

OP106

Safeguarding Children Supervision Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

The Royal Wolverhampton NHS Trust, ('The Trust') provides a range of community and acute health services to children and to adults who may be parents or carers of children or young people. The Trust has a statutory accountability to safeguard children in both the acute hospital setting and the community.

The purpose of the Safeguarding Children Supervision Policy is to provide a robust process for supervision, so that practitioners who work with children and families, or with adults who have parental responsibilities, will be enabled to promote good standards of practice and to contribute to improved outcomes for vulnerable children, young people and their families.

All aspects of this document regarding potential Conflicts of Interest should refer first to the [Conflicts of Interest Policy \(OP109\)](#). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Child Abuse- A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children (Department for Education 2018)

Child- Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently, is in further education, is a member of the armed forces, is in hospital or is in custody in the secure estate, does not change their status or entitlements to services or protection (Department for Education 2018)

Child in Need- Section 17 of the Children Act 1989 defines a child as being in need in law if:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority (LA).
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA
- He or she has a disability

Child protection- 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 under Section 47 of the Children Act 1989

(Department for Education 2018)

Looked after Child - (also referred to as Children and Young People in Care):

In England and Wales, a child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. It includes unaccompanied asylum-seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a special guardianship order. (The Children Act 1989).

Safeguarding and promoting the welfare of children:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances
(Department for Education 2018)

Safeguarding supervision:

Supervision enables staff to develop their capacity to use their experiences to review practice, receive feedback on their performance, build emotional resilience and think reflectively about the effectiveness of the professional relationships they have formed with children, adults and families. Regular, high quality safeguarding supervision is an essential element of effective arrangements to safeguard children by facilitating staff to stay professionally up to date with practices and recognise children who are at risk of abuse or neglect (Guindi 2020; Royal College of Nursing, 2019).

It is recommended that supervision must:

- remain child focused to hear the voice of the child (Bruce 2014, Driscoll et al 2020, Munro 2011, Ofsted 2011);
- ensure that practice is consistent with the [West Midlands Child Protection Procedures](#) and the organisation's own procedures:
- provide a safe environment for reflection and professional challenge:
- acknowledge the emotional impact of the work:
- recognise and manage feelings and beliefs which may affect the safeguarding of children:
- identify when a case needs to be [escalated](#) due to concerns about case progress or other aspects of case management, including ineffective multi agency working:
- ensure that sufficient time is allocated for the supervision to be carried out effectively:
- support professionals to reflect critically on the impact of their decisions on the child and their family (HM Government 2018).

A **supervisee** is the person who is supervised. Staff who work with children, young people and/or their parents/carers and who will potentially contribute to the assessing, planning, intervening and evaluating the needs of a child or young person are identified as requiring safeguarding children supervision

([Appendix 1](#)).

A **supervisor** is a Named Nurse, Safeguarding Children Team Specialist, or identified Safeguarding Supervisor who has completed a recognised Level 4 supervisor's course. The supervisor must also have the understanding and skill to provide a containing and secure supervisory climate (See Safeguarding Children Supervision Toolkit [Appendix 7](#)).

3.0 Accountabilities

3.1 The Chief Nurse-

- As the nominated Director/Executive Lead is responsible for coordinating the management of safeguarding.
- Ensures that the Board receives sufficient assurance on the effectiveness of the service.

3.2 Head of Safeguarding-

- Manages the Children and Adult Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda.
- Is responsible for ensuring that the Trust has robust systems and processes in place for the protection and on-going support of adults and children.

3.3 Safeguarding Children Lead-

- Manages the Children Safeguarding Service and provides leadership on all aspects of the safeguarding agenda.
- Will ensure that the Safeguarding Children Service has the knowledge and skills to provide safeguarding children supervision.
- Will ensure that this document is effectively implemented and its guidance and principles embedded in practice.
- Will monitor safeguarding supervision compliance.

3.4 Safeguarding Children's Team and Children and Young People in Care Team

- Will provide expert effective support and supervision to staff within RWT.
- Will act as a resource providing accessible, accurate and relevant information to all RWT staff.
- Will take appropriate actions required following supervision (to include escalation or liaison with senior management).
- Contribute to monitoring compliance and quality of safeguarding children supervision.

3.5 Employees-

- All RWT staff who receive safeguarding children supervision will be

aware of the policy and how it impacts on their practice.

- All Employees will know how to contact the Named Nurse/Midwife/Safeguarding Nurse Specialist for guidance and support.
- For medical staff with concerns around Safeguarding children and young people supervision is available by the Named Doctor for safeguarding Children on a case-by-case basis.
- Advice and guidance can be sought from the CYPIC Team, Named Nurse on call for staff employed by RWT who work in Paediatric areas or who are in regular contact with children and young people in care and who are able to identify risks which may lead to safeguarding concerns.

4.0 Policy Detail

The supervision process will ensure the following.

- Supervision plays a critical role in ensuring a clear focus on the child's welfare to include the 'Child's Voice' and is evidenced as part of the supervisory process (HM Government 2015).
- Sound professional judgements are made and evidenced based practice is promoted.
- Practice will reflect local and national strategies/legislation on safeguarding children and will be consistent with Wolverhampton Safeguarding Together and organisational policies and procedures.
- Safeguarding supervision reflects an ethos of equal opportunities, embraces diversity, and promotes anti-oppressive practice as directed by the Equality Act 2010
- Safeguarding supervision will be carried out in a reflective manner and provide a safe environment where attitudes/ feelings may be challenged/explored as necessary.
- Practitioners fully understand their roles and responsibilities. The process of safeguarding supervision will be underpinned by the principle that each staff member remains accountable for their own professional practice and that the supervisor will be accountable for the advice they give
- Safeguarding supervision will provide a process of professional learning and support to enable practitioners to develop knowledge and competencies and to identify individual training needs and any areas of practice where improvements can be made and also ensure that cases are escalated in a timely manner.

