University Hospitals of Leicester NHS
NHS Trust

Safeguarding Supervision Policy

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CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	4
3	Definitions and Abbreviations	4
4	Roles	5
5	Policy Implementation and Associated Documents 5.1 Core Standards 5.2 Formal/Informal Supervision 5.3 Supervision in Safeguarding Children and Midwifery Cases 5.4 Supervision in Adult Safeguarding Cases	7 7 7 7 -9 10
6	Education and Training	11
7	Process for Monitoring Compliance	11
8	Equality Impact Assessment	12
9	Supporting References, Evidence Base and Related Policies	**12**
10	Process for Version Control, Document Archiving and Review	13

Appendices		Page
1	Supervision Requirements	14
2	Criteria for Inclusion: Indicators of Risk	15
3	Safeguarding Supervision Contract	16
4	Strengthening Families/Signs of Safety Approach in Supervision	17-18
5	Supervision Template	19-21

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

2021: Policy revised to reflect new format requirements.
Trust Lead for this Policy amended to the Head of Safeguarding.
Appendices 2a and 2b removed as no longer required.
Reference to he / she replaced with 'their'.
Child safeguarding supervision section amended to reflect this this is generic to the whole of the Childrens safeguarding team (as its delivered by all members of the team) and not specifically for the named Doctor role.

2024:

Addition of appendix 1,2, 4 & 5.

Updating and addition of hyperlinks to relevant UHL guidelines and policies. Re-wording of section 1.5. Merging of safeguarding children and midwifery cases. Addition of 'signs of safety' and 'strengthening families' in section 5.3. Change to the layout of section 5.3. Addition of section 5.3.7 – Monitoring.

KEY WORDS

Safeguarding Supervision Support

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts' framework for delivering safeguarding supervision to support all employees to make sound judgements on safeguarding matters.

1.2 Whilst there is no statutory requirement for adult safeguarding supervision the Trust recognises the benefits of this approach and will apply similar principles within the adult safeguarding service.

1.3 It is recognised that working in safeguarding adults and the field of child protection entails making difficult and risky professional judgements. 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 supervision.

1.4 Standard 5 of the National Service Framework (NSF) for Children, Young People and Maternity Services (2004), identifies high quality supervision as the cornerstone of effective safeguarding of children and young people, because working to ensure that children are protected from harm requires sound professional judgements.

1.5 "Working Together to Safeguard Children" HM Government (2023) sets out the arrangements organisations should have in place to safeguard and promote the welfare of children. These include the requirement of employers to provide 'appropriate supervision and support for staff' to ensure that staff are:

- Competent to carry out their responsibilities for safeguarding and promoting the welfare of children;
- Working in an environment where they feel able to raise concerns;
- Feel supported in their safeguarding role;
- Familiar with the processes and procedures to follow if they have concerns about a child's safety or welfare; and
- Have opportunities for their practice to be regularly reviewed to ensure they improve over time.

1.6 The needs of the child are paramount. The process of supervision is underpinned by the principle that every member of staff remains accountable for their own practice. The supervisor is accountable for the advice they give and action they take. All professionals within University Hospitals of Leicester NHS Trust ("UHL") will be responsible for ensuring that their practice reflects the local and nationally agreed policies, standards and guidelines.

1.7 Section 11 of the Children Act (2004) clearly describes the duty of all agencies to safeguarding and promotes the welfare of children and babies and young people. University Hospitals of Leicester (UHL) is committed to work with staff to ensure that the principles underpinning the Children Act are upheld and promoted.

1.8 Similarly, the Care Act (2014) places a duty on all agencies to ensure the safety, well-being and protection of adults experiencing, or at risk of, abuse or neglect in

their care. UHL recognises that staff have a responsibility to act promptly on any suspicion, disclosure or evidence of abuse or neglect wherever it occurs.

1.9 This Policy must be read in conjunction with University Hospitals of Leicester NHS Trust Safeguarding Policies, as listed in section 9 of this policy.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to all Trust employees and volunteers who have contact with patients, both in an inpatient, outpatient or community setting.

