the welfare of children; effective supervision is important in promoting good standards of practice and to supporting individual staff members.
2. **AIM**

2.1 All Health Board employees and Independent Contractors and their employees who work with children and their families should be supported by a formal and regular safeguarding children supervision structure, which focuses on the needs of the child. Safeguarding Children Supervision should be available for all practitioners who work closely with children and their families with identified child protection concerns.

2.2 Protecting children requires confident, competent staff who have a clear vision and who are able to challenge decisions and opinions (Welsh Office 1999).

2.3 Safeguarding Children Supervision provides the opportunity for practitioners to reflect and learn to ensure that practice is soundly based and consistent with ABM University Health Board and LSCB Procedures. It will ensure that practitioners understand their roles and responsibilities and the scope of their professional discretion and authority and assist in identifying the training and development needs of practitioners so that each has the skills to provide an effective service (WAG 2007).

2.4 **Types of Supervision:**

- The type of supervision provided will depend on the professional group and the amount of contact with children.

- One-to-one supervision is a process to formally review each case which is held by a practitioner on a one-to-one basis, or in some cases, tripartite supervision. Most appropriate to staff health visitors, specialist teams, family planning, midwives, CPNs. Frequency: 3-monthly, a contract will be signed at the commencement of a new case brought to supervision (see point 4).

- Group supervision, where a group of professionals who may share a collective remit in the safeguarding of children. Most appropriate to school health nurses, A&E staff, paediatric ward staff, clinic nurses on child protection rota, medical staff, GP Practices and Dental Practices:
  - Six or eight in a group.
  - An agreed group established with terms of reference could include audit review presentation adopted by medical staff. Frequency: four times annually.

**NB:** Urgent supervision / guidance is available.

A framework for group supervision should include the following:-

1. Frequency and length of time of supervision sessions.

2. Consultation on urgent cases.
(3) Content of supervision sessions, e.g. child protection cases, practice development, personal issues which may impact on practice, interagency and inter-disciplinary work.

(4) Recording the supervision session. In the case of group supervision, a record of themes should be recorded and circulated.

3. PROCEDURE

3.1 Safeguarding Children Supervision is available to all staff nursing, medical or allied health professionals. The type of supervision required will differ depending on how closely the professional works with children.

ABMU Health Board recognises that Independent Contractors may require supervision which can be provided to practice staff as necessary.

The following staff can provide child protection supervision and can be contacted as required.

<table>
<thead>
<tr>
<th>Supervision is available from:-</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Named Nurse</strong></td>
<td><strong>ABMU Health Board</strong></td>
</tr>
<tr>
<td><strong>Named Doctor</strong></td>
<td><strong>ABMU Health Board Bridgend</strong></td>
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<td><strong>Associate Named Doctor</strong></td>
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</tr>
<tr>
<td><strong>Named Midwife Safeguarding Children</strong></td>
<td><strong>ABMU Health Board.</strong></td>
</tr>
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</tr>
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<td><strong>Clinical Nurse Specialists Safeguarding Children</strong></td>
<td><strong>Bridgend Neath Port Talbot Swansea Morriston Hospital</strong></td>
</tr>
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</tr>
<tr>
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<td><strong>Designated Professionals Public Health Wales(NPHS)</strong></td>
<td><strong>Swansea</strong></td>
</tr>
</tbody>
</table>
4. ALL STAFF

Supervision should be offered to all Health Board employed staff whose work brings them into contact with children and their families (These would include Health Visitors, School Health Nurses, Midwives, Paediatric Nurses, Community Children’s Nurses, Specialist Nurses, Family Planning Nurses, District Nurses, nurses working within Child and Adolescent Mental Health, Adult Mental Health including Drug and Alcohol Services, Child and Adult Learning Disabilities ) on a minimum 4 monthly maximum 6 monthly basis, (NPHS 2004) however as a responsible practitioner they have a duty and responsibility to request supervision if it is longer than 6 months since the last session. In complex and difficult cases, or when a new issue arises, supervision may take place more frequently. Also supervision is available to all Independent Contractors, eg. GP’s Dentists and their employees eg. Practice Nurses, at a point of need

(1) If any professional wishes to access Safeguarding Children Supervision then they should contact a member of the Safeguarding Children Team, or the Designated Professional as appropriate.

(2)(a) If any Health Board employed professional is invited to a Child Protection Conference, then they should contact the Clinical Nurse Specialist for advice and assistance in completing the Child Protection Conference Report and discussing their role in the child protection plan.

(2)(b) For any independent contractor or their employees advice and support is also available from the designated professionals (Public Health Wales)

(3) Any professional attending Conference should discuss the outcome with their safeguarding supervisor, regardless of whether the child was registered or not.

(4) The Named Midwife will provide support and guidance in relation to families whereby the woman is pregnant or have a baby under 28 days old.

4.1 Aims of supervision process:

- To ensure practitioners take a proactive approach to child protection and a suitable reactive approach to instances of suspected or actual child abuse.

- To encourage reflective practice and promote personal and professional development in relation to working with families.
• To assist practitioners with the formulation of a plan using research based methods of practice, which include preventative intervention strategies.

• To provide specialist guidance and advice in relation to all child protection matters.

• To monitor supervisee’s record keeping in relation to safeguarding children.

• To identify any training and development needs of the supervisee in relation to safeguarding children.