Confidentiality

It is essential that those who receive supervision understand that while the sessions primarily are confidential, they must also be aware that if any concerns arise during the sessions that may put a child, adult or staff member at risk these concerns will be escalated through the appropriate safeguarding

process.

Professional practice concerns highlighted during supervision will also be escalated to the staff member's manager.

Frequency

Frequency of safeguarding supervision is underpinned in [Appendix 1](#).

Supervision agreement

A Supervision Agreement will address the administrative, professional and psychological aspects of supervision. It demonstrates continual development, clarifies roles and responsibilities and accountability ([Appendix 3](#))

Compliance

The Safeguarding Children Team will maintain a record of supervision attendance database for all staff requiring supervision which is listed on the asset register and compliant with GDPR. Additional data will be held by other departments including midwifery and the Emergency Department but will be submitted to the safeguarding department quarterly or as requested. If a practitioner does not access supervision within the prescribed time frame in Appendix 1, the supervisor will inform the practitioner's line manager, who is then responsible for addressing this with the practitioner. It is imperative the practitioner completes, as part of their supervision, all paperwork required as outlined in this policy.

Safeguarding Children Supervision.

One to one supervision

Prior to supervision the supervisee will partially complete the Record of Case Discussion Form ([Appendix 2](#)) and complete a list of children on Child Protection/ Child in Need/ Early Help Assessment plans ([Appendix 4](#)).

During the supervision session, [Appendix 2](#) will be completed by the supervisor, including an action plan that is jointly agreed between the supervisor and supervisee.

A Non Case Discussion Form ([Appendix 5](#)) will be completed by the supervisor at each supervision session, to include a caseload overview.

Group supervision

During the supervision session the supervisor will complete the Group Safeguarding Supervision Session Form ([Appendix 6](#)). If during the session a child or young person is discussed which results in further actions for the supervisee, a Case Discussion Form ([Appendix 2](#)) will be completed. This will then be forwarded electronically to the practitioner to be included within the child's record. The supervisor will store a copy of the Group Supervision Form, as an electronic document within the Safeguarding Children drive and email a copy to the supervisees.

Children and young people in care supervision

Group supervision

During the supervision session the supervisor will complete the Group Safeguarding Supervision Session Form ([Appendix 6a](#)). If during the session a child or young person is discussed which results in further actions for the supervisee, a Case Discussion Form ([Appendix 2a](#)) will be completed. This will then be forwarded electronically to the practitioner to be included within the child's record. The supervisor will store a copy of the Group Supervision Form, as an electronic document within the CYPIC drive and email a copy to the supervisees.

A Non-Case Discussion Form ([Appendix 5a](#)) will be completed by the supervisor at each supervision session, to include a caseload overview.

One to one supervision

Prior to supervision the supervisee will partially complete the Record of Case Discussion Form ([Appendix 2a](#)) and complete a list of children and young people in care ([Appendix 4a](#)).

During the supervision session, [Appendix 2a](#) will be completed by the supervisor, including an action plan that is jointly agreed between the supervisor and supervisee.

A Non-Case Discussion Form ([Appendix 5a](#)) will be completed by the supervisor at each supervision session, to include a caseload overview.

Recording of supervision sessions

Record keeping is an integral part of a practitioner's practice and duty of care. All records regardless of format must be completed in accordance with RWT record keeping policy and relevant professional standards. Copies of the supervision documentation will be saved within the CYPIC drive. The supervisee will save [Appendix 2](#) onto the child's electronic eclipse record and [Appendix 4](#) and [5](#) on their computer drive.

Safeguarding Team supervision

The Safeguarding Children Team and CYPIC Team will also access specialist supervision from appropriate supervisors. Documentation will be completed but will vary according to the location of the supervisor as they are often employed by other Trusts or accountable bodies.

If during the session a child/ young person is discussed which results in further action for the supervisee, the supervisee must ensure this is recorded within the child's record if appropriate.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

This policy will be reviewed every three years by the Safeguarding Children Service or earlier if warranted by a change in standards, guidance, or legislation and or if changes are deemed necessary from internal source.

8.0 Communication and Training

The importance of safeguarding supervision will be reiterated in safeguarding training for all Trust staff as referred to in [OP41 Trust Mandatory Training Policy](#)

This safeguarding supervision policy will be disseminated via TSG and also via bespoke eLearning events to 0-19 practitioners

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Monitoring of safeguarding supervision compliance	Safeguarding Children Lead	Monitoring of routine safeguarding supervision Compliance	A quarterly report will be produced	The Safeguarding Operational Group
Monitoring of	Safeguarding	Monitoring of	A quarterly	The

CYPIC supervision compliance	CYPIC Lead	routine CYPIC supervision compliance	report will be produced	Safeguarding Operational Group
Annual audit of supervision documentation to ensure compliance with this policy.	Named Nurse for Safeguarding Children	Audit of electronic records and safeguarding team database	Annual	Trust Safeguarding Operational Group
Annual audit of supervision documentation to ensure compliance with this policy.	Named Nurse for CYPIC	Audit of electronic records and CYPIC team database	Annual	Trust Safeguarding Operational Group

10.0 References

Brandon M, (2012) New learning from Serious Case Reviews. Department of Education

Bruce M (2014) The Voice of the Child in Child Protection: Whose Voice? *Soc. Sci.* 2014, 3, 514–526

Care Quality Commission (2010) Essential Standards of Quality and Safety

Care Quality Commission (2015) Statement on CQC's roles and responsibilities for safeguarding children and adults.

CP 41 Safeguarding Children Policy

CP 08 Children and Young People in Care Policy

CP 53 Safeguarding Adult Policy

Department for Education (2020) Complexity and challenge: a triennial analysis of SCRs 2014-2017.

