

Livewell Southwest

## **Child Protection Supervision Policy**

Version No:1.3

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### **Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Livewell Southwest Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.**

**Author:** Integrated Safeguarding Lead for Adults and Children/Strategic Lead for Children and Young People.

**Asset Number:** 855

## Reader Information

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<b>Supersedes document</b>	<p>Child Protection and Clinical Supervision in the Community Public Health 0-19 Service Protocol v4.</p> <p>Safeguarding Children: Provider Services Child Protection Supervision v1.</p> <p>Safeguarding Children: Supervision in the Comprehensive Child and Adolescent Mental Health Service v1.</p> <p>Supervision of Child Protection Work Policy (Adult MH and LDS) v 2.6.</p>
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## Document review history

Version no.	Type of change	Date	Originator of change	Description of change
V.0.1	Draft	28.12.12	Head of Children and Young People Services.	First draft for consultation.
V 0.2	2 <sup>nd</sup> draft	31.01.13	Head of Children and Young People Services.	Second draft following consultation with staff in clinical services, Locality Managers and Head of CAMHS, Professional Leads, Deputy Director of Governance, Interim Medical Director, Named Nurse for Child Protection, Professional Group Health Visiting.
V 0.3	amends	15.07.13	Head of Children and Young People Services.	Make changes towards reflective practice. This document is delayed due to external review which, did not make specific recommendations re supervision as expected.
V 0.4	Amends	25.10.13	Integrated Safeguarding Lead for Adults and Children/Strategic Lead for Children and Young People.	Following consultation process. Paper and consultation events.
V 0.5		06.11.13	Integrated Safeguarding Lead for Adults and Children/Strategic Lead for Children and Young	Incorporating final amendments following feedback from Named Nurse and Named Doctor.
V1	Ratified	27.11.13	Policy Ratification Group	Ratified.
V1.1	Reviewed	15.12.14	Named Nurse Child Protection	Minor changes due to change to SystemOne
V1.2	Reviewed	06.05.15	Nurse Advisor Child Protection	Minor amendments following update in government guidance
V1.3	Reviewed	12.05.16	Named Nurse Child Protection	Minor amendments due to organization name change and updated reference documents

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# Child Protection Supervision Policy

The approach is that of supervising reflective practice to safeguard children.

## 1. Introduction

- 1.1 Staff members working with vulnerable children as well as those staff working with parents and carers of vulnerable children should have effective and timely access to supervision sessions that are established for them to have the space and protected time to reflect upon their practice. The role of the supervisor is to enable and support the staff member to:-
  - Use critical thinking to understand cases holistically.
  - Complete analytical assessments.
  - Make decisions about how to progress.
  - Cope with the emotional demands of the work.
- 1.2 Regular child protection supervision also allows Livewell Southwest to demonstrate management oversight of both the welfare of staff engaged in work with vulnerable families and the work that they are engaged in.
- 1.3 The national requirement for staff supervision where children are considered to be at risk of significant harm is well documented. Particular reference to the requirement for supervision can be drawn from:-
  - Victoria Climbié Inquiry, Lord Laming, 2003.
  - Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children: A Biennial Analysis of Serious Case Reviews 2009-2011.
- 1.4 Livewell Southwest provides a range of physical, mental health and learning disability services to an age range that covers the ante-natal period, through childhood, adolescence, adulthood and the older adult. It includes end of life which, is associated with all life stages but most commonly, older adulthood.
- 1.5 Livewell Southwest has a cohort of core services that wrap around families to deliver a community based provision to people living and working in localities. It also provides a number of city wide services including in-patient settings.
- 1.6 All of the services include staff members that provide services directly to young persons, adults and older people who live and work in a range of locality based settings.
- 1.7 The needs of the child are paramount. The process of child protection supervision is underpinned by the principle that every clinician remains accountable for his or her own practice. The Child Protection Supervisor and the Named Professionals will be accountable for the advice they give and action they take.

