

Protocol for Safeguarding Children Supervision

Community Health Newham and other community health services provided by
East London NHS Foundation Trust

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Name of responsible committee/individual:	Paediatric Governance Group, Community Health Newham
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Target audience:	All health professionals working within community health services provided by East London NHS Foundation Trust who have children on their caseload

Version Control Summary

Version	Date	Author	Status	Comment
2	Review of protocol began February 2007	Liz Royle, Victoria Nwosu, Heather Hunter-Whitehouse		<ul style="list-style-type: none"> • Rewritten using current Trust Policy Framework So that document conforms to Trust Policy Framework 2005 • Includes latest national and local documents (see reference section) in order for Trust protocol to reflect local and national priorities • To ensure that the protocol provides a set of measurable, objective standards to determine a course of action as an audit highlighted the fact that current protocol did not provide a set of measurable, objective standards to determine a course of action.
3	July 2009	Heather Hunter-Whitehouse		<p>Section 7.1.1, 2.5 and Appendix 5 added to reflect recommendation from a Serious Case Review with regards to CP Supervision being conducted with reference to and recording of assessment using the Assessment Framework Triangle.</p> <p>CPS Records amended to reflect amendments made to the forms in December 2008 to include more detail regarding the Health Care Professional and the Child Protection Plan.</p>
4	September 2009	Heather Hunter-Whitehouse		<p>Section 7 updated in light of changes needed to Child Protection Supervision record keeping due to recent RiO go-live. Appendix 6 contains a template for use with RiO progress notes.</p> <p>Section 6.2.2 amended to highlight the need for a computer for sessions due to RiO has been included.</p> <p>Appendix 1 redesigned to allow the family composition section to include the NHS numbers for use with RiO</p>
5	October 2013	Heather Hunter-Whitehouse and Alberta Awotwi	DRAFT	<p>This version of the Protocol for Child Protection Supervision has been updated for the following reasons:</p> <ul style="list-style-type: none"> • Document updated to ELFT policy format • In 2012 Newham Safeguarding Children Board introduced a new format for multi-agency reports to Child Protection Conferences, based on the Strengthening Families model which is now used to structure conferences. This protocol introduces a template for supervision in line with that model. • Due for review in 2012 (according to ELFT 3 year cycle) – however needed to wait until new model to be embedded • There has been a revision of the criteria for bringing children and young people to CP supervision for discussion. • There has been an addition in the record keeping section to reflect recording of sessions in RiO diaries.
6	April 2016	Mercy Maponga and Alberta Awotwi	DRAFT	<ul style="list-style-type: none"> • Due for review in 2016. • Reviewed to conform with Working Together 2015

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1 Introduction

- 1.1 Safeguarding children is defined as “an accountable process which supports, assures and develop the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work in order to achieve agreed outcomes” (Working Together to Safeguard Children, HM Gov. 2015)
- 1.2 All health professionals who provide a service to children and families may well in the course of their work come into contact with children who are at risk of significant harm or have been abused.
- 1.3 Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare (Working Together to Safeguard Children 2015).
- 1.4 Working to ensure children are protected from harm requires sound professional judgements to be made. It is a demanding work that can be distressing and stressful. All of those involved should have access to advice and support from, for example, peers, managers, named and designated professionals (NHS London Designated Safeguarding Professionals Safeguarding Children Supervision Guidance, 2010).
- 1.5 This protocol will be stored on the ELFT intranet and previous versions will be removed from the intranet.

2 Purpose

- 2.1 This protocol outlines the arrangements for Safeguarding Supervision for health professionals working within Community Health Services provided by East London NHS Foundation Trust.
- 2.2 Good quality safeguarding supervision can help to:
- keep a focus on the child / young person ;
 - avoid drift;
 - maintain a degree of objectivity and challenge fixed views;
 - test and assess the evidence base for assessment and decisions; and
 - address the emotional impact of the work
- 2.3 The protocol aims to promote and support the development of a culture within the organisation in which staff value and engage in regular supervision in order to:
- Ensure the quality and safety of services to children, young people and their families
 - Provide formal support and guidance for all health professionals working with

children, young people and families to enable them to carry out their statutory child protection and safeguarding responsibilities

- Ensure that practice is soundly based and consistent with local and national guidance in safeguarding children
- Ensure that all members of staff working with children and families understand their roles, responsibilities and scope of professional discretion and authority regarding safeguarding children in the multi-agency arena
- Ensure all staff are aware of the accountability framework for safeguarding children within their organisation
- Empower practitioners to consider future intervention and action
- Reduce the level of stress, burn-out and potential for dangerous professional practice that could put the child, the professional and the employing organisation at risk
- Provide a source of advice, support and expertise for staff, in an appropriately safe, learning environment
- Help identify training and development needs

3 Duties and Responsibilities

3.1 The **Named Nurse / Named Doctor** is responsible for:

3.1.1 The management and coordination of safeguarding supervision compliance measures within Community Health Newham reporting these as required both within and external to the Trust.