2.2 The policy encompasses both childrens and adults safeguarding, including maternity safeguarding.

3 DEFINITIONS AND ABBREVIATIONS

This is not an exhaustive list but aims to assist the reader with some of the common terms used in relation to safeguarding children and adults.

3.1 An adult in need of safeguarding as defined in the Care Act (2014):

Any person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and:
- Is experiencing, or is at risk of, abuse / neglect, and;
- As a result of their needs for care and support is unable to protect themselves from either the risk of, or experience of abuse and neglect.

This includes people with physical and sensory disabilities, people with significant learning disabilities, those with alcohol and substance abuse issues, people with mental health problems and those who are frail due to their age.

3.2 A child is anyone who has not yet reached their 18th birthday (Children Act 1989 and 2004). The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, prison or a young offender's institution does not change their status or entitlement to services or protection under the Children Act 1989. Young people who are in this category as well as younger adolescents often fall through the net of services, not seen as an adult but no longer a child; they are often very vulnerable. Whilst 'unborn children' are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice Working Together to Safeguard Children (2015).

3.3 Child Protection: Child protection, also referred to as a “Section 47” enquiry under the Children Act 1989 is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or are likely to suffer significant harm as a result of maltreatment or neglect.

3.4 Competence: The ability to perform a specific task, action or function successfully.

3.5 Safeguarding Children competencies are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice.

3.6 Supervision: Safeguarding supervision provides a framework for examining a vulnerable person’s needs in respect of concerns regarding welfare or safety concerns from different perspectives in a supportive environment. It is a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance the safety and protection of their patients in complex clinical situations.

3.7 Safeguarding Adults Enquiry (previously ‘investigation’): This is also referred to as a ‘Section 42’ (S42) enquiry. A safeguarding adult’s enquiry is any action that is taken, or instigated, by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. It usually involves working with the adult, gathering information and fact finding to determine what has happened and what needs to happen.

4 ROLES

4.1 The Chief Executive and Board of Directors

The Chief Executive and Board of Directors are accountable for ensuring it meets statutory and legal requirements and adheres to guidance issued by the Department of Health, the Department for Education, the Care Quality Commission, Commissioners and the Leicester and the Leicestershire & Rutland Safeguarding Children and Adults Board.

4.2 The Chief Nurse is the Executive Board Lead for Safeguarding

It is the responsibility of the Executive Board Lead to ensure that their areas of management and accountability deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding. The Chief Nurse is the Board Lead for this policy.

4.3 Managers

It is the responsibility of relevant line managers to ensure that all staff covered by the scope of this policy (including themselves if relevant) access effective safeguarding supervision in accordance with this policy. In doing so, the line manager should ensure that:

- Practitioners have dedicated and planned time specifically set aside to meet their supervision needs as required.
- An appropriate supervisor provides the supervision sessions. Supervisors should be trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding.
- Supervision arrangements support safe practice, and any resulting operational or performance, training or human resource issues identified to them are addressed.
- In the event a safeguarding supervisor is absent from work for a significant period, it is the managers' responsibility to ensure that the Named Nurse /Midwife/ Named Doctor is informed and any requests for supervision that are known should be addressed in conjunction with them.
- In those circumstances where staff have a particular responsibility as part of their role to safeguard individuals, the supervisor will be an expert in safeguarding such as a Named or Designated professional.

4.4 Named Professionals, Specialist Nurses and Midwives

Named professionals are responsible for providing effective support and supervision to staff within their organisation, alongside Specialist Nurses and Midwives within each team.

Named professionals in the Trust's Childrens and Maternity services receive safeguarding supervision from the Integrated Care Board (ICB) Designated Nurses. Whilst there is no requirement for this in adult safeguarding, this positive model is mirrored for the Trust's Named Adult Safeguarding Matron.

4.5 All Employees

All employees should know how to contact the safeguarding specialist teams for guidance and support. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision.