- 1.8 All professionals will be responsible for ensuring that their practice reflects the local and nationally agreed policies, standards and guidelines.

## 2. Purpose

- 2.1 The purpose of this document is to describe the arrangements for child protection supervision, as a space for reflective practice, as it is delivered and received in Livewell Southwest. This includes:-

- Philosophies and values underpinning the practice of child protection supervision.
- Principles underpinning child protection supervision.
- What is child protection supervision and its purpose.
- Who provides child protection supervision and to whom.
- Workforce development.
- Competency requirements for child protection supervisors.
- When to seek child protection supervision.
- Accountabilities.
- Keeping the child protection supervision record.
- Supervision of child protection supervision supervisors.
- Arrangements for contacting the supervisors and named nurse.
- Monitoring effectiveness.

## 3. Duties

- 3.1 **The Chief Executive** is ultimately responsible for the content of all policies and their implementation and holds executive responsibility for Safeguarding Children.
- 3.2 **The Integrated Safeguarding Lead for Adults and Children/Strategic Lead for Children and Young People** is responsible for the development of safeguarding policy and ensuring that policies and procedures in relation to safeguarding adults and children are understood, adopted and applied by all staff.
- 3.3 **Locality Managers** are responsible for identifying, producing and for implementing Livewell Southwest policies relevant to their area of work and will be responsible for ensuring that all staff conforms to the standards set out in this policy. The Locality Managers with advice from Named Nurse and Doctor for Child Protection will overview the policy and monitor constraints to compliance and effectiveness, advising and implementing strategies to support improvement to practice.
- 3.4 **Deputy Locality Managers and Service Managers** are responsible for adherence to policy and ensuring that Child Protection Supervision is undertaken on a regular basis as per policy. They are responsible for highlighting good practice and sharing that good practice such that learning may be disseminated across Livewell Southwest.

- 3.5 Line Managers** are responsible for adherence to policy and supporting staff to arrange supervision such that Child Protection Supervision is undertaken as per the policy. They are responsible for escalating concerns regarding the availability, delivery and quality of child protection supervision delivered within teams. They are responsible for highlighting good practice and sharing that good practice such that learning may be disseminated across Livewell Southwest.
- 3.6 Child Protection Supervisors** have a responsibility to maintain their competencies in the role and to provide child protection supervision as described within the policy, prompting supervisees to arrange supervision, as appropriate. They are accountable for the advice that they provide and for the recording of that advice on SystemOne (electronic health records). They are responsible for escalating concerns about practice and for highlighting good practice.
- 3.7 Named Professionals** are responsible for promoting good professional practice within Livewell Southwest and provide advice and expertise for fellow professionals. Named professionals support Livewell Southwest clinical governance by ensuring that audits are undertaken and will seek assurance and evidence that child protection supervision is effectively embedded in professional practice to safeguard children and support staff. Named Professionals provide support and supervision to the Child Protection Supervisors. The Named Nurse will progress reviews of this policy.
- 3.8 Clinical Staff** are responsible for arranging and participating child protection supervision at a frequency described in the policy and for making a paper and electronic record. They remain accountable for their own professional judgement and clinical practice. They are responsible for escalating any concerns about the quality of the supervision that they receive and highlighting good practice.
- 3.9** Each document is to have an **Editor** who will nominate an Author with appropriate knowledge and experience. For the purpose of this document the editor and the author is the Integrated Safeguarding Lead for Adults and Children/Strategic Lead for Children and Young People. The author for future review will be the Named Nurse Child Protection.

