Role of leadership behaviours in safeguarding supervision: a literature review

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Effective safeguarding supervision reduces risk to children and young people while identifying their needs. Safeguarding supervision also helps front-line practitioners to provide high-quality care, risk analyses and individual action plans. This article is part of a wider study that explores the author’s leadership behaviours and their impact on effective safeguarding supervision. The role of the safeguarding leader is evolving and the article explores relevant literature to support or refute the role of the leader in effective safeguarding supervision.

A literature review was undertaken using Aveyard (2014)’s critical appraisal tool to provide structure and accuracy. The review showed the interconnection between positive leadership behaviours and effective safeguarding supervision. It also highlighted the
positive effect on the practitioner's well-being of being supported by experienced, effective and compassionate leaders.

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Introduction
The role of leadership in the safeguarding of children has been under scrutiny since the Victoria Climbié inquiry (Laming 2003), with subsequent inquiries investigating similar preventable deaths. Safeguarding children is often viewed as a specialism, despite the views and recommendations of Laming (2003), and Munro (2011)’s review of child protection services, which defines safeguarding as ‘everybody’s business’.

Royal College of Paediatrics and Child Health (RCPCH) (2014), and HM Government (2015), created the legislative framework and guidance for all agencies that provide services to children and young people. The Children’s Act 1989 and The Children’s Act 2004 underpin these frameworks and indicate the necessity of effective safeguarding supervision.

Safeguarding leaders must advise teams and practitioners across their organisations and in multi-agency teams (HM Government 2015). The ‘webs of care’ involved in safeguarding are complex and can be highly stressful, and safeguarding practitioners have a vital role in supporting, advising and coordinating a seamless, child-centred approach (Rooke 2015).

This article will explore the literature available to identify current safeguarding provision, its effectiveness and the role that positive leadership behaviours play in providing effective safeguarding supervision. It will define and explore the terms ‘effective safeguarding supervision’ and ‘positive leadership behaviours’. It will describe the comprehensive and robust literature review that was undertaken in the author’s study and critically analyse the findings, paying attention to the role positive producing credible and useful literature reviews

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leadership behaviours play in effective safeguarding supervision. An evaluation of the findings will be presented alongside recommendations for best practice. The findings will be discussed in two sections – safeguarding supervision and leadership behaviours – and the main themes of the two will be drawn together.

**Literature review**

The aim of literature reviews is to provide a rationale for a study and for critical analysis of research findings that support or refute the study’s purpose (Parahoo 2006). Literature reviews enhance studies through exploration of relevant research (Heyvaert et al 2013), and can explain current theories and concepts.

This literature review examined papers that support practitioners’ understanding of safeguarding supervision and findings that promote best practice. The initial stage in any literature review is the identification of keywords related to the study’s focus (Parahoo 2006). Table 1 shows the keywords identified as ‘the hierarchy of evidence’ – those most relevant to maintaining the study’s direction (Heyvaert et al 2013). The literature search involved use of these keywords, individually or in combination. Databases relevant to health and social care research, including Athens, CINAHL, AMED and PubMed, were accessed. Papers and reports from organisations, such as NSPCC, The King’s Fund and the Department of Health, were included in the results.

<table>
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<th>Keyword –</th>
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*Table 1.* Keywords and inclusion words used in the search
Suitable inclusion and exclusion criteria must be applied for a literature review to be robust and comprehensive (Aveyard 2014). The timescale for the search was 2002-16 to include the influential Laming (2003) report, and the changes in safeguarding practice in England and Wales in response to its recommendations (Laming 2009). The search identified English language articles, including health, social care and education papers, to ensure different agencies were represented. Articles that concerned the safeguarding of adults or clinical supervision were excluded.

Aveyard (2014)’s critical appraisal tool was used to provide a framework for determining the relevance of the literature and to ensure papers were critiqued using the same criteria (Table 2).