Safeguarding supervision does not replace, nor should it delay the individual's responsibility to refer safeguarding concerns to statutory agencies where there are concerns that a person may be at risk of significant harm.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 Core Standards

5.1.1 Safeguarding supervision will reflect a 'patient-centred' approach, promote equality, and respect diversity in relation to race, gender, age, sexual orientation, class, cultural and religious beliefs and disability.

5.1.2 The purpose of safeguarding supervision is to enable UHL staff to have the appropriate knowledge, skills and competencies to intervene or act where there are concerns about an individual. This may require the member of staff to review their current practice and make changes accordingly.

5.1.3 It is recognised that no single model can be used in every clinical setting. Therefore, a flexible approach is offered to enable practitioners to select a model or adapt a particular approach to suit individual needs without losing the core principles.

5.1.4 Staff should be discouraged from sharing information or seeking advice about cases during "corridor conversations". Wherever possible a suitable private area should be found to continue the discussion. However, should such conversations occur, it is the responsibility of the Supervisor to record the discussion at the earliest opportunity within the safeguarding records for the patient. It may also be necessary to ensure a further meeting is arranged with the Named Supervisor to conclude the advice and support given.

5.1.5 Employees should know how to contact the specialist teams for guidance and support. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision.

5.2 Formal/Informal Supervision

Within UHL it is recognised that there are two key forms of supervision; formal and informal. Versions of these are outlined below.

5.2.1 **Informal Supervision** - Professionals request advice and supervision in relation to a particular issue. This may be in the form of telephone support or ad hoc supervision but does not replace the requirement for regular timetabled supervision.

Accessing informal safeguarding supervision as required is particularly useful for practitioners where there are situations of an urgent nature and practitioners need immediate guidance and support and on a daily case basis.

5.2.2 **Formal Supervision** - This is a regular planned meeting on an individual or group basis with an agreed agenda, framework and recording process, which

can be based on a specific topic or case This may take place with a group of involved individuals or on a one-to-one basis.

5.3 Supervision in Safeguarding Children Cases and Maternity Safeguarding Cases

5.3.1 Informal Supervision within safeguarding children will take place on a daily ad hoc case-by-case basis. Cases will be alerted to the Safeguarding Children Team, consisting of a Named Nurse, Named Doctor and Specialist Nurses, by a telephone call to the Team and a referral on ICE. Staff may receive informal supervision when they phone to discuss the case at the point of referral, or at any time when the child is in the care of the hospital staff (this includes outpatients and those being visited in the community). Informal supervision is also provided for staff where they wish to seek advice and support regarding a personal safeguarding matter.

In all cases of informal supervision, the UHL Safeguarding Children Team will record the discussion on the safeguarding electronic notes system (SENS) under the referral reason of 'Advice request' or 'Supervision'.

5.3.2 Formal Supervision

Safeguarding Children.

Paediatric staff receive formal safeguarding supervision from the Named Dr for Safeguarding Childrens and the Safeguarding children's team. In addition, formal supervision is provided to clinical staff for complex cases and case reviews.

Many clinical teams have long term and/ or complex safeguarding patients within their caseloads, both in clinical areas such as wards, and those assigned to specialist teams where the child may be an outpatient. It may be appropriate for clinical areas to have regular safeguarding supervision in order that concerns or queries can be addressed and appropriate actions agreed.

Safeguarding Midwifery

Specialist Midwives for the Vulnerable Team and Community Midwives receive Safeguarding supervision from the Named Midwife for Safeguarding or the Maternity Safeguarding Team.

5.3.3 Formal supervision allows the employee to explore with their Safeguarding supervisor the content and process of the interaction between the service user and individual employee. This would include exploration of interventions, therapeutic models, formulation of problems, monitoring and evaluation. Such supervision is also an appropriate forum for exploring the nature of the patient/service user and employee relationship, including emotional reactions that may arise within one or both individuals within the therapeutic/working relationship.

