

Safeguarding Children Supervision Procedure

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1. Purpose

The Children Act (1989 / 2004) and the associated statutory guidance Working Together to Safeguard Children (HM Government, 2018) set out the principles for safeguarding and promoting the welfare of children. Key to ensuring effective safeguarding practice is that professionals have access to supervision. This procedure describes how safeguarding supervision is essential for staff working with children or parents / carers where there are safeguarding concerns.

2. Related documents

This procedure describes what you need to do to implement the safeguarding supervision requirements within the [Safeguarding Children Policy CLIN-0027](#)



The Safeguarding Children Policy defines a mandatory requirement for 3 monthly safeguarding supervision for staff working with children subject to a child protection plan or working with parents or carers caring for a child subject to a child protection plan. This is required to continue for six months after the child protection plan ceases.

This procedure also refers to [Supervision Policy CLIN/0035/v5.1](#)

3. Safeguarding supervision and reflective practice

Effective professional supervision can play a critical role in providing a clear focus on a child's well-being. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. Critical reflection through supervision should strengthen the analysis in each assessment as defined within Working Together to Safeguard Children (2018).

Supervision helps practitioners to think, explain and to understand. It also helps them to cope with the complex emotional demands of work with children and their families (Brandon, 2008). The supervisor's role is to ensure that the worker considers the implications of new information and changing circumstances in relation to their original analysis; and explores the impact of this on the worker's previous understanding of the situation and their current understanding of the situation (CWDC, 2009).

Safeguarding supervision should enable a review of the child protection or child in need plan for the child and whether the support given is appropriate and is leading to a significant change and whether the pace of that change is appropriate for the child. Tony Morrison's 4X4X4 is the model used within the Trust for safeguarding supervision. This provides a framework that incorporates:

- 4 Stakeholders (service users / staff / organisation / partners)
- 4 Elements (experience, reflection, analysis & plans / actions)

- 4 Functions (management / development / mediation & support)

3.1. Specialist safeguarding supervision

For Trust staff specialist safeguarding children supervision is mandatory for:

- Practitioners who are directly working with a child who is subject to a child protection plan.
- Practitioners who are working with a parent or carer with caring responsibility for a child who is subject to a child protection plan.
- Practitioners who have concerns about the vulnerability of a child, and after discussion in clinical supervision have decided safeguarding supervision is required
- Practitioners who have concerns for an unborn baby where there are safeguarding issues. This includes children who are themselves expectant mothers and for whom there are safeguarding concerns.



Cases to be discussed in Clinical/Management Supervision

- Looked after Child
- Child in Need as defined in Section 17 of the Children's Act
- Multi Agency Public Protection Arrangements (MAPPA)
- Multi Agency Risk Assessment Conference (MARAC)

Staff to seek safeguarding supervision if concerns escalate.

4. Supervision documentation

Appendix 1: Safeguarding children supervision form	Page 10
Appendix 2: Safeguarding children supervision contract – Individual	Page 13
Appendix 3: Safeguarding children supervision contract – Group	Page 16
Appendix 4: Safeguarding children supervision form (non-case discussion)	Page 19

