

HSCB Multi-Agency Strategy to Ensure High Quality Safeguarding Children Supervision and Management Oversight.

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Purpose

The purpose of this strategy is to support partner agencies to improve the quality and effectiveness of supervision for professional staff working in complex multi-agency child in need and child protection cases, in response to findings from local and national serious case reviews

Strategic Aims and Objectives

1. To ensure that safeguarding supervision offered to staff members across the multi-agency partnership is clearly articulated with a shared approach to engaging families, assessing their needs, providing services to meet their needs and taking responsibility for ensuring work progresses in a timely way, at an appropriate level, within the spectrum of support defined under the Children Act (1989) and Working Together guidance (2018).
2. To ensure that multi-agency audit includes the evaluation of supervision and management oversight of high, medium and escalating risk cases.
3. To ensure early identification and escalation of cases where there is lack of evident change, with a particular emphasis on those children who are Child in Need, where significant impairment of health and/or development may be progressing to significant harm.
4. To ensure that all children designated as Children in Need are discussed with a Safeguarding Supervisor at agreed regular intervals according to service policy/practice guidance, with an expectation that discussions are no longer than three months apart. Agencies to consider advising scheduled discussion prior to review meetings (e.g. child in need reviews, core groups or case conferences). Immediate concerns should be escalated at the time of identification.
5. To secure collective commitment across all partner agencies to the offer of good quality supervision that incorporates elements relating to accountability of practice, management direction, continuing professional development and personal support.
6. To ensure all agencies fully contribute their expertise to the plan to engage parents in changing their behaviours to improve their children's health, welfare and protection.
7. To ensure that professionals and managers understand their right to seek an urgent discussion with their supervisor should they have concerns in relation to apparent inapt response to risk escalation in order to facilitate suitable support, exploration of concern and support to escalate concern where appropriate.
8. To outline the means by which the effectiveness of the strategy can be monitored by HSCB.

Guiding Principles

Underpinning this strategy are key guiding principles, which together afford a framework approach. These include a shared understanding of:

1. Definitions of significant impairment of health and development (child in need (s17)) and significant harm (child in need of protection (s47)) as well as the processes involved in moving from one legal status to another.
2. Importance of supervision and management oversight in the management of risk to children and ensuring the worker's support needs are met.
3. What good quality safeguarding supervision and management oversight of cases looks like and the ability to articulate this in policy or practice guidance.
4. Impact of poor quality safeguarding supervision and management oversight of cases including influence on both practitioners and service users.
5. Importance of the best service model for safeguarding supervision with consideration for who receives it, how often, by whom, how is it recorded, how is quality measured and how is effectiveness assessed.
6. Consistency of practice in relation to management oversight through effective supervision.

Introduction

Recommendations from Serious Case Reviews both locally and nationally have highlighted that ineffective safeguarding supervision and management oversight of safeguarding work may lead to missed opportunities to identify and manage issues such as:

- Lack of professional curiosity
- Non-recognition of disguised compliance
- Poor quality multi-agency assessments
- Lack of confidence around information sharing
- The complex relationship between the child, adult, perpetrator and professional
- Inadequate exploration of the inner world of the child or young person at risk
- Inappropriate assessment of professional resilience
- Potential risk if the cases under consideration are only those with evident high risk, excluding those cases with longer term but repeated concerns, such as those associated with neglect.
- Potential risk associated with over reliance on actions taken, rather than good information sharing and the opportunity to discuss, challenge and reflect on cases.

It is essential that partner agencies are able to assure the Hertfordshire Safeguarding Children Board that high quality safeguarding supervision plays an integral role in improving assessments and practice to ensure the children of Hertfordshire are further safeguarded.

Definition of Safeguarding Supervision and Management Oversight

Supervision is a responsible process which aims to promote, maintain and develop the knowledge, skills and professional standards of an individual practitioner, group or team. The purpose is to ensure competent accountable practice, continuing professional development, personal support and engagement with the organisation through achievement of agreed goals and outcomes.