The supervisee may wish to bring to supervision any issues that they perceive are precluding the delivery of optimum care to patients/service users within their sphere of responsibility. Examples of issues and case suitable for discussion at supervision sessions are included in Appendix 2. Safeguarding supervision can

be harnessed to learn from good practice and mistakes, and explore issues around concerns, complaints or critical incidents.

5.3.4 The supervision model used within the formal sessions is based on the ‘Strengthening Families’ and ‘Signs of safety™’ approach utilised by Leicester, Leicestershire and Rutland Children’s Social Care Teams. It has been developed to be used when supervising individuals to structure discussions about cases.

Central to the Strengthening Families approach are the principles of Solution Focused Therapy, namely, to explore the service user’s preferred future instead of focusing on a problem; to identify resources, strengths, and goals to attain the preferred future (and in doing so change the problem).

In practice, the Strengthening Families approach focuses on:

- What are we worried about? (Past harm, future danger, unmet needs, and complicating factors)
- What is working well? (Existing strengths and safety)
- What needs to happen? (Future safety and next steps)

Applying this model requires practitioners to establish an open mind about cases, to engage in critical thinking and maintain a constant position of inquiry.

The supervisor will support the supervisee in clarifying what is appropriate for supervision and what elements more appropriately should be addressed within management supervision or other direct contact with the clinical manager/team leader/line manager. The Safeguarding supervisor and supervisee will reach agreement on this aspect within the session and will agree the next steps to be taken and by whom. Supervision of this nature can be conducted either on an individual basis or within a group setting.

Supervision as described in this policy is the more regular planned supervision and it applies to all those engaged in direct clinical work responsibilities. Each service needs to agree and make explicit what is meant by ‘regular’ supervision.

Supervision may also be provided to areas on a case-by-case basis as a form of reflective practice. This may be particularly helpful in cases which have been particularly difficult for staff to manage, have had an emotional impact on clinical staff, had an adverse outcome or were subject to differing opinions in management of the case or complaints. Such supervision can enable learning through reflection for individuals and support.

5.3.5 **Organising Formal Supervision:** the supervisor and supervisee together will agree a supervision contract, the content of which should be recorded, and a copy held by both parties. An example of this is available in Appendix 3. This will clarify how the supervisor and supervisee will work together (i.e. the purpose and focus of supervision, frequency, duration and location of meetings, how records will be kept and by whom, etc.). Both parties must agree the content and record of a session are confidential. However, it is important that both parties understand and agree the circumstances under which information may be shared outside of a session and action to be taken, e.g. attendance at supervision and its frequency, difficulties arising within the supervision relationship that both parties have been unable to resolve satisfactorily, action plans or concerns about

practice. It would also be appropriate to agree to share information outside of this activity if it is agreed that doing this can facilitate wider learning and practice/service improvement.

5.3.6 **Recording Formal Supervision:** Templates for individual and group (Appendix 5) formal supervision session recording should be utilised. Copies of these should be held by the individual or group, and a copy will be placed on the Safeguarding Electronics Notes System ("SENS") under the referral criteria of 'Supervision'. Associated action plans should be completed where appropriate and monitored for actions.

5.3.7 Monitoring:

- Evaluation of the effectiveness of safeguarding supervision will be undertaken as part of the annual audit schedule by the Corporate Safeguarding Team. Data for the audits will be available on the SENS database.
- The scope of the audits will monitor
  - Adherence to the standards set out it this document (frequency, attendance, record 11 keeping)
  - Recognised or identified themes within practice
  - Recognised or identified training needs
- The audit/s will be carried out from both the perspective of the supervisor and the supervisee and may therefore contribute to changes and development in practice and policy to ensure safe outcomes for practitioners, supervisors and the children and young people they aim to safeguard.

5.4 Supervision in Adult Safeguarding

5.4.1 **Tier 1** - Includes UHL Safeguarding Adult Named Professionals, the Adult Safeguarding Specialist Nurses and the Matron for Adult Safeguarding.

