

NHS WEST ESSEX CLINICAL COMMISSIONING GROUP

Safeguarding Supervision Policy

WE CCG Policy Reference:

WECCG21

Brief Description (max 50 words)	This policy provides the framework that ensures a robust and safe system is in place to safeguard children and adults at risk and is underpinned by the WECCG Safeguarding Supervision Policy
Target Audience	Staff who work predominately with children, young people and adults who are parents/carers and carry clinical responsibility for identifying vulnerability, assessing and referring to partner agencies.

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Accountable Officer	Director of Nursing & Quality
Responsible Officer	Designated Nurse, Safeguarding Childrens Team
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Approved By	Quality Committee
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Stakeholders engaged in development/review	Named GP's, Named Nurses in Provider Organisations, Medical Director, Designated Looked After Children's Nurse, Policy Review committee
Equality Impact Assessment	Completed

SUSTAINABILITY STATEMENT: We declare that NHS West Essex Clinical Commissioning Group will demonstrate commitment to promoting environmental and social sustainability through our actions as a corporate body and as a commissioner. We aim to reduce our carbon footprint by 28% from a 2013 baseline by 2020.

Amendment History

Version	Date	Reviewer Name(s)	Comments
1	2013	Designated Nurse Safeguarding Children	Policy updated to include Safeguarding Adults and children and reflect current legislation.
1.1	2017	Designated Nurse Safeguarding Children	Policy updated to include Safeguarding Adults and children and reflect current legislation.

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1. INTRODUCTION

- 1.1** All NHS West Essex CCG staff and services are required to fulfil their legal duty under section 11 of the Children Act 2004 and statutory responsibilities as set out in Working Together to Safeguard Children 2015.
Effective supervision is essential to professional development, enables reflection on actions, planning action and to develop confidence in decision making. Statutory guidance supports this. (Working together 2015)
- 1.2** Many of the inquiries into child and Adults at risk deaths and serious incidents involving children have demonstrated serious failings in the effectiveness of professionals. This has been in part attributed to not receiving appropriate supervised support. The National Service Framework for Children, Young People and Maternity Services (section 14.1, 2004) advocates that “consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people”.
- 1.3** Working to ensure children & Adults at risk are protected from harm requires sound professional judgments to be made. It is demanding work that can be distressing and stressful and those involved must have access to advice and support from professionals experienced in the field of safeguarding children and Adults at risk.
- 1.4** Effective supervision promotes good standards of practice. This policy has been written to be consistent with national and local policies and procedures, in particular, Essex Local Safeguarding Children’s and Adults Boards and Working Together to Safeguard Children (2015).
- 1.5** The supervision process allows the practitioner to assume responsibility for their own practice and to provide an enhanced service.

2. EQUALITY STATEMENT

- 2.1** All public bodies have a statutory duty under the Equality Act 2010 to “set out arrangements to assess and consult on how their policies and functions impact on race equality”. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.
- 2.2** West Essex CCG endeavors to challenge discrimination, promote equality and respect human rights, and aims to design and implement services policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.
- 2.3** All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carers and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

3. EQUALITY ANALYSIS

- 3.1** In order to meet these requirements, a single equality impact analysis is used to assess all West Essex CCG policies, procedures and guidelines. This policy was screened and found to be compliant with the philosophy of the Equality Statement.

4. PURPOSE

- 4.1** The purpose of this policy is to provide specific guidance on the implementation and utilisation of supervision within the context of safeguarding/child protection & adults at risk..
- 4.2** Good quality supervision can help to:
- Keep a focus on the child¹ and/or adult at risk;
 - 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 work.
 - Ensure practitioners are aware of their role and responsibilities
 - Advocate best practice and provide high quality safe services.

5. SCOPE

- 5.1** All clinical staff whose roles and responsibilities are aligned to Level 3 of Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: Intercollegiate Document (2014) All clinical staff who work with adults deemed at risk.

6. RESPONSIBILITIES

- 6.1** The Accountable Officer for the CCG is responsible for ensuring that the Clinical Commissioning Group, implements this policy.
- 6.2** All staff are responsible for adhering to and complying with the requirements of the policies, procedures, guidelines and protocols contained within and applicable to their area of operation. All staff have a duty to safeguard children & Adults at risk by recognising abuse and neglect and referring onwards as required (Working Together 2015; No Secrets 2000; DH (2011) Safeguarding adults: role of NHS Commissioners, managers and their boards and role of health service practitioners).