3.1.2 Meeting with the safeguarding supervisors every three months, addressing any issues arising from supervision by taking them forward through the appropriate channel.

3.1.3 Ensuring effectiveness of arrangements for supervision including that delivered to specialist nursing services and therapists, demonstrating evidence of this through agreed audits.

3.1.4 Ensuring regular training updates are available for supervisors.

3.1.5 Providing supervision to individual practitioners for complex cases when requested by the Safeguarding Supervisor or as identified by the Local Safeguarding Children Board or Designated Nurse / Doctor.

3.1.6 Reviewing this protocol and the production of any supplementary practice guidance.

3.2 The **Head of Service / Line Manager** is responsible for:

3.2.1 Ensuring that all staff covered by the scope of this protocol (including themselves if relevant) access effective safeguarding supervision in accordance with this protocol.

3.2.2 Responding to and managing any concerns raised by the supervisor/supervisee, relating either to the supervisees practice, individual workload or training needs

3.2.3 Ensuring that child protection caseloads are allocated to a specific, named Health Visitor or School Nurse in the event of staff absence.

3.3 The **Supervisee** is responsible for:

- 3.3.4 Avoiding cancellation of the session once booked except by mutual agreement with the supervisor - if a session is cancelled for a second time, the individual's line manager will be informed
- 3.3.5 Ensuring a suitable venue is available for the sessions which is quiet, of sufficient size and has access to a computer (with access to the child's records on RiO or system used by supervisee)
- 3.3.6 Maintaining a list of families / children to be discussed and sending this to their supervisor five working days before the session (see template in Appendix A). This will allow the supervisor to prepare for the session using RiO. (Failure to adhere to this will lead to supervision being cancelled and escalation pathway being applied).
- 3.3.7 Ensuring that the records of all children / young people to be discussed are available on your UPP caseload on RIO and are up to date.
- 3.3.8 Completing necessary supervision documentation prior to each supervision session by using the template in Appendix B for each child to be discussed.
- 3.3.9 Carrying out and recording accurately any actions agreed at the supervision session or recording rationale for not carrying out actions.

3.4 The **Supervisor** is responsible for:

- 3.4.1 Ensuring they have received training in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and young people.
- 3.4.2 Setting and agreeing a contract with the practitioner and ensure that supervision is conducted within a safe, uninterrupted environment.
- 3.4.3 Leading the supervision session offering safeguarding supervision at three monthly intervals (termly for school nurses)
- 3.4.4 Providing telephone advice to the supervisee as requested
- 3.4.5 Providing support before and after child protection conferences and other meetings including support for report writing when required (in the first instance this support should be offered within School Nursing and Health Visiting Teams)
- 3.4.6 Accompanying the supervisee to child protection conferences / meetings when inexperienced or requesting support (in the first instance this support should be offered within School Nursing and Health Visiting Teams)
- 3.4.7 Exploring and clarifying the thinking relating to the management of individual safeguarding cases with the supervisee to ensure risk is considered.

- 3.4.8 Providing clear feedback to the supervisee and identify who is responsible for implementing any required actions resulting from the supervision.
- 3.4.9 Identifying training needs of supervisees and liaising with the supervisee's line manager to ensure those needs are met
- 3.4.10 Ensuring that the supervisee is fulfilling their responsibilities with regard to the Child Protection / Child in Need Plan.
- 3.4.11 Informing supervisee's line manager of any practice, training or caseload issues which require their intervention following discussion with the supervisee

4 Supervision Framework

4.1 Accountability

A key element is that child protection work is underlined by the principle of professional accountability. Staff members are required to be aware that they are responsible for their individual practice with children and families. This includes actions they took or did not take. The safeguarding supervisor does not take on this responsibility but supports colleagues through supervision, observation, support and advice.

4.2 Training

Safeguarding Supervisors must have attended safeguarding supervision training and must be agreed as competent by the Named Nurse / Doctor.

