SAFEGUARDING CHILDREN SUPERVISION POLICY

POLICY

Reference	CPG-TW-SG-SCSP		
Approving Body	Safeguarding Steering Group		
Date Approved	20th December 2022		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
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Consultation Undertaken	Safeguarding Steering Group		
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Date of Environmental Impact Assessment (if applicable)	N/A		
Legal and/or Accreditation Implications	None		
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Review Date	December 2025		
Sponsor (Position)	Chief Nurse		
Author (Position & Name)	Lisa Nixon, Named Nurse – Safeguarding Children		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Nursing – Safeguarding Team		
Position of Person able to provide Further Guidance/Information	Named Nurse Safeguarding Children		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
Not Applicable	Not Applicable

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1.0 INTRODUCTION

The requirement for Trust employees to have access to safeguarding children Supervision was explicitly set out in Working Together to Safeguard Children, (HM Government, 2010), it stated:

> *"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 of those involved should have access to advice and support from, for example, peers, managers, or named and designated professionals. Those providing supervision should be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children."*

This was reinforced in its latest publication saying "...organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including: appropriate supervision and support for staff… It also states "Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare". (HM Government, 2018)

The Children's Workforce Development Council [2007] defines supervision 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"*. Effective safeguarding children supervision plays a key role in both promoting good standards of practice and supporting staff.

2.0 POLICY STATEMENT

The Trust recognises that Safeguarding Children supervision is integral to providing an effective child centred service and that it has a responsibility to provide clinical supervision for staff. Safeguarding children supervision is provided in addition to clinical supervision and does not replace it.

The involvement of key health professionals with children, in particular where there may be unresolved safeguarding issues, means that they have a major role in the identification of abuse and neglect. Many of the inquiries into child deaths and serious incidents involving children have demonstrated serious failings in professional practice which have been attributed to a lack of effective supervision and support for professionals involved in the care of vulnerable children, including those in the "Looked After System".

Safeguarding Children supervision supports and promotes individual members of staff in achieving best practice in circumstances that are both professionally and personally challenging and stressful.

It is underpinned by the principle that each member of staff [supervisee] remains accountable for their own professional practice and that supervisors are accountable for the advice they give and any actions they take.

Safeguarding supervision is underpinned by four primary functions:

- The **management** (or normative) function is primarily to provide accountability to the organisation. This involves overseeing the quality of practice through the monitoring of

professional and organisational standards, for example, by ensuring that policies and procedures are adhered to.

- The **educational** (or formative) function is primarily to address the professional development needs of the supervisee. In this aspect of supervision practitioners are assisted to reflect on their work, deepen their understanding and develop new skills.
- The **supportive** (or restorative) function recognises the emotional impact of safeguarding work. This provides support for practitioners and explores strategies for coping and self-care.
- The **engagement/mediation** function which engages the individual with the organisation.

This clinical document applies to:

Staff group(s)

- All staff
- Particularly health professionals employed by the Trust who work primarily with children, young people and pregnant women including staff from agencies and all students during their clinical placements in paediatric/maternity areas.
- Anyone employed by the organisation can request safeguarding supervision in relation to a child at any time irrespective of their area of work.

Clinical area(s)

- All areas where staff may recognise a safeguarding children concern

Patient group(s)

- All patient groups – adults (who may be parents/ carers of children), pregnant women, paediatrics

Exclusions

- None

3.0 DEFINITIONS AND/OR ABBREVIATIONS

Trust:	Sherwood Forest Hospitals NHS Foundation Trust
Staff:	All employers of the Trust including those managed by a third party on behalf of the Trust
Child:	Means anyone who has not yet reached their 18th birthday. “Children” therefore means children and young people throughout.
Named Professionals:	Means the Named Doctor, Nurse and Midwife for Safeguarding Children; they have specific roles and responsibilities for safeguarding within the Trust.
Designated Professionals:	Means the Designated Doctor and Nurse for Safeguarding Children; they provide professional leadership across the Health community and support and advise the Named Professional in health organisations.