6.3 INDIVIDUAL ACCOUNTABILITY

The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision. Safeguarding children & adults supervision does not replace nor should it delay the individual's responsibility to make a referral to statutory agencies where there are concerns that a child & or adult at risk may be suffering or likely to suffer

¹ The child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates, Working Together to Safeguard Children: March 2015.

from significant harm. In such cases staff should refer to the respective LSCB Child Protection & SSAB Procedures.

6.4 ORGANISATIONAL ACCOUNTABILITY

6.4.1 Under Section 11 of the Children Act 2004 all health care organisations have a duty to make arrangements to safeguard and promote the welfare of children and young people, and to cooperate with other agencies to protect individual children and young people from harm.

6.4.2 The supervision for Practitioners and their supervisors should be formal and regular (quarterly)

6.4.3 The Organisation will ensure that those practitioners providing supervision are adequately trained in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and vulnerable adults.

6.4.4 A quarterly report through standard governance arrangements will be submitted to provide assurance that there is compliance with this policy.

6.5 SUPERVISOR RESPONSIBILITIES

6.5.1 Designated Professionals are responsible for providing prearranged safeguarding children supervision to Named professionals in accordance with Working Together (2015) nationally and across healthcare, adults at risk safeguarding supervision is negotiated locally in line with the respective Safeguarding Adults Board Procedures.

6.5.2 All safeguarding children supervisors will ensure that they:

- Have received professionally recognised supervision skills training (e.g. NSPCC) and ensure that their knowledge remains current.
- Have up to date knowledge in legislation, policy and research relevant to safeguarding children;
- Be accountable for the advice that they give;
- Ensure those receiving mandatory safeguarding children supervision have agreed and signed a supervision contract with the supervisor (appendix 1);
- Identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly;
- Discuss management of individual safeguarding children cases to explore and clarify the management and thinking relating to the case;
- Share information knowledge and skills with the supervisee;
- If required, constructively challenge any personal and professional areas of concern;
- Document the agreed summary of the discussion with a clear action plan

indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. Where follow-up safeguarding children and/or adults at risk supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure by the supervisee (Appendix 2); and

- The supervisor is responsible for ensuring that they attend their own safeguarding supervision.

6.6 SUPERVISEE RESPONSIBILITIES

- To access timely advice and support from the Designated Professional for Safeguarding when required;
- For Designated/Named professionals to take responsibility for ensuring they receive safeguarding supervision within required time scales
- For Designated/Named professionals for Safeguarding Children undertaking mandatory supervision, to agree, sign and adhere to a supervision contract (appendix1);
- Maintain accurate, meaningful and contemporaneous records and documentation as per record keeping policy/professional guidance;
- Identify and prioritise issues/cases to be discussed;
- Develop and improve practice as a result of supervision, identifying any training needs;
- Explore interventions that are useful;
- Be prepared for constructive feedback/challenges; and
- Develop skills in reflective practice.

7. DEFINITIONS

- 7.1** Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team.
- 7.2** “Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact on their decisions on the child and their family” (Working Together 2015)
- 7.3** Designated and Named professionals provide expert safeguarding children advice, telephone consultation and support as required to commissioned and independent contractors, CCG staff who provide health services to the local population. This is not Safeguarding Supervision.
- 7.4** A child is anyone who has not yet reached their 18th birthday.
- 7.5** Child In Need is defined under section 17 of the Children Act 1989 as a child is

unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who has a disability.

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

7.7 Safeguarding Children Supervisor is a Designated or Named professional or delegated person who has undertaken a professionally recognised supervision skills course (e.g. NSPCC and or equivalent) and is experienced in the field of safeguarding children.

7.8 Adults at Risk is the term that has replaced the term 'vulnerable adult' (Safeguarding adults: multi-agency policy and procedures for the Essex , SCIE. An adult at risk, as defined in No Secrets (2000);

"a person aged 18 or over who is in receipt or is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

7.9 The Mental capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

7.10 The MCA starting point is to assume that an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. .

7.11 The CCG is defined as NHS West Essex Clinical Commissioning Group responsible for commissioning health services for the population of West Essex.

