CORNWALL AND THE ISLES OF SCILLY HEALTH CARE ORGANISATIONS

CHILD PROTECTION SUPERVISION POLICY
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Currently this policy pertains to health professionals working with children or those who come into contact with children through their work with adults.

Introduction

The children’s National Service Framework (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 and frequent supervision for front line staff.

It is recognised that working in the field of child protection entails making challenging professional judgements, involving multi-disciplinary, inter-agency aspects and often cross-cultural issues. Therefore all staff in the front line of practice must be well supported by effective supervision.

Safeguarding supervision is a formal process of professional support and learning, which aims to ensure that clinical practice promotes the child and young person’s welfare. This is achieved by facilitating reflective discussion, assessment, planning and review, thereby supporting the development of good quality, innovative practice provided by safe, knowledgeable and accountable practitioners.

Child protection supervision is different from, and in addition to, seeking of advice regarding specific concerns or situations of everyday practice and compliments other methods of support and supervision already in existence. It is not a form of counselling or personal therapy. If a case has had some impact on a practitioner as an individual either presently or in the past, it is recommended that the appropriate support is accessed via Occupational Health Service or another service, which will offer that individual support and guidance.

Definition

Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient/client protection and safety of care in complex clinical situations.

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 Together to Safeguard Children (2013) states “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”.

Supervision can be defined as:

“an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.”

Providing Effective Supervision (Skills for Care and CWDC 2007, page 5)

For many practitioners involved in day-to-day work with children and families,
effective Child Protection supervision is important to promote good standards of practice and to support individual staff members. The arrangements for organising how child protection supervision is delivered will vary from agency to agency but there are some key essential elements. It should:

- help to ensure that practice is soundly based and consistent with Safeguarding Children Boards and organisational procedures;
- ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority;
- help to identify the training and development needs of practitioners, so that each has the skills to provide an effective service;

(Working together to Safeguard Children 2013).

This document refers to the terms Child Protection and Safeguarding which encompass protecting children from maltreatment and preventing impairment of children’s health or development (Section 11 of the Children Act 2004).

The terms Supervisee and Supervisor are used throughout the document. In some cases Supervisee may also be referred to as practitioner. The Supervisor refers to ‘another’ professional undertaking the role.

**Background**

The need for supervision for health professionals in the field of child protection has been highlighted on numerous occasions, analysing child deaths through abuse and neglect (DfCSF 2005).

Lord Laming, in his inquiry into the deaths of Victoria Climbie (2000) and Peter Connelly (2009), expressed concern about the lack of supervision for health staff.

Reference is also made to the need for supervision in Standards for Better Health (DoH 2004) and the Children’s National service Framework (DoH 2004).

In Cornwall and Isles of Scilly the need for child protection supervision has been reinforced through the recommendations of several Serious Case Reviews and internal management reviews. Cornwall and Isles of Scilly Safeguarding Children Board and health organisations are committed to child protection supervision for all staff involved in child protection cases.

**Policy Statement**

Every child and young person has a right to life free from abuse. Article 19 of the United Nations Convention on the Rights of the Child to which the United Kingdom is a signatory states that:

‘Parties shall take all appropriate legislative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child’.
Child Protection Supervision is directed towards meeting the support (restorative), developmental (learning) and risk management (normative) needs of practitioners working with the most vulnerable service users (children and families). It needs to be of a high quality, regular and effective and needs to remain embedded within the framework of Clinical Governance.

Child protection supervision should take place within a framework, which promotes anti-discriminatory and anti-oppressive approach to practice and which takes into account the child and family’s culture, race, religion, gender, class, language and any disability.

This Policy will set out the framework and process of Supervision covering three areas – purpose, practice and quality covered during Supervision. It will also outline the responsibilities of the supervisor and supervisee / practitioner.