Safeguarding supervision is a process whereby an appropriately qualified, experienced and nominated person meets with a member of staff, or volunteer, to allow the individual to reflect upon and evaluate their practice in relation to children and their families, with the formulation of action plans for future practice where appropriate¹.

Management oversight includes elements of supervision but will also involve quality assurance, dealing with areas of concern and facilitating improvements in practice. Effective management oversight takes into account the unique demands of the individual case, the practitioner's overall caseload and the knowledge of the responsible practitioner. Oversight should assess practice capability, identifying deficits and ensuring remedial actions are taken with plans for assessing completion of required actions.

Agencies should ensure that all staff members working with vulnerable children have access to both effective management and safeguarding supervision. Where safeguarding supervision and management are not provided by the same person, it is essential to establish clear lines of accountability in relation to how issues of performance management are dealt with. Agencies should be clear where management oversight ends and safeguarding supervision begins or vice versa, with well-defined differentiation. An example may be the use of separate documentation for discussion.

Line management is responsible for:

- Accountability for the quality of the work carried out
- Authorisation of decisions made at key points in the process of work with children and their families
- Ensuring that staff have access to regular safeguarding supervision
- Ensuring that senior managers are kept informed of factors that may negatively impact on the ability of staff to deliver quality services, for example, workload, resource shortfalls, gaps in knowledge and skills.

Safeguarding supervision is responsible for:

- Providing a safe, supportive environment where staff can reflect on their practice
- Offering opportunities for staff to explore cases in depth thus fostering objectivity, analysis and robust professional judgement.
- Clarification of roles and responsibilities and how these interact with others in the professional network.
- Exploring whether referral for specialist assessment would assist the child and progressing this where appropriate.

¹ It is an expectation that each agency will identify, according to individual service need, the minimum requirements for the Supervisor role in relation to work experience, qualification and training.

- Assessment of training and development needs.
- Escalation of practice concerns should they arise.

What does good quality Safeguarding Supervision look like?

“Supervision is an opportunity to bring someone back to their own mind, to show them how good they can be.” – Nancy Kline, author

Safeguarding supervision requires sound professional decision making. All professionals involved should have access to advice and support from peers, managers, named and designated professionals. Ideally, and recommended as a service goal, those providing supervision should be trained in supervision skills. It is essential that supervisors have an up to date knowledge of the legislation, policy and research development relevant to safeguarding and promoting the welfare of children. Effective professional supervision will encourage analytical reflection thus ensuring a clear focus on the child’s wellbeing (Working Together, 2015). It will help challenge predetermined views, assess the quality of the assessment and decisions made, avoid drift of cases and evaluate the emotional impact of the work (Laming, 2003; Morrison, 2005).

The organisation and delivery of supervision will invariably differ from agency to agency but there should be service parallels demonstrating fundamental and necessary features including ensuring that practice is consistent with HSCB and organisational procedures, ensuring that practitioners understand their roles and responsibilities and the identification of training and development need.

Supervision should enable the practitioner to explore their feelings about their work and the families they are involved with. It should offer continuity to enable the development of a relationship between supervisor and supervisee. Each session should include agenda agreement, review of actions from the previous session, listening, probing and reflecting and agreeing actions. There should be an opportunity to review the process of supervision in itself. This may be achieved through service development of an assessment/evaluation tool such as that in Appendix I.

What is the impact of poor Supervision?

