Safeguarding Children Supervision Policy

Effective from June 2016
Policy Title: SAFEGUARDING CHILDREN SUPERVISION

Executive Summary: It is recognised that working in the field of child protection entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. There are multidisciplinary aspects and often cross-cultural issues related to this work. Therefore all front line practitioners should be well supported by effective Safeguarding Children Supervision.

Supersedes: Safeguarding Children Supervision Policy 2012

Description of Amendment(s): Bi annual review
The requirement for quarterly supervision of child in need plans.
Supervision arrangements for the Acute services and the Complex care team.

This policy will impact on: The work of all staff working with children at East Cheshire Trust.

Financial Implications: Non Known

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<thead>
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<th>Policy Area:</th>
<th>Corporate Business unit</th>
<th>Document Reference:</th>
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<td>Version Number:</td>
<td>5</td>
<td>Effective Date: June 2016</td>
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<tr>
<td>Issued By:</td>
<td>Corporate Business Unit</td>
<td>Review Date: June 2018</td>
</tr>
<tr>
<td>Author:</td>
<td>Mel Barker Danuta Jones</td>
<td>Impact Assessment Date: 04/05/16</td>
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APPROVAL RECORD

<table>
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</tr>
<tr>
<td>CONTENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>SCOPE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PRINCIPLES AND PROCESS FOR SAFEGUARDING SUPERVISION</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ROLES AND RESPONSIBILITIES</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>SAFEGUARDING SUPERVISION FRAMEWORK</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>PROCESS FOR ONE TO ONE SAFEGUARDING CHILDREN SUPERVISION</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>PROCESS FOR GROUP SAFEGUARDING CHILDREN SUPERVISION</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>RECORD KEEPING</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>CONFIDENTIALITY</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>DISSEMINATION AND IMPLEMENTATION</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>REVIEW</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>DIGNITY, EQUALITY AND DIVERSITY IMPACT ASSESSMENT</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>AUDIT</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>SAFEGUARDING/ACTIVATION SUPERVISION FORM</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SUPERVISION UPDATE FORM</td>
<td>12</td>
<td></td>
</tr>
<tr>
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<td>13</td>
<td></td>
</tr>
<tr>
<td>CARED FOR CHILD SUPERVISION UPDATE</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>NOTES ON SUPERVISION SESSION</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>RECORD OF GROUP SUPERVISION</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>SAFEGUARDING CHILDREN CLINICAL SUPERVISION AGREEMENT</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION
Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for Safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and are supported in their Safeguarding role.

It is recognised that working in the field of Safeguarding Children entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. Therefore all front line practitioners must be well supported by effective Safeguarding Children Supervision, advice and support. A safeguarding supervision session should not be more than two hours in length.

This Policy must be read in conjunction with East Cheshire Trust Safeguarding Children Policy

1.1 SCOPE
This policy applies to all employees of the East Cheshire Trust including Locum, Bank and Agency Staff plus volunteers.

It is recommended that this guidance is used by independent contractors.

1.2 DEFINITIONS
Supervision.

Supervision is defined as:

A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient/client protection and safety of care in complex clinical situations. CQC 2013.

The key functions of supervision are:
- management (ensuring competent and accountable performance/practice);
- development (continuing professional development);
- support (supportive/restorative function); and
- engagement/mediation (engaging the individual with the organisation)

Working Together to Safeguard Children HM Government 2013

Children
In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means children and young people throughout.

1.3 PRINCIPLES AND PROCESS FOR SAFEGUARDING SUPERVISION
Safeguarding supervision involves a retrospective review of Safeguarding cases with a senior Safeguarding supervisor. The process provides a structured format in a one to one setting that involves both reflection and direction regarding case management.
The Safeguarding Team provides supervision to all Employees of East Cheshire Trust as and when required. Safeguarding supervision is in addition to clinical supervision and must be undertaken with the Named Nurse/Doctor or Nurse Specialist for Safeguarding Children.

For many practitioners involved in day-to-day work with children and families, effective supervision is important to promote good standards of practice and to supporting individual staff members.

**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

*Working Together to Safeguard Children HM Government 2013*

**Safeguarding Children supervision does not**
- Replace clinical supervision or line manager support
- Replace practitioner accountability
- Collude with poor practice

### 2.0 ROLES AND RESPONSIBILITIES

#### 2.1 Chief Executive
Has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust. This responsibility may be delegated to an appropriate colleague.