4.0 ROLES AND RESPONSIBILITIES

Safeguarding Children Supervisors will:

- Undertake Safeguarding Children Supervision training.
- Be available to staff as an important source of advice, expertise and support.
- Review Safeguarding decisions/actions undertaken by the supervisee.
- Have supervision provided for them by the Named Professionals.

Supervisees will:

- Undertake Safeguarding Children supervision as and when required by their role i.e. individual or group, ad-hoc or regular (see Appendix A).
- Ensure Safeguarding Children decisions/actions are recorded in the medical record and acted upon.

Named Professionals will:

- Undertake Safeguarding Children Supervision Training.
- Provide supervision for Safeguarding Children Supervisors.
- Have supervision provided by the Designated Professionals or an agreed appropriate experienced supervisor.

5.0 APPROVAL

This policy has been reviewed and approved by the Trust Safeguarding Steering Group.

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

6.1 Aim of safeguarding supervision

The primary aim of safeguarding children supervision is to ensure that clinical practice safeguards children and promotes their welfare. This will be achieved by the following elements:

- To ensure professional practice remains child focused, thus ensuring the needs of the child are considered as paramount.
- To allow the exploration of how the practitioner can work effectively to prevent the child from suffering harm.
- To allow the practitioner to explore and develop ways of working openly and in partnership with children and families.
- To allow the practitioner to explore and develop ways of working openly and in partnership with other professionals and other agencies.
- To create an opportunity for the practitioner to reflect and discuss individual practice and organisational issues that may impact on their practice.
- To ensure the practitioner fully understands their role, responsibilities and scope of their professional discretion and authority.
- To enable and empower the practitioner to develop skills, competence and confidence in their Safeguarding Children practice.
- To provide a forum for the practitioner to discuss the emotional impact on them of working within this challenging area of practice.
- To reduce the impact of stress on the practitioner working with families where there are Safeguarding Children concerns.
- To identify the training and developmental needs of the practitioner so that they have the skills and knowledge to provide an effective service.

- To identify, in partnership with the practitioner, any difficulties in ensuring policies and procedures are adhered to.

There is an expectation that doctors involved in child protection work will have access to support and supervision in order to be confident and competent in this difficult area of work. The importance of supervision has been highlighted in a number of Serious Case Reviews both locally and nationally. In the RCPCH model job descriptions for Named and Designated doctors both support and supervision are identified explicitly as tasks to be undertaken.

6.2 Outcomes of Supervision

The aims of supervision should achieve the following outcomes:

- The practitioner's professional practice becomes child focused, ensuring the needs of the child are paramount and thus safeguarding the child.
- The practitioner has a clear understanding of their role and responsibilities when working with vulnerable families where abuse and neglect of a child can occur, with due regard to legislation and confidentiality.
- The practitioner's response to safeguarding children concerns is appropriate to the child's needs and ensures the safety of the child.
- The practitioner recognises their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to work with families to keep children safe.
- The practitioner ensures that they do not discriminate against families and children because of age, gender, race, culture, religion, language, disability or sexual orientation.
- The practitioner works in partnership with parents and carers, respecting their right to privacy and dignity.
- The practitioner works in an open and honest way with families and carers, when concerns about a child's welfare are identified.

In addition:

- The supervisor ensures that the practitioner is aware of and adhering to policies and procedures.
- The supervisor may inform the line manager of any identified training needs.
- The supervisor should inform the Trust Named professionals of any areas of concern or risk to ensure that the Trust is able to fulfil its responsibility in safeguarding children.

6.3 Supervision Process

Safeguarding children supervision should be offered on an individual or group basis as needed.

It is the responsibility of each practitioner to identify which children and families should be considered as part of the supervision process.

Both the supervisor and the supervisee will have prepared for each session, in terms of what they wish to be discussed.

Examples of issues which may need to be addressed as part of the supervision process may include:-

- Child Welfare concerns or risk of significant harm;
- Practice Issues;

- Emotional Support;
- Court Processes;
- Education and Development.