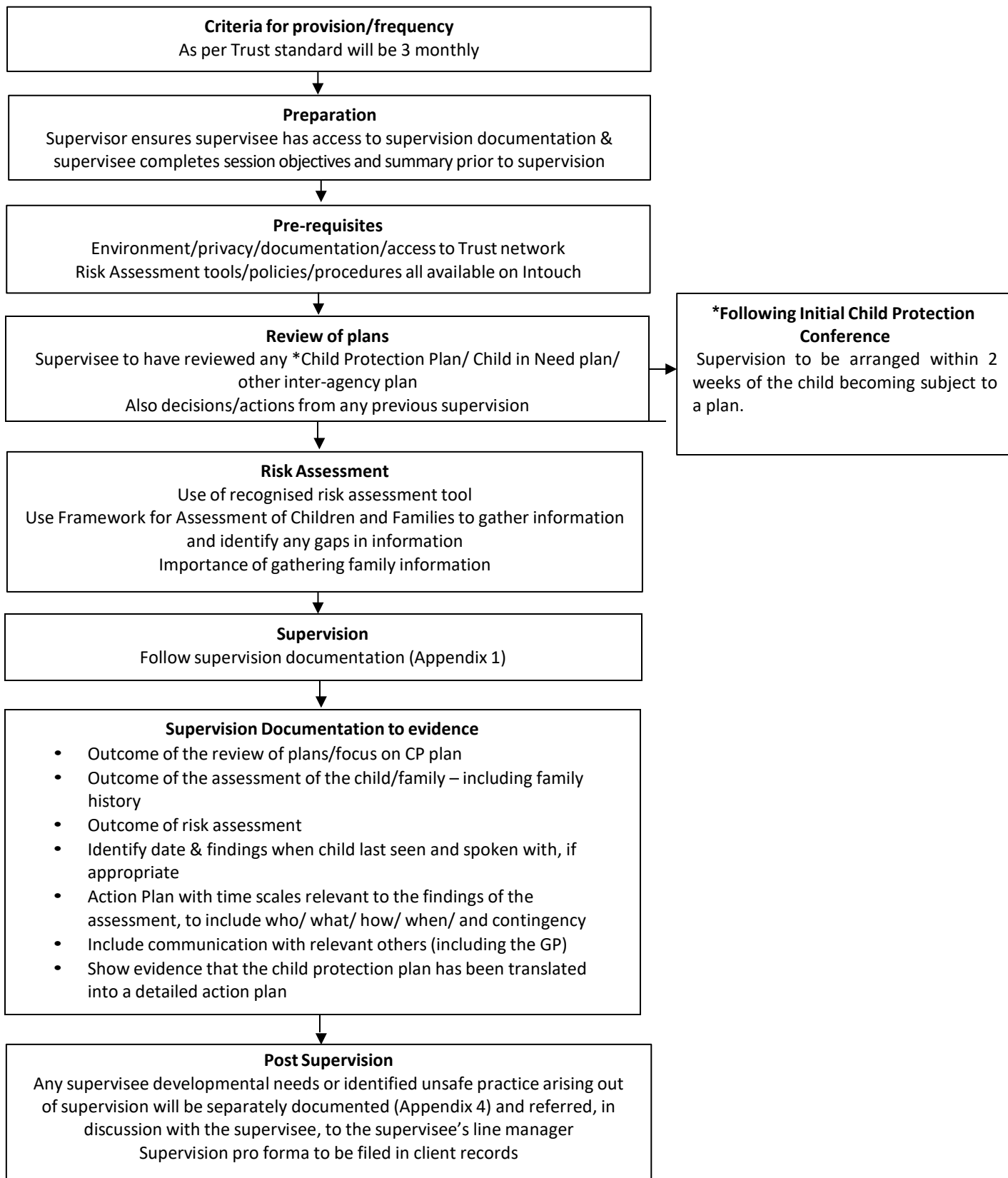
4.1. Safeguarding supervision standard

Resource	Evidence	Audit	Outcome
<ul style="list-style-type: none"> • Supervisors with the relevant competencies and training. • Minimum of 3 yearly update training. • Supervisors in receipt of own supervision. • Protected preparation and follow up action time for supervisor and supervisee. • Private area to carry out supervision. • Supervision tools (risk assessment). • Case files/records. • Storage facilities in accordance with Trust Policy. 	<ul style="list-style-type: none"> • Establishment of appropriately qualified supervisors • Appraisal records • Supervision documentation • Activity level • Audit activity • Supervision procedure • Report via Governance structures of supervision 	<ul style="list-style-type: none"> • Audit as part of safeguarding audit program. 	<ul style="list-style-type: none"> • Effective arrangements for safeguarding children supervision which promotes good standards of practice and supports individual practitioners

5. Auditing the supervision process

Safeguarding Children Supervision to be part of the safeguarding Audit program.