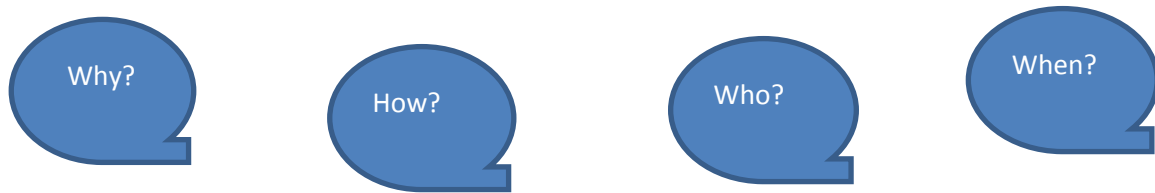
Unfocused and unsupportive safeguarding supervision, as well as a lack of clear managerial direction, has been documented as a contributory factor to child death in many serious case reviews and public enquires (Laming, 2003; Jones, 2014; Brandon et al, 2012).

As well as the obvious supervisory responsibility of ensuring that work is suitably completed, on time, the manner in which supervisees’ are treated will be reflected in the way the supervisee behaves in a practice setting. Just as good supervision improves relationships and productivity, poor supervision makes way for conflict, work burnout, poor work relationships and reduction in staff retention. Supervision that does not assist supervisees to develop positively impacts staff morale and performance (McKitterick, 2015).

Supervisors function in multiple roles such as mentor, coach, consultant and advisor. As a consequence, they are ethically exposed due to the multifaceted nature of the role and the level of influence and power they have within it. Supervisors must therefore be ethically astute and effectively uphold any relevant professional codes of conduct associated with their role.

Supervisors are faced with the combined responsibility of protecting the welfare of the clients, the supervisee, the public and the profession (Corey, Corey & Callanan, 2010).

The Supervision Process



The emotional impact of safeguarding work has been recognised for many years (Morrison 1990; Ferguson 2005). Safeguarding Supervision is essential to enable practitioners to cope with the emotional demands of work with children and their families and to enable robust effective decision making at all levels of involvement. All agencies have a responsibility for ensuring that appropriate safeguarding supervision and management oversight arrangements are in place, according to service need.

The process of supervision is underpinned by the principle that every member of staff remains accountable for his or her own practice. The Supervisor is accountable for the advice they give and actions they take. All practice should reflect locally agreed service policy/standards and national guidance.

The timing of safeguarding supervision will be dependent upon practitioner need and level of contact with families and will be decided through local agency guidance. However, it is recommended that those in contact with vulnerable families receive safeguarding supervision, at a minimum, on a quarterly basis. How this is conducted is determined at local agency level, depending on supervisee's job role and level of contact with children (for example one to one or group supervision). Consideration needs to be given to newly appointed staff, who will invariably require more regular Safeguarding Supervision.

In the absence of specific national guidance relating to the types of model utilised within safeguarding supervision, it will remain a local agency decision with respect to best practice.

Supervision models which may be adapted for use are numerous and include psychotherapy-based models such as those with a psychodynamic, cognitive-behavioural or person centred approach as well as developmental and experiential learning models.

A balanced method which promotes an emphasis on the outcomes of the child and family whilst supporting and positively challenging the practitioner to reflect on their practice has been progressed as best practice across a number of agencies.

Examples of supervision analysis tools, utilised within varying areas of work with vulnerable children and their families, may be viewed in Appendix II.

Management oversight outcomes should be clearly recorded to ensure that actions taken are relevant and valid. A clarification relating to why a specific action has been agreed should be documented, along with details for any variation from agreed local procedures.

Agency advice in relation to recording of safeguarding supervision sessions will be progressed via individual agency policy and guidance, according to service requirement.

An example of a Supervision Recording Template, for documenting safeguarding supervision sessions, may be seen in Appendix III.

Supervisor Competence and Expectations of Supervisee

Areas of supervisor competency should be defined within local agency protocol/practice guidance. It is essential that the person working within a supervisory function has the knowledge, skill and training required to fulfil the role.

Agencies should have supervision policy/practice guidance in place, which explicitly addresses the supervision process for staff involved in safeguarding children.

Issues to consider within the guidance include supervisor training, timing of supervision sessions, process for new and experienced staff, evaluation of the process itself and where organisational culture sits within this. It is an expectation that each agency will identify the minimum requirements for the safeguarding supervisor role.