4.3 Frequency and duration of Child Protection Supervision Sessions

A minimum of three monthly for health visitors and specialist nurses or therapists or termly (three times per academic year) for school nurses. At each Safeguarding Supervision session the supervisor and the supervisee should arrange the date and time for the next session and this should be recorded in the child's records. The duration of sessions will vary and should be agreed by the supervisee and supervisor.

4.4 First Safeguarding Supervision session (individual or group)

The supervisor should go through this protocol with the supervisee to ensure proper understanding and implementation. This first session should establish the relationship between the supervisee/s and supervisor based on an exploration of the supervisee's previous experience of supervision.

4.5 Criteria for discussing a child / young person at Child Protection Supervision

- Children who are subject to a Child Protection (CP) Plan
- Children who are subject to a Child in Need (CiN) Plan
- Children under 5 years of age who are accommodated by the Local Authority. School age children where the placement is new, a temporary arrangement or there are concerns regarding the placement. School Nurses must meet with the school representative with responsibility for Looked after Children (LAC) on a termly basis to discuss all LAC in each school. The outcome of this discussion must be recorded in the child's record.
- Any other factor which is of sufficient concern to the supervisee for them to be providing additional support to the family based on her professional judgement.

4.6 Types of Safeguarding Supervision

4.6.1 One-to-one Safeguarding Supervision

One-to-one supervision is required if practitioners hold a caseload and have lead responsibility for planning programmes of care for families with complex needs and risks and/or are subject to a Child in Need or Child Protection Plan. This will primarily be the Health Visitors and School Nurses within Community Health Newham (including those who are on a Bank contract) but may also apply to Clinical Nurse Specialists.

One-to-one supervision is also required for nurses working in the Family Nurse Partnership programme and will meet the criteria set out in Section 3.11 of the Family Nurse Partnership Management Manual (2014 -Section 3 updated October 2015)

4.6.2 Group Safeguarding Supervision

Child protection group supervision is a process whereby members negotiate and come together in an agreed way to reflect on their work within child protection cases by pooling their skills, experience and knowledge in order to improve both individual and group capacities (Morrison 2005).

The benefits of group supervision include the following:

- It promotes a culture of peer / team support and accountability
- It expand the skills through pooling information and strengthening the knowledge base
- The diversity of the group can widen perspectives
- It facilitates a focus on a process as well as the task
- It is a source of emotional support from peers
- It increases creativity, ideas and innovations
- It fosters a sense of group or team cohesion
- It is an opportunity for the supervisor to spot potential problems.
- The learning can reach a larger audience.

4.6.3 Ad-Hoc Safeguarding supervision

- It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions. The Named Nurse and the Safeguarding Children Advisors are available for telephone and ad hoc supervision on individual cases as the need arises.
- In the first instance they should approach a safeguarding professional. The Safeguarding team/professionals are available for advice by telephone regarding any safeguarding issues that practitioners wish to discuss. Any actions required following such a discussion must be documented by the supervisee in RiO Progress notes.
- Additionally, staff can make individual appointments with the Safeguarding

professional where they have concerns about an adult, child or family. Please contact the Safeguarding Administrator for contact numbers or to arrange ad-hoc supervision on 0207 0596583.

- The supervisor is responsible for maintaining his/her own records for individual case discussions.
- Additionally, staff may require ad hoc supervision because of dealing with stressful individual cases. In these instances, staff may require emotional support, reassurance and assistance in identifying training needs or procedural advice. This type of supervision will not involve a contract of supervision

Supervision arrangements for Safeguarding Professionals

4.7

4.7.1 The Named Nurse / Doctor must access external Child Protection Supervision at mutually agreed intervals.

4.7.2 The Safeguarding Children Advisors will receive monthly Child Protection Supervision from the Named Nurse for Safeguarding Children.

5 Record keeping

5.1 One to one Safeguarding Children Supervision

5.1.1 The supervisee must record the outcome of the Safeguarding Supervision session in the child's record on RiO in Progress Notes (or other system used by supervisee) using the template in Appendix D.

For children under the age of 5, this should be repeated in the mother's record on RiO, removing any child specific information.

5.1.2 The supervisor should notify the Supervisee's line manager of the session which includes any general practice issues discussed.

5.1.3 The session should be recorded in both the supervisee and supervisor's RiO diary:

- The supervisee should record the session as 'Safeguarding Supervision (Individual or group) received' (from the drop down list in RiO Diary)
- The supervisor should record the session as 'Safeguarding Supervision supervision(Individual or group) given''(from the drop down list in RiO Diary)

5.1.4 When a child transfers to another practitioner within Newham, a Change of Health Professional form should be completed as per protocol and a copy should be sent to all relevant professionals that will include their Child Protection Supervisor.