5.1. Supervision procedure flowchart



5.2. The process of supervision

- Safeguarding Supervision is provided by the Senior Nurses for Safeguarding Children and Clinical Nurse Specialists (CNS) who have undergone specific safeguarding children supervision training.
- The supervisor holds primary responsibility for managing the supervision process.
- The supervision contract outlines expectations of the supervisor and supervisee, frequency of supervision and the supervision process. The supervisor and supervisee will abide by terms agreed within the supervision contract.
- The supervisor has responsibility for monitoring and reviewing the contract with the supervisee and this should be annually but will not exceed more than 24 months.
- Whoever arranges the venue for supervision will ensure the environment is conducive to the process i.e. affords privacy and is free from interruptions.
- The supervisor and supervisee share responsibility for beginning and ending supervision sessions on time, prioritising supervision and cancelling only in circumstances agreed in the supervision contract. In the event of cancellation it is the responsibility of the cancelling party to arrange another session as soon as possible.
- Both the supervisor and supervisee will have prepared for each session including the preparation of supervision documentation.
- The safeguarding supervision form (Appendix 1) is embedded within safeguarding/public protection case notes within the PARIS record. Should this not be possible, a paper copy will be filed in the paper records and an electronic copy will be sent to safeguarding team.
- Details of supervision held are entered onto the supervision database managed by the safeguarding team. This should also include the reason for cancellation of supervision.
- The CNS will maintain an up to date electronic visual control board (VCB) to monitor safeguarding activity within their teams. The CNS will provide the safeguarding children's team with data on a monthly basis to comply with performance reporting requirements. The electronic VCB will track due dates for 3 monthly supervision and record reasons why supervision is either cancelled or is not completed within the 3 monthly timeframe
- There should be access to any related electronic or paper safeguarding records. A copy of the child protection plan must be available.
- Supervision will be child focused. The individual needs of each child will be considered during the supervision process and supervision documentation will evidence this. When the child is not the primary focus of the supervisee, consideration will be given to the effect of the adult's behaviour on children and the safeguarding issues pertaining to this.
- Supervision will be provided on a one to one basis. Group supervision may usefully compliment one to one supervision where appropriate but will not substitute it. Where there is more than one professional involved in a client's care, the practitioner with the case responsibility will attend supervision and ensure the other professionals involved are informed of the outcomes of supervision.
- Though the relationship between the supervisor and supervisee is primarily a partnership in which both parties remain professionally accountable, the supervisor will hold ultimate responsibility during supervision for decision making.
- During supervision both parties will approach the sessions in an open and honest way, ideas and suggestions will be open to constructive challenge so as to improve and learn

from practice.

- Both parties will be aware of and proactively address at every opportunity any practice which they feel is influenced by prejudice of any kind such as race, gender or disability.
- Where a supervisor becomes concerned about the practice of the supervisee these concerns will be discussed with the supervisee's line manager. This will be with the supervisee's knowledge. Concerns may include where procedures / policies have not been followed; a breach of professional conduct or where practice is thought to be unsafe. All decisions will be recorded.
- All decisions and action plans will be carefully recorded in the supervision documentation

6. References

[Analysing Child Deaths through Abuse and Neglect: What can we learn? DCSF \(2008\) Brandon, M; Beldersen, P; Warren, C; Howe, D; Gardner, R; Dodsworth, J; Black, J](#)

[HM Government Children Act 2004; London: HMSO](#)

[HM Government Children Act 1989; London: HMSO](#)

[HM Government Working Together to Safeguard Children \(2018\); HMSO: London](#)

[Staff Supervision in Social Care: Making a real difference for Staff and Service users 4th Ed \(2010\) Morrison, T; Pavilion Publishing, Hove](#)

7. Document control

Date of approval:	12 November 2018	
Next review date:	12 May 2022	
This document replaces:	CLIN-0027-001-V1	
Lead:	Name	Title
	Karen Agar	Associate Director of Nursing (Safeguarding)
Members of working party:	Name	Title
	Jane Middleton	Named Nurse Safeguarding Children
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Executive Director of Nursing & Governance
This document was approved by:	Name of committee/group	Date
	Safeguarding and Public Protection sub-group	12 November 2018
This document was ratified by:	Name of committee/group	Date
	n/a	n/a
An equality analysis was completed on this document on:	28 December 2018	

Change record

Version	Date	Amendment details	Status
V2	November 2018	This procedure has been updated to reflect the electronic recording of safeguarding supervision on Paris. It has also been updated in line with the New Working Together to Safeguard Children- only the references have changed.	approved
V2	30 Mar 2021	Review date extended to 12 May 2022	

8. Appendices:

8.1. Appendix 1 – Safeguarding Children Supervision Form

SAFEGUARDING CHILDREN SUPERVISION PROFORMA

When accessing on PARIS page 1 and up to session objectives are not required as information should already be available with in PARIS record

Supervisee:

Job Role:

Team: Locality:

Directorate:

Supervisor: **Date:**

CHILDREN DETAILS:

Identify Service User (Insert PARIS ID)	Name	DOB	Address incl. postcode	Subject to Child Protection Plan – Please circle and enter Category if YES	Nursery / School	GP Practice	Enter Trust Team Open to:
				YES / NO Category:			
				YES / NO Category:			
				YES / NO Category:			
				YES / NO Category:			