6.3.1 Supervision contracts:

The purpose of this contract is to ensure:

- Clarity of expectations of both supervisor and supervisee.
- Roles and responsibilities are understood.
- Practical issues are agreed.
- A copy of the contract will be held by the supervisor and the supervisee. The supervisor will take responsibility for monitoring and reviewing the contract with the supervisee as necessary.

6.3.2 Record keeping

Key points, outcomes and decisions of supervision sessions, in relation to individual children/families, will be recorded on the Safeguarding Children supervision form and a copy of this will be sent to the practitioner for their records. Where necessary, a copy of the supervision form will also be added to the patient's hospital records behind a red safeguarding divider.

6.3.3 One to one supervision

This will be offered to staff working with a high number (more than three) of children who are:

- Subject to a child protection plan/child in need plan
- Who are considered at risk or with complex needs.

The supervisor and supervisee, according to need, will negotiate frequency of sessions. However on average this will be three monthly, staff maybe more frequently supervised under special circumstances (e.g. new staff, anxious staff, and staff under extraordinary pressure); this will be at the discretion of the supervisor.

6.3.4 Group supervision

This will be offered to any teams who have common roles and responsibilities for safeguarding children, the decision as to the appropriate provision for individual teams will be negotiated by/between the Named Professionals for Safeguarding Children.

The focus of group supervision will be on identification of risk, need and vulnerability in families and clarification of processes and services to safeguard and promote the welfare of children.

6.3.5 Ad-hoc supervision

It is recognised that staff will often require advice or support in relation to Safeguarding children outside of the formal supervision session. In these instances staff should approach the safeguarding children team as necessary, a trained member of the team will record the information discussed and the actions agreed on a supervision form and a copy will be sent to the supervisee for their records.

For all staff not directly involved with children and families, who are not having regular supervision, ad-hoc supervision will be available from a trained member of the Safeguarding Children team. This includes staff at any level from all disciplines.

6.3.6 Issues for supervisees

Whilst this document talks mainly about the role of the supervisor, it is acknowledged that supervision is a two-way process and supervisees are encouraged to address any concerns they may have about the process. This should initially be with the person who supervises them. If that is not possible or should those discussions not alleviate the situation then the supervisee should approach their line manager or a member of the Safeguarding Team.

6.3.7. Dealing with poor practice

Issues of poor practice should as a matter of course be addressed initially with the practitioner and a plan of action agreed to address these concerns. The supervisor will need to make a professional judgement as to whether the matter is of such concern that the line manager will be informed. The practitioner should be informed of what, if indeed any action the supervisor intends to take.

6.3.8 Individual Case Management Advice

This often has to be timely in nature and indeed may need to be immediate. It may involve opinion on the injuries seen and likely causes, advice on whom to contact or which pathway of care to access, review of the paediatric report or advice on current research which may inform the clinicians' assessment. The discussion should be documented and any areas of dissent recorded and the record of discussion should be held in the patients' medical records.

6.3.9 Peer Review

Firstly, all paediatricians can learn from or provide valuable insight into cases brought for open discussion through a peer review process. Whilst there may be particular advice, opinions or suggestions which may be particularly pertinent to the case and should be recorded as above, the wider learning issues can be recorded by individual clinicians within reflective proformas and form part of their CPD for Safeguarding.

6.3.10 Good Practice Points

Terms of Reference for the peer review support group should be drawn up and agreed stating the purpose, objectives, membership and process for undertaking peer review.

The purpose of peer review is to develop a pro-active culture of learning about the process, procedures and evidence base underpinning the diagnosis of child abuse and in so doing, to provide support regarding opinions reached and benefit from the experience of peers who are doing the same work. However, Peer review is NOT a formal second opinion which should be formally requested and agreed.

Cases for review should include all cases both hospital and community with a maximum of 20 cases per session. These in practice will mostly comprise of cases of physical abuse and neglect cases with occasional discussions about sexual abuse. Consideration should be given to particularly reviewing cases which have gone through

court for learning on the outcome of the case. The sessions should be held a minimum of monthly.

Meetings should be face to face with an identified Chair. Initially this will be the Named or Designated Professional but in time the Chair will rotate amongst the Consultant Body.