<table>
<thead>
<tr>
<th>theme</th>
<th>Inclusion words</th>
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<tbody>
<tr>
<td>Safeguarding children</td>
<td>Child protection-supervision, safeguarding supervision, impact of supervision, voice of the child and serious case reviews.</td>
</tr>
<tr>
<td>Leadership</td>
<td>Leadership impact tool, leadership, leadership impact and implementing change.</td>
</tr>
<tr>
<td>Research design</td>
<td>Research development, service evaluation design, questionnaire design, data collection methodology, sampling, data analysis, record-keeping, audit methodology and interviewing techniques.</td>
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Table 2.
### Six questions to trigger critical thinking

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Where did you find the information?</td>
<td>- Did you just come across it? Or did you access it through a systematic search?</td>
</tr>
<tr>
<td>How has the author/speaker come to their conclusions?</td>
<td>- Is their line of reasoning logical and understandable?</td>
</tr>
<tr>
<td></td>
<td>- If it is research or a review of research, how was it carried out, was it done well and do the conclusions reflect the findings?</td>
</tr>
<tr>
<td>What was written/said?</td>
<td>- Older information may still be valid, but you need to check if there has been more recent work.</td>
</tr>
<tr>
<td>What is it and what are the key messages or results and findings?</td>
<td>- Is it a research study, professional opinion, discussion, website or other?</td>
</tr>
<tr>
<td></td>
<td>- What are the main messages/results/findings?</td>
</tr>
<tr>
<td>Who has written/said this?</td>
<td>- Is the author/speaker an organisation or individual?</td>
</tr>
<tr>
<td></td>
<td>- Are they an expert in the topic?</td>
</tr>
<tr>
<td></td>
<td>- Could they have any bias?</td>
</tr>
<tr>
<td></td>
<td>- How do you know?</td>
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</table>
Each paper was read and reread with reference to the tool to establish the paper’s relevance and theory base. This enabled the selection of 15 papers that focused on safeguarding supervision and safeguarding leadership in health and social care.

The literature review established important themes in the role of safeguarding leadership and effective supervision that were comparable across health and social care. These themes showed that effective leadership in safeguarding supervision is needed to provide a high-quality, child-focused service in which the emotional well-being of staff is addressed. The themes underpinning all the studies were the anxiety of staff about safeguarding, and how effective supervision can explore and reduce anxiety levels.

**Safeguarding supervision**

Safeguarding supervision is a complex and evolving subject (Morrison 2010). HM Government (2015) promotes effective safeguarding supervision while recognising the emotional impact of the safeguarding role on practitioners. Laming (2009) defines effective supervision as ‘open and supportive, focusing on the quality of decisions, good risk analysis and improving
outcomes for children rather than meeting targets’. Similarly, Munro (2011) states that effective supervision is important in identifying and protecting vulnerable children and young people because it provides the basis for sound professional judgements and partnerships.

However, the lack of effective safeguarding supervision is a recurring theme in serious case reviews (Office for Standards in Education, Children’s Services and Skills (Ofsted) 2010). In an academic review of the benefits of effective supervision in the health system, Wallbank and Wonnacott (2015) analyse a restorative model of effective safeguarding supervision that supports practitioners’ capacity to deliver complex care in all settings. Similarly, Morrison’s (2010) model of supervision identifies four core functions: management, education, support and mediation.

In recognising the emotional effects of safeguarding children on practitioners, Wallbank and Wonnacott (2015) claim that an integrated approach to restorative supervision and reflective supervision increases the efficiency and quality of decision-making.

‘Safeguarding’ is a broad term that encompasses a range of activities that protects children. Perhaps as a result, there is a lack of national guidance on safeguarding supervision, and professionals can confuse the terms ‘safeguarding’ and ‘child protection’. As a result, children can be put at risk by ineffective and disjointed care (Wallbank and Wonnacott 2015).

Hall (2007) adopted a qualitative methodology to learn how health visitors and school nurses perceive
safeguarding supervision, and how it aligns with best-practice models. The study’s target population was health visitors and school nurses receiving one-to-one supervision every three months. To ensure discussions were more in-depth than they would be during individual interviews, Hall (2007) asked role-specific focus groups to answer semi-structured interview questions.

Practitioners who experienced effective supervision said they felt safe and that, while supervisions can be time-consuming, they are also essential in enabling practitioners to care for families with complex needs. The study also identifies a need for experienced and knowledgeable supervisors who can challenge acceptance of anxiety in the role, but does not specify whether supervisors must exhibit positive leadership behaviours.

In exploring supportive mechanisms for health visitors in safeguarding practice, Rooke (2015) took a qualitative approach and set up focus groups to collect the data. The resulting study states that health visitors require acknowledgement, and tend to make a connection between containment of emotions and risk management.