#### 4. Definitions

Livewell Southwest	A Community Interest Company established to deliver multi-professional assessment and intervention health services for the population of Plymouth and some surrounding areas.
Child Protection Supervision	A process whereby an appropriately qualified and supported supervisor meets with a member of clinical staff to allow that person to reflect upon and challenge, in a supportive dynamic, their safeguarding practice. To review practice relating to children and young people; raising any concerns about which they may require

	<p>resolution.</p> <p>Those providing supervision should be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children (Working Together To Safeguard Children 2015, Intercollegiate Document 2014).</p>
Child Protection Supervisor	The nominated and supported staff member within a team who has attended Levels 3 Child Protection Training and the Livewell Southwest Child Protection Supervision Skills Training. They are accountable for the advice they give and the action they take.
Supervisee	The member of clinical staff who uses the supervision to reflect upon their practice. They are individual practitioners who remain accountable for their own clinical and professional practice.

## 5. Child Protection Supervision; the framework

### 5.1 Philosophies and Values Underpinning Child Protection Supervision:-

- The needs of children are paramount.
- It is an opportunity to reflect upon practice in a supervisory relationship.
- The process of child protection supervision is driven by a strong evidence base and will reflect national strategies for safeguarding children.
- Supervision reflects an ethos of equal opportunity, embraces diversity and promotes anti-oppression in the work place, particularly on account of race, gender, sexuality, or disability in keeping with organisational values.
- Supervision recognises the increased vulnerability of disabled children, and those children and young people living in special circumstances, and forms a framework to ensure they are visible to health organisations.
- The process of supervision will be underpinned by the principle that each staff member remains accountable for their own professional practice including the decisions about what children to bring to supervision. The supervisors will be accountable for the advice they give and any actions they take.

### 5.2 Principles Underpinning Child Protection Supervision:-

- That staff are autonomous practitioners who can make informed decisions about which children and young people they wish to reflect upon and seek supervision for.
- That staff can describe and record their analysis and clinical judgement about why a vulnerable child has not been reflected upon in supervision.
- To assure safe outcomes, it will focus on the child and meets the needs of the practitioner and the organisation through developing best practice.
- Effective communication and engagement.
- Safeguarding and promoting the welfare of children.
- Multi-agency working.
- Information sharing.

### 5.3 What is Child protection Supervision and its Purpose?

- Child Protection Supervision is "an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes."
- Providing Effective Supervision (Skills for Care and CWDC 2007, page 5).
- For practitioners involved in day-to-day work with children and adults, the opportunities and ability to critically and openly reflect upon the work that they are engaged in is essential in enabling them to deliver their responsibilities to keep people safe. Effective supervision of that reflection is important to promote good standards of practice and to support individual staff members to make decisions that keep children safe.
- It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also identify the training and development needs of practitioners, so that each has the skills to provide an effective service. Supervision is a process that enables learning from safeguarding children training, to be reflected upon and put into practice.
- Within a supportive environment and approach, child protection supervision should enable both supervisor and supervisee to reflect on, examine and evaluate the work delivered within a care package. It assesses and places an emphasis on the strengths of the practitioner and provides expert guidance for areas that require development. Child Protection Supervision also has a pastoral role in supporting practitioners to deliver their child protection responsibilities and maintain good wellbeing at work. Supervisors should be available to practitioners as an important source of advice and expertise and may be required to endorse judgments at certain points in time. Supervisors should also record all decisions and actions within the paper and electronic health record that is in use within their service or team.

- “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 of their decisions on the child and their family”  
Working Together to Safeguard Children 2015 Chapter 1 Pg 25.

#### 5.4 Supervision is (Richards and Payne 1990)

- Mediative.
- Supportive.
- Educative.
- Managerial.

5.5 It supports and facilitates the supervisee to explore their feelings about the work and the family. Effective child protection supervision needs to be regular and provide continuity, so that the relationship between supervisor and supervisee develops. Each session should include agreeing the agenda, reviewing actions from previous supervision, listening, exploring and reflecting, agreeing actions and reviewing the supervision process itself. Also exploring learning and development needs.

5.6 Good quality supervision can help to keep a focus on the child; 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.