Department for Education (2018) Working Together to Safeguard Children. A guide to inter- agency working to safeguard and promote the welfare of children.

Department of Health (2004) National Service Framework for Children, Young People & Maternity Services. Stationary Office, London

Driscoll, J, Hutchinson, A, Lorek, A, Kiss, K (2020) Protecting Children at a Distance: Summary of Findings from Stage 1. A multi-agency investigation of child safeguarding and protection responses consequent upon COVID-19 lock-down/social distancing measures Kings College of London.

Guindi A (2020) Practitioner views on safeguarding supervision.

Community Practitioner

HM Government (2015) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. Crown Copyright

Morrison, T (2005) Staff Supervision in Social Care: making a real difference too staff and service users. Pavilion Publishing, London.

Royal College of Nursing (2019) Safeguarding children and young people: roles and competencies for health care staff. RCN , London.

Munro, E (2011). The Munro Review of Child Protection: Final Report – A Child Centred System.

Paediatrics and Child Health (2019) Safeguarding Children and Young People: roles and competencies for health care staff. Intercollegiate Document. Fourth Edition Centre System, Department of Education

Nursing and Midwifery Council (2016) The Code Professional standards of practice and behaviour for nurses and midwives

Ofsted (2011) The voice of the child: learning lessons from serious case reviews

The Children Act (1989; 2004) Available at www.legislation.gov.uk

Part A - Document Control

Policy number and Policy version: OP106 Version 4.0	Policy Title Safeguarding Children Supervision Policy	Status: Final		Author: Named Nurse Safeguarding Children Director Sponsor: Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	1	May 2015	Head of Safeguarding	To provide clear policy expectation of required processes of supervision in safeguarding
	1.1	October 2016	Head of Safeguarding	Update of Appendix 1 re concerns regarding neglect of child/young person
	2.0	July 2018	Safeguarding Children Lead Named Nurse Safeguarding Children	Update of process Title Change of Policy
	3.0	January 2021	Named Nurse Safeguarding Children	Full review undertaken. Updated and amended
4.0	October 2023	Named Nurse Safeguarding Children	Full review undertaken. Updated and amended	
Intended Recipients: This policy applies to all staff members who are directly employed by RWT who deliver or receive planned or ad hoc safeguarding supervision				
Consultation Group / Role Titles and Date: Head of Safeguarding, Senior Managers, Service Leads, Clinical Commissioning Group, 0-19 Service, Community Children's Teams, Trust Safeguarding Group (TSG).				
Name and date of Trust level group where reviewed			Trust Policy Group October 2022 Trust Safeguarding Group March 2021	
Name and date of final approval committee			Trust Management Committee January 2023	

Date of Policy issue	February 2023
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	October 2025
<p>Training and Dissemination:</p> <p>Policy accessible via Intranet</p> <p>Mandatory Safeguarding Children training</p> <p>Mandatory Children and Young People in Care Training</p> <p>Trust Safeguarding Group</p> <p>RWT trust wide bulletin</p> <p>Refresher training sessions for RWT staff who access 1:1 safeguarding training upon launch of revised policy</p>	
<p>To be read in conjunction with:</p> <p>Regional Child Protection Procedures for West Midlands: https://westmidlands.procedures.org.uk/page/contents#p3</p> <p>Wolverhampton Safeguarding Together Children and Adult Policies: https://www.wolverhamptonsafeguarding.org.uk/</p> <p>CP 41 Safeguarding Children Policy</p> <p>CP 53 Safeguarding Adult Policy</p> <p>CP 08 Children and Young People in Care Policy</p> <p>The Royal Wolverhampton Trust Strategy 2018-2021</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes</p> <p>Impact assessment (as required): Completed No</p>	
Monitoring arrangements and Committee	A quarterly report on safeguarding children supervision and children and young people in care supervision compliance will be presented to the Trust Safeguarding Group and to CCG as part of the dashboard reporting
<p>Document summary/key issues covered.</p> <p>The Royal Wolverhampton NHS Trust has a statutory duty to safeguard and promote the welfare of children and young people (section 11 Children Act 2004).</p> <p>The National Service Framework for Children Core Standards (DOH 2004) states that consistent high quality supervision is the cornerstone of safeguarding children; furthermore the importance of skilled and directed reflection on cases of concern for professionals working with children and families is highlighted within Serious Case Reviews (Triennial Analysis 2020). The Care Quality Commission’s Guidance on the Essential Standards of Quality and Safety recommends that a support structure is in place for supervision, which</p>	

<p>includes one-to-one sessions or group meetings. They are undertaken at a time and frequency agreed between the line manager or supervisor and the staff member and they are recorded (Care Quality Commission, 2010)</p> <p>This document outlines the process and expectations of supervisors and supervisees and provides documentation for the recording of supervision in safeguarding cases.</p>	
<p>Key words for intranet searching purposes</p>	<p>Safeguarding service Safeguarding children Safeguarding supervision Children and Young People in Care</p>
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requester.</p>	<p>No</p>

Part B **Ratification Assurance Statement**

Name of document: OP 106 Safeguarding Children Supervision Policy

Name of author: Lisa Tooth
Children

Job Title: Named Nurse for Safeguarding

I, Lisa Tooth, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: *Lisa Tooth*

Date: 8.3.2021

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

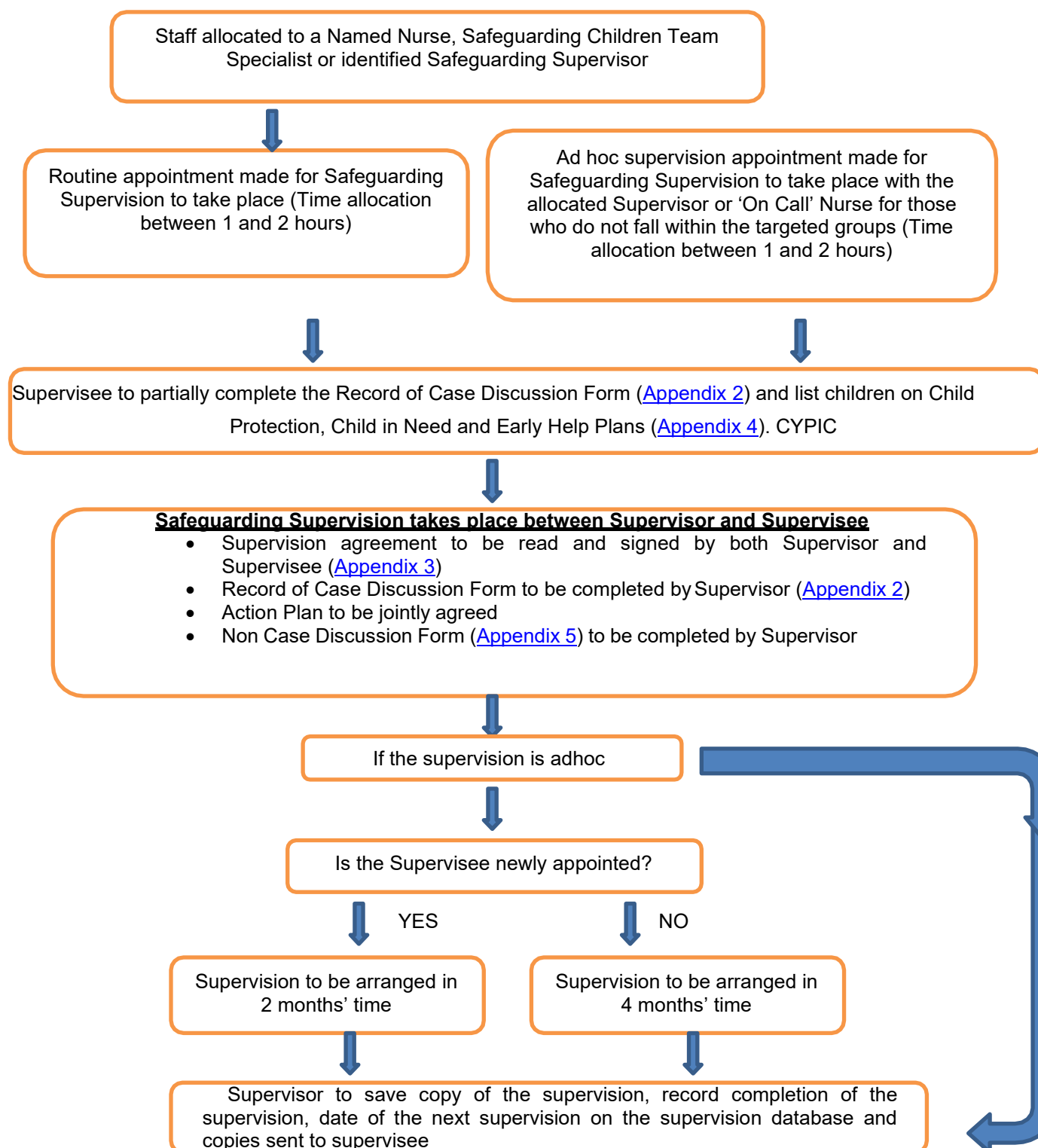
To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Policy Title OP 106 Safeguarding Children Supervision Policy	
Reviewing Group		Date reviewed:
Implementation lead: Laura Powell, Safeguarding Children Lead/ Lisa Tooth, Named Nurse for Safeguarding Children a.nd Rebecca Hunter Named Nurse Children and Young People in Care		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
<p>Strategy; Consider (if appropriate)</p> <ol style="list-style-type: none"> 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide. 		
<p>Training; Consider</p> <ol style="list-style-type: none"> 1. Mandatory training approval process 2. Completion of mandatory training form 	Safeguarding Supervision is embedded within level 3 Core and specialist training for safeguarding children	Compliance is monitored monthly by the Trust Safeguarding Group
<p>Development of Forms, leaflets etc; Consider</p> <ol style="list-style-type: none"> 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed 	No new appendices/ forms developed. Originals updated to reflect updates in the policy	
<p>Strategy / Policy / Procedure communication; Consider</p> <ol style="list-style-type: none"> 1. Key communication messages from the policy / procedure, who to and how? 	The updated policy will be accessible via the intranet and will be highlighted in Trust news/ Team Brief. Upon ratification the policy will be re launched to 0-19 service via short virtual	Lisa Tooth- to disseminate virtual 'bitesize' events via teams to update all of the 0-19 service of the policy update and recommendations for practice.

	training events to ensure full understanding of the changes and the implication for practice.	
Financial cost implementation Consider Business case development	N/A	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

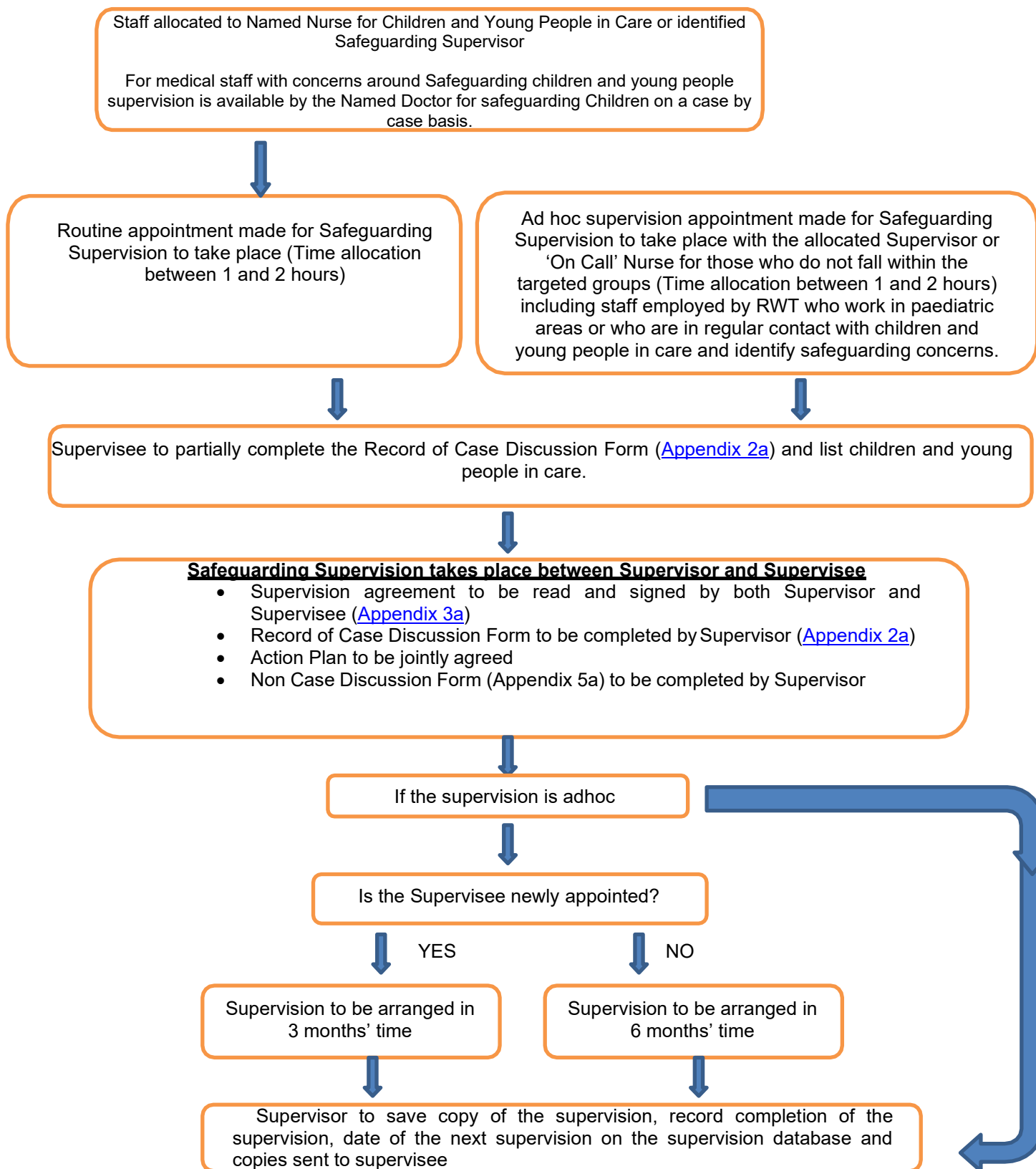
Attachment 1

Safeguarding Supervision Flow Chart
Safeguarding Children



Attachment 2

Safeguarding Supervision Flow Chart
Children and Young People in Care



Note: It is essential that those who receive supervision understand that while the sessions primarily are confidential, they must also be aware that; if any concerns arise during the sessions that may put a child, adult or staff member at risk these concerns will be escalated through the appropriate safeguarding process.

Appendix 1: Safeguarding Supervision Needs Analysis

Staff groups	Method of support/supervision
<p>Level 3 Staff : caseload holders (Intercollegiate Document 2020)</p> <p>Supervision can be accessed by all employees of RWT who manage caseloads, work predominantly with vulnerable children/young people who have complex issues of care, and or their parents/carers. In addition supervision can be sought where staff members are contributing to the assessing planning and reviewing the needs of the child/young person.</p>	<p>Health Visitors & School Nurses will have individual supervision four monthly. Newly appointed staff will be seen individually within one month of commencing their post, followed by a minimum of six sessions within the first year of employment.</p> <p>Community Midwives are required to undertake supervision three monthly, which may be undertaken either as a group or individually. Hospital based midwives require 6 monthly supervision.</p> <p>Partnering Families Team and Community Children’s Nursing Service will have group supervision three monthly provided by the Safeguarding Children Team and fortnightly one to one supervision provided by The Partnering Families Team Manager.</p> <p>Additional safeguarding supervision can be accessed either individually or as a group as the need arises</p> <p>Each session will last a minimum of 1 hour and a maximum of 2 hours. Further supervisions can be arranged if required.</p>
<p>Level 3 Staff (Intercollegiate Document 2020)</p> <p>Staff employed by RWT who work in paediatric areas or who are in regular contact with vulnerable children/young people and who are in a position to identify risk factors which may lead to safeguarding concerns</p>	<p>Advice and guidance can be sought from the Safeguarding Children Nurse on call. Electronic evidence of the discussion will be emailed to the staff member and a copy kept by the safeguarding team. Group safeguarding supervision will be offered to Nurses working in ED, Children’s ward and Sexual Health department every six months by the Safeguarding Children Team.</p>
<p>Level 4 Staff (Intercollegiate Document 2020)</p>	<p>Individual supervision can be sought from an appropriate safeguarding professional every three months</p>