Hall (2007) and Rooke (2015) conclude that effective safeguarding supervision should address caseload, anxiety, and the ability for practitioners to challenge and support decision making. Rooke (2015) recognises that, in complex cases, practitioners need a plan to move the care and child protection plan forward not only for the child and family but also consideration for the emotional wellbeing of the practitioner. In an audit of serious case reviews, the
NSPCC (2014) found ineffective supervision evident in most of them. This may be because safe decision-making is hindered by a lack of discussion about caseloads (Hunt et al 2016). Ofsted’s (2010) review of cases concludes that supervision has a role in ensuring children’s views and experiences are heard, however, the concerns by protective adults about children are not always acknowledged.

Hunt et al (2016) analysed experiences of supervision following interactions with hostile and intimidating parents. Their large-scale social work study adopted a mixed-methods approach that included a survey in which quantitative and qualitative questions were asked. The survey received 590 responses, of which 423 were from people working in child protection. The findings draw attention to the anxiety and stress experienced by safeguarding practitioners. They also support Cooper’s (2005) view that effective safeguarding supervision enables engagement, and ensures a balance can be struck between difficult feelings such as anger and frustration and a desire to be compassionate.

Much of the literature agrees that effective safeguarding supervision involves containing and addressing such emotions (Hall 2007, Bradbury-Jones 2013, NSPCC 2015, Rooke 2015, Hunt et al 2016).

Bradbury-Jones’s (2013) review of literature about reflection and its role in safeguarding supervision examines the psychological and emotional well-being of practitioners. The paper highlights that stress, anxiety, heavy workloads, high staff turnover and ineffective leadership can play roles in the safeguarding of children. Its findings can be compared
to those of West (2013), who concludes that, if staff are well led, supported, and given opportunities to discuss and reflect on care, they can improve the quality of patient care.

According to Laming’s (2003) report, Victoria Climbié’s care was hindered by the increased workloads, poor management support and stress levels of staff, which caused multi-agency working to become disjointed. In a review of child protection services in England, Munro (2011) recognised that staff who are well supported and supervised have lower levels of stress and higher levels of engagement, which leads to improved outcomes for children and young people. However, when considering safeguarding concerns, practitioners’ abilities to care for all children equally can be compromised (Wonnacott 2013). The need to respect cultural differences, for example, can be at variance with the need to protect children (Goddard and Hunt 2011).

Widespread ignorance about child abuse affects all communities, social classes and ethnicities, and can put children and young people at greater risk of abuse unless early prevention measures support them to reach their full potential (Waites et al 2004, NSPCC 2014).

Many practitioners describe effective safeguarding supervision as protected time to reflect on cases, or as the ability to hold child-centred discussions incorporating risk management and acknowledgement of feelings (Hall 2007, NSPCC 2015, Rooke 2015).

Leadership behaviours
Following the Francis (2013) report, which examines care failings at Mid Staffordshire NHS Trust, the need for effective leadership has become greater. Francis (2013) criticises the leadership team at Mid Staffordshire, and the absence of effective and safe leadership there. In a follow-up report, Berwick (2013) argues that the healthcare system requires systematic change to enable practitioners to engage, empower and listen to patients and carers, as well as to promote the ability of staff to improve the processes in which they work. The Department of Health (DH) has published several policy documents that promote effective leadership of high-quality care delivery (DH 2008, 2012, NHS England 2014, NHS Leadership Academy 2014).

The similarities between reports by Francis (2013), Berwick (2013), Laming (2009) and Munro (2009) demonstrate that systematic failings in health and social care can harm patients (Mikel 2009). These reports also agree that effective leadership lies at the heart of sustainable change, and challenge leaders to change the culture and values of their organisations.

This study’s literature review highlights the importance of an alignment of effective safeguarding supervision and effective leadership (Bradbury-Jones 2013, Hunt et al 2016). According to the NSPCC (2015), supervisors should be emotionally intelligent and self-aware, and able to understand how their actions affect practitioners. Darzi (Department of Health 2008) states that effective leaders are on a constant journey of self-awareness and reflection, which enables them to empower practitioners to begin or continue their own journeys of self-awareness. Mikel (2009), meanwhile, argues that a
unique set of skills is needed to lead in safeguarding, champion good care for service users and protect children.

The role of compassion in safeguarding leadership is complex and there is a misconception that all staff have coping strategies, however the strategies are not always explored and escalate leaving staff disempowered and demoralised (Bradbury-Jones 2013). Crawford et al (2011) describe compassion as ‘recognising dignity’, adding that leaders who maintain dignity through compassionate language and acknowledgement of diversity can provide high-quality care.