5.7 The process of Child Protection Supervision allows Livewell Southwest to:-

- Ensure and demonstrate that the welfare of children is paramount.
- Ensure that clinical practice is soundly based and consistent with South West Child Protection Policies and Procedures as well as the Livewell Southwest Safeguarding Children Policy.
- Promote quality and safety of service to clients.
- Facilitate the clinician to fully understand his/her role, responsibilities and scope of professional discretion and authority in relation to safeguarding children.
- Help identify the training and development needs of clinicians.

#### 5.8 The practice and recording of supervision.

5.8.1 Services across Livewell Southwest work in very different ways. It is within the remit of each team to describe how they wish to arrange child protection supervision. The onus will be upon the team to demonstrate that they have arranged child protection supervision in such a way that staff do have sufficient protected time to reflect upon their work with vulnerable children or adults living with those children. The most likely models are:-

- Child protection supervision as a distinct activity.
- As part of clinical supervision.

- As part of group discussion within a team setting and facilitated by a child protection supervisor.
- Individual supervision may also be required when cases are discussed in group supervision in order to facilitate the 4 functions of supervision for individual practitioners.

5.9 It is not appropriate to deliver child protection supervision in:-

- Caseload management (although this is an appropriate setting for management oversight to monitor the number of children that a clinician is working with or concerned about and what children they are taking to supervision).
- Risk management meetings where a child protection supervisor is not present.

5.10 It is not likely that child protection supervision will form part of caseload management as the principal of child protection supervision is that staff can seek it at the time that they need it. Child protection supervision is not a routine review of children that fit particular categories e.g. subject to a child protection plan. It is a live process that is available to staff in order to keep them sufficiently emotionally healthy to acknowledge risk and reflect upon how best to manage it.

5.11 Who provides Child Protection Supervision and to Whom?

5.11.1 There are two different arrangements for the delivery of child protection supervision in Livewell Southwest:-

- The Locality Health Visiting Teams and the central School Nursing Team have staff roles with a dedicated task of Child Protection Supervisor. Whilst the post holder also operates as a Health Visitor or School Nurse, the major balance of the work is with the supervisory role. This acknowledges the nature and intensity of the work in these teams and the regularity with which child protection issues are raised. The provision of dedicated supervisors is intended to provide sufficient skilled capacity to attend to staff working in areas of high intensity child protection activity.
- The remainder of teams and services who work with children, young people and adults have nominated staff within localities who provide child protection supervision as part of their substantive role.
- Child Protection Supervisors collaborate in a peer supervisory relationship for their own child protection practice within their clinical role.
- The Named Nurse for Child Protection and the Nurse Advisor provide supervision to the Child Protection Supervisors in their supervisory practice.

5.12 When to Seek Child Protection Supervision

5.12.1 Child Protection Supervision is a core offer for all staff members who provide assessment and intervention with any member of the public (whether child or adult) in receipt of health services provided by Livewell Southwest. It is intended

that timely child protection supervision will be available in order that staff feel properly supported in their role.

5.12.2 This both promotes and assures good practice and assures management oversight. This latter is a key activity that provides Livewell Southwest with the ability to demonstrate that it has management oversight of child protection practice.

5.12.3 In order to develop and maintain the supervisory relationship and to provide regular opportunities to reflect on practice and build upon skills, children and young people should be discussed in child protection supervision when the practitioner judges that:-

- There are children assessed as suffering or likely to suffer significant harm.
- Children who may be subject to a child protection plan or be a looked after child in care.
- The child is living in a household where there is domestic abuse or substance misuse.
- The child is living in a household where a parent or carer may have a mental illness or learning disability which may impact on parenting capacity.
- Where there are other complex needs.
- When a family is difficult to engage and it is not possible to deliver the required intervention to improve health outcomes.
- Where there are adults living in or around the family who may present a risk to the child.
- Where vulnerability may impact upon discharge or transition planning.
- Professional differences.
- Those instances where staff members feel concerned about a child or young person but they need help to clarify what exactly it is that they feel concern about.