Appendix 1a: CYPIC Supervision Needs Analysis

Staff groups	Method of support / supervision
<p>Level 3 Staff: caseload holders (Intercollegiate Document 2020) Supervision can be accessed by all employees of RWT who manage caseloads, work predominantly with children and young people in care. In addition, supervision can be sought where staff members are contributing to the assessing planning and reviewing the needs of the child / young person.</p>	<p>Health Visitors & School Nurses will have group supervision 6 monthly or individually if requested. Newly appointed staff will be seen in group supervision or individually within one month of commencing their post, followed by a minimum of four sessions within the first year of employment.</p> <p>Partnering Families Team and Community Children's Nursing Service will have group supervision 6 monthly provided by Children and Young People in care Team and fortnightly one to one supervision provided by The Partnering Families Team Manager. Additional CYPIC supervision can be accessed either individually or as a group as the need arises</p> <p>Each session will last a minimum of 1 hour and a maximum of 2 hours. Further supervisions can be arranged if required.</p>
<p>Level 3 Staff (Intercollegiate Document 2020) Staff employed by RWT who work in paediatric areas or who are in regular contact with children and young people in care and who are in a position to identify risk factors which may lead to safeguarding concerns.</p>	<p>Advice and guidance can be sought from the CYPIC Team, Named Nurse on call. Electronic evidence of the discussion will be emailed to the staff member and a copy kept by the CYPIC team.</p>
<p>Level 4 Staff (Intercollegiate Document 2020)</p>	<p>Individual supervision can be sought from an appropriate CYPIC professional every three months</p>

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Appendix 2 Record of Case Discussion Form

Date of case discussion:

Supervisee(s):

Safeguarding supervisor:

CHILDS DETAILS					
CHILDS NAME	DOB	M/F	NHS Number	CATEGORY CP/CIN/EH	Start and end date of plan

FAMILY DETAILS				
NAME	DOB	M/F	NHS Number	RELATIONSHIP

Please give an overview of your experience with the family including visiting patterns , triggers, behaviours witnessed, engagement, family and environment factors, input from other agencies and date that plan commenced.

What are your current concerns? What has been tried to reduce these concerns?

What is working well and what are the protective factors?

Analysis/reflection of the case discussed: does the case conference report reflect the concerns identified in supervision today? Does the chronology capture the safeguarding journey?

Update:

Action Plan :

- **Complete the genogram for family**

To be filed within Child Health Record (NMC 2016, Section 11 Children Act 2004)

Appendix 2a Record of Case Discussion Form

Date of case discussion:

Supervisee(s):

CYPIC supervisor:

CHILDS DETAILS				
CHILDS NAME	DOB	M/F	NHS Number	Category of care/Reason for being in care

Carers details

NAME	M/F	Date when placement commenced	Relationship

Please give an overview of your experience with the child or young person in care including family contact, carers, behaviours witnessed, risk factors, education, engagement, environment factors and input from other agencies.

What are your current concerns? What has been tried to reduce these concerns?

What is working well and what are the protective factors ?

Analysis/reflection of the case discussed: does the latest RHA reflect the concerns identified in supervision today? Is the allocated SW aware of the concerns and if so what actions have been taken by the social worker?

Update:

Action Plan :

To be filed within Child Health Record (NMC 2016, Section 11 Children Act 2004)

Appendix 3: SAFEGUARDING SUPERVISION AGREEMENT

- Name of Supervisee –
- Name of Supervisor -

Agency Expectations:

The Trust expects practitioners to be supervised regularly at intervals determined by role as a minimum standard for the duration of their employment within the Trust.

Frequency: New starters 2 monthly x 6 sessions for the first year commencing in post: 4 monthly thereafter and for experienced staff: 6 monthly group supervision to identified staff groups within RWT
Length: 2 hours

Key areas to be addressed during supervision :

To appraise existing programs of care and supportive packages, to ensure that they are sensitive to the current needs of the child/children/ family and consider the impact upon the child's lived experience.

To ensure that the practitioner maintains a focus on the child, incorporates the voice of the child whilst also aligning practice to the think family approach.

To enable the practitioner to perform to the standards specified by their own professional body (see NMC Code of Conduct), Wolverhampton Safeguarding Together and RWT Trust policies and procedures.

To ensure the practitioner is clear about his/her roles and responsibilities within RWT and the multi-agency arena and confirm accountability for the work undertaken by the practitioner.

The health professional will be able to reflect in depth on issues affecting practice and thus be supported with personal and professional development towards achieving, maintaining and creatively developing and sustaining a high standard of practice.

To provide regular and constructive feedback to the practitioner on their performance in regard to safeguarding children.

As a Supervisee I agree to:

Prepare for the sessions by having a clear understanding of the cases to be discussed and current concerns. Prepare by completing the appropriate documentation before the sessions:

- [Appendix 4](#). A list of children on Child Protection/ Child in Need/ Early Help Assessment plans.
- [Appendix 2](#). Partially complete for each case to discuss within the supervision session

Take responsibility for making effective use of the time, including punctuality, and any actions taken as a result of supervision. Be willing to learn, to develop skills and be open to receiving support and challenge.

As a Safeguarding Supervisor I agree:

To offer you advice, support and supportive challenge to enable you to reflect in depth on issues affecting your practice in relation to safeguarding children

To be committed to continually developing my competencies as a professional and safeguarding supervisor

To keep all information revealed in the supervision sessions confidential, with the following exceptions:

- You disclose or the supervision uncovers any unsafe or unethical practice you are unwilling to address
- You repeatedly fail to attend sessions
- Disclosure of a safeguarding incident that has not been reported through the appropriate channels
- In case of concerns regarding professional abuse the Safeguarding Supervisor will follow internal and external protocols as regards management of allegations of professional abuse. In the event of an exception arising.

I will endeavor to support you to deal appropriately with the issue identified, alongside discussion with your line manager. An action plan will be developed and escalation will be considered should concerns remain unresolved.

Supervisor:

Signed

Date:

Stamp/Pin Number/ Designation

Supervisee:

Signed

Date

Stamp/Pin Number/ Designation

This agreement is to be reviewed at 6 months and thereafter annually

(To be stored within Safeguarding W Drive with restricted access, Section 11 Children Act 2004)

Appendix 3a: Cypic Supervision Agreement

Name of Supervisee:

Name of Supervisor:.....

Agency Expectations:

The Trust expects practitioners to be supervised regularly at intervals determined by role as a minimum standard for the duration of their employment within the Trust.

Frequency: New starters 3 monthly x 4 sessions for the first year commencing in post: 4 monthly thereafter and for experienced staff: 6 monthly group supervision to identified staff groups within RWT.