8. POLICY/PROCEDURE REQUIREMENTS

8.1 The arrangements for organising how safeguarding children supervision is delivered will vary across health organisations but there are some key essential elements. It should:

- Help ensure that practice is soundly based and consistent with LSCB and organisational procedures;
- Ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority; and
- Help identify the training needs of practitioners, so that each has the skills to provide an effective service and an understanding of when and

how to escalate concerns.

- 8.2** There is no prescriptive list on what should be brought to supervision, however a very general guide and not an exhaustive list should be considered.
- 8.3** These categories cannot indicate the nature, degree or severity of risk or act as a substitute for professional curiosity and judgement about the nature or degree levels of risk within specific families.
- 8.4** Examples of cases to discuss at safeguarding supervision:
- Child protection plans where there is drift or professional disagreement
 - High risk/ escalating/ concerning incidences of domestic abuse
 - On-going concerns about neglect (including graded care profiles that are not progressing)
 - Concerns in regard to Looked after Children
 - Midwifery causes for concern
 - Intimidating or aggressive adult behaviour/ Sexual offender in the household
 - Potential sexual exploitation, gang involvement, honour based violence
 - Risk factors associated with Female Genital Mutilation (FGM)
 - Parental mental health issues that are impacting on parenting ability
 - Families where the toxic trio are present
 - Non-compliant families,
 - Families where professional intuition indicates there are issues or professional curiosity has not been satisfied.
- 8.5** Safeguarding Supervision is different from clinical supervision and management supervision.
- 8.6** The model commonly used in both child and adult social care is founded on (Morrison 2001, 2005 & 2010 editions) and therefore the model and framework is applied to Adults at risk although the legislation and policy framework will be different.
- 8.7** Safeguarding Supervision usually takes place on an individual basis, the supervision process allows for description, analysis and evaluation of experience helping the reflective practitioner to make sense of experiences and examine their practice. The practitioner must then put any learning into practice enabling the reflective process to inform practice. The process encourages development of an action plan enabling the practitioner to explore what changes are required in order to improve outcomes for vulnerable children and adults. For Designated, Named and Lead staff supervision may be strategic and be based on roles and responsibilities as well as individual case discussion.
- 8.8** Group supervision can be used to complement individual supervision for practitioners and will be offered to Named and Specialist nurses so that practitioners can come together in an agreed format to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities'

(Morrison 2005).

- 8.9** The recommended number of supervisees in a safeguarding group supervision session is 6. The group must not exceed a maximum of 8 members. This is to ensure that all participants can contribute and avail of supervision in a meaningful way.
- 8.10** Supervision sessions must be pre- arranged ensure adequate time, one and half hours should be allowed for the session.
- 8.11** Safeguarding sessions must be held in a suitable environment where confidential discussion can take place. Interruptions only allowed for urgent situations.
- 8.12** Practitioners accessing Safeguarding Supervision will agree a contract with their supervisor.

The contract will:

- Promote the interests of children & young people and/or Adults at risk;
- Reflect the seriousness of the activity;
- Represent a positive model of behaviour;
- Ensure the supervisee is aware of his/her responsibilities and role within supervision;
- Clarify accountability;
- Provide a basis for reviewing and developing the supervisory relationship;
- Act as a bench mark against which supervision can be audited;
- Ensure the standard of Safeguarding Children & Adults at Risk Supervision provided is of appropriate quality; and
- Place a duty on staff to demonstrate continuing development.

9. ADVICE TO CCG STAFF, MEMBERS AND HEALTH PROFESSIONALS

- 9.1** Designated and Named Safeguarding Children & Adults at Risk Professionals are available to CCG staff and members and Independent Contractors to provide advice and guidance with regards to the identification and management of safeguarding children concerns. This would be a consultation and not supervision.