**The Purpose of Child Protection Supervision**

The purpose of Child Protection supervision is to ensure that staff receive professional advice and support when dealing with complex and demanding work which is a frequent occurrence in safeguarding children. The supervision process will be based on the premise that the welfare of the child is paramount. It will reflect the organisation’s integrity and commitment to the support and value health practitioners and other colleagues engaged in safeguarding children.

The supervision process will:

- Ensure that practice is consistent with Cornwall and Isles of Scilly Safeguarding Children Board (SCB), local Child Protection Procedures (South West Child Protection Procedures, accessed at swcpp.org.uk) and Cornwall and Isles of Scilly organisational standards.

- Ensure the quality and safety of the service to children and their families. This includes ensuring that the child’s needs remain paramount when safeguarding children issues are present.

- Ensure that the health practitioner fully understands his/her role and responsibilities with inter- and intra-agency working.

- Provide a source of expert advice and support to health practitioners. This will include an evaluation of the work carried out by the practitioner, which should also identify the practitioner’s strengths and areas for development.

- Reduce the levels of stress and potentially dangerous situations arising from child protection work and when required, to endorse judgements at certain key points in the child protection process.

- Ensure that information is appropriately shared within health and between health and other agencies in accordance with Cornwall and Isles of Scilly child protection procedures whilst taking note of relevant procedures on data protection and information sharing.
• Ensure a high quality for all documentation practices. This includes record keeping, report writing and safe retention of child protection records.

• Identify the training and development needs of health practitioners and highlight these requirements to the health practitioner’s Line Manager.

• To assist in the process of audit in respect of the supervision process and record keeping practice.

**Aims**

The policy aims to:

• Support health staff with child protection/safeguarding children processes.

• Support health staff working with families who are challenging to work with, and may not be within the Child Protection system.

• Recognise the importance of people’s rights and act in a way that acknowledges people’s expressed beliefs, preferences and choices and respect diversity.

• To consider future intervention and actions for professional practice.

• Casework management of Child Protection/Safeguarding.

• Assist caseworker in the assessment of risk based on the level of information shared within supervision.

• To consider how health staff may work differently with families and to assist the facilitation of change.

• Ensure safe consistent practice in relation to work with vulnerable children and their families.

• Expand a clinician’s knowledge and increase confidence and competence.

• Assist in developing clinical proficiency and creative professional development.

• Provide an environment where reflection of clinical practice is encouraged and supported.

• Gain access to new ideas and information by the sharing of expertise.

• Develop practice which is based on research and expert evidence.

• Improve clinical standards and contribute to clinical effectiveness and the Trust’s strategy for clinical governance.
• Identify and manage stress factors in clinical practice.

**Staff to whom the policy applies**

RCHT staff should comply with the RCHT supervision policy on the document library.

Midwifery staff should read this policy in conjunction with the safeguarding midwifery guidelines on the document library.

Any health practitioners working within the child protection processes should be able to access skilled advice and support with respect to their child protection activity and where appropriate formal supervision. However there are specific groups of professionals who require a regular formal structure of supervision to ensure practitioners are providing and achieving a high standard of care for vulnerable children.

**The Provision of child protection supervision**

The provision of child protection supervision has to be undertaken by practitioners who have undertaken training in the provision of supervision and have a sound knowledge of safeguarding issues.

There are occasions when other health professionals may provide informal supervision to colleagues, which will not sit within the formal boundaries of this policy.

**Responsibilities of Designated and Named Professionals**

The Designated Professionals will provide child protection supervision to the Named Professionals.

The Named Nurse will provide supervision to the Local Safeguarding Children Practitioners.

Named Midwife will provide safeguarding supervision to the Midwifery team leaders.

The Designated and Named professionals:-

• Will have completed training related to the subject and gained the experience to provide expert advice on issues to be discussed within supervision sessions.

• Are expected to access training, which is offered to update and develop their skills in this area.

• Should ensure adequate systems of support and supervision are in place to discuss and deal with Child Protection/Safeguarding issues.

• Should support the implementation of Safeguarding Children Supervision.
Must ensure any issues brought to their attention from Safeguarding Children Supervision are dealt with promptly and appropriately.