PARENTS / CARERS / SIGNIFICANT ADULTS:

Identify Service User (Insert PARIS ID)	Name	Relationship to Child	DOB	Address incl. Postcode	Parental Responsibility Please circle as appropriate	Enter Trust Team Open to:
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	

ICPC Date:

RCPC Date:

KEY PROFESSIONALS INVOLVED:

Name	Role	Base

Has the case been discussed previously? Please circle	Is this session within the 3 month timescale? Please circle	Have the previous plans been actioned? Please circle	Have the plans been actioned within timescale? Please circle
YES / NO	YES / NO If NO, why?	YES / NO If NO, why?	YES / NO If NO, why?

PRACTITIONERS SUPERVISION SESSION OBJECTIVES (Write here what you hope to achieve by discussing this case)

SUMMARY OF CURRENT SITUATION: (This section should include update on any previously set objectives and if applicable practitioners input into any protection plan. The supervisee should complete as much of this as possible prior to the session, however it may be added to during the session)

Include: Date; Findings; When Child last seen; If age appropriate spoken to

RISK FACTORS / VULNERABILITY (To be completed jointly during Supervision Session using Relevant Tool i.e. Assessment Framework)

8.2. Appendix 2 Safeguarding Children Supervision Contract – Individual

INDIVIDUAL SAFEGUARDING CHILDRENS SUPERVISION CONTRACT

Practitioner.....

Team.....

Directorate.....

Supervisor.....

Purpose of Child Protection Supervision

“Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives (Morrison, 2001). These objectives or functions are:

- Competent, accountable performance/practice.
- Continuing professional development.
- Personal support.
- Engaging the individual with the organisation.”

Child protection supervision should also encompass the four key stakeholders in practice:

- The child and family
- The practitioners
- The organisation
- Inter-agency partners

Terms of Contract

1. Child protection supervision will take place three monthly.
2. Each supervision session will last no more than 2 hours. It should take place in a room free from distraction and interruptions (to be booked by the supervisee).
3. Dates, times and location of supervision sessions should be agreed between supervisor and supervisees in advance.
4. It is expected that supervisee and supervisor will give priority to the supervision and cancel only if unavoidable. The practitioner responsible for cancelling should undertake to re-schedule the session within three working weeks to be held within 6 working weeks.
5. Each supervision session will be recorded using the appropriate documentation which is to be filed within service user’s PARIS record. Where this is not possible there should be an electronic copy retained by the supervisor and a paper copy placed in service user’s record. All documents to be stored securely in line with organisational policy.
6. Where conflicts occur within supervisory relationships the participants in that relationship are expected to first discuss the matter and openly address the concerns to see if they can be resolved. Both parties may wish to involve an external person such as the supervisee’s line manager or professional lead to support resolving any issues. If an irresolvable

breakdown in the supervisory process is experienced and difficulties cannot be resolved, it is valuable that this situation be acknowledged between both parties, and alternative arrangements made. Any decisions about a change of supervisor would need to involve an agreement between the supervisor, supervisee and their line manager.

7. Trust and respect are an important part of the supervisory relationship but it is important to recognise that absolute confidentiality does not exist and that information may need to be shared for a variety of reasons such as:
 - A public safety issue being recognised in the supervisees work
 - Concern about capability or fitness to practice of the supervisee
 - A breach of codes of conduct, policy or protocol
 - Criminal activity being revealed by the supervisee
 - Audit or evaluation of clinical supervision

8. This contract should be reviewed on a yearly basis but will not exceed more than 24 Months.

Rights and Responsibilities of Supervisees:

All supervisees have a right to:

- Be treated in accordance with Trusts values and behaviours. Additionally, supervisees will be treated with dignity and respect and in accordance with the Equality Act 2010 and the Human Rights Act 1998.
- Protected time for supervision.
- Confidentiality within the terms of this contract.
- Discuss stressful aspects of the work; be given support and be directed to further sources of support if requested.

Supervisees will:

- Not be harassed, discriminated against or bullied
- Be supported, as far as is reasonable and practical in order to have their needs met
- Act in accordance with the above and reciprocate the Trusts values and expected standards of behaviour when working with their supervisor

All supervisees have a responsibility to:

- Prepare for each session by identifying families requiring discussion
- To inform supervisor of the cases to be discussed prior to supervision session
- Complete appropriate paperwork in preparation for the supervision
 - Supervision pro forma up to and including summary of current situation
- Bring relevant records to the supervision. i.e. copy of child protection plan and minutes from relevant meetings.
- Contribute in a positive and constructive manner to the supervision session.
- Prioritises attendance at supervision.

