



SAFEGUARDING CHILDREN SUPERVISION POLICY

Policy Type	Clinical
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Named Nurse for Safeguarding Children
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Policy Valid from date	1 st September 2019
Policy Valid to date:	30 th September 2023

‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
08 Feb 16	0.1		Executive Director of Nursing	New Policy	Discussed at Safeguarding Children Operational Group Meeting
14 Mar 16	0.1		Executive Director of Nursing	New Policy	Discussed at the Joint Adult and Children Safeguarding Steering Group.
15 Apr 16	0.1		Executive Director of Nursing	New Policy	Discussed at Safeguarding Children Operational Group Meeting
Apr 16	0.1		Executive Director of Nursing	New Policy	
27 May 16	0.1		Executive Director of Nursing	New policy for ratification	Clinical Standards Group
14 Jun 16			Executive Director of Nursing	New policy for ratification	Policy Management Group
20 Jun 16	0.1		Executive Director of Nursing	New policy for Approval	Discussed at Safeguarding Children Operational Group Meeting
25 Aug 16	1	25 Aug 16	Executive Director of Nursing	New policy for Approval	Trust Executive Committee
July 2019	1.1		Director of Nursing	Policy 3 year review	
26/07/2019	1.1		Director of Nursing	Endorsed at	Clinical Standards Group
20/09/2019	2.0	20 Sep 19	Director of Nursing	Approved via voting buttons at	Policy Management Sub-Committee
29/01/2021	2.0	20 Sep 19	Chief Nurse including Midwifery and Allied Health Professionals	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
21/05/2021	2.0	20 Sep 19	Chief Nurse including Midwifery and Allied Health Professionals	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy sets out the requirements of Safeguarding/Child Protection Supervision for defined staff members of NHS Isle of Wight.

Eileen Munro states 'Supervision and case consultations are critical in helping practitioners draw out their reasoning so that it can be reviewed.' *A Child Centred System: Munro Review of Child Protection, Final Report May 2011.*

Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. All those involved should have access to advice and support from, for example, peers, managers, named and designated professionals. Those providing supervision should be trained in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children (Working Together To Safeguard Children 2018).

The National Service Framework for Children (DOH 2004) states that consistent high quality supervision is the cornerstone of safeguarding children. Messages arising from public inquiries and serious case reviews into the death of, or serious injury to children, stress the importance of good quality, accessible supervision for frontline staff.

Effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family (Working Together To Safeguard Children 2018).

2 Introduction

All staff that are in contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about a child or young person. This responsibility also applies to staff working primarily with adults who have dependent children who may be at risk due to their parents/carers health or behaviour. To fulfil these responsibilities, all health staff should have access to appropriate safeguarding training, learning opportunities and supervision to facilitate their understanding of the clinical aspects of child welfare and information sharing.

Safeguarding children is widely acknowledged as 'Everyone's Responsibility'. The Isle of Wight NHS Trust has a statutory duty to safeguard and promote the welfare of Children and Young People – Section 11, Children's Act 2004. This Safeguarding Children Supervision Policy outlines the individual's responsibilities in accordance with legislation, guidance and standards for Safeguarding Children and applies to all Isle of Wight NHS Trust staff.

Continuing professional development and regular engagement with supervision are on-going requirements of employees of the IW Trust who are required to be registered with a professional body. This policy relates specifically to safeguarding children supervision and should be read in conjunction with the Trust Clinical Supervision Policy.

3 Definitions

3.1 A Child

A child is anyone that has not yet reached their 18th birthday (Children Act 1989 and 2004). The fact that a child has reached the age of 16 years of age and is living independently, is in further education, member of the armed forces, is in hospital, prison or a young offenders institution does not change their status or entitlement to services or protection under the Children Act 1989. While "unborn children" are not included in the legal definition of children, intervention

to ensure their future well-being is encompassed within safeguarding children practice – Working Together to Safeguard Children 2018.

3.2 Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm as a result of maltreatment or neglect.

4 Scope

This policy concerns Safeguarding Children Supervision only and applies to all Trust staff that have direct, ongoing involvement with children and young people or with the parents or carers of children and young people. These staff will often have responsibility for a caseload of children/unborn babies and will need supervision to support them with writing child protection reports, health care planning and decision making at child protection conferences. **Specifically-** Midwives, Health Visitors, School Nurses and Community Paediatric Nurses. The frequency of this supervision should be no less than bi-monthly.

