

# **Safeguarding Children and Adults at Risk Safeguarding Supervision Framework**

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## Version Control Sheet

<b>Version</b>	<b>Date</b>	<b>Reviewed By</b>	<b>Comment</b>
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## 1. Introduction

- 1.1 All NHS 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 2013. Therefore, safeguarding and promoting the welfare of children must be an integral part of the care offered to all children and their families by all health care professionals. This may be care offered to children, young people, families or adults who are parents or carers.
- 1.2 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 Together (2013)<sup>1</sup> outlines the importance of supervision for named and designated professionals within their role of supporting other professionals in their agencies to recognise the risk to children, and requires that they should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.
- 1.4 Based on the work of Sonya Wallbank the DH have identified restorative supervision as a support for community practitioners to “*restore their capacity to think and make decisions, potentially reducing risk*”<sup>2</sup>. Therefore, front line staff need adequate supervision to make sound and effective judgements in relation to outcomes for children, families and adults with complex needs.
- 1.5 Although the Care Act (2014)<sup>3</sup> does not explicitly identify the need for Adult Safeguarding Leads, the associated guidance identifies that regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently within difficult and sensitive situations. The Accountability and Assurance Framework<sup>4</sup> makes clear the requirement that adult safeguarding must have the same robust processes as those that are established to safeguarding vulnerable children and young people.
- 1.6 Nonetheless, many of the inquiries into child and adult deaths and serious incidents have demonstrated serious failings in the effectiveness of professionals. This has been in part attributed to not receiving adequate and supportive safeguarding supervision.<sup>5 6 7 8 9</sup>

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<sup>1</sup> HM Government. 2013 Working Together A guide to inter-agency working to safeguarding and promote the welfare of children

<sup>2</sup> DH 2013 Using Restorative Supervision to improve clinical practice and safeguarding decisions

<sup>3</sup> DH 2014 The Care and Support Statutory Guidance issued under the Care Act 2014

<sup>4</sup> NHSCB 2013 Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework

<sup>5</sup> The Victoria Climbié Inquiry Summary and Recommendations Lord Laming 2003 (Training & Supervision)

<sup>6</sup> Haringey Local Safeguarding Children Board: Serious Case Review “Child A” November 2008

<sup>7</sup> Munro E 2010 The Munro Review of Child Protection. Interim report: the child’s journey

<sup>8</sup> Institute of Public Care, Skills for Care 2013 Evidence Review – Safeguarding Adults

<sup>9</sup> Surrey County Council: Safeguarding Adults Board 2014 The death of Mrs A A Serious Case Review

- 1.7 Working to ensure children and 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, support and supervision from professionals experienced in the field of safeguarding.
- 1.8 They also need a supervision structure that offers regular and frequent discussion that is directly related to case management and identified outcomes for children and adults at risk. However, many staff within safeguarding teams will be both delivering and receiving safeguarding supervision, and therefore the process must meet both requirements.
- 1.9 The framework applies to three aspects of safeguarding supervision:
- within/between commissioning organisations
  - between commissioning organisations and provider organisations
  - internal within provider organisations
- 1.10 Supervision will provide a confidential environment for staff to explore issues relating to safeguarding. However, there may be exceptions to this, including:
- risk to service users or the public
  - risk to the staff member
  - risk to the organisation

## 2. Definition and Functions of Safeguarding Supervision

2.1 Supervision can be defined as:

*“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.”<sup>10</sup>*

2.2 The key functions of supervision<sup>11</sup> are:

- Management (ensuring competent and accountable performance/practice)
- Development (continuing professional development)
- Support
- Engagement/mediation (engaging the individual with the organisation)

2.3 It should:

- ensure that practice is soundly based and consistent with local Safeguarding Children and Safeguarding Adults Boards and organisational procedures
- that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority

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<sup>10</sup> Providing Effective Supervision 2007, Skills for Care and Children’s Workforce Development Council page 5

<sup>11</sup> Morrison, T (2005) Staff Supervision in Social Care. Third Edition. Brighton: Pavilion

- help to identify the training and development needs of practitioners, so as to ensure that each has the skills to provide an effective service<sup>12</sup>

2.4 Safeguarding Supervision is separate from but complimentary to other forms of management and nursing supervision.

### **3. Requirement for Safeguarding Supervision**

3.1 The provision of safeguarding supervision must be undertaken by practitioners who have undertaken training on the provision of supervision and have a sound knowledge of safeguarding issues.