10 ESCALATION OF CONCERNS

- 10.1** Problem resolution is an integral part of professional co-operation and joint working to safeguard children & adults at risk. Concern or disagreement may arise over another professional's decisions, actions or omissions in relation to a referral, an assessment or an enquiry. It is important to resolve difficulties quickly and openly by identifying areas where there is a lack of clarity to promote resolution. Where this involves a child, guidance should be sort from SET Child Protection Procedures 2016 and there should be open dialogue with partner agencies when this process is being initiated. See embedded document

10.2 The safety and focus of individual children and/or Adults at risk are the paramount consideration in any professional disagreement and unresolved issues should be escalated to practitioners line manager/safeguarding lead with due consideration to the risks that may exist for the child and/or adult at risk

10.3 Refer to SET Procedures 2017:-

<http://www.essexsab.org.uk/Portals/68/Professionals/SET%20Safeguarding%20Guidelines%20-%20V4.2%20March17.pdf>

Pages 76 -79

11. DOCUMENTATION

11.1 A Copy of the signed Safeguarding Children and Adults at Risk Supervision Contract should be kept securely by the supervisor and supervisee.

11.2 The supervisor and supervisee will agree how and where safeguarding children and/or adults at risk supervision records will be stored at the introductory session and what will be recorded within health records on an on-going basis. In cases where the supervisor does not make an entry into the health record s/he will make a summary of the Safeguarding Children and/or Adults at risk Supervision with clear action plan indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee (appendix 2): Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure.

12. NON-ATTENDANCE AND PRACTICE ISSUES

12.1 It is the responsibility of the supervisee to contact their supervisor to arrange Safeguarding Children and/or Adults at Risk Supervision and ensure that their attendance meets the mandatory requirements of this policy. The supervisor will maintain a record of supervision attendance and inform the practitioner's line manager of any practitioner who does not comply. It is the responsibility of the line manager to address this with the practitioner.

12.2 Where there are on-going concerns about a supervisee's practice and/or their refusal to comply with the supervisor's recommendations, the supervisee will be informed that their line manager will be contacted for resolution.

13. RESOLUTION OF PROFESSIONAL DISAGREEMENT

13.1 Concern or disagreement may arise over supervisors/supervisee's opinions/advice. The safety of individual child/ren and/or adult at risk are paramount. In any professional disagreement any unresolved issues should be escalated via line managers with due consideration to the risks that might exist for the child and/or adult at risk.

14. TRAINING & FACILITATION

14.1 All supervisors delivering Safeguarding Children Supervision must have completed training in the supervision process and should have undertaken the NSPCC Child Protection Supervision Course or its equivalent and ensure that their knowledge remains current, and meet the competency levels set out in Intercollegiate Document (2014) and referred to in Working Together (2015)

14.2 All supervisors delivering Safeguarding Adults at Risk Supervision must have completed training in the supervision process and should have undertaken the *Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users* or its equivalent and ensure that their knowledge remains current.

15. MONITORING/COMPLIANCE

15.1 Monitoring of adherence with this policy is required to ensure compliance with:

- Section 11 Audit and/or Safeguarding Adults equivalent;
- Outcome 7 Care Quality Commission Essential Standards;
- Standard NHS Contract (as amended per year);
- Designated and Named Professionals attendance to safeguarding supervision will be monitored continuously and compliance reported through the provider contract and performance mechanism, exception reporting to the committee structure of the Governing Body and/or NHS Board as agreed. Compliance with other requirements of this policy will be audited on an annual basis by Designated/Named Professionals and/or respective multi-agency audit reporting to reporting to the committee structure of the Governing Body and/or NHS Board/ LSCB/ LSAB as agreed. (as applicable).

16. RELATED POLICIES

16.1 The following CCG policies are relevant: -

- Policy to Safeguard Adults;
- Policy to Safeguard Children;
- Policy related to Domestic Abuse;
- Policy related to Equality and Diversity;
- Grievance Policy and
- Whistle Blowing Policy;

16.2 All CCG policies are published online and can be found at: -

<http://nww.westsexccg.nhs.uk/>

17. RELEVANT LEGISLATION/GUIDANCE

(List not exhaustive)

Care Quality Commission: Essential Standards of Care

<http://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>

Carpenter et al (2009) The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children. London: DCSF
<http://dera.ioe.ac.uk/809/1/DCSF-RR209.pdf>

Childrens' Workforce Development Council (2007) Providing Effective Supervision
<http://www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Supervision/Providing-Effective-Supervision.pdf>

Department of Health (2000) No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, London.
<https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

Department of Health (2004) National Service Framework for Children, Young People & Maternity Services, Stationary Office, London
http://webarchive.nationalarchives.gov.uk/20130105061713/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116469.pdf

Department of Health (2005) The Mental capacity Act 2005
<https://www.legislation.gov.uk/ukpga/2005/9/contents>