#### 2.2 The Executive Lead for Safeguarding
East Cheshire NHS Trust has a Board Level Director who has executive responsibility for safeguarding children as part of their portfolio of responsibilities (*Working Together to Safeguard Children, HM Government 2013*). The Executive Lead at East Cheshire NHS Trust holding this responsibility is the Director of Nursing, Performance and Quality.

#### 2.3 Head of Services
It is the responsibility of the Associate Directors to ensure that their areas of management and accountability deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children.

#### 2.4 Senior Managers
Managers will support the process by working with the Named Nurse to address any professional or managerial issues which could impact on the quality of safeguarding. Managers must ensure that all staff involved in child protection have access to advice and support. Peer support and advice can be sought but should not replace formal supervision. Service managers/team leaders need to ensure that staff undertaking safeguarding work have sufficient time to prepare for supervision.

#### 2.5 Named Professionals/ Nurse Specialists
Named Professionals/ Nurse Specialists are responsible for providing effective support and supervision to staff within their organisation. If during the course of the
supervision process the Supervisor becomes aware of practice issues then these concerns should be highlighted to the practitioner’s line manager.

2.6 Responsibility of all Employees
All Employees should know how to contact the Named Nurse/Midwife/Safeguarding Nurse Specialist for guidance and support.

3.0 SAFEGUARDING SUPERVISION FRAMEWORK
Formal Safeguarding Supervision can be arranged for either one to one or as a group. Individuals or teams can request a combination of both to suit their needs. For example an individual who normally has supervision as part of a team can also seek an individual supervision session or where team members have supervision individually they can request a team supervision to discuss certain themes/incidents.

Safeguarding advice, support and formal supervision is available to all employees and teams as and when requested.

It is mandatory that supervision be sought by the practitioner for children/unborn who have a Child Protection Plan in place, a Child in Need Plan, a Common Assessment Framework (CAF) where there is a safeguarding concern and for children who are Cared for Children.

Health Visitors and Special School Nurses should receive quarterly supervision for children with Child Protection Plans, Child in Need Plans and children less than 5 years who are at home on an Interim or full care order. Twice yearly supervision should be sought for for Children in Care, and children who require extra support/CAF/TAF that is of a safeguarding nature.

To support the step down process from a Child Protection Plan to a Child In Need Plan the practitioner will receive formal supervision three months after the closure of the child protection plan.

Supervision must be sought for a CAF/TAF which has been open for a year where there is concern that progress is not being made.

Supervision must be sought for Children who have been identified as vulnerable including children where there are concerns around domestic abuse or parental substance misuse, mental ill health, neglect and following a concealment of pregnancy.

A Supervision discussion must be arranged by the practitioner prior to all initial child protection case conferences.

Quarterly Safeguarding supervision is mandatory for all newly qualified Health Visitors.

Monthly supervision should be received by the Midwife for Vulnerable families. Midwifery Team leaders should receive quarterly supervision and will be provided by the Named Midwife.

To reflect the nature of the work of the complex care team the carers should receive quarterly safeguarding children supervision with the safeguarding nurse specialists.
In addition the Team leaders should receive bi monthly supervision with the Named Nurse

Specialist teams such as the Paediatric Epilepsy, Diabetes, Respiratory and Allergy and Hospital at home nurses will receive twice yearly group supervision. Individual or additional group sessions can be arranged as requested.

Staff on the paediatric ward will be offered quarterly group supervision/peer review.

Quarterly supervision/peer review is mandatory for the Named Nurse/Midwife and Named Doctor.

Quarterly supervision/peer review is mandatory for Safeguarding Nurse Specialist, Nurse Specialists for Cared for Children and the CSE Nurse Specialists.

4.0 PROCESS FOR ONE TO ONE SAFEGUARDING CHILDREN SUPERVISION:
Supervision should take place in a confidential area ensuring privacy and no interruptions allowing adequate time to allow for respectful and effective discussion and participation in active listening. The supervisee should be open to constructive feedback.

Supervision should start and finish on time.

Priority must be given to supervision by both parties. If it is necessary to cancel supervision as much notice as possible should be given and further supervision must be rescheduled promptly.

Safeguarding supervision requires the case holder and supervisor to review the case history, reflect and evaluate whether the work undertaken is appropriate to the child’s current health needs and circumstances, and is in accordance with the agency’s responsibilities. The records for the cases to be discussed and any assessment such as Child Protection Plans/ Child In Need Plans/ CAF/ TAF must be brought to the supervision session.

The supervisor should complete a supervision record with the case holder for each child / young person discussed. The record should include an agreed action plan. The original supervision record form must be filed in the child’s health record or if the child is unborn filed in the Mother’s records and transferred to the child health record following birth. This will be the responsibility of the midwife discharging the child from maternity services into community care.

At the end of each supervision session a review date will be agreed.

A random case file will selected at every supervision session to be reviewed by the supervisor to ensure that record keeping is in line with NMC Code of Conduct 2015 and Trust Policy.

The Safeguarding Supervisor will:
In relation to a child with a Child Protection Plan or a Child In Need Plan the supervisor will refer to the Plan and identify with the practitioner their responsibilities towards the Plan and ensure that the practitioner has carried out their responsibilities within the plan effectively, and review and evaluate these.

Keep a record of attendance and inform the line manager of any practitioner failing to comply with the mandatory standard or any concerns regarding professional conduct.
Identify any practitioner failing to achieve professional standards and inform their line manager

Will agree care planning which the practitioner will record in the patient record

The Supervisor will complete a Note on Supervision form bi annually and send to the supervisee following the supervision session to support practice development

**The Supervisee will:**

Ensure that they are up to date with the case and have considered any changes to the child circumstances, any risks and protective factors and the child’s lived experience.

Ensure their patient records are available for each supervision session

Ensure care plans are agreed for every child who is subject to a child protection/child in need plan or for children for whom they have safeguarding concerns

Complete supervision and care plan using ECT supervision documentation where paper records are used and supervision template where electronic records are used.

Discuss any training needs identified with their line manager

Preparation and the decision making process can be supported by the use of assessment tools such as the Pre Common Assessment Framework Checklist, the Graded Neglect Tool, the Home Conditions tool or the Continuum of Need

**5.0 PROCESS FOR GROUP SAFEGUARDING CHILDREN SUPERVISION**

Group supervision sessions can be in place of or in addition to individual supervision. These sessions will provide the opportunity for all attendees to discuss /share situations which may have been causing concern, or which may have gone well, or to critically look at scenarios. Group supervision will also provide an arena for reflective learning, training and supporting newly qualified and inexperienced professionals.

A group supervision session can be arranged by any member of staff with the Named Nurse/ Nurse Specialist for Safeguarding.

The ground rules for group supervision include:

- Confidentiality
- Respect for each other and what is being said
- Being non judgemental to each other
- Active listening
- Permission to feel vulnerable
- Being open to constructive criticism
- Arrive and leave on time

Ideally the agenda should be set by the group, therefore each member is expected to come prepared with one or two issues/circumstances which may have been causing concern, or which have gone well.
Those sharing cases will discuss their reason for presenting the case and their thoughts on the needs of the child. The group discussion will support the presenter to identify the issues and possible risks and support the development of a care plan in response to identified need. Any development of, or amendment to a care plan must be recorded in the child’s records.

Where individual cases have not been discussed the Supervisor will complete a group supervision form to record the discussions.

**For Safeguarding Supervision paperwork see appendix 1**

**For Safeguarding Children Clinical Supervision Agreement see appendix 2**

### 6.0 RECORDING OF SUPERVISION

All Supervision sessions must be recorded using the ECT Supervision documentation where paper records are in use. Where electronic patient records are used the supervision template on the system will be used to record supervision. The supervision record must be agreed by both parties. The supervisee must ensure that the record for the child under discussion should reflect the information discussed in supervision, evaluation of the previous plan, and update of circumstances and analysis of identified needs of the child/children. The plan must be filed on the child’s record.

Notes of group supervision must be circulated to all those present at the session. These must be checked by the participants and any inaccuracies/omissions should be identified to the supervisor/note taker.

### 7.0 CONSULTANT PAEDIATRICIAN PEER REVIEW

Consultant paediatricians and senior paediatric doctors who participate in section 47 child protection examinations should be peer reviewed in accordance with The Royal College of Paediatrics and Child Health recommendations. There is a formal peer review meeting 6 times a year and each permanent member of the paediatric consultant staff is expected to participate in these and is expected to have some of their cases peer reviewed by their colleagues. Minutes are taken and attendance monitored. Attendance at this meeting should form part of their annual appraisal. This meeting is not to give second opinions on individual cases but to highlight good practise and to correct poor practise. Doctors can also bring outpatient or inpatient cases that were not section 47 medicals for group discussion and advice but the patient’s consultant retains professional responsibility for all cases regardless of origin.

Each consultant's section 47 reports are reviewed by the named doctor and individual feedback will be given. This feedback is not done in a timeframe suitable for altering the course of individual cases but to preserve and encourage good practise.

### 8.0. CONFIDENTIALITY

Confidentiality will be maintained at all times except where practice has identified a breach of the law or the professional code of conduct. In these circumstances the Safeguarding Supervisor will discuss the actions with the supervisee before advice is sought elsewhere.

### 9.0. DISSEMINATION AND IMPLEMENTATION
This policy will be disseminated to senior managers in all departments and will be available on the intranet. The content of the policy and its significance is included in mandatory training and local induction programmes. Staff will be briefed via the Staff Matters communication.

10.0 REVIEW
The policy should be reviewed bi annually or sooner following findings from audit, changes to national guidance, or in response to clinical practice and the responsibility for this review lies with the Named Nurse for Safeguarding Children.

11.0 DIGNITY, EQUALITY AND DIVERSITY IMPACT ASSESSMENT
This policy has been impact assessed with regards to dignity, equality and diversity and there are no areas in the policy that contravene equality and diversity guidance.

12.0 AUDIT
It is important to monitor and assess the extent to which Safeguarding Children Supervision achieved its objectives in maintaining and developing high standards of care in Safeguarding Children practice. The responsibility for this lies with the Named Nurse for Safeguarding Children through audit of:
- Supervision attendance
- Recognised or identified themes within practice
- Recognised or identified training needs
The progress of actions from Audits will be monitored and quality assured by the Integrated Safeguarding Operational Meeting.

These guidelines cannot anticipate all possible circumstances and exist only to provide general guidance on clinical management to clinicians.
# Safeguarding/Activation Supervision

<table>
<thead>
<tr>
<th>Child/ren’s Name</th>
<th>DOB</th>
<th>Address</th>
<th>School</th>
<th>NHS No:</th>
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<tbody>
<tr>
<td>Siblings</td>
<td>DOB / EDD</td>
<td>Address</td>
<td>School</td>
<td>NHS No:</td>
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**Family GP:**

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<th>Names of Parents / Carers</th>
<th>DOB</th>
<th>Other Professionals Involved</th>
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**Family Risk Factors (tick relevant box)**

- Domestic Abuse
- Learning Disability
- Refugees/Asylum Seekers
- Drugs/Alcohol
- Physical ill health
- Concealed pregnancy
- Mental Health
- Housing Problems
- Other

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<td>Extra support</td>
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<td>Child Protection Category</td>
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<td>Cared for Children / Adopted</td>
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**The Childs’ lived experience, reasons for Safeguarding concerns and current/potential impact on child’s development:**

**Date Practitioner last had contact with the child(ren)**

**Child Health & Development / Ante-natal care**

(Attendance at ante-natal appointments, routine child health surveillance, immunisations and dental care. Comment on health, emotional and behavioural development)

**Parenting Capacity**
(include ability to provide basic care, emotional warmth, stimulation and ensure safety with appropriate boundaries). Also comment on impact of mental health, domestic abuse and management of substance misuse on parenting)

Family & Environmental Factors:
(include relevant family history, family functioning, housing, significant others, employment and social integration)

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<tr>
<th>Assessment of risk</th>
<th>Protective factors against risk</th>
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Health Action Plan should include actions that can be taken by the Health Practitioner to address the children's and families identified needs and thus improve outcomes for the child(ren):

<table>
<thead>
<tr>
<th>Outcomes (what needs to be change / achieved to make a positive outcome for the child?)</th>
<th>Health Actions</th>
<th>Timescale</th>
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Practitioner’s Name: ____________________________ Signature: ___________________ Date: ____________
Supervisor’s Name: ____________________________ Signature: ___________________
### Supervision Update Form

<table>
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<th>Child’s Name</th>
<th>DOB</th>
<th>Child’s NHS No:</th>
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<thead>
<tr>
<th>Assessment of risk</th>
<th>Protective factors against risk</th>
</tr>
</thead>
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**The Child's Lived Experience - Current / Potential Impact on Child's Development**

**Date Practitioner last had contact with the child(ren)**

<p>| Health Action Plan should include actions that can be taken by the Health Practitioner to address the children's and families identified needs and thus improve outcomes for the child(ren): |</p>
<table>
<thead>
<tr>
<th>Outcomes (what needs to be change / achieved to make a positive outcome for the child?)</th>
<th>Health Actions</th>
<th>Timescale</th>
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Practitioner’s Signature  Supervisor’s Signature  Date
Cared for Children Supervision Framework

- Placement
- School
- Advocacy
- Social Worker
- Birth Family
- Friends
- Other lifestyle choice

Child/young person
# NOTES ON SUPERVISION SESSION

between  

Practitioner  

and  

Named / Nurse Specialist for Safeguarding Children  

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<thead>
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<th>Discussion</th>
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<td>1. Are the plans child focused</td>
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<tr>
<td>3. Key Areas of Reflection</td>
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<tr>
<td>4. Adherence to Safeguarding Policies and Procedures</td>
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<td>5. Professional Development (see over)</td>
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Date of next supervision

Appendix 1c
# Safeguarding Learning and Development

## Levels 1, 2 and 3 Single Agency Health Training

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<th>Course Description</th>
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<td>Statutory &amp; Mandatory Induction Training e-learning</td>
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<tr>
<td>Level 2</td>
<td>Statutory &amp; Mandatory Basic Awareness Safeguarding Training required every 3 years</td>
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<tr>
<td>Level 3</td>
<td>Annual Safeguarding Update</td>
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<tr>
<td>Level 3</td>
<td>Cared for Children</td>
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## Multi-Agency LSCB Training

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<tbody>
<tr>
<td>Level 1</td>
<td>Responding to Domestic Abuse</td>
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<tr>
<td>Level 2</td>
<td>Domestic Abuse &amp; Safeguarding Children</td>
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<td>Level 3</td>
<td>Neglect</td>
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<td>Sexual Exploitation</td>
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<td>Children with a Disability and Child Protection</td>
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<td>Digital Safeguarding</td>
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<td>Child Exploitation and On-Line Protection</td>
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<td>Information Sharing</td>
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<td>Safeguarding Children through the Child Protection Process</td>
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<td>Tackling the Toxic Trio</td>
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## Other relevant training:

- CAF User Cheshire East                                                                 | Date completed: |
- CAF Lead Professional East                                                              |                 |
- Assessment & Engagement for the CAF Process                                            |                 |
- TAF Training Cheshire West                                                               |                 |
- Graded Care Profile                                                                    |                 |
## Record of Group Supervision

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<th>Name of team</th>
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<td>Date</td>
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**Review of actions from last supervision**

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<thead>
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<th>Discussion</th>
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<tr>
<td><strong>Agreed Actions</strong></td>
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<th><strong>Policies/Updates/AOB</strong></th>
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SAFEGUARDING CHILDREN CLINICAL SUPERVISION AGREEMENT

This agreement should be read in conjunction with the Safeguarding Children Clinical Supervision Policy

This is a supervision agreement between:-

Supervisee
Name ___________________________  Designation ___________________________

Supervisor
Name ___________________________  Designation ___________________________

Service

1  Mandate for safeguarding children clinical supervision

The organisations safeguarding children clinical supervision policy recommends supervision is available and the principle functions of the process are:

- To improve outcomes for children by adopting a child centred approach to actions.
- To provide support and advice on matters relating to safeguarding children.
- To promote effective inter agency communication on matters of safeguarding children.
- To establish that health professionals are aware of the Primary Care Trusts policies and guidelines and adhere to Local Safeguarding Children Board procedures.
- To encourage effective working relationships with families and other agencies e.g. by working with the Common Assessment Framework.
- To ensure the health practitioner is clear about their role, responsibilities and the scope of their professional accountability.
- Promote professional development by assisting in the identification of training and development needs relating to their role in safeguarding children and also learning from work experiences.

2  The structure we have agreed on is as follows:

a)  frequency of session
b)  length of each session
c)  location of session
d)  recording of session will be by
e) supervision records will be held by and stored as follows

f) purposes for which the supervisory record may / or may not be used

g) others who may see the record

3 The Agenda for the session will include:

a) matters the supervisee wishes to include

b) matters arising from previous supervisory sessions

c) reviewing your work through discussions, reports and observations including safeguarding children issues and vulnerable families

d) record keeping / report writing

e) Constructive feedback on work undertaken

f) agreeing future action plans

g) discussion of the development of your skills, knowledge and setting professional goals

h) identification of your development needs and setting professional goals

i) time for you to reflect on your experience of and feelings about your work

j) opportunity for you to give feedback on your experience of and expectations of supervision

4 There will only be interruptions if...

5 We have agreed:

a) That both parties will prepare for supervision. The supervisee will be responsible for preparing the required supervision documentation.

b) that both parties will agree to treat supervision sessions as a matter of high priority and neither party will cancel or postpone any session unless in an emergency or as a result of illness

c) In the event of cancellation it is the responsibility of the cancelling party to arrange another session as soon as possible.

d) Supervision will take place in a room that provides confidentiality and privacy. The supervisee will ensure an appropriate room is available for supervision.
e) Record keeping/report writing will be considered as appropriate.

f) Developmental needs arising out of supervision will be referred to the supervisee’s line manager.

g) Where the supervisor becomes aware of concerns regarding unsafe practice of the supervisee, this will be discussed with the supervisee’s line manager. This will take place with the supervisee’s knowledge.

h) During supervision both parties will approach the sessions in an open honest way, ideas and suggestions will be open to constructive challenge so as to improve and learn from practice.

i) Both parties will be aware of and confront at every opportunity any practice, which they feel, is influenced by prejudice of any kind, such as race, gender or disability.

j) Any disagreements will be recognised and addressed by the supervisor and supervisee.

*We, the undersigned agree to be bound by the terms of this agreement and understand that in the event of it not being followed the relevant line manager will be informed*

**Supervisor**
Designation
Signature Print Name
Date

**Supervisee**
Designation
Signature Print Name
Date
Equality Analysis (Impact assessment)

1. What is being assessed?

Safeguarding Children Supervision

Details of person responsible for completing the assessment:
- **Name:** Mel Braker
- **Position:** Named Nurse for Safeguarding Children
- **Team/service:** Safeguarding Team

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

It is recognized that working in the field of Safeguarding Children entails making difficult and risky professional judgments. It is demanding work that can be distressing and stressful. There are multi-disciplinary aspects and often cross-cultural issues. Therefore all front line practitioners must be well supported by effective Safeguarding Children Supervision, advice and support

2. Assessment of Impact

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No ☑

Explain your response: This document has no negative impact on any groups as it applies to Safeguarding Supervision and case management in relation to all children who have been identified as vulnerable or requiring additional support due to safeguarding concerns. It is recognised that children from minority groups may be more vulnerable therefore staff have access to equality and diversity training and staff who work with children and families receive annual training in Safeguarding Children.

__________________________

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☑
**DISABILITY**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No x ☑

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently? Yes ☐ No ☑

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No ☑

**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes ☐ No ☑
Explain your response: This document has no negative impact on any groups as it applies to Safeguarding Supervision and case management in relation to all children who have been identified as vulnerable or requiring additional support due to safeguarding concerns. Staff have access to equality and diversity training and staff who work with children and families receive annual training in Safeguarding children.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes ☐ No ☑

Explain your response: This document has no negative impact on any groups as it applies to Safeguarding Supervision and case management in relation to all children who have been identified as vulnerable or requiring additional support due to safeguarding concerns. Staff have access to equality and diversity training and staff who work with children and families receive annual training in Safeguarding children.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes ☐ No ☑

Explain your response: This document has no negative impact on any groups as it applies to Safeguarding Supervision and case management in relation to all children who have been identified as vulnerable or requiring additional support due to safeguarding concerns.

3. Safeguarding Assessment - CHILDREN

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<td><strong>a. Is there a direct or indirect impact upon children?</strong></td>
<td>Yes ☑ No ☐</td>
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<td><strong>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people):</strong></td>
<td>The purpose of this policy to help support staff to recognise when a child maybe at risk of abuse and to take appropriate action. This policy could therefore be said to have a positive impact.</td>
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<td><strong>c. If no please describe why there is considered to be no impact / significant impact on children</strong></td>
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4. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that*
the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

| Yes . The policy has been updated and all relevant staff groups have been consulted. The policy was reviewed at the Quarterly Safeguarding Assurance meeting |

5. Date completed: 29/06/2016   Review Date: June 2018

6. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

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7. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

(Head of Integrated Governance, on behalf of Trust quality and Diversity Lead)

Date: 01 July 2016