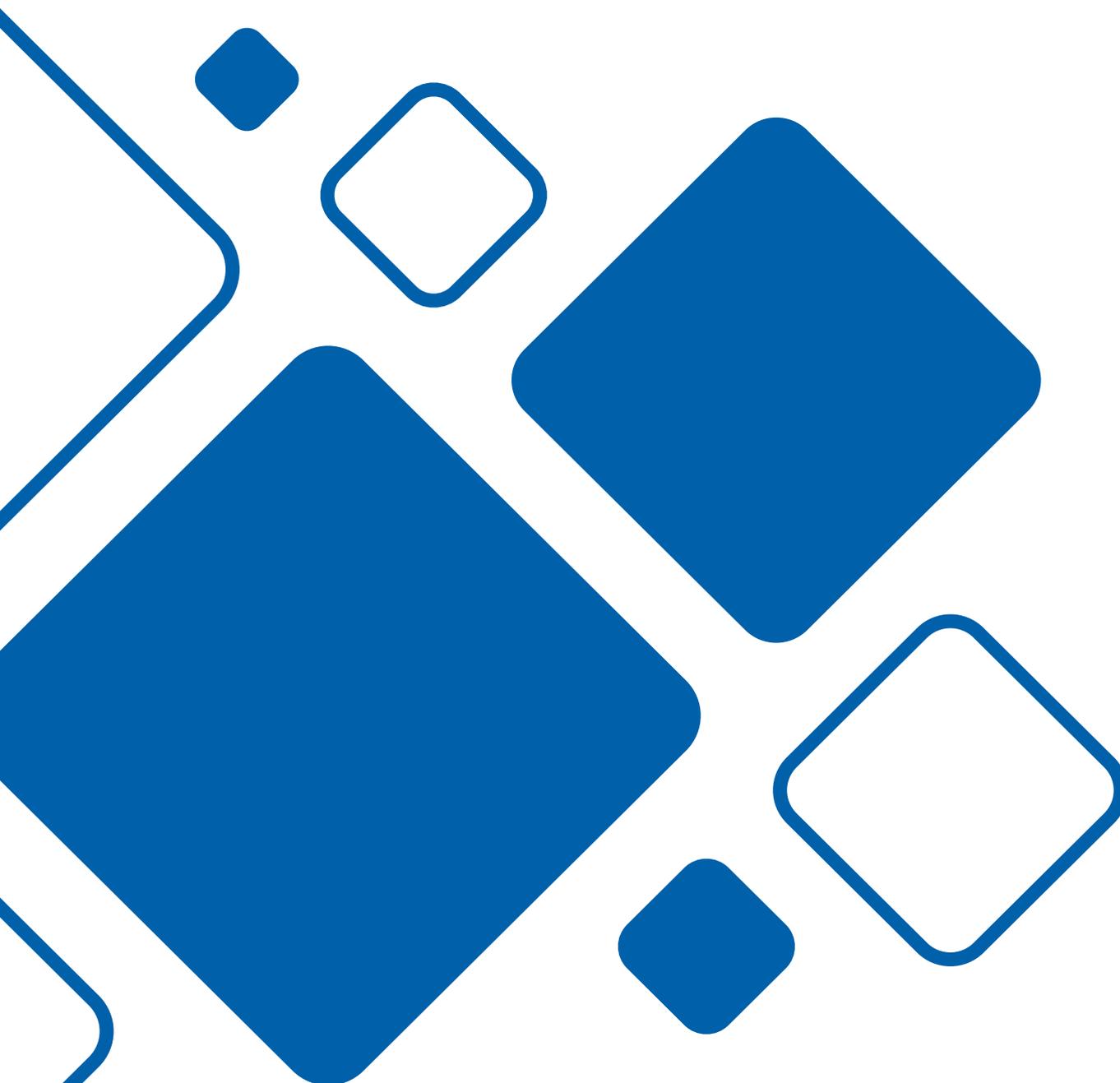


NURSDOC

POLICY NUMBER: **78**

POLICY TITLE: **CHILDRENS SAFEGUARDING**

WHO MUST ABIDE BY THIS POLICY? **ALL TEMPORARY WORKERS**



CHILDRENS SAFEGUARDING

THE PURPOSE OF THIS POLICY

Safeguarding supervision supports professionals to reflect critically on the impact of their decisions on the child and their family (Working Together 2015). Nursdoc recognises that safeguarding supervision is integral to providing an effective child centred service and that it has a responsibility to ensure that appropriate staff receive and deliver safeguarding supervision on a regular basis. All of Nursdoc are required to fulfill their legal duty under section 11 of the Children Act (2004) and statutory responsibilities as set out in Working Together to Safeguard Children (2015). 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. Working to ensure children are protected from harm requires sound professional judgment to be made. It is demanding work that can be distressing and stressful and those involved must have access to advice and support from professionals experienced in the field of safeguarding children. It is important that Nursdoc staff who provide safeguarding advice and support have access to supervision as effective supervision promotes good standards of practice and supervision can play a critical role in ensuring a clear focus on a child's welfare. This policy has been written to be consistent with national and local policies and procedures, in particular, London Child Protection Procedures (2011) and Working Together to Safeguard Children (2015).