Other Trust staff who have less direct or ongoing contact with children and their families should be encouraged to access adhoc Safeguarding Supervision from the Safeguarding Children Team as and when needed, and should discuss any Safeguarding Children issues during their clinical supervision. Any Child Protection concerns that are raised in clinical supervision with managers should be shared with the Safeguarding Children Team and/or referred directly to the Multi-Agency Safeguarding Hub (MASH).

5 Purpose

Safeguarding Children Supervision is an indispensable tool for ensuring that:

- Services are delivered competently and effectively with improved outcomes for children and their families.
- Effective, evidenced based programmes of care are delivered that are responsive to the individual needs of children and families.
- There is improved problem solving and decision making.
- The Supervisor facilitates recognition of any gaps in knowledge and skills needed for effective safeguarding practice: challenge discrepancies in thinking processes, for example biases and assumptions.
- The practitioner has an understanding of their responsibilities and the scope of their professional accountability.
- The practitioner has a clear understanding of thresholds and risk.
- The supervisor should enhance the ability of practitioners to work effectively with colleagues and within their own organisation and support changes in behaviour that may have led to ineffective relationships.

- There is effective interagency working based on establishing clear channels of communication and the development of collaborative working within own agency and between other agencies. There is also identification of barriers which may impede effective multi-agency working.
- Reflective practice is encouraged.
- Professional development is enhanced.

6 Roles and Responsibilities

6.1 Corporate Responsibilities

Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. All NHS Trusts and NHS Foundation Trusts providing services for children are expected to identify named professionals who have a key role in promoting good professional practice within the Trust, and provide advice and expertise for fellow professionals. The Trust Board/Board of Directors recognises its responsibility of overseeing safeguarding children arrangements across the Hospital.

6.2 Chief Executive

The Chief Executive is the Accountable Officer of the Trust and as such has overall responsibility for ensuring it meets statutory and legal requirements and adheres to guidance issued by the Department of Health, the Department for Education, Commissioners and the IW Local Safeguarding Children Board.

6.3 Executive Director of Nursing

The Executive Director of Nursing is accountable to the Chief Executive and has delegated responsibility for safeguarding children and young people and assumes a strategic lead on all aspects of the Trust's contribution to safeguarding children.

6.4 All Relevant Trust Employees

Are expected to:

- Familiarise themselves with the Safeguarding Children Supervision Policy
- Access supervision sessions and ensure that the frequency of supervision meets the defined requirement within this policy.
- Understand their responsibilities in relation to Safeguarding Children
- Identify development and training needs through the Performance Review process and access appropriate training

6.5 Safeguarding Children Supervisors

Are expected to:

- Be available to offer Safeguarding Children Supervision within the requirements of this policy.
- Ensure that health practitioners are aware of their responsibility and accountability
- Monitor the Safeguarding Children Supervision activity of their allocated professional group
- Ensure that practitioners are reminded to fulfil the safeguarding children supervision requirements within the policy.
-

6.6 Managers of the staff groups identified within this policy

Are expected to:

- Allow protected time for practitioners to fulfil the requirements of the policy.
- Identify and monitor training through the Pro4 system and appraisal.

6.7 Safeguarding Children Team

- The team are responsible for ensuring that staff are aware of their roles and responsibilities in relation to safeguarding children and that the appropriate tools and guidance are regularly up-dated.

7 Policy Detail/Course of Action

7.1 Safeguarding Children Supervision Process

- The purpose of safeguarding children supervision is to enable Isle of Wight NHS Trust employees to have the appropriate knowledge, skills and competencies to intervene or act where there are concerns about a child or young person. This may involve challenges to usual practice to develop child centred and safe practice.
- Supervision will reflect a 'child-centred' approach, and will promote equality and respect diversity in relation to race, gender, age, sexual orientation, class, culture, religious beliefs and disability.
- Supervision allows exploration of health needs and risk assessment, therapeutic interventions, monitoring and evaluation. Such supervision is also an appropriate forum for exploring the nature of the patient/service user and employee relationship, including emotional reactions that may arise within one or both individuals within the therapeutic/working relationship.
- The supervisee may wish to bring to supervision any issues that he/she perceives are precluding the delivery of optimum care to children and their families within their sphere of responsibility. Safeguarding Children supervision can be harnessed to learn from good practice and mistakes, and explore issues around concerns, complaints or critical incidents.
- The supervisor will support the supervisee in clarifying what is appropriate for supervision and what elements more appropriately should be addressed within management supervision or other direct contact with the clinical manager/team leader/line manager. The Safeguarding Children supervisor and supervisee will reach agreement on this aspect within the session, and will agree the next steps to be taken and by whom. Supervision of this nature can be conducted either on an individual basis or within a group setting.
- Supervision as described in this policy is regular planned supervision for staff with caseloads of children and it applies to all those engaged in direct/ongoing work with children and their families. Each service needs to agree and make explicit what is meant by 'regular' supervision.
- Organising supervision: Both the safeguarding children supervisor and the practitioner team are responsible for ensuring that safeguarding team supervision takes place as per the requirements within the supervision contract (appendix A).