Peer review should be attended by all doctors involved in child protection cases and the Named Professionals for Safeguarding Children. Minutes of the review should be recorded with attendance and apologies; key themes discussed arising from all cases, action points and name of the responsible person for these actions. These should then be distributed to all invited professionals.

6.3.11 The Peer Review Process

The aim is to be open, honest and informal. The doctor presents the case including dilemmas and issues, the chair facilitates the discussion. In all cases where there is photo-documentation available this should be reviewed first of all by participants at the peer review and then the history given subsequently. This is particularly important to avoid any bias with regard to the interpretation of the physical findings. Notes of the discussion are made on a peer review discussion sheet but no comments are attributed to a particular doctor. The discussion sheet is then filed in the patients' health records. The peer review group should seek to achieve a consensus statement however it is recognised that consensus is not always reached. The presenting doctor has the responsibility of ensuring that areas of agreement and disagreement are recorded on the peer review discussion sheet. Names of specific doctors should only be recorded on the discussion sheet to be included in the health record if they give specific permission to do so. This also applies to any subsequent reports prepared from the case. Actions to be taken forward after peer review should always be recorded. Individual actions relating to the case will be recorded on the discussion sheet with the presenting doctor taking responsibility for completing these. Actions which relate to the peer review membership as a whole, e.g. organising training on a particular issue, will be documented in the minutes with a named individual identified. The Chair is responsible to monitor these actions to ensure they are completed.

6.3.12 Safeguarding Supervision for Named Professionals

As important as it is for those health professionals involved in child protection work to receive support for their work and have an opportunity to develop their work, it is doubly so for the Named Professionals. The caseload is often more complex and challenging and there are issues relating to the extended safeguarding role implicit in the job description which need to be discussed and addressed. There are also issues which may be confidential to these particular roles which cannot be discussed in a peer review setting.

Supervision sessions for Named Safeguarding professionals should be undertaken on a three monthly basis by the Designated professionals. There are two aspects to this supervision: firstly, the majority of clinical discussion of cases will be best facilitated in the Peer Review setting, with the exception, already identified of difficult, complex or politically sensitive cases. Secondly there is supervision of the role of safeguarding leads particularly with respect to working relationships within and between agencies, interagency issues, management issues within the context of the roles and responsibilities of the Named Professionals.

A supervision contract will be completed by the professionals and records kept as a summary of those meetings. In this way, the trust board can be assured of the close and efficient working of the leads for Safeguarding within the organisation.

7.0 MONITORING COMPLIANCE

The safeguarding team will keep a database of supervision sessions and attendance. If it is identified a practitioner is not attending the required amount of sessions according to their role then this will be escalated to their line manager for review.

Minimum Requirement to be Monitored **(WHAT – element of compliance or effectiveness within the document will be monitored)**	**Responsible Individual** **(WHO – is going to monitor this element)**	**Process for Monitoring e.g. Audit** **(HOW – will this element be monitored (method used))**	**Frequency of Monitoring** **(WHEN – will this element be monitored (frequency/ how often))**	**Responsible Individual or Committee/ Group for Review of Results** **(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)**
Attendance at supervision sessions	Named Nurse Safeguarding Children	Audit	Quarterly	Safeguarding Steering Group

8.0 TRAINING AND IMPLEMENTATION

Staff will be informed of this guidance during mandatory safeguarding children training.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix B.
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Working Together to safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, HM Government, 2018

- Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Board (NSCB) and the Nottingham City Safeguarding Children Board (NCSCB), 2022

- Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate Document Third Edition: March2014. Royal College of Paediatrics and Child Health 2014. London.

- Thomas, A. and Mott, A. (2013) Children Protection Peer Review for Paediatricians. Wiley Blackwell.

- H.M. Government (2010) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, London, Stationery Office

- Skills for Care and the Children's Workforce Development Council (CWDC) (2007) Providing Effective Supervision - A workforce development tool, including a unit of competence and supporting guidance.