5.1.5 A verbal handover should take place and documented on RIO Progress Notes.

5.2 Group Safeguarding Supervision

5.2.1 The practitioner who brings the case to supervision should record the fact that supervision

has taken place, including outcomes of the session and any actions to be taken, in the child's records on RiO, in Progress notes.

5.3 Individual case discussion

5.3.1 The supervisee should record the outcomes of the discussion in the child's record in RiO Progress notes which will include any actions to be taken.

5.3.2 The supervisor should keep their own record of the discussion which includes the action plan agreed.

5.3.3 Joint case discussion

In cases where there are children spanning across the ages 0-16 in one family, the Health Visitor and/or School Nurse should;

5.3.4 In the first instance initiate a joint case discussion with a member of the Safeguarding Children Team (Specialists Safeguarding Practitioner or Named Nurse for Safeguarding Children).

5.3.5 This should be arranged immediately after the Initial CP case conference before the first Core Group Meeting (within 10 days) and a lead professional identified.

5.3.6 The identified lead professional should record the outcomes of the discussion in the child's record in RiO Progress Notes which will include any actions to be taken.

5.3.7 The Specialists Safeguarding Practitioner or Named Nurse for Safeguarding Children should keep their own record of the discussion which includes the action plan agreed.

6 Addressing issues with practice

- Safeguarding supervision sessions are confidential unless professional competence is brought into question. Where this is identified the supervisee will be notified that the Safeguarding Supervisor will be informing their supervisees Line Manager.
- Where a practitioner's level of practice falls below an acceptable level, the supervisor will arrange a meeting with the supervisee and their line manager to discuss competencies, performance and training needs.
- Where there are issues of fitness to practice the line manager in discussion with the Lead Nurse / Doctor / Allied Health Professional and Designated Nurse for Child Protection will implement the Trust's policy and referral to the appropriate professional body will be made.

7 Monitoring

7.1 Evaluation of the effectiveness of safeguarding supervision will be undertaken as part of the annual audit schedule by the Safeguarding Children Team.

7.2 The scope of the audits will monitor

- Adherence to the standards set out in this document (frequency, attendance, record

keeping)

- Recognised or identified themes within practice
- Recognised or identified training needs

7.3 The audit/s will be carried out from both the perspective of the supervisor and the supervisee and may therefore contribute to changes and development in practice and policy to ensure safe outcomes for practitioners, supervisors and the children and young people they aim to safeguard.

8 Equality statement

Addressing diversity must be an integral part of the safeguarding children supervisory relationship in terms of:

- The differences between the supervisor and the supervisee and the impact of this on the supervisory relationship
- The supervisee's practice and service delivery to children and families and or engagement with service users, partners and stakeholders.

References

This document should be used in conjunction with the following documents:

Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*

DFE (2011) *Munro Review of Child Protection: Final Report- A Child – Centred System.* London, TSO

Family Nurse Partnership Management Manual (2014) -Section 3 updated October 2015

Laming L. (2009) *The protection of Children in England: A Progress Report.* London Stationery Office

HM Government (2015) *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children.* London.

London Safeguarding Children Board (2015) *London Child Protection Procedures*

Morrison T (2005) *Staff Supervision in Social Care.* Brighton, Pavilion Publishing

Newham Safeguarding Children Board (2012) *Newham Multi-Agency Report to Child Protection Conference*

NHS Newham Clinical Commissioning Group. *Safeguarding Children Annual Report (April 2014-March 2015)*

NSPCC (2013) *Signs of Safety in England: An NSPCC Commissioned Report on the Signs of Safety model in Child Protection*

Social Care Institute for Excellence (2013) *Effective Supervision in a Variety of Settings*

Strengthening Families Briefing Paper (2012), Karen Osborne, Peterborough Local Safeguarding Children Board

Nursing and Midwifery Council (2015) *The Code: Standards of conduct, performance and ethics for nurses and midwives.* London, NMC.

Appendix A - List for Child Protection Supervision

Name of Supervisee					Date of Supervision	
Plan CPP with category / CiN / concern / LAC	Family name	Child's name	NHS Number	Concerns	Comments (e.g. date of transfer to another HV or the SN)	

Appendix B - Child Protection Supervision Record
(template for recording supervision session in child's record)

Child Protection Supervision with name of supervisor, designation of supervisor
Date of next Child Protection Supervision:

Reason child brought for discussion:
CPP/CiN/LAC/Concern (include details – category if CPP, date CPP commenced, date CPP ceased)

Details of upcoming meetings:

Date last seen for health review:

Headlines (identify the main issues)

What are we worried about?

