Tower Hamlets GP Care Group

Health Visiting Supervision Policy

Date Issued	April 2017
Date to be reviewed	Periodically or if statutory changes are required
Title	Health Visiting Supervision Policy
Supersedes	All previous Policies
This policy will impact on	All Health Visiting staff
Financial Implications	No change
Policy Area	Governance
Version No	1
Issued By	Governance Team
Author	Caroline MacGregor
Document Reference	
Effective Date	01/04/2017
Review Date	01/11/2017

Approval Record

	Committees / Groups / Individual	Date
Consultation	Clincial Leads for Health Visiting Named Nurse for Safeguarding Children	March 2017
Approved by		

Health Visiting Supervision Policy

1-Aim of this Policy.

Tower Hamlest GP Care Group will ensure that all Health Visiting staff involved in clinical practice have access to and participate in clinical supervision. Through clinical supervision, good work can be recognised while poor and unsafe practices are examined honestly, challenged constructively and objectively. This will ensure the maintenance and development of high quality clinical care

2-Aim of Supervision

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional response to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practices - CQC 2013.

Clinical Supervision describes what happens when people who work in the helping professions make a formal arrangement to think with another or others about their work with a view to providing the best possible service to clients and enhancing their own personal and professional development.' Scaife, 2001

'Supervision can be an important part of taking care of oneself, staying open to new learning and indispensable part of the individual's on-going self-development, self-awareness and commitment to learning. Hawkins and Shohet 2012

The organisation recognises that all registered Health Visiting and Nursing Professionals and relevant Clinical Support Staff will participate in Clinical Supervision as an integral part of their professional development, and attendance is mandatory.

Clinical Supervision provides staff with a supportive, open and professional forum to reflect on their practice and development. It forms an integral part of Continued Professional Development (CPD), Clinical Governance, Revalidation and registration Renewal and is an contribution of the appraisal process. Its emphasis is on increasing confidence and competence, enabling individuals to carry out safe, effective practice and contribute significantly towards a professional service of the highest quality for the patients/clients/organisation.

Key elements of Clinical Supervision include:

- Developing reflective practice
- Offering constructive support for professional growth
- Highlighting good practice and increasing confidence
- Identifying areas for improvement with action plans and reviews
- Safeguarding and improving standards of care
- Enhancing evidence-based practice
- Encouraging innovation in practice.
- Valuing staff and improving morale
- Empowering staff and promoting responsibility and accountability
- Identifying training and development needs

3. Principles

"Clinical care and treatment are carried out under supervision and leadership". Tower Hamlets GP Care Group is required to extend clinical supervision across the health Visiting services in order to comply with National Policy and legislated requirements.

Documents of reference include ;

- Safeguarding Children and Young people :Roles and Competencies for Health Care staff; Intercollegiate document . Royal College of Peadiatrics and Child Health 2014
- Looked after Children Knowledge Skills and Competencies of Health Care Staff. Royal College of Peadiatrics and Child Health 2015
- National Specifcation for Health Visiting. Department of Health 2015.
- Nursing and Midwifery Council Code for Nurses and Midwives 2015
- Nursing and midwifery Council standards of Proficiency for Specilist Community Public Health Nurses (SCPHN)
- Children Act 2014
- Working together to Safeguard Children 2015

Many factors have contributed to the need to develop clinical supervision within NHS and NHS provider organisations. These factors include:

- Safeguarding and promoting the highest standards of care for patients and clients, increasing local health professionals understanding of organisational change resulting from changes in technology/techniques, increasing complexities in clients' needs and the clinical governance agenda of the NHS.
- Developing an awareness of professional accountability and providing an understanding of what is expected from an individual in their professional role in circumstances where organisational and professional boundaries are changing.
- Promoting changes in philosophies of care from a medical model to one of empowerment based on principles of partnership to establish a patient/client approach to health services being offered.
- Support the Think Family Agenda
- Supporting the changes in the education of health visiting staff that increases the emphasis on maintaining competence, personal responsibility and accountability of the individual practitioners.
- Developing a more reflective workforce which can respond to the changing agenda and to develop innovative practice.
- Acknowledging that health visiting staff are in stressful occupations and therefore do require active support to reduce stress and burn out .
- Ensuring the quality and safety of services to Chidlren , young people and their families.
- Ensuring that staff working with children understand their roles, responsibilities and scope of professional practice , discretion and authority regarding safeguarding of children when working in the multi agency arena.
- Ensure that practice is evidence based and there is adheres to organisational policy, pan London and national policies, procedures and best practice guidance
- Reduce the effects of stress and burn out and hence reduce the potential for dangerous practice.
- Provide opportunity for reflection, learning and critical analysis in a safe environment .
- Formally contribute towards organisational governance through incident reporting and review of quality of provision .

Clinical supervision is beneficial for professional development and improved patient care. It forms part of the wider health and social care agenda concerning quality, accountability and efficiency of practice and supports the clinical governance and health care assurance agenda by encouraging practitioners to learn from experiences in the work place.

Clinical supervision brings practising health care staff together to reflect on practice and encourages the development of professional skills. This enhances the quality of patient care through the implementation of an evidenced based approach to maintaining standards in practice.

Clinical supervision is a valid formal learning activity which supports Tower Hamlets GP Care Group commitment to continuing professional development.

Records of supervision sessions will be agreed and maintained between the facilitator and the participant. They cannot be used in any disciplinary action. However, if issues have been raised concerning a breach of the relevant Code of Professional Conduct or local policy, this must be addressed with the participant's senior manager so that they can take appropriate action.

Confidentiality and trust between facilitator and participant are key elements of the supervison relationship. The record of direct case supervision will be attached to the clients records to ensure an audit trail of actions and decision making. The organisation resverves the right to remove this information if records are subject to request for acess to records. If it is considered that it is not in the interest of the client to have sight of the supervision record, all patient records containing supervision notes that are subject to "Request for Acess to records" must be approved for release by the Director of Health Visiting or the Caldicott Guardian.

Confidentiality of the supervision discussion is usual . The discussion may be shared by consent from the faciliator and participants or if poor practice is identified which leads one of the parties to believe that harm could result to the well being of a client due to lack of insight , actions or competency of either party . In occasions arising the line manager pf the individual of concern must be notifed as soon as possible so that appropriate and effective remedial action can be taken. If the individual is employed outside of the Tower Hamlets GP Care Group then the Director of Health Visiting must be informed to ensure that the issue is escalated sensitively and immediately to the employing organisation of the individual.

4.Scope of this Policy

This policy applies to all staff employed within the Tower Hamlest GP Care Group Health Visiting service including bank and agency staff .

There are Six main types of supervison available to health visiting staff which will be addressed within this policy.

Safeguarding Children Supervision

Supervison of Staff undertaking interventions under delegation of SPCHN

Clinical Supervision for SCPHN and other Registrants or non registrants within the service .

Restorative Practice Supervison to support delivery of MECSH

Line Management supervision

Non Medical Prescribing Forums

5. Responsibilites for Delivery

Chief Executive Officer

- To ensure that the Health contribution towards safeguarding and promoting the welfare of Children is discarged effectively.

Executive Safeguarding Children Lead on the board

- To ensure that structures and systems are in place to asure the board that staff have the right skills, experience and resources to carry out their responsibilities and continually improve quality of care .

Director of Health Visiting

- The Director will provide oversight that that staff are fulfilling their responsibilities of the policy.
- The Director will ensure that Safeguarding supervison compliance data is collated and submitted quarterly to the Tower Hamlets Designate Nurse for Safeguarding Children and to the Local Authority Commissioner Formal contract quarterly review.
- The Director will ensure that all Supervision attendance data is available for scrutiny by any inspecting authority and is available for the scrutiny of the Tower Hamlets GP Care Care Group Governance board .
- The Director will both facilitate and participate in supervision to role model and promote its Value within the organisation.
- The Director will ensure that this policy is reviwed in event of changing guidance or legislative requirements or two yearly (which ever is most frequent)
- To develop the supervision process as part of on going asessment of the staff members competency and ability to deliver safe care.

Clinical Leads and Team leads

- It is the Clinical Leads responsibility to ensure that all staff have access to clinical supervision and that they attend agreed sessions, and protected time is made available ,except where there are special circumstances when this is agreed not to be appropriate.
- The Clinical Leads must provide appropriate management supervision of staff and ensure that delegation of responsibility is exercised with proper regard to experience and competence.
- The Clinical Leads must Review Supervision attendance monitor compliance and ensure that attendance data is captured. The efectiveness should form part of the discussion of the annual Performance & Development Review (P&DR) discussions.
- The Clinical Leads will ensure that any facilitator who is under management performance review due to poor clinical competency issues will suspend delivery of supervision sessions until the review reaches its conclusion and ensure the participants are re-allocated to an alternative facilitator .
- Ensure that all facilitators have access to an appropriately trained Facilitator themselves.
- Monitor Clinical Supervision activity levels and evaluate effectiveness of the Clinical Supervision process through the P&DR discussions.
- Promote awareness that Clinical Supervision is a highly valued and recommended component towards the delivery of Clinical Governance.
- Acknowledge and address emergent learning needs from Facilitators.
- Identify a suitable Facilitator for new team members during induction period

Facilitators responsibilities

- The facilitator will have a relevant background and be trained in the clinical supervision process.
- Prepare for the sessions, using a recognised framework for clinical supervision, or relevant professional body documentation.
- Be punctual and reliable.
- Demonstrate respect for the participant/s and their patients/clients, enabling each member of a supervision group to participate fully in sessions where these are in a group setting.
- Focus on how high quality professional practice can be sustained.
- Encourage the participant to seek specialist help or advice when necessary.
- Challenge behaviour that would cause concern about clinical practice, development or use of clinical supervision.
- Clearly identify practice issues to be addressed and agree outcomes with participant/s.
- Enable practitioners to explore and clarify their thinking by reflective practice and/or critical analysis within a framework of group, peer or 1 -1 supervision.
- Agree with the line manager the frequency and duration of sessions, record keeping and how any actions or issues arising from supervision will be addressed.
- Keep appropriate records of significant issues that were addressed, actions agreed and the outcomes; this is shared with the participant/s.
- Undergo clinical supervision themselves.
- Any facilitator who is under management review due to poor clinical competency issues will suspend delivery of supervision sessions until the review reaches its conclusion and ensure the participants are re-allocated to an alternative facilitator .
- Facilitators will be reviewed annually with regard to their Facilitator role at their P&DR.
- Maintain a confidential, non-judgmental attitude and facilitative approach.

Participants responsibilities

- Attend designated sessions and agree the agenda for the supervision session, be punctual and reliable and respect the needs of colleagues within group sessions.
- Identify a practice issue which they wish to explore and provide case records or other evidence which demonstrates their existing practice.
- Agree and follow up any actions arising from clinical supervision sessions.
- Identify learning needs from supervision and include these as objectives in Personal Development Plans and P&DR discussions as appropriate. The summary of safeguarding supervision proformas must be completed following each session by the participant / facilitator and emailed to the participants line manager to inform identification of learning needs.
- Agree with their line manager and facilitator the frequency and duration of sessions and inform their line manager about any issues which might affect the supervision process.
- Participate in training programmes for Clinical Supervision as required.
- Ensure contracts are drawn up between both facilitator and participant who identify boundaries and areas of responsibility.
- Demonstrate commitment to getting the most out of Clinical Supervision through giving priority to clinical supervision sessions and preparing for each session using the recognised framework for clinical supervision, or relevant professional body documentation.
- Maintain reflective accounts of the session by utilising the documentation as agreed within the supervision contract or appropriate documentation aligned to professional regulatory body.
- Ensure and maintain confidentiality within the boundaries of Clinical Supervision.
- Contribute to monitoring and evaluation of the effectiveness of Clinical Supervision and submit dates and type of supervision attended to the Personal assistant to the Director of Health Visiting for collation within 72 hours of participation in supervision

- Ensure that in Direct case superivion the up to date records of the case are available for viewing and that they are updated contemporaneously with the accurate advice and actions agreed through the process of supervision..

6. Safeguarding Children Supervision

Frequency of Safguarding supervision:

- All Caseload holders .ie Bands 6 and 7 Health visitors MUST recieve formal one to one safeguarding supervision as a minimum of once per quarter year. This is a requirement (RCPCH 2014) and is additionally a contracted within the Health Visiting Service specification. Compliance must remain above 95% engagement for the service and is reported to;

  The Service Commissioner,
  The Designated Children Safeguarding Nurse for the local health economy .
  The Local Children Safeguarding Board.

- It is not permissible for a staff member to to miss any quarter and it is staff responsibility to ensure their personal compliance. Exceptions are long term leave from the service.

- Additional sessions may be accessed above the minimum requirement depending on practitioner need and experience, or the complexity of presenting case issues.

- Newly qualified Health visitors are not allocated known complex families until they are demmed competent through a process of preceptorship and have been assessed against the Safeguardng competency framework . There is no minimum time frame on achievement of competency but all Newly Qualified Health Visitors are expected to be competent within six months post qualifying .

- Complex families and complex situations exist across society and can be encountered in daily practice so staff can seek advice and support at any time of their career.

- Quarterly Group supervison will be made available to prepare the newly qualified staff for the formal process and allocation of complex work.

- Quarters are :
  Quarter One - April, May and June.
  Quarter Two - July , August and September
  Quarter Three - October November and December
  Quarter Four - January , February and March

- Individal case guidance with a safeguarding professional is available 24 hours per day .
  Individual case discussion is also available via the Health Visiting Clinical leads or Director of Health Visiting during office hours.

- During office hours the safeguarding professional will be one of the Children's safeguarding team , whilst out of hours is provided by a Named Nurse for Safeguarding Children via contact through The Royal London switch board.

  Tel 0208 223 8679

- It is the responsibility of the practitioner to record any advice sought and the actions advised and undertaken in the electronic clinical record of the child /family at the time of receipt.

Examples of cases that could be brought to Safeguarding supervision include :

- Unborn or Children subject to a Child in Need plan(CIN or Section 17 Childrens Act) or Child in Need of Protection plan (CP or Section 47 Childrens Act 1989)
- Children who have previously been subject to plans and where concerns exist again.
- Unborn or Children who have been subject of a Strategy meeting under Section 47 of the Chidlren Act 1989.
- Children who are accommodated by the Local authority e.g Section 20 of the Chidlrens Act 1989.
- Children subject to private fostering arrangements where concerns exist.
- Domestic abuse , Substance misuse, mental ill health (including post natal illness) or disability that impacts on parenting capacity within Household.
- Where children are providing suvstantive caring role to parent or sibling and own needs are not being adequately met.
- Any concerns regarding child sexual exploitation or exposure to inappropriate sexual images or grooming .
- Gang related concerns .
- Ongoing child behavioural concerns exist, despite input from CAMHS or peadiatrics and specialist therapy services .
- Failure to Thrive, un-addressed Obesity, failure to acheive milestones , frequent A&E attedances or accidential injuries.
- History of current physical, emotional or sexual abuse abuse towards children or cruelty towards animals
- Poor parenting capacity or neglectful behaviours .
- Any cases of cause for concern where advice or exploration will be beneficial to progressing the case .

Cases which **MUST** immediately be escalated for the attention of the Safeguarding Team and Director of Health Visiting /Clinical Leads :

- Suspected or confirmed fabricated illness
- Cases which are likely to result in criminal proceedings.
- Cases of child to child abuse.
- Any unexplained injury- particularly to a non mobile child
- A child death.