Length: 2 hours

Key areas to be addressed during supervision:

To appraise existing programs of care and supportive packages, to ensure that they are sensitive to the current needs of the child / children / family and consider the impact upon the child's lived experience.

To ensure that the practitioner maintains a focus on the child, incorporates the voice of the child whilst also aligning practice to the think family approach.

To enable the practitioner to perform to the standards specified by their own professional body (see NMC Code of Conduct), Wolverhampton Safeguarding Together and RWT Trust policies and procedures.

To ensure the practitioner is clear about his / her roles and responsibilities within RWT and the multi-agency arena and confirm accountability for the work undertaken by the practitioner.

The health professional will be able to reflect in depth on issues affecting practice and thus be supported with personal and professional development towards achieving, maintaining and creatively developing and sustaining a high standard of practice.

To provide regular and constructive feedback to the practitioner on their performance in regard to safeguarding children.

As a Supervisee I agree to:

Prepare for the sessions by having a clear understanding of the cases to be discussed and current concerns. Prepare by completing the appropriate documentation before the sessions:

- Appendix 4a: A list of children and young people in care on caseload.
- Appendix 2a: Partially complete for each case to discuss within the supervision session

Take responsibility for making effective use of the time, including punctuality, and any actions taken as a result of supervision. Be willing to learn, to develop skills and be open to receiving support and challenge.

As a Safeguarding Children and young people in care Supervisor I agree:

To offer you advice, support and supportive challenge to enable you to reflect in depth on issues affecting your practice in relation to safeguarding children

To be committed to continually developing my competencies as a professional and safeguarding supervisor

To keep all information revealed in the supervision sessions confidential, with the following exceptions:

- You disclose or the supervision uncovers any unsafe or unethical practice you are unwilling to address
- You repeatedly fail to attend sessions
- Disclosure of a safeguarding incident that has not been reported through the appropriate channels
- In case of concerns regarding professional abuse the Safeguarding Supervisor will follow internal and external protocols as regards management of allegations of professional abuse. In the event of an exception arising.

I will endeavour to support you to deal appropriately with the issue identified, alongside discussion with your line manager. An action plan will be developed and escalation will be considered should concerns remain unresolved.

Supervisor:

Signature: Designation:

Date:..... Time: Stamp:

Supervisee:

Signature: Designation:

Date:..... Time: Stamp:

This agreement is to be reviewed at 6 months and thereafter annually.

(To be stored within Safeguarding W Drive with restricted access, Section 11 Children Act 2004).

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Appendix 4: DISCUSSION LIST AND OVERVIEW OF CASELOAD FORM

Date:

NUMBER OF MARFS SUBMITTED/REJECTED		NUMBER OF CHILDREN		NUMBER OF CHILDREN		NUMBER OF CHILDREN		NUMBER OF CHILDREN
	CP		CIN		EHA		Health led EHA	

APPENDIX 5: NON-CASE DISCUSSION FORM

Date of Supervision:		Date of next Supervision:	
Supervisee:		Supervisor:	
Safeguarding Children Supervision Agreement – agreed by supervisee and supervisor.		Date Agreed:	

Safeguarding Training Attended:	Date Completed:
Level 3 Safeguarding Children Training	

Presenting Safeguarding Issues within Practice/ Training needs	Action

Learning from Child Safeguarding Practice Reviews/ Table Top Reviews/Policy and Practice changes	Date Discussed

Identify any cases that have been subject to CP/CIN planning for over 12 months or escalated to Public Law Outline (PLO) process	Date Discussed

(To be stored within Safeguarding W Drive with restricted access, Section 11 Children Act 2004)

Appendix 5a: Non-Case Discussion Form

Date of Supervision:		Date of next Supervision:	
Supervisee:		Supervisor:	
Children & Young People in Care Supervision Agreement – agreed by supervisee and supervisor.		Date Agreed:	
CYPIC Training Attended:		Date Completed:	
Level 3 Children and Young People in Care Training			
Presenting Safeguarding / CYPIC Issues within Practice / Training needs		Action:	
Learning from CYPIC Practice Reviews / Table Top Reviews / One panel reviews / Policy and Practice changes		Date discussed:	

(To be stored within Safeguarding W Drive with restricted access, Section 11 Children Act 2004).

APPENDIX 6: GROUP SUPERVISION

Date:		Supervisor	
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Staff Name	Role/Designation	Signature

Safeguarding Issues & Discussion	
Action Plan/ Review of Action Plan	

(To be stored within Safeguarding W Drive with restricted access, Section 11 Children Act 2004)

Safeguarding Children Supervision Tool Kit
For Supervisors



Contents

1. Introduction
2. Preparation for Supervisor
3. Preparation for Supervisee
4. History of supervision
5. Kolb's Cycle
6. NSPCC Pitfalls

1. Introduction

In the recent years there has been greater emphasis on safeguarding and in particular ensuring lessons are learnt from system failures and gaps in local arrangements. As a result Domestic Homicide Reviews (DHRs), Serious Case Reviews (SCRs) and Safeguarding Adults Reviews (SARs) provide valuable opportunities to improve individual and organisational practice.

The Voice of the Child is paramount. The Committee on the Rights of the Child (UNICEF) considers that recognising the right of the child to express views and to participate in various activities, according to her or his evolving capacities, is beneficial for the child, the family, the community, the school, the state and democracy.

This toolkit has been developed to support Safeguarding Named Nurse professionals in their day to day practice by sharing key learning, reflection, offering practical advice and providing useful information.