Rights and Responsibilities of Supervisors:

All supervisors have a right to:

- Breach confidentiality within the terms of this contract.
- Challenge values or behaviours which may compromise good practice.
- To be treated in accordance with Trusts values and behaviours. Additionally, supervisors will be treated with dignity and respect and in accordance with the Equality Act 2010 and the Human Rights Act 1998.

Supervisors will:

- Not be harassed, discriminated against or bullied
- Be supported, as far as is reasonable and practical in order to have their needs met
- Act in accordance with the above and reciprocate the Trusts values and expected standards of behaviour when working with the supervisee

All supervisors have a responsibility to:

- Exercise a duty of care towards the supervisees.
- Acknowledge the stressful nature of work with vulnerable children and families and ensure that any necessary support available is offered to minimise risk to children, to supervisees and to the organisation.
- Prepare for each session by reviewing the last Action Plan for any case requiring discussion.
- Identify any compromised practice and address as appropriate with relevant line manager.

Individual Variations to Contract:

Signature of supervisee

.....Date.....

Signature of Supervisor:

.....Date.....

8.3. Appendix 3 Safeguarding Children Supervision Contract – Group

GROUP SUPERVISION CONTRACT

Team

Directorate.....

Supervisor.....

Purpose of Child Protection Supervision

“Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives (Morrison, 2001). These objectives or functions are:

- Competent, accountable performance/practice.
- Continuing professional development.
- Personal support.
- Engaging the individual with the organisation.”

Child protection supervision should also encompass the four key stakeholders in practice:

- The child and family
- The practitioners
- The organisation
- Inter-agency partners

Terms of Contract

1. Team child protection supervision will take place four times per year.
2. Each supervision session will last no more than 1 ½ hours. It should take place in a room free from distraction and interruptions (to be booked by the team).
3. Dates, times and location of supervision sessions should be agreed between supervisor and supervisees in advance.
4. It is expected that team members and supervisor will give priority to the supervision and cancel only if unavoidable. The practitioner responsible for cancelling should undertake to re-schedule the session within three working weeks and to be held within 6 working weeks.
5. Each supervision session will be recorded using the appropriate documentation. One copy of the documentation to be filed in the service users notes; one copy to be retained by the supervisor. All documents to be stored securely in line with organisational policy.
6. Where conflicts occur within supervisory relationships the participants in that relationship are expected to first discuss the matter and openly address the concerns to see if they can be resolved. Both parties may wish to involve an external person such as the supervisee’s line manager or professional lead to support resolving any issues. If an irresolvable breakdown in the supervisory process is experienced and difficulties cannot be resolved, it is valuable that this situation be acknowledged between both parties, and alternative

arrangements made. Any decisions about a change of supervisor would need to involve an agreement between the supervisor, supervisee and their line manager.

7. Trust and respect are an important part of the supervisory relationship but it is important to recognise that absolute confidentiality does not exist and that information may need to be shared for a variety of reasons such as:
8. A public safety issue being recognised in the supervisees work
9. Concern about capability or fitness to practice of the supervisee
10. A breach of codes of conduct, policy or protocol
11. Criminal activity being revealed by the supervisee
12. Audit or evaluation of clinical supervision
13. This contract should be reviewed on a yearly basis.

Rights and Responsibilities of Supervisees:

All supervisees have a right to:

- Be treated in accordance with Trusts values and behaviours. Additionally, supervisees will be treated with dignity and respect and in accordance with the Equality Act 2010 and the Human Rights Act 1998.
- Protected time for supervision.
- Confidentiality within the terms of this contract.
- Discuss stressful aspects of the work; be given support and be directed to further sources of support if requested.

Supervisees will:

- Not be harassed, discriminated against or bullied
- Be supported, as far as is reasonable and practical in order to have their needs met
- Act in accordance with the above and reciprocate the Trusts values and expected standards of behaviour when working with their supervisor.

All supervisees/team have a responsibility to:

- Prepare for each session by identifying families requiring discussion and staff member who will present the case.
- To inform supervisor of the case to be discussed prior to supervision session
- Complete appropriate paperwork in preparation for the supervision
 - Supervision pro forma up to and including summary of current situation
- Bring relevant records to the supervision.
- Ensure that ALL team members share responsibility for identifying and presenting child/ren for supervision.
- Contribute in a positive and constructive manner to the supervision session.
- Prioritises attendance at supervision.