Higgs (2013) reflects on the effects of poor leadership on staff and patients, describing it as an abuse of power that inflicts damage and breaks rules to serve leaders’ own purposes. Safeguarding supervision requires a high level of compassion, trust and vulnerability to enable practitioners to express themselves fully (Hall 2007, Wonnacott 2013, Wallbank and Wonnacott 2015). Higgs (2013), like Francis (2013), says the abuse of power can lead to unsafe care and demoralised staff.

The NSPCC (2015) provides training that acknowledges a need for trust in the supervisory relationship and for supervisors to adopt anti-discriminatory practice according to four base powers (Table 3).

<table>
<thead>
<tr>
<th>Position originated</th>
<th>Personally originated</th>
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<tbody>
<tr>
<td>Rewards/sanctions</td>
<td>Referent power – ability to</td>
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the ability to impose sanctions or offer rewards.  
influence others through characteristics and role modelling.  
Legitimate power – authority that goes with a particular role.  
Expert power – particular expertise that enables the ability to influence others.

(Adapted from NSPCC 2015)

During the NSPCC’s training, the supervisor may move between the four base powers to explore what life is like for the child. The powers are consistent with the attributes described by Crawford et al (2011), and provide a framework of positive leadership behaviours that supervisors should aim to achieve and maintain.

In an exploration of the leadership component of safeguarding for nurse consultants, Franks and Howarth (2012) applied a ‘strengths, weaknesses, opportunities and threats’ analysis to the nurse consultant role. They determined that practitioners’ effectiveness as nurse consultants is dependent on their knowledge and expertise, and influences the actions and feelings of staff. Smith et al (2012) studied the knowledge and expertise of safeguarding supervisors and supported Rooke’s (2015) findings that practitioners who seek advice from appropriately trained professionals provide higher quality care.

**Conclusion**

The literature provides evidence that effective safeguarding supervision reduces risk to children and young people while identifying their needs (Munro
Safeguarding supervision also helps front-line practitioners to provide high-quality care, risk analyses and individual action plans (NSPCC 2015).

Practitioners view effective safeguarding supervision as protected time for them to explore and manage the risks associated with their caseloads, and to address their own anxieties and emotions. There is a relationship between the experience and knowledge of safeguarding leaders and the effectiveness of safeguarding supervision (Mikel 2009), and effective safeguarding requires leaders who can create a culture of trust and compassion (Bradbury-Jones 2013).

The literature review found that effective safeguarding enabled practitioners to feel safe, hold child-centred discussions, explore the risks to children and make shared decisions (Hall 2007, Rooke 2015).

Leaders who demonstrate vulnerability and compassion, and enable expression and containment of emotions, can enhance the quality of safeguarding supervision and care for children (Bradbury-Jones 2013). The findings from the literature review are comparable to the effective supervision framework suggested by the NSPCC (2015), as well as Laming’s (2003) and Munro’s (2011) recommendation. They also highlight the components of effective safeguarding supervision and demonstrate that its provision remains inconsistent.

If patient care, staff well-being and safeguarding supervision are to be enhanced, the necessity of positive leadership behaviours and their development should be understood and encouraged.
Implications for practice

- All levels of an organisation should recognise the value of effective child-centred safeguarding supervision.

- Best practice guidelines should be adhered to through the adoption of robust governance frameworks and safeguarding champions.

- Safeguarding teams and organisational leaders should demonstrate positive leadership behaviours to enhance supervision and acknowledge individual practitioners needs.

- A review of safeguarding supervision policy and procedure can ensure recognition of the emotional component of safeguarding, while providing practitioners with opportunities to explore their feelings and discuss cases in depth.

- Leadership development should be provided for safeguarding supervisors. The role of the safeguarding supervisor involves experience, emotional resilience and positive leadership behaviours. Safeguarding supervisors require self-awareness, empathy, engagement, a ‘human touch’ and acceptance of some uncertainty.

- Practitioners are empowered through organisational understanding of the need for protected time to discuss safeguarding caseloads.

- Regular audits or service evaluations should be undertaken to explore the effectiveness of provision and adherence to best practice guidelines.
A supervisor feedback tool can be introduced to support leadership development and practice.

**References**


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