- The supervision contract will clarify how supervisor and supervisee intend to work together (i.e. the purpose and focus of supervision, frequency, duration and location of meetings, how records will be kept and by whom). The content and record of a session are confidential, however, it is important that both parties understand and agree the circumstances under which information may be shared outside of a session. For example where child protection concerns require escalation, where there are issues around attendance at supervision and its frequency, where there are difficulties arising within the supervision relationship that both parties have been unable to resolve satisfactorily or where there are concerns about practice. It would also be appropriate to agree to share information outside of this activity if it is agreed that doing this can facilitate wider learning and practice/service improvement.

7.2 The Safeguarding Children Supervisor

Is responsible for:

- Facilitating the development of the supervision contract and adhering to their agreed responsibilities within the supervision contract.
- Facilitating the supervisee in the exploration of their practice in order to enhance personal awareness, learning and effectiveness.
- Role modelling good practice.
- Taking responsibility for his/her on-going development needs in order to continue competent and effective practice in the capacity of supervisor.
- Recognising the high level of anxiety aroused by safeguarding/child protection work and provide appropriate support within supervision to ensure that the worker is able to function effectively. Supervisors should also be sensitive to supervisees whose own experience may render them particularly vulnerable in certain situations.

7.3 Supervisee

Is responsible for:

- Actively seeking and participating in regular safeguarding children supervision to further develop and enhance his/her safeguarding children knowledge and skills.
- Maintaining supervision records using agreed methods and templates.
- Documentation of any discussions during ad hoc or informal supervision.
- Supervision paperwork (appendix B) and ensuring that this paper work is completed and sent to the Supervisor within one week of completing the face to face session.
- Utilising safeguarding children supervision as a means of establishing and maintaining a working relationship with patients/service users that has a clear professional boundary, i.e. one that concentrates exclusively on the needs of the patient/service user and is wholly professional in nature.
- Raising with his/her supervisor ethical issues or any other matters of concern. However, issues that pose a potential risk or harm should be brought by the employee to the immediate attention of the supervisee's manager and not left until a safeguarding children supervision session.
- Developing skills in reflective practice, for use within safeguarding children supervision, and in all aspects of the employee's work.
- With the support of the supervisor identify personal and/or professional development needs that will need to be raised with clinical team leader/line manager through the Personal Development Process.

- Alerting his/her Manager in circumstances where difficulties arise within the supervision relationship.

7.4 The Supervision Relationship:

The supervisor is a clinically qualified individual with relevant post qualifying experience. They should also be able to provide evidence of competence in relation to the development of others, for example, hold a recognised teaching and assessing qualification, attended mentorship training, or have attended in-house clinical supervision workshops. The supervisee is a health care worker who agrees to meet with the supervisor for the purposes of Safeguarding Children supervision. The model of supervision is the way the supervision is organised, i.e. one to one, group or peer. Employees should have access to one to one supervision, group or peer as agreed with their line manager.

7.5 Threats/Violence to Staff:

The supervisor should identify cases where there is a risk of the worker being intimidated by an adult or young person in the family. This may result in objectivity being lost and additional stress on the worker as well as the risk of actual violence. Supervisors should empower supervisees to seek sufficient support to enable them to carry out the intervention necessary. Where violent or threatening adults or young people make this unworkable the situation should be referred immediately to the supervisee's line manager.

Employees must, at all times, be aware of their responsibility to protect and safeguard vulnerable individuals. Should any issues arise during supervision that are a cause for concern in this respect then supervisor and supervisee must ensure they explore these and agree on appropriate actions. Under such circumstances it may be necessary to share information more widely. Guidance relating to this is available through the 'Information Sharing: advice for practitioners providing safeguarding services. 'Department of Education' : July 18

8 Training

All managers of the staff groups identified in this policy are responsible for ensuring that their staff are aware of this policy and that they have completed safeguarding children training to the appropriate level.