Rights and Responsibilities of Supervisors:

All supervisors have a right to:

- Breach confidentiality within the terms of this contract.
- Challenge values or behaviours which may compromise good practice.
- To be treated in accordance with Trusts values and behaviours. Additionally, supervisors will be treated with dignity and respect and in accordance with the Equality Act 2010 and the Human Rights Act 1998.

Supervisors will:

- Not be harassed, discriminated against or bullied
- Be supported, as far as is reasonable and practical in order to have their needs met
- Act in accordance with the above and reciprocate the Trusts values and expected standards of behaviour when working with the supervisee

All supervisors have a responsibility to:

- Exercise a duty of care towards the supervisees.
- Acknowledge the stressful nature of work with vulnerable children and families and ensure that any necessary support available is offered to minimise risk to children, to supervisees and to the organisation.
- Prepare for each session by reviewing the last Action Plan for any case requiring discussion.
- Identify any compromised practice and address as appropriate with relevant line manager.

Individual Variations to Contract:

Signatures of Team Members:

1..... Date.....

2..... Date.....

3..... Date.....

4..... Date.....

5..... Date.....

6..... Date.....

7..... Date.....

8..... Date.....

9..... Date.....

10..... Date.....

Signature of Supervisor:

.....Date.....

8.4. Appendix 4 Safeguarding Children Supervision Non-Case Discussion Form

SAFEGUARDING CHILDREN – CONFIDENTIAL

<u>SUPERVISION</u> <u>NON-CASE DISCUSSION FORM (SC3)</u>

STAFF MEMBER:	DESIGNATION:
ESTABLISHMENT BASE:	
SUPERVISOR'S NAME:	DESIGNATION:
ISSUES:	
AGREED ACTION:	
DATE:	
SIGNATURE OF SUPERVISOR:	
SIGNATURE OF SUPERVISEE:	

Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc	Safeguarding Children, Safeguarding and Public Protection, Nursing and Governance			
Name of responsible person and job title	Karen Agar, Associate Director of Nursing (safeguarding)			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Jane Middleton			
Title	Safeguarding Children Supervision Procedure			
Is the area being assessed a	Policy/Strategy		Service/Business plan	Project
	Procedure/Guidance			√ Code of practice
	Other – Please state			
Geographical area	Trust wide			
Aims and objectives	Key to ensuring effective safeguarding practice is that professionals have access to supervision. This procedure describes how safeguarding supervision is essential for staff working with children or parents / carers where there are safeguarding concerns			
Start date of Equality Analysis Screening	27 th December 2018			
End date of Equality Analysis Screening	28 th December 2018			

Please read the Equality Analysis Procedure for further information

You must contact the E&D team if you identify a negative impact. If you require further advice and support please ring Sarah Jay or Tracey Loynes on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Service users their families and staff					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical and mental impairment)	No	Gender (Men and women)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and some other non religious beliefs)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite sex and same sex couples who are either married or civil partners)	No
<p>Yes – Please describe the anticipated negative impact No – Please describe any positive outcomes This procedure ensures that safeguarding concerns are appropriately explored and considered in any contact with the service user and their family.</p>					
3. Have you considered any codes of practice, guidance, project or business plan benefit?				Yes	
If 'No', why not?					
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> ● Feedback from equality bodies, e.g. Care Quality Commission, Disability Rights Commission, etc ● Investigation findings ● Trust Strategic Direction ● Data collection/Analysis ● Staff grievances ● Media ● Community Consultation/Consultation Groups ● Internal Consultation ● Other (Please state below) 					

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership					
Yes – Please describe the engagement and involvement that has taken place					
No – Please describe future plans that you may have to engage and involve people from different groups					
Future plans would include consulting with others, as this was just an update service users were not consulted					
5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					

<p>The completed EA has been signed off by: You the Policy owner/manager: Type name: Karen Agar</p>	<p>Date: 28/12/18</p>
<p>Your reporting manager: Type name: Elizabeth Moody</p>	<p>Date: 04/01/2018</p>
<p>Please forward this form by email to: tewv.policies@nhs.net Please Telephone: 0191 3336267/6542 for further advice and information on equality analysis</p>	