PURPOSE

The purpose of this policy is to provide specific guidance on how supervision is conducted within the context of safeguarding/child protection in Nursdoc because effective supervision can support the professional to:

- Improve practice
- Keep a focus on the child
- Help to avoid drift;
- Maintain a degree of objectivity and challenges fixed views;
- Test and assesses the evidence base for assessment and decisions.
- Work with children who may have been harmed or are living in complex family situations
- Reflect on cases and build experience.
- Identify any relevant training and development for the practitioner
- Address the emotional impact of work

AIMS AND OBJECTIVES

The aims and objectives of this policy are to promote and develop a culture that values and engages in regular safeguarding children at risk supervision in order to provide high quality services and advocate best practice within children services. Also to:

- Provide formal support and guidance for all health professionals working with children at risk, in order for them to carry out their safeguarding responsibilities
- Ensure that all members of staff working with children services understand their role, responsibilities and scope of professionals discretion and authority regarding safeguarding children in the multi-agency arena.
- Provide a source of advice, support and expertise for staff in an appropriately safe learning environment
- Provide opportunity for reflection and critical incident analysis, to identify, deal with and learn from near misses and mistakes and ensure best outcomes for children at risk.
- Endorse clinical judgments and provide specialist support when circumstances require it in the safeguarding children processes

DEFINITIONS

Supervision

Is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes (Providing Effective Supervision: Skills for Care & CWDC 2007).

It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills (NHSME A Vision for the Future, HMSO 1993).

A Child

Is anyone who has not yet reached their 18th birthday. 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 or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Child in Need

Is defined under section 17 of the Children Act (1989) as a child is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Child Protection

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.

Safeguarding and Promoting the Welfare of Children

Is defined as:

- Protecting from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best outcomes

Safeguarding Supervisor

This is an appropriately qualified, experienced designated person who provides supervision. They are accountable for the advice they give and actions they take.

ROLES AND RESPONSIBILITIES

Safeguarding Manager

Has overall responsibility for ensuring that Nursdoc has appropriate strategy, structures, policies and procedures in place to ensure that children experiencing or at risk of abuse and neglect are safeguarded and that the commissioned provider services comply with relevant national legislation and discharge their duties effectively.

Clinical Governance Panel

They are responsible for:

- Providing strategic guidance on all aspects of the health service contribution to safeguarding.
- Providing supervision and support to Named professionals in the provider services.
- Providing professional advice on safeguarding matters to the multi-agency network.
- Representing Nursdoc on Safeguarding Children Board if required
- Advising on appropriate training for health personnel and participate in its Provision
- Advising on practice policy, guidance and ensure health components are updated; ensure expert advice is available on safeguarding policy and procedure and on day to day safeguarding management of children and families concerns
- Liaising with other designated nurses and doctors both nationally and regionally to benchmark safeguarding work.
- Attending relevant regional and national forums and maintain their competencies as laid out in the intercollegiate document (2015).

Principles Underpinning Safeguarding Supervision

Safeguarding supervision is based on key principles found in supervision theory to ensure safe outcomes. It focuses on the child, adult and their families and also meets the needs of the organisation and the practitioner through developing best practice. The policy sits within a strategy that is underpinned by national guidance which is based on listening to the child's voice, and their families. The strategy enables wide range of practitioners to identify and utilise six common Core skills and Knowledge for the children Workforce (2005).

These are:

- Effective communication and engagement
- Children and Young People's development
- Safeguarding and promoting the welfare of children and vulnerable adult
- Supporting transition
- Multi-agency working
- Information sharing

Through safeguarding supervision, the staff's training and developmental needs can be identified and the ethos of safeguarding being everyone's responsibility underpinning the

process is reinforced. 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 children supervision does not replace nor should it delay the individual's responsibility to make a referral to statutory agencies where there are concerns that a child may be suffering or likely to suffer from significant harm. In such cases staff should refer to the London Child Protection Procedures (2011).

Advice and Support Nursdoc

When we are contracted we will require a named GP who can provide expert safeguarding children advice, supervision and support to us as a commissioned independent contractor who provide health services to the local population as required.

Confidentiality

Supervision is a confidential process and it should take place in an appropriate setting. The sessions will be confidential except where this is a risk to the safety or well-being of the child. Advice given should be documented by both the supervisor and supervisee. This should be entered onto the child's record by the supervisee.

If concerns arise with regard to professional competence of either the Supervisee or the Supervisor during supervision, either party should feedback to the other at the end of supervision and both professionals should endeavour to resolve the issue. However, if this cannot be resolved at this level should be informed to facilitate resolution of such disputes.

Escalation of Concerns

Problem resolution is an integral part of professional co-operation and joint working to safeguard children. Concern or disagreement may arise over another professional's decisions, actions or omissions in relation to a referral, an assessment or an enquiry. It is important to resolve difficulties quickly and openly by identifying areas in working together where there is a lack of clarity to promote resolution. The safety and focus of individual children are the paramount consideration in any professional disagreement and unresolved issues should be escalated to their line manager/safeguarding lead with due consideration to the risks that may exist for the child. Where children's services practitioners are concerned or in disagreement with their colleague relating to the safeguarding of a child they should seek advice from the Designated Nurse and Named Safeguarding Children Professionals to promote resolution.

Nursdoc Flowchart