The supervisee should be responsible for accessing advice and support, preparing for the Supervision session, taking responsibility for the quality of their work and make a positive contribution to the supervisory process.

It is an expectation that supervisor and supervisee enter into a “contract,” attained through negotiation with an agreement in relation to how issues will be managed, with regular review.

Decisions, in relation to adoption of a Safeguarding Supervision written contract, will be driven by local agency guidance.

Examples of safeguarding supervision contracts may be viewed in Appendix IV.

Managing Professional Differences

Safeguarding children will invariably be an area where there may be differences of opinion about what actions to take, which professional/agency should take action and thresholds for significant impairment vs significant harm. It is important that all those involved in the supervision process feel able to express their view and constructively challenge the action of others.

It is an expectation that each agency has in place a policy/guidance document for the management of professional disagreement, inclusive of an escalation process, in line with Local Safeguarding Children Board guidance.

A last thought.....

The emotional impact of safeguarding work has been recognised for many years (Morrison 1990; Ferguson 2005). Emotions need to be addressed within supervision to enable and assist the worker in recognising and working with complexity.

The aptitude of the professional to remain resilient within their role depends on the support systems of the organisation within which they work. Safeguarding supervision should offer an arena to manage negative emotions and to utilise emotional responses constructively, as a tool to understand issues in the family that may be impacting on the care of the child or vulnerable young person. Where a member of staff is experiencing anxiety or fear, what might this represent in relation to the experience of the child within that family environment? Furthermore, staff feelings of disempowerment or apprehension with respect to their work may impact negatively on professional curiosity, to enable avoidance of the potential risk of complicating the current situation. This may be particularly evident when staff lack knowledge or confidence about dealing with families from particular disadvantaged groups or from different cultures.

Agency Quality Assurance

All agencies should have in place a quality assurance process which ensures that staff are being supervised professionally and effectively within a process that promotes equal opportunities and anti-discriminatory practice. Quality assurance arrangements will be decided by individual agencies but will invariably involve auditing of the Supervision process and related practice arrangements.

Strategy Governance and Accountability

The delivery plan will provide the means by which the strategic aims and objectives are monitored. The delivery plan will be overseen by the HSCB Executive Group.

Assurance indicators in relation to Strategy effectiveness

The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

1. Staff report – increased resilience of supervisor and supervisee and reduction in reported stress levels caused by emotional impact of the work.
2. Reduction in work related staff sickness and reduction in vacancy levels.
3. Staff report of increased ability to reflect on and evaluate work carried out with families.
4. Clear indicators of safeguarding case progression, including drift avoidance.