- Morrison T (2005) Staff Supervision in Social Care. 3rd Edition, Brighton, Pavilion

Related SFHFT Documents:

- Other safeguarding policies/ guidelines as applicable

11. KEYWORDS

- and Young People; Supervisee; Supervisor; Peer Review

12. APPENDICES

Appendix A – Safeguarding Supervision Matrix
Appendix B – Equality Impact Assessment

Appendix A

Safeguarding Supervision Matrix

Staff Group	Type of supervision	Supervisor	Frequency
Named Professionals for Safeguarding Children	One to One	Designated Safeguarding Professional	3 Monthly
Specialist Nurse Safeguarding Children	One to One	Named Nurse Safeguarding Children	3 Monthly
Midwifery Safeguarding Children Supervisors	One to One	Named Midwife for Safeguarding Children.	3 Monthly
Community Midwives	One to One	Midwifery Safeguarding Children Supervisors or Named Midwife for Safeguarding Children.	3 Monthly
Safeguarding Children Champions	Group/One to One	Specialist Nurse for Safeguarding	3 Monthly
Ward Leader (Paediatric Ward)	One to One	Named Nurse for Safeguarding	3 Monthly
Ward Leader (Neonatal Intensive Care Unit)	One to One	Named Nurse for Safeguarding	3 Monthly
Ward Leader (Paediatric Outpatients)	One to One	Named Nurse for Safeguarding	3 Monthly
Paediatric Lead Nurse (Emergency Dept)	One to One	Named Nurse for Safeguarding	3 Monthly
Integrated Sexual Health Service (Nursing and Medical Staff)	Group	Specialist Nurse for Safeguarding	3 Monthly
Specialist Paediatric Nurses Diabetes Epilepsy Respiratory Complex needs ADHD/ASD Outreach Sister - NICU	Group	Specialist Nurse for Safeguarding	3 Monthly
Paediatricians	Peer Review	Named Doctor/allocated consultant paediatrician	Monthly
Little Millers - Nursery	Group	Named Nurse for Safeguarding	3 Monthly
Emergency Dept – KMH	Supervision meeting with Named Professionals and ED consultant. Also drop in session offered.	Specialist Nurse for Safeguarding/Named Doctor.	Monthly
Urgent Care Centre	Drop in session.	Specialist Nurse for Safeguarding	Fortnightly
Ad Hoc sessions are available for any member of staff as and when required, these are provided by the Safeguarding Children Named Professionals/Safeguarding Specialist Nurse or Safeguarding Children supervisor.			

APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Safeguarding Children Supervision Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 01/12/2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	This guideline provides equitable care for all irrespective of race or ethnicity	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Gender	This guideline provides equitable care for all irrespective of gender	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Age	This guideline provides equitable care for all irrespective of age and is relevant to all patients	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Religion	This guideline provides equitable care for all irrespective of religion	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Disability	This guideline provides equitable care for all irrespective of disability	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Sexuality	This guideline provides equitable care for all irrespective of sexuality	This guideline replaces the previous Safeguarding Children Supervision Policy.	None

Pregnancy and Maternity	This guideline provides equitable care for all whether pregnant or not.	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Gender Reassignment	This guideline provides equitable care for all irrespective of gender	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Marriage and Civil Partnership	This guideline provides equitable care for all irrespective of marital status.	This guideline replaces the previous Safeguarding Children Supervision Policy.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	This guideline provides equitable care for all irrespective of socio-economic status	This guideline replaces the previous Safeguarding Children Supervision Policy.	None

What consultation with protected characteristic groups including patient groups have you carried out?

- This policy acknowledges the needs of patients that require care from an acute perspective. To ensure that it is complaint with all legislation it has been shared with senior medical/nursing and safeguarding colleagues for consultation and feedback to ensure that it effectively meets the needs of all staff and patients.

What data or information did you use in support of this EqIA?

- Working Together to safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, HM Government, 2018
- Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Board (NSCB) and the Nottingham City Safeguarding Children Board (NCSCB), 2018
- Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate Document Third Edition: March2014. Royal College of Paediatrics and Child Health 2014. London.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- **No**

Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/***Low Level of Impact*** *(Delete as appropriate)* For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: Lisa Nixon
Signature: 
Date: 01/12/2022