Facilitation of Safeguarding Supervision ;

- To act as a facilitator the practitioner must be a qualified Specialist Community Public Health Nurse or a Peadiatric Nurse. They must have undertaken a recognised supervision course (e.g NSPCC training course) or teaching and training course (e.g post grad Certificate or post grad Diploma in education – ie.Practice teacher) A suitably qualified and experienced health visitor may assessed to have the appropriate skills and will be assessed on individual competency . They must have attended the Signs of Safety training as this is the framework used within Tower Hamlets.

- New faciliators will be mentored by a member of the safeguarding team until confident and competent to facilitate independently.

- A Supervision group for facilitators will be in turn facilitated by the safeguarding team each quarter to allow a peer network for learning from experiences and challenging or successful management of cases.

- The service will identify practtioners to become facilitators.

- The service will maintain the register of supervision attendance.

- When commencing supervision process a 1:1 supervision agreement/contract must be completed between faciliatator and participant Appendix 1 and must be jointly signed and reviewed annually.

- The supervision model is based the Signs of Safety tool . Appendix 2 This tool originates from Solution Focused Brief therapy pioneered by De Shazer 1992 and has been adapted to Child Protection Work by Edwards and Turnell in 1993

- The tool is a strengths based, safety orientated approach to working with children and families . It commences with a mapping exercise of the circumstances surrounding a child , considering indicators of harm and danger alongside safety and resilience factors to enable a summary of risk and future safety .

- The mapping is based upon professional opinion and is not undertaken in partnership with families for the supervison process. The mapping can be shared with the family if appropriate and should be shared with social care if the discussion leads to a referral into childrens social care services.

- The facilitator and participant should refer to local safeguridng policy and proceedures for guidance regarding local processes to be followed where unsure . ie Tower Hamlest GP Care Group Safeguarding policies and The London Child Protection Procedures 2013, Alternatively, the Safeguarding Children Team can be contacted in realtime for advice and guidance .

- The tool should be completed electronically and attached into the records of the child/children and and referenced in the parents record.. The Enhanced Service Needs Template within EMIS must be completd to identify and linked to the attachment. NO COPIES of the completed tool should be made in paper format or retained electronically in any staff personal drive or on a local desk top or laptop computer.

- The NHS Number (s) of the child/children discussed should then be sent to the NHS net generic email box of the safeguarding team (from a practitioners NHS net email account) to enable a quality audit of recording and quality of advice given, to be undertaken by the Safeguarding team.

  Email address is : **BHNT.CHSBartsHealthSafeguardingChildrenTeam@nhs.net**

- Within 72 hours of receipt of safeguarding supervision the participant must notify the Health visiting business administrator of their attendance for the compliance register.

- Group supervision for newly qualified Health visitors will be provided in house by a facilitator meeting the afore mentioned criteria .

- Group supervision is a process where by members negotiate and come to gether ina agreed way to reflect upon their work in order to improve individual and group capacities. This is a process enabled and permitted by the organisation. (Morrison 2010)

- When commencing the supervision process a 1:1 supervision agreement/contract must be completed between faciliatator and the participants. Due to the differentiation of discussion regarding issues rather than initial case work a written record of issues will be taken and shared with all group members for their retention. A refective piece using the NMC revalidation tool is encouraged to evidence learning or thinking and kept by the individual registrant .

- Within 72 hours of receipt of safeguarding supervision the participant must notify the Health Visiting business administrator of their attendance for the compliance register.

7.Clinical Supervison of Staff undertaking interventions under delegation of SPCHN

Delegation of speciific pieces of work or interventions to non-regulated healthcare staff is usual practice within skill mix health visiting teams. The SCPHN or the registrant The registered nurse will still have responsibility as the primary assessor, planner and evaluator of care but the episode of care can be delivered by a comptent and skilled staff member within the team.

The NMC advises that the delegation of care should always be made in the "best interest of the patient."

- It is up to the registered nurse or midwife to decide if the delegate is competent enough to perform the task at hand, they then retain responsibility for that delegation.
- All staff should undertake a job role appropriate competency framework which has been approved by the organisation and the staff member should be signed off as competent by a senior member of staff . Ie SCPHN , Practice Teacher, Qualified Mentor or clinical lead. The registrant should only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions.
- No nurse or midwife should feel pressurised into delegating, says the NMC,(2015) in such circumstances advice should be sought from the professional line manager.
- You must make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.
- Confirm that the outcome of any task you have delegated to someone else meets the required standardof the organisation.
- It is recommended that a minimum of monthly supervision of allocated work is undertaken by discussion and a review of recordings within the client records, counter signature of a random sample of interventions discussed is undertaken by the registrant to demonstrate supervision has taken place .
- It remains the responsibility of the staff member carrying out the delegated work to feed back any exceptions to "normal" encountered when undertaking the delegated care to the delegating registrant.
- The staff member should in encountering any issues that they are unsure of or which deviate fom the expectation immediately alert and seek help of the registrant or another senior staff member in their absence. This is vital for any issue which affects the safety or well being of the recipient . e.g safeguarding concern.
- The registrant has a duty to share any concerns regarding competency of the staff member to whom care has been delegated, or educational needs identified , to the team manager or clinical lead so that an action plan of support and education can be initiated or performance management review process applied.

8. Clincal Supervision for SCPHN and other Registrants or non registrants within the service .

- Tower Hamlets GP Care Group recognise that a number of options exist to enable the delivery of clinical supervision within the workplace. Examples are; Peer clinical support groups , Team learning sets, Perinatal mental Health supervision offered by Compass Well being CIC. And Domestic Abuse Supervision groups provided by the Barts Health Domestic abuse Lead nurse.

- It is important that they are accessed in conjunction with the principles of this policy and that permission to attend has been obtained from the Clinical Leads/Director to ensure that this is an approved method of supervison and an pproved provider of supervision to Tower Hamlest GP Care group staff.

- A supervison contract must be entered into or use by the Organisation and the frequency of attendance must be approved by the clinical lead to ensure balance of staffing to meet service needs . These supervision oportunities are particularly advisable for attendance by newly qualifed or returning to practice health visitors, or those woith challenging cases who can through this means acess expert advice . Indiviudual guidance advice is also available from the Domestic Abuse lead nurse and Compass perinatal mental helath service in real time.

- It is important that attendees understand that although the prinicples of supervision are around confidentiality , any concerns raised regarding their competency of practice or the safety of themselves or their clients will be shared with the Clinical Leads or Director of health Visiting by the facilitator as the safety of staff and families must be paramount.

9.Non Medical Prescribing Forums for SCPHN

- To enable SCPHN to actively use their non medical prescribing qualification-which must be currently registered with the Nursing and midwifery council. A non medical prescriber must evidence that they have maintained their knowledge and skils and are safe to prescribe from the nursing formulary.

- Tower Hamlets GP Care Group requires that each non medical health visiting prescriber attend a minimum of two non medical prescribing forums per year and complete a reflective article demonstrating their attendance , learning aquirred and reflective process on the experience. It is advised that this is recorded on an NMC revalidation template and saved in a personal drive to desmonstate compliance at P&DR Appraisal . The dates of the forums is avialbale form Community Practitoners Education Network (CPEN)

- Please read this policy alongside the non medical prescribing policy for details of requirements.

- The practitioner must take responsibiliity to notify the Health visiting business administrator of their attendance at the forums so that compliance with attendance can be evidenced to retain ability to prescribe.

- Failure to do so may result in withdrawal of prescribing pad provision and removal from Tower Hamelts GP care group prescribing register.

10. Restorative Practice Supervison to support delivery of Maternal Early Childhood Sustained Home Visiting programme (MECSH)

This programme will commence roll out in Autumn 2017 within Tower Hamlets Health Visiting Service .

Only Health visitors may deliver the porgramme in its entirety.

Facilitators must have attended "Clinical Champions training " provided by the South London and Maudesly University Hospital .