Appendices

Appendix I – Supervision Evaluation Tool

Appendix II – Supervision Analysis Tools

Appendix III – Example of Recording Template

Appendix IV – Examples of Supervision Contracts

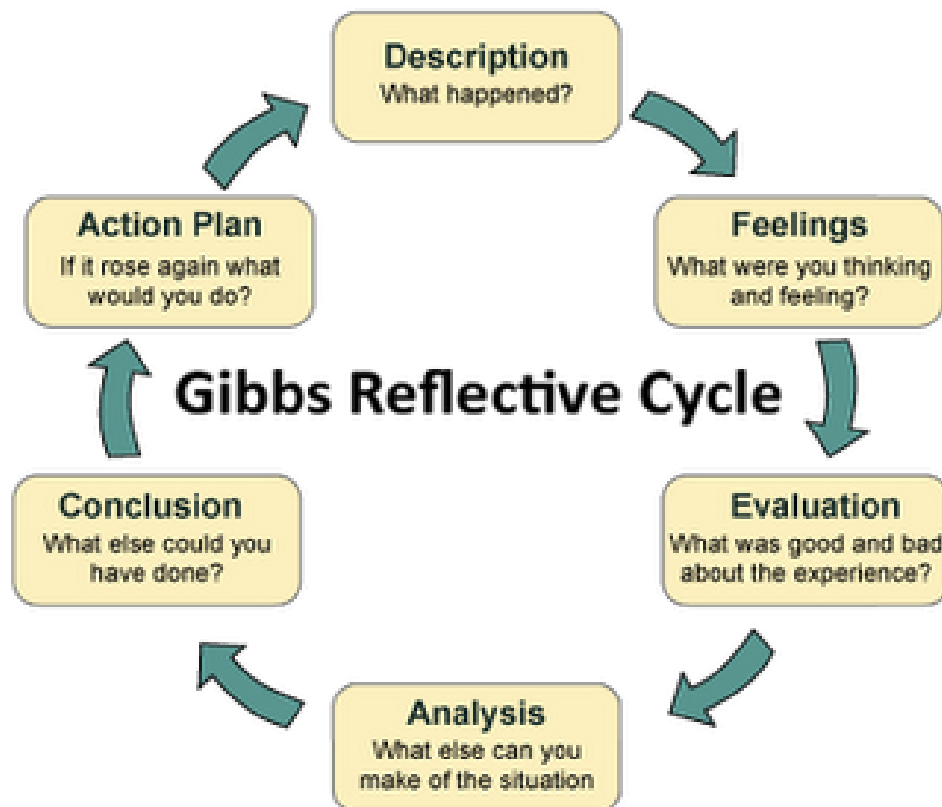
Appendix I: Supervision Evaluation Tool

Name.....Date.....

		Yes	No	Maybe
1.	I am happy about the length of supervision sessions.			
2.	I am happy to speak to you about cases that concern me.			
3.	I am happy with the level of discussion in the sessions.			
4.	I understand the actions agreed.			
5.	I feel that you help me formulate a plan to move forward			
6.	I feel you believe me when I tell you I am concerned about a child or family			
7.	I am given time to reflect			
8.	I am given time to talk about issues concerning to me			
9.	I feel you respect me			
10.	I feel adequately equipped to deal with the cases I have			
We need to more of:				
We need to do less of:				

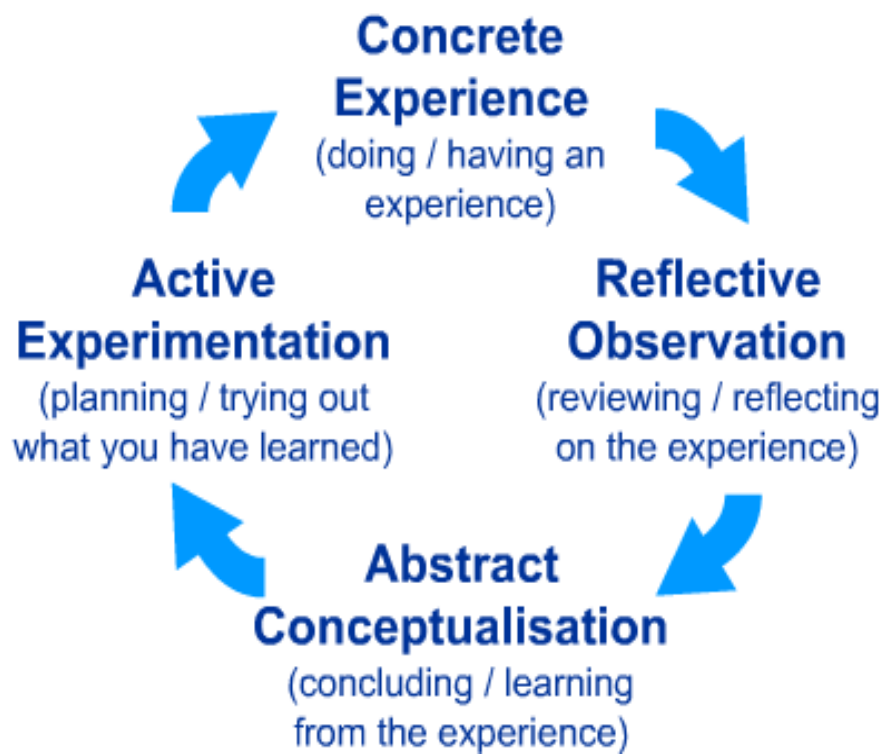
Appendix II Supervision Analysis Tools

Example 1: Gibbs' Reflective Cycle (1968)



Example 2: Kolb's Experiential Learning Model (1984)

See Example 3 for adapted version with example questions.