5.4.2 **Tier 2** - Includes Trust Staff who are involved in leading and managing UHL S42 safeguarding adult enquiries and CMG representatives who attend the Trust's Safeguarding Assurance Committee.

5.4.3 **Tier 3** - Any staff member who requires / seeks support with safeguarding adults practice.

Tier 1 Staff	Tier 2 Staff	Tier 3 Staff
Tier 1 staff must attend one to one supervision on a quarterly basis, as a minimum. The Matron for Adult Safeguarding completes Tier One supervision for the Specialist Nurses, and the CCG Designated Nurse provides supervision for the	Tier 2 staff may seek and will be offered supervision whenever they are directly involved in managing an adult safeguarding case.	Tier 3 staff should contact the UHL Adult Safeguarding Service for supervision, as required, on ext. 17703 or email via: adultsafeguarding@uhl-tr.nhs.uk

Matron Adult Safeguarding		
A supervision record will be completed for each supervision session which should include action points where required.		
The supervision record must be agreed and retained by the supervisor and supervisee.		
Any training / learning needs should be identified and discussed with the line manager.		

6 Education and Training Requirements

6.1 Those practitioners providing supervision will have the required supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children. This is provided through training delivered by external trainers identified by the Head of Safeguarding.

6.2 All staff in UHL must attend and remain up to date with mandatory safeguarding training at the appropriate level for their role, details of which are available through line managers and HELM.

7 Process for Monitoring Compliance

7.1 See policy monitoring table

8 Equality Impact Assessment

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 Supporting References, Evidence Base and Related Policies

9.1 Related Policies:

- Management of care for pregnant women with learning difficulties

C227/2016

- Female Genital Mutilation: Management of women who have undergone FGM C32/2008
- Mental health antenatal and postnatal care C18/2011
- Missing baby C29/2013
- Substance misuse in pregnancy C44/2010
- UHL Emergency Department Standard Operating Procedure for Safeguarding Adults C181/2016
- UHL Safeguarding Adults Policy B26/2011
- UHL Safeguarding Children Policy B1/2012 V3

9.2 Supporting References/Evidence Base:

- Working Together to Safeguard Children (2023) HM Government
- National service framework: children, young people and maternity services (2004) DoH
- The Care Act 2014 (Adult Safeguarding)
- The Children Act 1989 and 2004 (Child Safeguarding)
- RCPCH Child Protection companion

10 Process for Version Control, Document Archiving and Review

10.1 The updated version of the Policy will then be uploaded and available through UHL Connect Documents and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.

10.2 This Policy will be reviewed every three years, and it is the responsibility of the Trust Lead for this Policy to commission the review.

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**
The Corporate Safeguarding Team will produce annual reports regarding staff attendance at safeguarding supervision	Corporate Safeguarding Team	Audit	Annually	UHL Safeguarding Assurance Committee (SAC) & the UHL Quality Committee (QC)

Appendix 1 – Supervision Requirements

Identifying which Trust Staff should receive safeguarding supervision and suggested frequency

Safeguarding Children & Midwifery

Staff Role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Safeguarding Professionals	3 monthly	Yes	No	Designated Nurses who are external to the Trust
Safeguarding Children Specialist Nurses	3 monthly	Yes	No	Named Nurse for Safeguarding Children
Paediatric Specialist Nurses	3 monthly	Yes	Yes	Safeguarding Specialist Nurses/Midwives
Ward Leader (Band 7) Includes: Children's inpatient & Outpatient areas	3 monthly	Yes	No	Named Nurse for Safeguarding Children
Staff working with Children and Families and those staff holding a child/family caseload	3 monthly	Yes	Yes	Safeguarding Specialist Nurses/Midwives
Paediatricians	Monthly	No	Yes	Named Doctor for Safeguarding
Midwives – Hospital	Ad-hoc according to need	Yes	Yes	Safeguarding Specialist Nurses/Midwives
Midwives – Community & Specialist Midwives	3 monthly	Yes	Yes	Safeguarding Specialist Nurses/Midwives
Role involves input with children and families- but practitioners do not hold a caseload.	12 monthly	Yes	Yes	Safeguarding Specialist Nurses/Midwives
Non-Clinical Staff	Ad-hoc according to need	Yes	Yes	Safeguarding Specialist Nurses/Midwives

Appendix 2 – Criteria for Inclusion: Indicators of Risk

Risk indicators are those factors that are identified in the child's circumstances or environment that may signify a risk. The following is not an exhaustive list of indicators but provides examples of the types of situations about a case that may be brought to Child Protection case supervision.