What is working well?

What needs to happen?

What is the voice of the child?

Health care plan (include details of school nurse's contribution to the CPP/CiNP)

Planned liaison with professionals (include names and designation)

Appendix C – PATHWAY FOR ESCALATING SAFEGUARDING CONCERNS REGARDING PRACTITIONERS

Safeguarding Supervisors have a responsibility to support practitioners in relation to compliance with safeguarding children procedures and protocols. Their responsibility includes monitoring practice and informing the practitioner's manager when areas of development are identified.

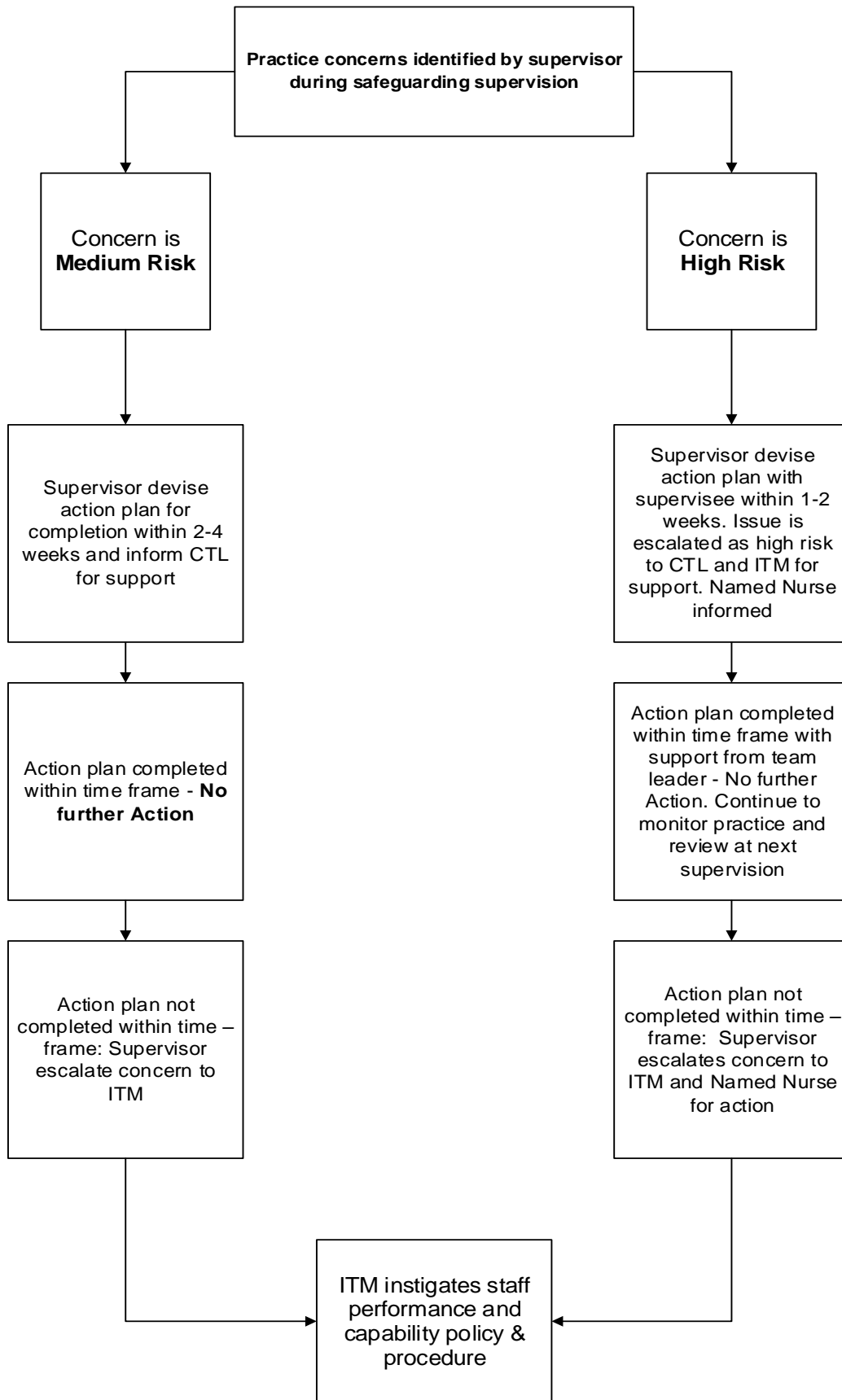
*Example of **high risk** concerns are –*