Example 3: Kolb's Cycle with example questions

Action Planning (PLAN)

In light of the reflection and analysis we have done, what is your overall summary of where things are? What needs to be done next? What are you responsible for in this case? Has this raised training or support needs for you? What is urgent? What would be desirable? What is negotiable? What might your strategy be for the next visit? Who else needs to be involved? Where do you feel more or less confident?

Experience (ENGAGE)

What did you expect to happen? What happened? What was your aim? What did you say and/or do? What interventions did you try? What did the client say or demonstrate? What reactions did you notice? What surprised or puzzled you? What struck you? What images struck you? What didn't you notice? What went according to plan? What didn't? What did you feel or do after the experience?

KOLB

Analysis (EVOKE)

What assumptions did you bring to the visit? How do you explain what happened? How did the visit fit in with the overall aims of your work? What aims were not achieved? What went well and why? What are the power relations? How far did this visit challenge your previous understanding? What new information emerged? What are the current needs/risks/strengths? What is unknown? How would other agencies define your role in this situation?

Reflection (FOCUS)

What did you feel at the visit? What feelings did you bring? What patterns did you see? Describe a time when you last experienced that – what happened? What/who does this client remind you of? What did you think the client was feeling? What factors may influence how you or the client felt or reacted? What thoughts went through your mind during the visit/session? What feelings were you left with? What was left unfinished?

Appendix III Recording Template Example

Supervisee Name:

Supervisor Name:

Supervision Date:

Date of last Supervision Session:

Agenda / Issues for Discussion	
Follow up from previous Supervision Session	
<p>Family Discussion (include analysis/risk assessment)</p> <ul style="list-style-type: none">a) Outline identified needs of child/renb) Risks to child and from whom/whatc) Engagement of family and capacity for changed) Plan for family and agency contribution to plane) RAG rating: Are children's circumstances improving (G), staying the same (A), getting worse (R)f) Proposed amendment to plan to address escalating concerns /drift and means of communicating issues to multi-agency colleaguesg) Action to be taken if parents are refusing services and significant harm threshold is not met <p>This is not an exhaustive list.</p>	<p>Agreed Actions (include who is responsible for actions and timeframe)</p>
Areas of Learning / Professional Development Opportunities	
Date of next session	

Appendix IV Examples of Supervision Contracts

Example 1: For those employees having direct contact with children / families

Name of Supervisor	
Name of Supervisee	
Frequency of Supervision	
Duration of Supervision Session	
Roles and Responsibilities: Supervisor: Agencies may wish to consider: <ul style="list-style-type: none"> • How notice of changes are communicated. For example, notice period for change of times, dates or venue; cancellation notice. • Recording of Supervision Session • How session agenda is decided • How issues in relation to workload/performance management are raised and escalated • How issues in relation to difference of opinion are raised/escalated 	Roles and Responsibilities: Supervisee:
Signed (Supervisor)	
Signed (Supervisee)	
Date	
Date of Review	

Example 2: For those employees having indirect contact with children / families

Name of Supervisor	
Name of Supervisee	
Frequency of Supervision	
Duration of Supervision Session	
Agenda items for the session	
Agenda items for future sessions	
Learning and Development Opportunities or Concerns	
Role opportunities / concerns	
Signed (Supervisor)	
Signed (Supervisee)	
Date	
Date of Review	

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