- There are children/young people/unborn babies assessed as suffering or likely to suffer significant harm.
- Children/young people/unborn babies who may be subject to a Child Protection plan or be a Looked After Child in care.
- The children/young people/unborn babies who are living in a household where there is domestic abuse or substance misuse.
- The children/young people/unborn babies who are living in a household where a parent/carer/significant adult may have a mental illness or learning disability which may impact upon parenting capacity.
- Where there are other complex needs such as the physical health of the child/young person, parent/carer.
- 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 children/young people/unborn babies.
- Where vulnerability may impact upon discharge or transition planning.
- Where there are professional differences.
- Instances where staff members feel concerned about a child, young person, or unborn baby, but they need help to clarify what exactly it is that they feel concerned about.

Appendix 3

SAFEGUARDING SUPERVISION CONTRACT

Contract between:

____ **(Supervisee)**

____ **(Supervisor)**

Frequency of meetings: ______________________________

Duration of meetings: ______________________________

Purpose of Supervision:

- Increase, and promote autonomy and confidence with the processes involved in Child Protection
- Empower midwives within their role, to manage safeguarding cases with the correct support and guidance
- Develop skills and knowledge around the processes within Child Protection and identify areas for learning and development
- Develop and promote a professional relationship between the Safeguarding Midwives and the midwives through Supervision
- Ensure all Supervisors/Supervisees are aware of the expectations surrounding safeguarding and supervision

Ground rules:

- Confidentiality and conditions that this may be breached
- What information to be shared
- Respect for one another
- Professional attitude

Roles and responsibilities:

- Supervisee responsible for bringing cases to meeting and bringing issues for exploration
- Supervisor to facilitate the meeting and managing time, location and issues identified
- Time keeping is essential
- Agreements regarding cancelling or re-arranging

Record keeping:

- Case overview notes maintained by Supervisor using template (attached)
- Notes and outcome of meeting to be forwarded to Supervisee, uploaded to SENs database, and saved electronically on the Children Protection clinical effectiveness drive

Date for review of contract ______________________________

Signed: ______________________________ **(Supervisee)**

______________________________ **(Supervisor)**

Appendix 4 - Using the Strengthening Families/Signs of Safety Approach in Supervision

(Based on the Signs of Safety model)

Primarily used in Initial Child Protection Case Conferences and Reviews, the 'Strengthening Families' and 'Signs of safety™' approach can be used when supervising individuals to structure discussions about casework.
Central to the Strengthening Families approach are the principles of Solution Focused Therapy, namely, to explore the service user's preferred future instead of focusing on a problem; to identify resources, strengths, and goals to attain the preferred future (and in doing so change the problem).
In practice, the Strengthening Families approach focuses on:

1. What are we worried about? (Past harm, future danger, unmet needs, and complicating factors)

2. What is working well? (Existing strengths and safety)

3. What needs to happen? (Future safety and next steps)

Applying this model requires practitioners to establish an open mind about cases, to engage in critical thinking and maintain a constant position of inquiry. It is important that the worker resists the urge to make definitive conclusions about solutions, so they can be open to hearing other's perspectives and goals. This applies also to professionals who may have different views on a case, so that they can be heard and considered when discussing goals and plans for action.