Should ensure that within the Personal Development Plan process the supervisory training and education needs of the Supervisors are fulfilled.

Safeguarding Children Supervision within the health organisations does not remove the responsibility from line managers to provide managerial/clinical supervision and support to any member of staff.

Responsibilities of Supervisors and Local Safeguarding Children’s Practitioners (LSCP)

To complete:
- ‘in house’ child protection training levels 1 and 2.
- multi-agency training level 3 is commissioned by the Safeguarding Children Board.
- external training in child protection supervision.
- They are expected to access further training, which is offered to update their current skills and development.

Any professional receiving supervision from a named supervisor should have direct access to the Designated and/or Named nurses should there be any issue regarding the quality of the guidance offered by the supervisor.

Accountability of practitioners

“Every health care practitioner remains accountable for his/her own practice. Managers, supervisors and healthcare practitioners have a duty to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children (section 11, Children Act 2004)”.

It is therefore essential that all aspects of work identified within supervision, which relate to the client, professional or the organisation’s safety must be shared appropriately with the Named Nurse for Child Protection and the health practitioner’s Team Leader/Line Manager. Disclosures of professional abuse allegations must also be escalated to the Named Nurse and the appropriate protocols are to be adhered to.

The supervisors and Named Nurses for child protection will be accountable for the advice they give and action they take. All professionals will be responsible for ensuring that their practice reflects the local and nationally agreed policies, standards and guidelines.

The supervisor and supervisee should sign a contractual agreement when establishing a supervision relationship.

The health professional is responsible for contacting the supervisor to arrange any unplanned or missed sessions.
Key function of the Supervisor

1. To provide child protection supervision to healthcare practitioners.
2. To ensure staff are aware of the need for supervision to take place.
3. To facilitate group or individual supervision sessions
4. Provide information about the philosophy aim and structure of supervision.
5. Establish boundaries both inter and multi agency for service and resource provision.
6. Ensure tasks are consistent with role, status and organisational responsibilities.
7. Be responsible for managing their time effectively in conjunction with existing workloads to facilitate Safeguarding Children Supervision.
8. To keep their practice up to date.
9. Give constructive feedback on a Supervisees clinical practice.
10. Challenge practice if they consider the information being shared to be unsafe or incompetent, and refer to the supervisee’s line manager as necessary.
11. To meet with the supervisee individually to discuss their supervisory relationship, review their written contract and amend if necessary before resigning
12. Access their own safeguarding children supervision in order to be a credible role model for supervision.

Role of the Supervisor

The Supervisor will:

1. Review any current supervision paper work and electronic records and assess the case, review and evaluate any previous action plan/ service level offer and agree a new care plan with the supervisee.
2. Review any new cases presented by the supervisee, discuss and analyse the current situation and agree on a action plan.
3. Provide an opportunity for discussion of children and families who may give cause for concern.
4. Ensure all documentation is dated and signed by the supervisor and supervisee and filed with the child’s health records. The supervision records will detail the process of assessment, analysis of risk, action planning and review.
5. Ensure records are kept in line with child protection and Nursing and Midwifery Council (NMC) or any other professional body record keeping guidelines.
6. Provide mutual respect and confidentiality which is central to this process.
7. Offer reflective time. Ensure privacy and uninterrupted session.
8. Discuss complex cases with Named or Designated Nurse for Child Protection.
9. Advise the Named and Designated Nurse of any issues relating to Child Protection practice, which are identified during supervision.
10. Alert concerns about professional practice with the supervisee’s Line Manager, this will always take place after consultation with the supervisee.
11. Keep a register of attendance for supervision.
12. Agree and manage the length of a supervision session (maximum 2 hours).
Key function of Supervisee

Supervisees have a responsibility to:-:

1. Participate fully in safeguarding children supervision sessions and demonstrate willingness to explore new ideas and practices.
2. Be open to and respond to constructive feedback.
3. Provide constructive feedback as part of the shared learning process.
4. Share the content of Safeguarding Children Supervision sessions with their line manager in relation to casework action plans.

Role of Supervisee

The Supervisee will:

1. Come prepared for each supervision session, with all appropriate documentation/ electronic supervision record completed,
2. Following discussion the supervisee will add decisions made as appropriate.
3. Bring all relevant health records/ have access to the electronic record/ ensure adequate connection for computer access and participate in record keeping audit and analysis of workload.
4. Keep mutual respect and confidentiality.
5. Discuss with the supervisor their needs relating to group and individual supervision. This may change over a period of time.
6. Be responsible for managing their time effectively in conjunction with workload in order to attend safeguarding children supervision sessions.
7. Have the responsibility of ensuring that they attend the supervision sessions and should advise the Supervisor of the reason when they cannot do so.
8. Be responsible for maintaining, storing and securing the master copy (only copy) of the supervision record.

The Supervisee will inform the supervisors of any:

1. Child who is subject to Section 47 investigation.
2. Child about whom a child protection referral has been made.
3. Looked after child.
4. Involvement in any Children in Need process.
5. Any case of which they have safeguarding concerns.
6. Child who is subject to a child protection plan who is missing, or who moves into or out of area.
7. Request for court attendance relating to Child Protection.
8. Contact from police or other legal body requesting information.
9. Issue which may compromise their personal safety or others.
Structure of supervision process

Conduct of Sessions

A written agreement will be made between the Supervisee and Supervisor, which establishes the basis for the sessions. This includes agreement about confidentiality, prioritisation and the preparation required.

A similar agreement is made between the Named or Designated Nurse and Supervisor.

Individual / Group Contact

Safeguarding children supervision will be delivered on an individual basis and in groups, according to the supervisor's assessment of need of the supervisee and taking into account different working arrangements.

Frequency

All members of staff covered by the policy should engage in supervision at least every three months. All supervision sessions will be agreed between the supervisor and supervisee; however there will be flexibility to reflect each individual practitioner's need and the perceived “heaviness” of the child protection cases to be discussed. The health professional is responsible for contacting the supervisor to arrange any unplanned or missed sessions.

Criteria for Cases that should be discussed at Child Protection Supervision

Professionals should use the Framework of Assessment in Need within (Working Together To Safeguard Children (2013) and CIOS Safeguarding Children Board Interagency threshold/continuum of need guidance (2011), which suggests primary factors to consider when identifying cases that a professional should submit to the supervision process.

The Signs of Safety process is currently being adapted for supervision purposes.

The following should also be considered for inclusion in the supervision process:-

- All families on the practitioner’s caseload where children are subject to a child protection plan.
- Cases involved in legal processes.
- Children/families identified as vulnerable and receiving enhanced service provision.
- Children in need where there is no co-ordinated interagency plan.
- Families where proactive work would prevent them requiring child social care intervention.

- Families where the following issues are present: Domestic abuse, mental ill health, and substance misuse.

- Possible case of Fabricated or Induced illness.

- Families where social exclusion impact on the welfare of the child(ren).

- Families where the child(ren) are causing the practitioner concern with respect to their welfare.

- Families for whom frequent changes in circumstance make continuity of care difficult.

- Families where home visiting constitutes personal safety risk to the practitioner.

- Families where the practitioner has been subject to any perceived or actual violence or intimidation by any family member.

- The Supervisee should be aware of all Looked After Children (LAC) on his/her caseload. Any child in care case where the supervisee has safeguarding concerns should be brought to the supervision process and the supervisor/supervisee should also bring these concerns to the attention of the Designated Staff in the Children in Care (CIC)/LAC Health Team. Safeguarding procedures should be followed for Looked After Children Cases however; specialist support or advice and information to support case coordination should be sought from the CIC Health Team on 01872 254590. Children in Care (CIC)/Looked After Children (LAC) should not be included in the safeguarding supervision process. If a supervisee considers a CIC child requires supervision they should contact the Children in Care team on 01872 254590 and be advised concerning follow up action. The supervisee should be aware of all the children in care on in his/her caseload.