5.12.4 Supervision is a need led process within the accountability of autonomous practice. Livewell Southwest is committed to a culture where it feels safe and helpful for practitioners to seek child protection supervision upon a needs led basis. If the staff members nominated as child protection supervisor is not available then the culture of the organisation is such that another child protection supervisor will be available and willing to help. However it is important that protected time is built into every staff members working pattern so that they may access child protection supervision.

5.12.5 Staff working directly with children will be reminded and supported to arrange reflective practice when they have not requested child protection supervision in the previous three months. This is to ensure that staff members remain open to noticing child protection risks and is included in this policy to ensure that the welfare of staff is paramount to Livewell Southwest's ability to keep children safe. The session can operate as an opportunity to reflect upon whether the staff

member feels open to and confident in addressing child protection concerns. This is why individual supervision sessions must always be an option.

5.12.6 It is understood that staff working with adults may seek child protection supervision on a less frequent basis. For this reason a routine question “Have we considered the safety and well-being of any children up to the age of eighteen who are living with or in contact with the adult in our care?” should be asked as part of case management.

5.12.7 Children subject to a multi-agency protection plan or are looked after children. This policy moves practice in Livewell Southwest away from routine child protection supervision on a minimum three monthly basis for the above groups of children. This was in direct response to staff feedback that supervision under these arrangements had felt a ‘rote’ activity that had ceased in value. Audits of child protection supervision showed a similar picture of reduced value.

5.12.8 Livewell Southwest has a duty to demonstrate management oversight of these two groups of children. In order to protect the supervisory space as an opportunity to reflect upon work with children who are concerning to the professional (as opposed to routine review) but also to demonstrate management oversight, staff working with children in the above groups will be required to:-

- Take them to supervision at a minimum of a three monthly basis when the clinician judges this is appropriate. Management oversight that there is a child protection supervision plan in place for the child will be via the recording of supervision, concerns discussed, plan agreed and consideration whether ongoing child protection supervision plan required- recorded on child protection supervision template on SystmOne.
- Document in the health record the rationale for not taking the child to supervision; demonstrating analysis.
- The latter should be shared with the line manager who will review the rationale and consider with the practitioner whether child protection supervision is required. Management oversight will be demonstrated via recording on Child Protection Supervision template on SystmOne that this CYP **does not require** an ongoing child protection supervision plan.
- The above activity will be included within the audit standards.

5.13 Accountabilities.

5.13.1 The provision of child protection supervision should be regarded as a support to good practice; a collaboration between supervisee and supervisor. It is not a substitute for individual professional accountability and it aims to build a staff member’s abilities in line with their confidence and their training.

5.13.2 The level of supervision provided must not fall below the following standards.

#### 5.13.3 The supervisors will be responsible for the following:-

- Agreeing the agenda.
- Reviewing the outcomes of the decisions taken together at the previous supervision.
- Listening and exploring. Reflecting upon practice. Offering supportive challenge to practice and decision making.
- Creating an environment in which decisions can be taken together and actions can be agreed.
- Reviewing the supervision process itself. Asking the question, are we making this work?
- Negotiating with the supervisee on the supervision contract and ground-rules for supervision.
- Keeping records of supervision sessions relating to the staff member.
- Review together to assure that the health record does record evidence of assessments, planning, decision making and analysis.
- Supervisors should also record the date and time of the supervision and the key decisions and actions within the child's or adult's case records dependent, upon who the staff member is working with.
- Assessing training and development needs in child protection for the supervisee.
- Providing managers with quantitative information that supports service provision.
- To maintain the confidential nature of child protection supervision.

