

A Framework for Safeguarding Practice Reflection

1. Introduction and Terminology

Many research and policy reports in respect of the safeguarding of children talk about the need for practitioners in all sectors who have safeguarding responsibilities to have access to high quality, reflective supervision. The language here can be difficult as the term “supervision” can mean different things to different professional groups or might simply not be a term that is used (e.g. in education circles, or in respect of GPs). For example, it can be used to cover “line management” and “continuous professional development” processes.

The form of supervision that is the subject of this paper is usually referred to as “professional supervision” or “safeguarding supervision”. It refers to the process of reflection on actual practice, with the aim of ensuring the practice is high quality and effective.

Accordingly, so that the words don’t get in the way of the meaning, I have referred to this activity as “**safeguarding practice reflection**” in this paper. Individual organisations might choose to use a different badge for it, which is fine providing there is consensus about what is being referred to.

2. The Role of the LSCB

LSCBs have a responsibility to ensure that arrangements and services for the safeguarding of children are effective. As part of this quality assurance responsibility, they need to be reassured that partner agencies have in place robust arrangements for “safeguarding practice reflection”.

The exact form that these arrangements take can vary from agency to agency; this will depend on their role in respect of, and contribution to, the safeguarding of children, and the way their practitioners operate. For example, designated teachers, social workers, GPs, A&E staff all have quite different work patterns and ranges of responsibility. What we are trying to do in this paper is set out some core principles and standards in relation to “safeguarding practice reflection” that can be adopted by all partner agencies so that there is some commonality, which can then be customised to the particular needs and circumstances of individual organisations.

The LSCB will then have a sound basis for evaluating the quality and impact of agencies’ arrangements as part of its overall quality assurance framework.

3. Common Core Standards for Safeguarding Practice Reflection (SPR)

- i. Each agency should have a written policy setting out its arrangements for SPR. This might be part of a wider policy which includes other elements of “supervision”, “contract management” and support.

- ii. Every practitioner engaged in safeguarding children activity should receive SPR. This should be proportionate and appropriate to their role, ways of working, experience and competence.
- iii. The organisation should set out minimum standards for SPR in terms of its form, frequency and quality. This should be based on the organisation's analysis of what level is necessary to enable their practitioners to practice safely and effectively.
- iv. The purpose of SPR is to develop **applied practice wisdom** and thereby maximise the **impact** of the practitioner on the safety and well-being of the children and families for whom they are responsible. It does this through a two-way process of **reflection** and **challenge** which promotes **curiosity**, **appropriate scepticism**, and **critical and systematic thinking**, and the exercising of **confident professional judgment**.
- v. SPR takes the form of a dialogue between the practitioner and another person who has been trained to provide safeguarding reflection. This might be the person's line manager, or it might be someone in the organisation who has specific responsibility for this function.
- vi. The organisation needs to be clear about who is responsible for delivering SPR – especially if different people are delivering different elements within a wider concept of “supervision”, “support”, “contract monitoring”.
- vii. Those delivering SPR must have received training and evidenced competence to do so to a required standard. This should be refreshed at prescribed intervals to ensure their skills and knowledge are developed in the light of new learning.
- viii. SPR can take different forms e.g. a 1:1 model in which practitioners have individual sessions with the person providing the SPR; a peer model for groups of practitioners – of the same profession or mixed; and through practitioners reflecting on their own practice.

Organisations will need to decide which is the most appropriate form for the different groups of practitioners within their organisation, and the reasons for this. For example, for some, a combination of “1:1” and “peer group” will be the most appropriate; for some, the focus will be on the “1:1” model. [SPR involves reflection on what the practitioner brings to the situation (in terms of their own history, ways of working, values and relationship skills, emotional and social intelligence) which cannot necessarily be explored adequately outside of a 1:1 arrangement].

- ix. The focus of the reflective dialogue will be specific cases that the practitioner is working on as it is intended to impact on those cases. For practitioners in agencies with high-number caseloads e.g. those in universal services, there needs to be clarity about which cases are considered in SPR.
- x. SPR should take place in a comfortable and confidential environment.
- xi. SPR sessions should not be interrupted.