- *Inadequate / Poor record keeping*
- *Frequent cancellation of supervision*
- *Inadequate preparation for CP / CIN Conference*
- *Children on CP / CIN Plan not brought to supervision*
- *Agreed health care plan not completed*
- *Inappropriate analysis of family risk*
- *Failure to escalate drifting cases*
- *Practitioner not adhering to Trust safeguarding policy*

Glossary – CP = Child Protection

CiN = Child in Need

****Please see page 16 for pathway.***



Appendix D- Consultation document

Emailed for consultation on 03/05/16

Dear Colleague,

The Safeguarding Children Team is currently updating the Child Protection Supervision Protocol. Your comments on the attached draft document would be appreciated. Could you please see the enclosed / attached document and return the lower portion of this form to me by 16/05/2016. A copy of this form has been sent to those listed below. If you know of anyone else that should be included in this consultation process, please let me know. Thank you for your input.

Jonathan Warren, Director of Nursing
Eirlys Evans, Deputy Director of Nursing
Ian McKay, Head, Children, Young People and Women's Services
Sarah Rolfe, General Manager & Lead Nurse for Children & Young People
Agnes Adentan, Named Nurse for Safeguarding Children and the Safeguarding Children Team
Fayrus Abusrewil, Named Doctor for Child Protection
Tatenda Chigodora, Omowunmi Adebayo, Hazel Thomas and Odilia Gamor, Integrated Team Managers for the School Nursing & Health Visiting Service
Helena Jenkins, Children's Therapies Manager
Chantel Gayle, Clinical Nurse Manager, Family Planning and Sexual Health
Rebecca Daniels, Practice Development Facilitator, CCNS
Sekayi Tangayi, Sickle Cell & Thalassaemia Service Manager
Patricia Tweedy, Continence Service Manager
Sophia Njiri, Child Development Centre Nurse
Jenny Hurley, Paediatric Diabetes Specialist Nurse
Zoe Vowles, Family Nurse Partnership Supervisor
Child Protection Supervisors

Name:
Job Title:
Service
Comments:

Name:	Comments returned on:
Sarah Rolfe	13/5/16
Agnes Adentan	16/5/16
Helena Jenkins	10/5/16
Francis Kudjoe	11/5/16
Sekayi Tangayi	2/ 6/16

Safeguarding Children Supervision Contract for Nurses, Health Visitors, Clinical Psychologists, Dieticians and Children Therapists only

Supervisee's Name:	
Designation:	
Supervisor's Name:	
Designation:	

Type of Supervision	Frequency	Duration	Venue
One to one			
Group			

Agreement between Supervisor and Supervisee:
<ul style="list-style-type: none"> ▪ To adhere to the Protocol for Safeguarding Children Supervision ▪ To ensure professional practice is child focused and appropriate tools are used to inform decisions ▪ To be on time and well prepared for the session, allowing 60 minutes for groups and 90 minutes- 2 hours per sessions for individuals. (Take a break as required)

- To reflect on issues affecting practice and ensure high quality of care is maintained
- To bring all cases where there are safeguarding concerns to supervision in accordance with Protocol for Safeguarding Children Supervision
- To have protected time for the session with no interruptions ensuring mobile phone is on silence or switched off
- To prioritise safeguarding supervision and not cancel session less than 5 working days unless it is as a result of emergency situations (**Cancellation only permitted for Initial Child Protection Conference or emergencies NOT Planned annual leave**)
- To maintain confidentiality within set boundaries of the Protocol for Safeguarding Children supervision
- Ensure all actions agreed are completed within timescales
- To offer support, guidance and identify training needs as appropriate
- To challenge poor practice constructively and follow the pathway for escalation if required.

Evaluation

Group supervision: At the end of each session there will be a short evaluation by both supervisor and supervisees. At the start of the next group session supervisees can feedback on outcome of cases previously discussed.

Individual supervision: During supervision previous healthcare plan will be revisited to ensure actions have been completed.

We the undersigned agree to adhere to the above contract. This contract will terminate when either parties terminate employment with the Trust.

Supervisee's Name:	
Signature:	
Designation:	
Date:	

Supervisor's Name:	
Signature:	
Designation:	
Date:	