Department of Constitutional Affairs (2007) Mental Capacity Act 2005: code of practice, London: TSO.
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Department of Health (2008) Mental Capacity Act 2005: deprivation of liberty safeguards – code of practice to supplement the main mental capacity act 2005 code of practice, London.
<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Social Care Institute for Excellence (2009) Managing risk, minimising restraint (AAG16)
<https://www.scie.org.uk/publications/atagance/atagance16.asp>

Department of Health (2010) Clinical Governance and Adult Safeguarding: an integrated approach.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215713/dh_125035.pdf

Department of Health (2011) Safeguarding Adults: role of NHS Commissioners, managers and their boards and role of health service practitioners (NB: 3 separate documents)
<https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services>

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

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Morrison T (2005 3rd Ed) Staff Supervision in Social care: Making a Real Difference for staff and service users.

Morrison T & Wonnacott J (2010) Supervision: Now or Never Reclaiming Reflective Supervision in Social Care

Nursing & Midwifery Council (Accessed on 24th June 2014) The Code: Standards of conduct, performance & ethics for nurses & midwives.

<http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/>

NSPCC Principles and Standards for Case Management and Supervision

Royal College of Paediatrics and Child Health (2014) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: Intercollegiate Document

[https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20\(3\)_0.pdf](https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20(3)_0.pdf)

Section 11 Children's Act 2004

<http://www.legislation.gov.uk/ukpga/2004/31/section/11>

REFERENCES

- Working Together 2015 – Department for Education
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Supervision, Policy, Standards and Criteria – Department of Health, Social Services and Public Safety, February 2008
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- Providing Effective Supervision – Children's Workforce Development Council, 2007
<http://www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Supervision/Providing-Effective-Supervision.pdf>
- Staff Supervision in Social Care – Tony Morrison (2005)
- NSPCC Principles and Standards for Case Management and Supervision
- Kolb, (1984) Experiential learning: experience as a source of learning and development. London: Prentice-Hall.

Appendices

Appendix 1

Safeguarding Children and Adults at Risk Supervision Contract

Supervisor Name & Designation	
Supervisee Name & Designation	

Type of Supervision	Frequency	Duration	Venue
Individual			
Group/ Peer			

As supervisor and supervisee we agree to:

- work together in accordance with the Supervision Policy to facilitate in depth reflection on issues affecting practice to develop the practitioner both personally & professionally, to ensure high quality clinical practice is maintained
- ensure an appropriate venue is available for the supervision session
- allow 1 ½ hours for the supervision session, arrive on time and remain for the whole session
- have protected time by not allowing interruptions and switching off mobile phones
- not to cancel appointments with less than 5 working days' notice unless an urgent situation arises
- maintain confidentiality within the boundaries specified within the Supervision Policy
- question differences constructively and actively work towards resolution

As a supervisee I agree to:

- prepare for the session and ensure any relevant records are available
- take responsibility for making effective use of time
- ensure all actions agreed are completed within timescales and report to the supervisor when actions are unable to be completed

As a supervisor I agree to:

- make time available for supervision to be booked in advance
- document the agreed summary of the discussion with clear action plan indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure

Supervisors Signature and date:

Supervisee Signature and date:

Appendix 2

Safeguarding Children and Adults at Risk Supervision Record.

Supervisor Name & Designation	
Supervisee Name & Designation	
DATE	
Duration	

Consider 4 function of supervision – Tony Morrison Social Care/ NSPCC model

- Management
- Educative
- Supportive
- Mediation

Reflection/ learning and Development

- Self
- As a team member
- Within the “wider” team
- Professionally

Key issues/experience identified and reflection

1.	
2.	
3.	
4.	

Analysis

1.	
2.	
3.	
4.	

Action Plan

1.	
2.	
3.	
4.	

Support or training need identified

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Supervisors Signature and date:
Supervisee Signature and date:

Ref Kolb reflective cycle 1984 *Experiential learning*

Appendix 3

SAFEGUARDING CHILDREN GROUP SUPERVISION RECORD

Supervisor Name & Designation		
Attendees & designation		

Date:	Time:	Venue:
Date & time of next meeting:		

Themes Discussed	
1.	
2.	
3.	

Possible Solutions/action		By whom and when
1.		
2.		
3.		