- xii. SPR should ideally be based on a continuous relationship between the two people involved.
- xiii. There should be a written agreement setting out expectations and requirements in respect of SPR (e.g. frequency, the form of preparation needed).
- xiv. SPR sessions must be recorded using a standard pro forma and relevant entries made on the client case record.
- xv. The agency should evaluate the quality and impact of its SPR arrangements each year. The evaluation process should include feedback from practitioners and observation of SPR sessions. The focus of evaluation should be on its quality and the evidence of its impact on delivering practice changes which result in improved outcomes for children.
- xvi. The organisation must have a clear statement about the issues and areas to be covered in SPR, based on the role of their practitioners, evidence from research and the messages of both local and national SCRs. There should be an appropriate balance between issues to do with “Quantity”, “Quality”, “Outcomes” and “Actions”. (See Section 4 below).
- xvii. The organisation should ensure that there is a clear connection between its wider learning and development strategy and SPR, so that SPR reinforces the messages from learning and development.

4. Reflection Areas

SPR sessions should cover four areas. The purpose of structuring SPR in this way is to ensure that there is an appropriate balance of attention to each. Set out below are the four areas and some of the key lines of reflection that could be covered under them. It is not suggested that every single line should be explored for every case in every session. These are just examples, taken from research and SCR messages about what matters – and what can be missed. The knack is being aware of the range of possible issues and knowing which to explore in each particular case to make the process focused and manageable.

4.1 Quantity

There will be some basic factual matters that will need to be considered – recent developments, especially those indicative of risk e.g. missed appointments, child not being seen by practitioner; task completion.

4.2 Quality

“Safeguarding” is about the management of risk in a complex system of human and organisational histories, behaviours and relationships. Because they are complex and evolving, because they can impact on each other in unforeseen ways, and because the practitioner is part of that system and can become caught up in it, SPR needs to enable a “standing back” and looking at what’s happening from a range of perspectives.

There are four quality areas based on the human and organisational systemic nature of safeguarding:

4.2.1 The Child

Examples of issues to be explored:

- How visible is the child? Is the focus of the work still on the child's safety and well-being, or someone / something else?
- What must the world look like through the eyes of the child?
- What is the child communicating?
- How much time is the practitioner spending with the child?
- What's the quality of the relationship between the practitioner and the child?
- What's the child's experience of the practitioner and the service being received?

4.2.2 The parent / carer

Examples of issues to be explored:

- What's the quality of our engagement with the parent? If poor, do we need to come at it a different way?
- What's the quality of the practitioner's relationship with the parent?
- What's the nature of the co-operation, non-cooperation?
- How does the parent experience this relationship and the services provided?
- Is the parent's history, and its meaning for what's happening now, understood?
- Have we thoroughly understood the impact of the domestic violence , adult mental health, substance misuse, learning disability?
- Who and where are the men in the child's life; what impact do they have; are they involved in our plan?

4.2.3 The practitioner

Examples of issues to be explored:

- Are our views fixed or have they been adjusted based on new information?
- Has the practitioner become desensitised to the reality of the poor standards of parenting?
- Is the practitioner practicing in an authoritative and confident way in relation to standards of care and co-operation?
- What impact is this case having on the practitioner e.g. fear?
- If this was our son / daughter / nephew / grandson, would we approach things differently?

- Is the practitioner just collecting pieces of information – or are they building up a picture of the total system that makes up the child’s world which they are then analysing to understand and respond appropriately to?
- What theoretical framework is the practitioner using in their work on this case?
- What learning and development needs for the practitioner are emerging from this case?

4.2.4 Partnership working

Examples of issues to be explored:

- Who needs to be involved in this case, and are they?
- Are we / partners working together or in silos?
- Are we / partners adopting a “Think and Act Family” approach?
- Is information sharing taking place – and are we communicating meaning?
- Who is the lead professional?
- Are things stuck; is escalation necessary?

4.3 Outcomes

This area explores what difference is being made to the lives of the child and family, the impact. Obviously, the impact achieved will be contributed to by a range of influences, so this exploration will tell us things about the impact of more than just the practitioner. Nonetheless, there is need to explore the particular contribution of the practitioner.

- What would “good” look like for his child / family? If our interventions and plans were successful, what would the child’s / family’s life look like? (i.e. the desired outcomes)
- How would we know (measure) if the good is being achieved?
- What’s the evidence that progress is being made towards achieving the good?
- If no progress is being made, do we need to do things differently – or have we got the wrong plan?
- Why are we doing what we are doing? What’s the research evidence–base for our actions and plan?

4.4 Actions

Based on the exploration of quality, quality and outcome, what are the decisions we now need to make and the actions to take?

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