10 Monitoring Compliance and Effectiveness

An audit of the implementation and compliance with this policy in relation to Safeguarding Children Supervision will be undertaken annually, by the Named Nurse for Safeguarding Children. This audit will review supervision records against the standard outlined within the policy. Where audit results are unsatisfactory practitioners will be held to account.

The content of Safeguarding Children supervision sessions will be recorded by the Supervisee with copies sent to the supervisor to be retained within the electronic safeguarding supervision file. The information discussed at safeguarding children supervision may need to be shared should there be a need to take action to ensure the safety of a child. It is the electronic record of Safeguarding Children supervision that will provide the evidence for audit.

11 Links to Other Organisational Documents

- Capability Policy and Procedure 2019
- Safeguarding Children and Young People Policy 2019

- Safeguarding Children Training Policy 2017
- Disciplinary and Dismissal Policy 2017
- Information Governance Policy including the Management of Information Risk 2019
- Freedom to Speak Up: Raising Concerns (Whistle Blowing) Policy for the NHS 2016
- Incident Management Policy 2019
- Clinical Supervision Policy 2016
- Principles and Standard for Safeguarding Supervision-4LSCB

12 References

Nursing and Midwifery Council - The Code 2015
 Working Together to Safeguarding Children (2018)
A Child Centred system: Munro Review of Child Protection Final report May 2011
 The Laming Inquiry into the death of Victoria Climbié 2003
 The National Service Framework for Children - DOH 2004
 Section 11 of the Children Act 2004

13 Appendices

Appendix A **Safeguarding Children Supervision Contract**
 Appendix B **Example of recording template.**
 Appendix C **Financial and Resourcing Impact Assessment on Policy Implementation**
 Appendix D **Equality Impact Assessment (EIA) Screening Tool**

SAFEGUARDING CHILDREN SUPERVISION CONTRACT

Contract between:

Supervisee/Team.....

Supervisor.....

Date contract agreed:

Date for review of contract:

Frequency of meetings (minimum of every 2 months):

Duration of meetings:

Location of meetings:

Ground rules agreed:

- Confidentiality.
- Commitment to attending
- Information sharing.
- Respect.

Roles and responsibilities:

- Supervisee responsible for bringing issues to explore.
- Supervisor responsible for managing time and facilitating exploration of the issues presented.
- Both responsible for punctuality and cancelling/re-arranging when necessary.

Documentation:

- Supervisee responsible for bringing the details of the cases/issues to be discussed.
- Supervisee responsible for documenting the actions agreed.
- Supervisee responsible for recording that supervision has taken place on the PARIS system or in appropriate client record.
- Supervisee responsible for sending completed documentation to the supervisor electronically.
- Supervisor responsible for storing records in a central file accessible for audit purposes.

Signed:

Supervisee:/TeamDate:.....

Supervisor: Date:.....

Example of recording template.

ISLE OF WIGHT NHS TRUST
 RECORD OF SAFEGUARDING CHILDREN TEAM SUPERVISION

Name of Team:

Attending:

Name of Supervisor:

Date:

No	Childs name and DOB	Significant events (to be filled in prior to supervision)	Risks to the child (to be filled in prior to supervision)	What needs to happen to remove the risks to the child (To discuss during supervision)	Health Visitor/ School Nurse Plan (to complete during supervision)
1					
2					
3					

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Safeguarding Children Supervision
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0		
Training Staff	0		
Equipment & Provision of resources	0		

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Safeguarding Children Supervision Policy
Purpose of document	To ensure safeguarding children supervision arrangements
Target Audience	All Trust staff working directly with children
Person or Committee undertaken the Equality Impact Assessment	Ann Stuart

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	√		
	Women	√		
Race	Asian or Asian British People	√		
	Black or Black British People	√		
	Chinese people	√		
	People of Mixed Race	√		
	White people (including Irish people)	√		
	People with Physical Disabilities,	√		

	Learning Disabilities or Mental Health Issues			
Sexual Orientation	Transgender	√		
	Lesbian, Gay men and bisexual	√		
Age	Children	√		
	Older People (60+)	√		
	Younger People (17 to 25 yrs)	√		
Faith Group		√		
Pregnancy & Maternity		√		
Equal Opportunities and/or improved relations		√		

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

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