4.2 **Contract or Agreement of Supervision**

4.2.1 ABM University NHS Health Board expects that all employed staff involved in the Safeguarding Children Supervision process, will be monitored through the signing of an agreed contract.

4.2.2 Prior to the commencement of supervision a contract (Appendix 1) will be agreed and signed by both supervisor and supervisee, a copy being kept by both in the professional development portfolio of the supervisee and the supervision record of the child by the supervisor.

4.2.3 The purpose of the contract is to address the administrative, professional and psychological aspects of supervision. It demonstrates continuing development, clarifies roles and responsibilities and clarifies issues of authority and accountability.

4.2.4 The failure of employees to access supervision in line with ABM University Health Board policy may result in disciplinary action.

5. **RESPONSIBILITIES OF SUPERVISEE’S**

Supervisee’s are responsible for bringing all:-

1. Records of all children on child protection register
2. Records of all children identified as children in need

6. **ADDITIONAL SUPPORT**

Although supervision has a pivotal role in providing regular formalised support to practitioners to facilitate a reflective focus on issues and an objective review of progress being made, it may be necessary to supplement this process for practitioners who are experiencing trauma. This is particularly relevant where professionals have been involved in providing information for a Serious Case Review. Debriefing is an essential element in assisting the process of closure by support to
professionals who are still reflecting and coming to terms with serious injury or death of a child.

In addition, some practitioners may need extra support from their line manager, the Safeguarding Team and Occupational Health.

### 6.1 Expected Outcomes of Safeguarding Children Supervision

**One to one supervision:**

Child protection clinical supervision should develop the practitioner to:

- reflect on their feelings and attitudes in relation to clients they are working with;
- be clear about the issues presented in the case;
- be clear about the child(ren’s) health needs;
- be clear about the parent(s) / carers’ health needs;
- have a written action plan / care plan for their work with the child, the parent / carer and relevant other agencies;
- record the action / care plan in the professional record;
- have good practice confirmed and feel supported in their practice;
- be clear about the legislative framework of the case; and
- have a date for reviewing the case.

**Group supervision:**

- reflect on feelings and attitudes discussed;
- identify any area of practice that needs to be changed and implemented as a result of supervision;
- learn from colleagues good areas of practice and recognition of areas of practice which need to improve.

### 7. Named Professionals

The named professionals will receive supervision from the designated professionals on a regular basis.
8. RECORD KEEPING

8.1 A record of every child protection supervision session will be kept using a relevant proforma. A copy will be kept by both supervisee and supervisor.

9. ACCOUNTABILITY

All nursing staff are accountable under the NMC code for actions or omissions in their practice. Staff are accountable in ensuring they access supervision. Any practice which is not of the required standard will be dealt with through the Capability Policy.

10. AUDIT

Bi-ennial audit of records will be undertaken to:-

- To demonstrate safeguarding supervision has been undertaken.
- Contracts are in place.
- Identify themes where further training is required.
- Inform Trust Board of compliance through annual report.

11. TRAINING

- All supervisors will attend Safeguarding Children Supervision training which will be provided in house.
- Training in relation to identified themes provided.

12. OTHER RELEVANT HEALTH BOARD POLICIES

- Safeguarding Children Policy
- Safeguarding Children Operational Procedures
- Safeguarding Children Training Strategy
- Risk Management Policy
- Professional Abuse Policy
- Whistleblowing Policy
- Complaints Policy and Procedure
- A Guide for Child Protection Arrangements in General Practices
- Good Practice Guidelines For General Practitioners
  Part 1-A Guide for Safeguarding Children and Young People In General Practice
  Part 2- Managing Child Protection Information In General Practice
REFERENCES


Nursing and Midwifery Council (2002) Code of Professional Conduct


Organisational
Time, Environment
Contract
Policies and Procedures
Record Keeping
Competence

Emotional support

Review
Previous Supervision

Story

Action/care plan

Feelings

Conclusion

Reflection

Evaluation

Analysis

Educational Professional Development Educational needs

Objectives Timing Educational
Safeguarding Children Supervision Contract

Name of Supervisor:

Name of Supervisee:

Expectations:-

The Health Board expects workers to be supervised at a minimum 6 monthly intervals, for no longer than 2 hours at a time.

Confidentiality and Accountability:-

The supervisee and supervisor are accountable to their professional bodies as well as Health Board policies and procedures. All discussions in supervision will remain confidential unless issues arise which require the instigation of other Health Board policies and/or procedures e.g. Capability, Competence, Professional abuse.

Record Keeping

Insert own Organisational policy

The Supervisor agrees to:-

- Protect time and space of appointment
- Support, challenge and offer guidance and information to enable the practitioner to reflect on safeguarding the welfare of children issues affecting practice.
- To ensure records are completed as per Health Board policy.
- Discuss any identified practice issues with supervisee before discussion with the line manager.
- Monitor the contract annually

The Supervisee agrees to:-

- Prepare for the session and be responsible for having an agenda.
- Give the appointment a high priority and be punctual for the session
- Ensure records of all children to be discussed are available in the session
- Responsible for identifying cases to be discussed at supervision
- Use the safeguarding children supervision process effectively.
- Take responsibility for making effective use of the time, for the outcomes and any actions as a result of the supervision.
- Keep a copy of the contract in an appropriate place not the child’s records

Signature of Supervisor

Signature of supervisee

Date