#### 5.13.4 To receive child protection supervision is an entitlement but as stated above, also a collaboration between autonomous professionals. As such supervisees will be accountable for the following:-

- Negotiating with the supervisor on the supervision ground-rules and contract.
- Making regular appointments to reflect on practice and make decisions together with their supervisor.
- Preparing information for the supervision session in advance and providing a clear rationale for why this child has been brought to supervision.
- Providing the case records for each child or adult discussed at supervision sessions.
- Keeping clear records of the supervision session and the plan for supervision in the future including timescales for the following session.
- Informing the supervisor at the start of each session of the number of children they wish to reflect upon and any other issues to be explored in the session so the session can be appropriately managed.
- Informing their supervisor if they are under any increased pressure, professionally or personally, so that extra support might be offered.

- Discuss and review their practice regarding child protection, their ability to reflect upon practice and their use of child protection supervision at the annual appraisal.

5.13.5 There will be times when the staff member is unhappy with the quality of supervision that they receive.

- In the first instance, approach the supervisor to talk this over and try to come to some resolution. If not satisfied with the outcome, they can approach the Named Nurse or Named Doctor for Child Protection who will come alongside the process and work to resolve.

5.13.6 There will be times when the staff member and supervisor disagree upon a course of action. If either makes a judgment that the disagreement places a child at risk then this should be taken to the Named Nurse or Named Doctor for Child Protection.

5.13.7 There will also be times when the supervisor feels that the staff member is not practicing in a way that keeps children safe. This could be because:-

- Additional training is required.
- Additional support is required.
- The staff member is overwhelmed by the number of children that he/she is working with and who are complex.
- The staff member has personal difficulties that are impacting at work.

5.13.8 When this arises, the supervisor and staff member should agree together to meet with the line manager and agree a plan that helps the employee to return to the expected level of practice. The human resource policy suite may be used to support this process as appropriate.

#### **5.13.9 Children transferring between teams and services**

- It is the explicit responsibility of the child protection supervisor to ensure that where children transfer between teams and service that this is in the best interest of the child and that, the supervision of reflective practice for that child is transferred between supervisors.
- This will be a face-to-face meeting which, is recorded in the child's health record on SystemOne. It will form part of the audit standard.

#### **5.14 Maintaining the Health Record**

The supervisee's responsibilities are:-

- All records should be focused on outcomes for the child and the plan should set out the planned outcomes for the child; progress against these should be regularly reviewed in supervision and the actual outcomes should be recorded.
- To review the supervisor's recording of supervision on child's record to ensure it is an accurate record of discussion, actions and agreed supervision plan

#### 5.14.1 The supervisor's responsibilities are:-

- Supervisors will record all decisions and actions agreed from supervision within the child's health records using the child protection supervision template on SystemOne.
- Date and time the entry, recording the name of the supervisor together with the name of the supervisee.

### 5.15 Section 4

#### The Supervisor

##### 5.15.1 Workforce Development

5.15.2 All Child Protection Supervisors whether working with children, young people or adults are required to complete Level 3 Child Protection Training and in addition a Child Protection Supervision Skills Training that is delivered by the Livewell Southwest Professional Training Department and in line with Plymouth Safeguarding Children Board.

5.15.3 Supervisors already have, or will be accessing training, development and updates in the following:-

- Supervision skills.
- Solution focus and signs of safety.
- Legal/professional issues, including record keeping.
- Risk assessment.
- Root cause analysis.
- Research evaluation.
- Audit.
- Record keeping.

5.15.4 As well as learning from Serious Case Reviews and understanding the impact or importance of:-

- Information sharing and communications.
- Emotional Intelligence in safeguarding children.
- Safeguarding children developments.

- Vulnerable children with disability and/or living in special' circumstances.
- Vulnerable adults.
- Diversity.
- Domestic abuse, substance misuse and mental health.
- Record keeping.

5.15.5 There will be an annual continued professional development day for all child protection supervisors that is facilitated by Livewell Southwest Professional Training Department.

#### 5.15.6 Competency Requirements for Child protection Supervisors

- This will be reviewed as part of annual appraisal completed by the line manager who can seek guidance and support from the Safeguarding Children Team.

<b>Area of Competency</b>	<b>Competency</b>
<b>Enabling learning</b>	Facilitates the identification of training needs within supervision staff group.
	Facilities design and delivery of training.
<b>Evidence based practice</b>	To use serious case review recommendations to inform practice.
<b>Management and Leadership</b>	Uses knowledge and expertise to influence and facilitate change management.
	Demonstrates appropriate levels of communication within area.
	Communicates local child protection knowledge research and audit finding.
<b>Specialist knowledge</b>	Application of advanced knowledge of current legislation to promote and safeguard the health, welfare and safety of children.
	Application of National & Local Policies and procedures to promote and safeguard the health, welfare and safety of children.
	Application of the principles of interagency communication and collaboration.
	Application of the theoretical knowledge to inform and guide practice in order to promote and safeguard the health, welfare and safety of children.
	Advanced application of knowledge in recognition and assessment of Children at risk of significant harm.
	Record keeping analysis and decision making care planning.

#### 5.16 Supervision of Child protection Supervisors

5.16.1 It is recognised that to support good practice and mitigate against burn out, there is particular need for emotional support for child protection supervisors exposed to child protection supervision on a frequent and regular basis. This policy also recognises that support for the supervisor can be best offered in group and one-to-one supervision led by someone who is an expert in child protection and who does not have operational management responsibility the supervisee.

5.16.2 The consultation process indicated that child protection supervisors would value group supervision in a locality setting. This would bring together supervisors working with staff from a range of settings across the age range.

Supervisor	Supervisee	Regularity	Format
Named Nurse Child Protection or Nurse Advisor	Child Protection Supervisors	Not less than three monthly.	Individual or group.

5.16.3 To support the maintenance of an accurate record, notes of the meeting will be kept by the supervisor on the appropriate form but countersigned as an accurate record by the supervisee. Where the supervisee is in receipt of individual supervision, an individual supervision record will be kept by the supervisor. Group supervision records will also be kept by the supervisor.

5.16.4 Any discrepancy or professional disagreement that cannot be resolved in this meeting should be referred to the Integrated Safeguarding Lead who will support resolution.

5.17 Arrangements for contacting the Supervisors, Named Nurse and Named Doctor for Child Protection and the Nurse Advisor.

- Supervisors can be contacted at base or by mobile phone.
- Between the hours of 9am to 4.30pm Monday to Friday the **Named Nurse for Child Protection and the Nurse Advisor can** be contacted at the Safeguarding Children Office, Admin. Block, Mount Gould Hospital tel: 01752 435063 or details of their deputy can be obtained by contacting the Safeguarding Children Team Office on 01752 435064
- Between the hours of 9am to 4.30pm Monday to Friday **Named Doctor** Child Protection can be contacted at the Safeguarding Children Office, Admin Block, Mount Gould Hospital Tel 01752-435064 /435063.
- Outside of 9-5 Monday to Friday, staff should contact the On-call Director via the Livewell Southwest Switchboard 01752 268011.
- For staff working with children and adults who live in Cornwall or Devon, the Cornwall or Devon Safeguarding Teams are the appropriate point of contact. The Livewell Southwest Safeguarding Children Team will however, be

available for advice and signposting. It is important that a delay in seeking guidance does not come about due to organisational systems or boundaries.

## **6. Monitoring Compliance and Effectiveness**

- 6.1 In addition to on-going review by supervisors, there will be an evaluation of the efficiency and effectiveness of supervision in Livewell Southwest via audit on a bi annual basis. This is in addition to any general supervision audits and will be from both the perspective of supervisor and supervisee contributing to changes and development in practice and policy to ensure safe outcomes for supervisees, supervisors and the children they safeguard. This will be the responsibility of the Named Nurse for Child Protection in partnership operationally with the Locality Managers and should be completed in time to be included in the Annual Report for each year.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Professional Practice Safety and Quality

Date: 17<sup>th</sup> May 2016