2. PREPARATION FOR SUPERVISOR

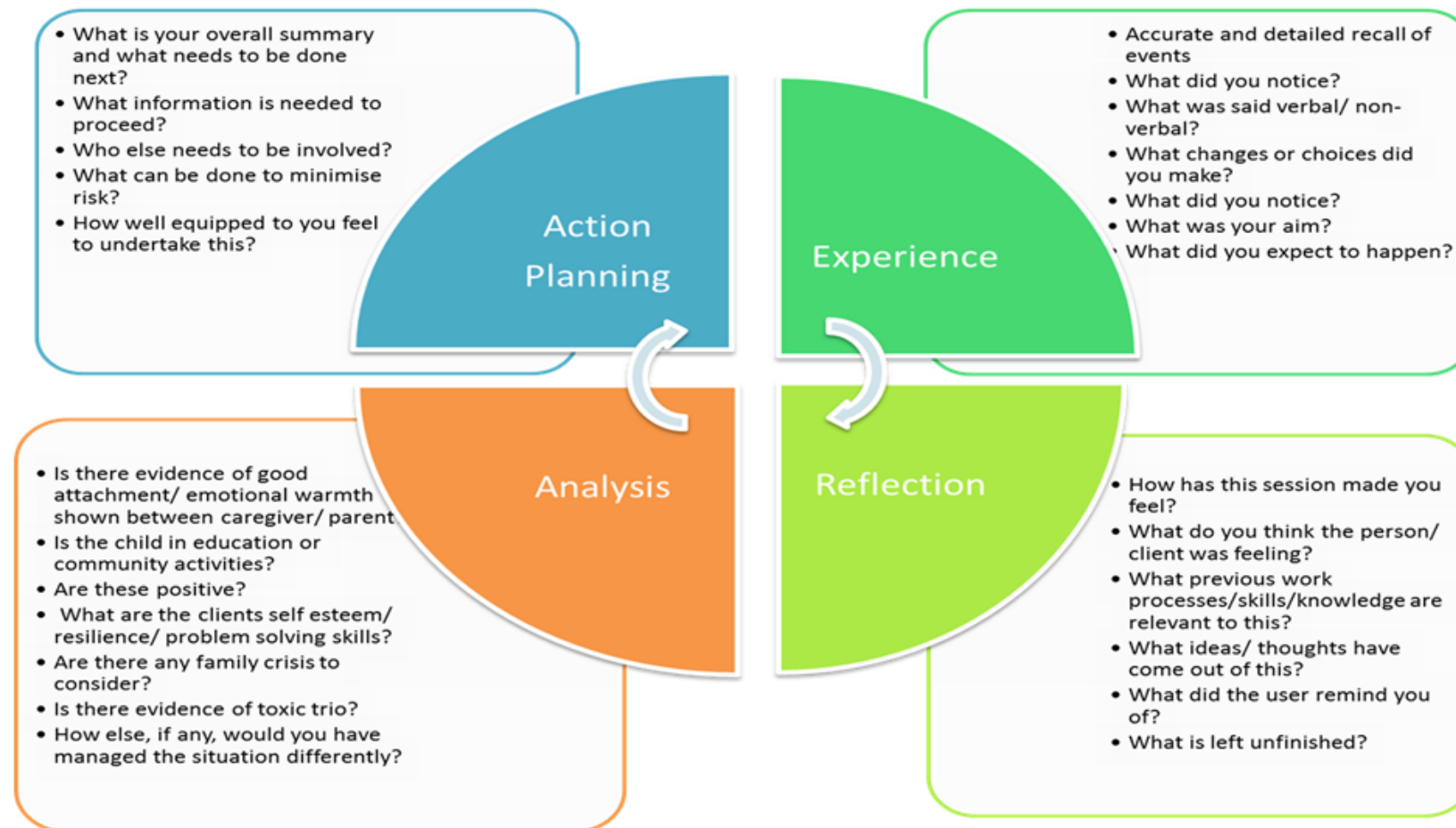
- Prepare any paperwork you may need.
- Look up information on caseload management
- Just before the session, “Free your mind”. Take some time to stop thinking about what has been, and focus on what is to be.
- After the session – reflect; what went well, where there are blocks; how will this session inform the next.

3. Supervisee Preparation form

- What do you want to get out of supervision today?
- What cases are you bringing to supervision today?
- Why are you bringing these cases? What are you concerned about?
- What have you tried so far?
- Any other issues you wish to discuss?

4. Benefits of taking a History

- Identifies gaps in timing and confidence.
- Identifies motivation for supervision.
- Alerts possible blocks for the supervisee i.e. power, race, gender, previous experiences.
- Unpicking problems in the supervisory relationship
- Building supervisee commitment towards the supervision process.
- Identifying shared responsibility for supervision
- Help understand the influences and experiences that shape workers values.



5. Kolb's Cycle for use within Safeguarding Supervision

6. NSPCC: Ten pitfalls and how to avoid them.

What Research Tells Us?

Pitfalls:

- 1:** An initial hypothesis is formulated on the basis of incomplete information, and is assessed and accepted too quickly. Practitioners become committed to this hypothesis and do not seek out information that may disconfirm or refute it.
- 2:** Information taken at the first enquiry is not adequately recorded, facts are not checked and there is a failure to feedback the outcome to the referrer.
- 3:** Attention is focused on the most visible or pressing problems; case history and less “obvious” details are insufficiently explored.
- 4:** Insufficient weight is given to information from family, friends and neighbours.
- 5:** Insufficient attention is paid to what children say, how they look and how they behave.
- 6:** There is insufficient full engagement with parents (mothers/fathers/ other family carers) to assess risk.
- 7:** Initial decisions that are overly focused on age categories of children can result in older children being left in situations of unacceptable risk.
- 8:** There is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative, ambivalent, confrontational, avoidant or aggressive.
- 9:** Throughout the initial assessment process, professionals do not clearly check that others have understood their communication. There is an assumption that information shared is information understood.
- 10:** Case responsibility is diluted in the context of multi-agency working, impacting both on referrals and response. The local authority may inappropriately signpost families to other agencies, with no follow up.