Appendix 4

Supervision Standards

There is an expectation that all relevant organisations will have a supervision policy which outlines the model used and requirements and responsibilities of the organisation, and that of the supervisor and the supervisee and is compliant with Standards 1-10.

It is recognised that where there are newly qualified practitioner/professionals these standards may not be fully applicable and this should be taken into account.

Standard 1

Practitioners and their supervisors are provided with formal and regular (not less than quarterly) supervision which relates to their needs and those of the children and young people /Adults at risk with whom they are working

The organisation will have a supervision policy in place which outlines the minimum standards for supervision.

Standard 2

All supervisory relationships are subject to a written agreement to be drawn up within the first six weeks of the start of the supervisory relationship

The agreement should address:

- Respective roles and responsibilities
- The frequency of supervision
- How agendas are to be drawn up
- How the supervision sessions are to be recorded
- How confidentiality is to be maintained – and what the limits are to this
- How performance and development review requirements are to be met
- How differences in the working relationship are to be managed
- How the principles of diversity (within the supervisor/supervisee relationship and in service delivery) are to be handled
- How and when the agreement is to be reviewed

Standard 3

Supervision is a planned and purposeful activity

The organisation must have a policy in place which clearly outlines the supervisor and supervisee's responsibility around preparation for the agenda before a supervision session.

Standard 4

All supervision sessions should be recorded promptly, competently and records stored appropriately and securely

Each organisation should have a policy that clearly identifies the documentation to be completed and the record keeping policies in respect of supervision records.

Standard 5

Supervisors and supervisees are trained and sufficiently skilled to carry out their role

- Organisations must offer training opportunities to both supervisor and supervisee to enable them to undertake their safeguarding responsibilities in supervision
- The organisation must support individuals to undertake the necessary training

Standard 6

The supervisor should ensure through supervision that the supervisee is able to carry out their role competently, with the child/ young person and/or adult at risk being central to all decision making/activity carried out.

Supervision meets this function by ensuring that:

- Practice is child focussed
- If applicable, practice is adult at risk focused.
- Agency policies and procedures are understood and adhered to
- The supervisees workload is reviewed
- Statutory responsibilities are met
- Practitioner is competent to practice
- There is evidence of a purpose relating to the plan or work
- Professional judgement is used appropriately
- The worker is supported/challenged to reflect on their practice and sufficient time is given to do this.
- Learning from Serious case Reviews

Standard 7

Supervision will ensure that record keeping requirements of the organisation are adhered to

The supervisor will ensure record keeping in relation to the work of the supervisee meets the standard of the organisation and professional body, where appropriate.

Standard 8

The supervisor must ensure that the support function for the member of staff is met through supervision

The safeguarding supervision policy will outline the responsibilities of the supervisor to ensure the support needs of the supervisee are met:

- Enable staff to cope with the stresses that the work entails
- Offer advice on help available to cope with stress and personal issues
- Create a safe climate for workers to examine their practice
- Help workers explore the effect of the work on them, both personally and professionally
- Help workers explore emotional blocks to the work
- Monitor the overall functioning of workers, especially with regard to the effects of stress, team dynamics and relationships

Standard 9

Supervision promotes a commitment to diversity in all aspects of work (i.e. that all children and young people and Adults at risk are entitled to the same quality of service irrespective of ethnicity, religion, language, gender, age, disability, or sexual orientation)

Supervision addresses this function by ensuring that:

- All assessments, plans and interventions address the diverse needs of children and young people and/or Adults at risk as applicable.
- The potential vulnerabilities of specific children, young people and their families and/or Adults at risk are identified and countered.
- Discrimination that a child/young person and/or adult at risk or their family may experience is acknowledged and, in so far as is possible, countered by service provision.
- There is effective communication with all children and young people, Adults at risk and their families (this to include, e.g. for whom English is a second language or who are disabled).
- All children and young people and/or adult at risk receive an appropriate level of protection.

Standard 10

Managers assure the quality of supervision

Supervision policy will outline how the quality of supervision is to be audited within the organisation.

Standard 11

Joint supervision, which is also subject to the standards set out in this document, is provided in addition to individual supervision when more than one practitioner is involved in direct work with children, young people and families

Agreements for this supervision arrangement should be based on requirements arising from the work involved.