The model to be used is based upon the Family Partnership Model (Davis and Day 2010) and is a strengths based model . The model recognises the wish and ability of the parents /carers to be aspirational in their outlook for their child/children and to be able to make changes to improve potential outcomes for their child/children. This involves adopting positive behaviours, recognising and building on strengths and being future orientated in goals and behaviours to prepare their child for life.

The model allows the family to rate both themsleves and the also the skills of the practitioner in the relationship and helping process and is akin to the work of Egan 2002 .

The MECSH Supervision process , procedure and documentation will be added to this policy in November 2017.

11.Managerial Supervision

- Managerial supervision are 1.1's where the line manager and member of staff discuss and review clinical practice, caseloads, incidents etc. The monitoring of mandatory training compliance, impact of sickness , Performance, Health and Safety issues, or resolution of operational or cross service issues challenging the staff members ability to perform in their role . See Appendix 3 for template to be use

- All staff are expected to receive a managerial supervision approximately 6-8 weekly .

- Clinical leads will undertake all line management supervision of Band 7 health visitors and any staff within the skill mix helath visiting team .

- Team Lead Health visitors may undertake the line management supervision of Band 6 health visitors and any staff within the skill mix health visiting team.

- Health Visitors may undertake the line management of bands 5, 4 and 3 skill mix staff within the health visiting team . This is called Cascade supervision.

- Line Managers must fully understand supervision and develop skills to reflect upon practice in a meaningful, analytical and supportive but challenging way.

- Protected time must be identified in which to conduct sessions. Each meeting/session should last for a minimum of 30 to 90 minutes; shorter encounters of benefit can also be noted.

- Line management Supervision is provided at a time and place convenient to both facilitator and participant within contracted work time.

- Both the facilitator and participant share the responsibility for ensuring the contact and are encouraged to make supervision a committed priority.

- Records are kept accordingly as agreed within the clinical supervision contract using Appendix 3

- Non-registered staff can have access to supervision in the same way as registered staff.

- The recording on the template should be undertaken electronically or if written by hand should be scanned (then shredded to ensure confidentiality) and shared electronically so that both the manager and staff member retain a copy with agreement of the content. The storage of these should be within each persons personal computer drive where they are not visible to others.

- If the relationship is not conducive to effective working then either member of the supervision can seek advice and support by escalating to the appropriate senior manager

12 References

- The Children's Act 1989 and 2004 published by HMSO
- Looked after Children Knowledge Skills and Competencies of Health Care Staff. Royal College of Peadiatrics and Child Health 2015
- National Specifcation for Health Visiting. Department of Health 2015.
- Nursing and Midwifery Council Code for Nurses and Midwives 2015
- Nursing and midwifery Council standards of Proficiency for Specilist Community Public Health Nurses (SCPHN)
- Nursing and Midwifery Council Revalidation requirements 2013
- Maternal Early Childhood Sustained Home Visiting Programme Professor Lynn Kemp 2010
- Safeguarding Children a review of the arrangements in the NHS for Safeguarding Children . CQC 2009
- Safeguarding Children and Young People : Roles and Competencies for helath care staff – Royal College of peadiatrics and Child Health 2014 (The Intercollegiate document)
- Signs of Safety . Edwards and Turnell . 1993
- Solution Focused Brief Solutions Therapy : Steve De Shazer et al 1992
- Supervising the Reflective Practitioner: An Essential Guide to Theory and Practice : Joy Scaife 2010
- The Family Partnership Model . Hilton Davis and Crispin Day 2010
- The London Child Protection Procedures. The London Safeguarding Children Board. 2016
- The Skilled Helper . Gerard Egan. 2002
- The Strategic Leadership of complex practice: opportunities and challenges. Tony Morrison 2010.

13. Appendicies

Appendix 1

THGPCG Safegurding Supervision agreemen

Appendix 2

THGPCG Safegurding Supervision templat

Appendix 3

THGPCG 1 to 1 meetings template.docx

Appendix 4

THGPCG Safeguarding Children Supervisi

Appendix 5

Summary-of-Safeguarding-Children-Superv