3.2 Within this framework:

- Designated professionals will provide safeguarding supervision to the Named professionals.
- Named professionals will provide safeguarding supervision to local safeguarding practitioners.
- The Named Midwife will provide safeguarding supervision to the midwifery Team Leads.

3.3 Designated and Named professionals:

- will have completed accredited training related to the subject and gained the experience to provide expert advice on safeguarding issues.
- are expected to access training commensurate with their roles and responsibilities as per the Intercollegiate Document (2014).
- must ensure that any safeguarding issues brought to their attention are dealt with promptly and appropriately.

3.4 It is the expectation that professionals and clinicians outside of the framework below (see sections 4, 5 and 6 below) will contact the Designated Professionals and/or the Named GP where appropriate to discuss individual cases when necessary. This group of staff includes:

- GPs
- Dentists and Dental Nurses
- Pharmacists
- Optometrists
- Any other member of staff within the CCG structures whether or not they have direct contact with children and adults

3.5 The supervisory relationship should not be used as an opportunity for one organisation to performance monitor another and any circumstances when escalation will be used must be clearly identified in the supervision agreement.

3.6 It is a requirement for statutory health provider organisations to have in

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<sup>12</sup> Working Together to Safeguard Children 2013

place a Safeguarding Children and Adult at Risk Safeguarding Supervision Policy which provides the detail for how supervision should be delivered and audited.

- 3.7 These policies should include the process by which all specialists with specific roles and responsibilities for safeguarding children and adults at risk, including Named and specialist safeguarding professionals, receive this element of supervision.

## **4. Supervision: Within/Between Commissioning Organisations**

- 4.1 This group of staff include a wide range of specialists involved in broad safeguarding activity including, but not exclusively:

- Designated Nurses for Child Protection
- Designated Managers for Safeguarding Adults
- Designated Doctors
- Named GP's
- Named/specialist nurses for Adults at Risk, Looked After Children, Quality

- 4.2 Staff working within safeguarding are responsible for arranging safeguarding supervision, external to their organisation. The expectation is that their organisation will support this to occur, as a minimum 4 times a year.

- 4.3 Supervision may take the form of:

- Contracted and planned safeguarding supervision.
- Supervision and professional support within established professional meetings
- 1:1 supervision – face to face and/or telephone contact
- mentorship<sup>13</sup>
- shadowing – within peer groups and/or with external bodies e.g. Department of Health, Care Quality Commission
- The NHS Safeguarding Clinical Collaborative for Greater Manchester

- 4.4 It is the responsibility of the line manager of any Safeguarding Professional to ensure that protected time and sufficient resource is available to access supervision in keeping with this policy

- 4.5 All staff working within the CCG's (including nurse members of Continuing Healthcare Teams) are expected to approach Designated professionals to discuss individual cases or issues related to safeguarding systems and processes where necessary. Staff and line managers should ensure that staff have attended safeguarding (children and adult) training at level 1 as a minimum.

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<sup>13</sup> Mentor: 'experienced and trusted adviser' Oxford Dictionary (2010)

## **5. Supervision: Commissioning Organisations to Provider Organisations**

- 5.1 Named and Specialist Nurses for Safeguarding should receive planned safeguarding supervision from a Designated Nurse or specialist safeguarding practitioner within a commissioning organisation, as per a safeguarding supervision agreement and, as a minimum, 4 times a year.
- 5.2 Named Doctors for Safeguarding Children should receive safeguarding children supervision from a Designated Doctor. The detail of this should be determined locally depending on existing resources but as a minimum 4 times a year.

## **6. Supervision: Internal within Provider Organisations**

- 6.1 Supervision should be undertaken in conjunction with practice development opportunities to ensure that the children and adult workforce maintains competencies to enable sound professional judgements and safe evidence based practice.
- 6.2 The following Supervision Framework sets out the structure for safeguarding supervision for CCG staff and Designated Professionals for Safeguarding Children and Adults at risk.
- 6.4 Line managers should also ensure that all staff who work in a health care setting attend safeguarding children training at the appropriate level and that the supervision process will be undertaken by senior practitioners who have the necessary competencies and experience to facilitate sound judgements and support staff delivering care.
- 6.5 Supervision within provider organisations should incorporate casework management and monitoring where appropriate as well as an opportunity to reflect on clinical practice, decision making and care planning.
- 6.6 Safeguarding supervision within the provider organisations does not remove the responsibility from line managers to provide managerial, clinical or restorative supervision to any member of staff.