**Recording**

It is the responsibility of the supervisor to read, review and sign the supervision record in line with National Service Framework (NSF) Core Standard 5 Safeguarding and promoting the welfare of children and Young People (2004) which states: “It is the responsibility of the supervisee to keep clear, accurate and contemporaneous records. These records must be kept in accordance with policies on Confidentiality and Record Keeping found within protocols and guidelines”.

Professional staff should be mindful of their professional organisation’s rules on Record Keeping.

When a case is included in the supervision process and a record has been commenced it is important that practitioners write in the clients’ individual records.
that supervision has taken place and the commencement date. The electronic record will capture the authors name when verifying their entries onto the case notes. There is no need to describe the contents of the supervision session in the client's records.

Annually as part of the written contract (minimum) the Supervisor with the Supervisee will review the supervision record for quality assurance purposes. This should not be part of any audit process

Template designed to record supervision discussion based on Signs Of safety process is available on the safeguarding children intranet

Notification of a new case requiring supervision.

Supervisee should complete necessary paperwork or electronic record. This provides evidence of engagement in supervision process, family details, level of concern and action to date.

Updating and Communication

Supervisees will be required to attend supervision session with a pre-prepared update for the supervisor using the appropriate paperwork/ electronic recording progress against the action plan at every supervision session

Communication of attendance at meetings / changes in circumstances / change in the level of concern about children between planned supervision sessions may be done in any of the following ways:

- By telephone
- By use of the supervision paperwork
- By face to face contact between the supervisee and supervisor

If the circumstance arise where the supervisee suggests they do not have any families for discussion at a planned supervision session, 2 cases will be selected by the supervisor from the supervisee’s caseload for reflection using the Framework of Assessment factors to identify families.

The Local Safeguarding Children's Practitioner / supervisor will collate aggregated information from supervision sessions about the types of issue discussed and ongoing concerns of practitioners. This information will be fed into the training needs analysis for practitioners.

If records are transfer in or out of County the supervision records will not be included but there will be evidence in the child’s record that supervision has been undertaken Start and finish dates (see transfer of record policy in Health Visiting and Midwifery guidelines and midwifery guidelines on transfer of supervision records to Health Visiting).
The Designated and Named Nurses for Child Protection will observe at least one supervision session undertaken by the locality safeguarding children practitioners at least once a year, to monitor the standards of the supervision provided.

**Outcomes of Child Protection Supervision**

- Clarity about issues presented by the case.
- Clarity about the child(ren)’s health needs.
- Clarity about the parent(s)/carer(s) health needs
- An agreed written action plan for the health professional’s ongoing work with the child, family and relevant other agencies.
- Information regarding professional training needs.
- A Professional who feels supported and has had good practice confirmed.

**Clinical Quality and Governance**

- The supervisor will review supervision records of the supervisee minimum annually.
- Compliance with this policy will be monitored by the Safeguarding Team as part of a rolling programme of audit.
- The Designated Nurse will ensure that any issues, which arise and are relevant to the practice of the supervisor, will be discussed with the supervisors and then forwarded to the line manager.

**Audit**

Regular audits will be undertaken:

- An audit of the model of supervision provided by the supervisor will be undertaken via an anonymous questionnaire to the supervisee, circulated by the Named and Designated Professionals.
- An annual audit of randomly selected supervision records will be undertaken by the safeguarding team to ensure that needs are identified, plans for intervention are SMART and are appropriately evaluated.
- The supervisors will keep records of the staff members who have signed a contract to receive supervision within their locality to demonstrate compliance with the policy and inform health organisation of caseload weighting.
References

Analysing child deaths and serious injury through abuse and neglect: What can we learn? A biennial analysis of serious case reviews 2003-2005 M Brandon, Pippa Belderson (DSCF)

Children Act (2004) DOH Stationary Office


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