Questions to Facilitate a Reflective Conversation
(Based on the work of Tony Morrison)

Focusing on Experience (Engaging and Observing). The story – what happened?
This involves working with the supervisee to understand what is happening in their current practice. Where this relates directly to work with people at risk or in need of support it is an opportunity to make sure that their perspective is introduced into the discussion

- Tell me about your work with the service user/family this week.
- What were you thinking? What were you feeling? How are you feeling now?
- What words, non-verbal signals, smells, sounds, images, observations struck you?
- What was your aim? What planning did you do? What did you expect to happen?
- What went according to plan/or did not happen? What surprised/puzzled you?
- What is worrying you about this case? What were the key moments?
- What do you need from me to help with this? How do you want to use this time now?
- What are you pleased with yourself for this week?

Focusing on Reflection (Investigating the Experience). What was it like?
Reflection involves engaging with the supervisee to explore their feelings, reactions, and intuitive responses. This is an opportunity to discuss any anxieties and acknowledge situations where stress may be impacting on their work. Where the discussion relates to specific work with people who use services it is an opportunity to explore any assumptions and biases that might be driving practice. This can be a crucial element of working with diversity and promoting anti-oppressive practice.

- What similarities/differences are there between you and the service user that may have impacted on your interaction?
- What was good and bad about the experience?
- What feelings did you bring into the session/what feelings were you left with?

- Do you feel confident? Where and when did you feel most or least comfortable?
- Describe a time when you last experienced that – what happened?
- What did you think the service user was feeling – based on what?
- Who have you consulted/talked to? What was their take on the situation?
- What is at the back of your mind? So, you are saying…?

Focusing on Analysis (Seeking to Understand, Hypothesising). Asking why, what does this mean?
This involves helping the supervisee to consider the meaning of the current situation and use their knowledge of similar situations to inform their thinking. At this point alternative explanations may be explored and, where the needs of a service user are being discussed, this is an opportunity to consider the relevance of research and practice knowledge. This in turn may be useful in identifying any learning and development needs for the supervisee.

- What sense can you make of the situation?
- Is there any theory or research – or training – that might help you make sense of what is going on in this case? Who else could you involve?
- What new information emerged? What was the critical moment?
- What aims/outcomes for this session were or were not achieved?
- What else could you have done? What is not happening now? What is not known?
- What conclusion are you drawing from this work so far?
- What could you have done differently? In what way will that help?
- What have you learned from this?

Focusing on Action Plans (Preparing for Action, Trying Things Out). What next?
Action planning involves working with the supervisee to identify where they wish to get to and how they are going to get there. Action will automatically result in a need to re-engage with the experience of carrying out identified plans as well as consideration of potential complications and contingency plans.

- If it arose again, what would you do? How can you prepare for this?
- Have you thought…? What might be your strategy for the next session?
- What would be a successful outcome to the next session from your perspective and from the user's perspective? What information do you need to progress?
- Can you identify what you are – and are not – responsible for in managing this situation?
- What are you trying to achieve and how? How will you know when you have achieved it?
- What else would you find helpful? Is there further training/support you would like to access?
- How well equipped do you feel to undertake this? Are there any safety issues for you?
- What do you want to do here, now?

Morrison, T. (2005). *Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users.* London: Pavilion

Appendix 5 – Supervision Template (Individual & Team)

Supervisor: ____

Supervisee: ____

Date: ____

Venue: ____

Date of next supervision: ______________________________

Patient/Unborn Mother's Surname:
Patient /Unborn Mother's S Number:
EDD:
History or complicating factors:
Current Dangers & Risks:
Safety & Protective factors:

Strengths:
Grey Areas: (what we do not know)
Reflection & Analysis:
Actions: What needs to happen to mitigate risk/keep child/young person/unborn safe

Adherence to Safeguarding Policies and Procedures **Has all Mandatory safeguarding training been completed/attended?**	**Y/N**

Where would you scale the concerns 0-10 (0 = removal – no protective factors. 10 = no concerns – universal care)	

Actions	**By whom/when**	**Date for review/complete**

Comments – How useful was this session? What was learnt? *(supervisee)*
Supervisor Signature:
Supervisee Signature: