

## CHILD PROTECTION CASE SUPERVISION POLICY

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<b>CONSULTATION AND DISTRIBUTION RECORD</b>	
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August 2004	Nurse Consultant Child Protection and Vulnerable Children Child Protection Advisors	November 2013	1.0
November 2013	Nurse Consultant Child and Adult Protection &Vulnerable families Child Protection Advisors	Updated November 2015	2.0
August 2016	Nurse Consultant Child & Adult Protection and Vulnerable Families	Reviewed and updated to reflect change in National policy and legislation August 2016	3.0
August 2019	Head of Public Protection	Updated	4.0
June 2022	Interim Chief Nurse and Head of Service Public Protection	Change of review date on front page	4.0
August 2023	Public Protection Professional Lead	Reviewed and updated to reflect change in National Guidance for Child Protection in Scotland 2021	5.0

## **1.INTRODUCTION**

This policy provides NHS Lanarkshire (NHSL) with a framework for Child Protection Case Supervision and ensures that staff working directly or indirectly with vulnerable children, young people and families receive the appropriate level of support and Child Protection Case Supervision in line with their roles and responsibilities.

Supervision is key to safe practice and a learning culture (Scottish Government, 2021). The Promise underlines the centrality of supervision for the workforce (Scottish Government, 2021). The provision of adequate time for effective supervision practice is vital in caring for the workforce so that they can care for others (Independent Care Review, 2020).

Support and supervision for practitioners involved in child protection work, regardless of professional role, is critical to ensure:

- Support for those who are directly involved in child protection work, which may be distressing.
- Critical reflection and two-way accountability, in a safe and confidential environment, which enables a focus on outcomes.
- The development of good practice for individual practitioners, and improvement in the quality of the service provided by the agency, including conversations about how capture the voice of the child and ensuring practitioners work on delivering their views and what is working for them.

Regardless of the requirement for supervision, the purpose of support and supervision in ensuring accountability for practice is relevant for anyone in a professional role with specific responsibilities for child protection.

“Supervision in child protection is a formal process of professional support and learning, which enables and empowers practitioners to develop knowledge and confidence; assume responsibility for their practice; enhance child protection by assisting them to review, plan and be accountable for their child protection work” (Morrison, 2006).

The involvement of health professionals working with children and young people, in particular where there are unresolved protection concerns, means that they have a central role in the identification of abuse and neglect. Many of the inquiries into child deaths and serious incidents involving children and young people have demonstrated “serious failings in professional practice which have been attributed to a lack of supervision and support to professionals involved in the care of vulnerable children and young people” (Munro, 2010).

NHS Lanarkshire has committed to providing access to Child Protection Case Supervision which is in addition to and does not replace clinical supervision or management supervision.

## 2. AIM, PURPOSE AND OUTCOMES

The aim of this policy is to promote a high standard of child protection practice and to support NHS Lanarkshire staff who are working with families where children are at risk of significant harm and/or in need of protection. Child Protection Case Supervision plays a vital role in the development of knowledge and skills to think analytically, critically and reflectively (Scottish Government, 2021).

“Effective and accessible supervision is essential to help staff to put into practice the critical thinking required to understand cases historically, complete analytical assessments and weigh up interacting risk and protective factors” (Brandon et al 2008, p236).

NHS Lanarkshire Child Protection Case Supervision is underpinned by the following national objectives to ensure that:

- Practice is consistent with legal requirements, organisational policies and procedures.
- Practice is underpinned by the values and core principles of GIRFEC.
- Practitioners understand their roles and responsibilities, and the boundaries of their authority.
- Practice is evidence-informed.
- Practitioners develop skills in critical reflection about their own assumptions and values.
- The training and development needs of practitioners and supervisors are identified.
- There is structured discussion about child protection concerns, assessment and any action required.
- There is reflection on the skills required for practitioners to engage effectively with children and their families.
- There is reasoned consideration of counter views, options and probable outcomes.
- There is reflection on teamwork and individual work impact (Scottish Government, 2021).

This policy includes the Five Key GIRFEC questions to support the risk assessment process and associated recording of Child Protection Case Supervision sessions within the child’s record (Scottish Government, 2012).

It is anticipated that both the Supervisee and Supervisor will utilise the risk assessments and analysis tools found within the National Risk Framework (Scottish Government, 2012) as an outline for the session.

The risk assessments and analysis tools will support the supervisee in identifying and managing complex cases that require a high level of intervention, contribution to a child’s plan and any further action in line with the principles outlined in safeguarding children processes.

### **3. SCOPE**

Child Protection Case Supervision is mandatory for Health Visitors (HV) including Health and Homelessness Team HV's, Family Nurses (FNP), School Nurse's, Throughcare and Aftercare service, Midwives, Lifestyle Nurse's (Sexual Health) and Integrated Children's Community Nurses (ICCNS). This policy is also an essential guide for all other key staff groups who come into direct contact with vulnerable children and young people.

#### **3.1 Who is the Policy intended to Benefit or Affect?**

- NHSL Employees
- Service Users
- Multi- Agency Partners

#### **3.2 Who are the Stakeholders?**

- NHSL Employees
- Service Users
- Multi- Agency Partners

### **4. PRINCIPAL CONTENT**

This section outlines the framework for child protection supervision and includes:

5. Roles and Responsibilities
6. Supervision Model / Tools
7. Types, approach and frequency of Child Protection Case Supervision.
8. Record Keeping and Confidentiality

### **5. ROLES AND RESPONSIBILITIES**

#### **5.1 Individual Accountability:**

Each professional remains accountable for their own practice and as such their own actions within supervision and they must adhere to their own professional guidelines and codes of professional conduct (Nursing and Midwifery Council, (NMC) 2018).

The content of this policy does not preclude or replace a professional's responsibility to make a referral to police or social work if they have a concern that a child or young person may be suffering or is likely to suffer from significant harm. The purpose of this policy is to provide a framework for the delivery of Child Protection Case Supervision by NHS Lanarkshire Child Protection Advisors:

- The Child Protection Advisor has a crucial supervisory role in leading and guiding best practice.
- Line Managers have a responsibility to ensure that staff have the opportunity to receive supervision and identify staff that require supervision.
- Practitioners have a responsibility to access Child Protection Case Supervision in accordance with policy and advise their Line Manager that they are doing so.
- For frequency of Child Protection sessions please refer to table below.

## 5.2 Supervisor Responsibilities:

All Child Protection Advisors will ensure they:

- Endeavour to offer the agreed number of child protection case supervision sessions per year to the aforementioned staff groups.
- Be available to provide child protection supervision and accept accountability for facilitating the process, supporting the supervisee with the development of the child's action plan.
- Provide a safe and confidential environment for discussion and reflection.
- Provide supportive and constructive enquiry of practice to enable the supervisee the opportunity for reflection on practice.
- Maintain a degree of objectivity and challenge fixed views.
- Always maintain the unborn baby/child as the focus of the supervision sessions.
- Maintain professional responsibility to share information if they have a reason to be concerned about a supervisee's professional practice. This would be discussed with the individual at the time of supervision.
- Update Child Protection Supervision Database held by NHSL Public Protection Team.

## 5.3 Supervisee Responsibilities:

- Ensure they receive Child Protection Case Supervision within the required timescales and to prioritise their attendance.
- Ensure there is a suitable room for Child Protection Case Supervision, if face-to-face method is chosen.
- Ensure that they have identified and prepared a case for Child Protection Case Supervision.
- Responding to, and act on any issues identified during Child Protection Case Supervision.
- Adhere to NMC record keeping guidance.
- In conjunction with the Child Protection Advisor, ensure that the agreed SMART actions utilising the five Key GIRFEC question template are recorded within the child's Morse record.
- Update chronology within the child's Morse record to indicate Child Protection Case Supervision has been undertaken.
- Notify the Child Protection Advisor where you are unable to attend planned Child Protection Case Supervision session.

## 5.4 Responsibilities for Line Managers:

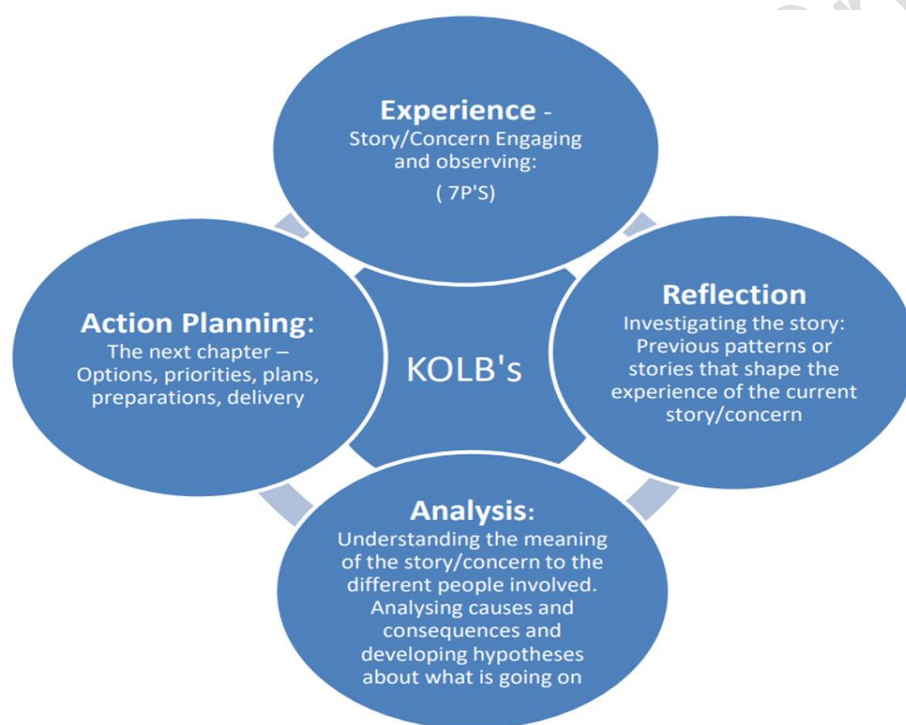
- Ensure that supervisee's have access to Child Protection Case Supervision.
- Disseminate an awareness of Child Protection Case Supervision.
- Address any non-compliance with policy.
- Awareness of their own responsibilities to protect children and young people.
- Child Protection Advisors will receive regular supervision from the Professional Lead (Service Manager) Public Protection.

Data Protection

“NHS Lanarkshire takes care to ensure your personal information is only accessible to authorised people. Our staff has a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice”.

**6. SUPERVISION MODEL**

The Kolb Cycle (Kolb 1984) adapted by Morrison (2006) is the model of choice for the Child Protection Case Supervision process in NHS Lanarkshire. The Kolb Cycle is acknowledged as an excellent tool in reflection; it is a simple but effective model to use and promotes continuous improvement in both the ability of the practitioner and the service.



**6.1 Five Key GIRFEC Questions**

What is getting in the way of this child or young person’s well-being?	
Do I have all the information I need to help this child or young person?	
What can I do now to help this child or young person?	



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What can my agency do to help this child or young person?	
What additional help, if any, may be needed from others?	

### 6:2 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 type of situations about a case that may be brought to Child Protection Case Supervision.

- Children who are assessed as suffering or likely to suffer significant harm.
- Children who may be subject to a child protection plan, care experienced or living in a household where a sibling is subject to a Compulsory Supervision Order (CSO).
- The child or young person who is living in a household where there is domestic abuse.
- The child or young person who is living in a household where there is substance misuse.
- The child who is living in a household where a parent or carer may have a mental illness or learning disability which may impact on parenting capacity.
- Where there are other complex needs.
- 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 child, e.g. Schedule 1 offender.
- Where there may be concerns regarding Child Sexual Exploitation (CSE) or Child Criminal Exploitation (CCE) or other forms of extra-familial harm.
- Where vulnerability may impact upon discharge or transition planning to adult services.
- Child protection investigation within a 6-month period following CP registration or previous Social Work involvement.
- Where there are professional differences.
- Those instances where staff members feel concerned about a child or young person but they need help to clarify what exactly it is that they feel concerned about.

Further guidance regarding risk indicators and tools to support the assessment of children and young people, which may be of use in preparation for or during Child Protection case supervision can be found in the National Risk Framework (Scottish Government, 2012).

This National Risk Framework relates directly to the three domains of the GIRFEC My World Triangle.

## 7. TYPES OF CHILD PROTECTION CASE SUPERVISION

Child Protection Case Supervision is a framework to enable a child centred focus on assessing risk in families of concern and to provide support to practitioners in the protection of children and young people and is different from clinical supervision. Child protection Case Supervision can be undertaken on an individual basis, as a group, a tri-partite 3-way discussion or an as required basis.

7.1 Approach and frequency

Support and supervision should be relevant to a practitioner’s scope of practice and the intensity of their involvement in child protection (Scottish Government, 2021).

The table below outlines the approach and frequency of Child Protection Case Supervision sessions recommended per staff group. Each session will be facilitated by a Child Protection Advisor.

Role	Frequency
Health Visitor including Health / Homelessness HV’s	Individual: Twice yearly, also as requested if the need arises. Group: Twice yearly in locality in addition to individual sessions.
School Nurse, Lifestyle Nurse, Throughcare and Aftercare Nurses	Individual: Twice yearly, also as requested if the need arises. Group: Twice yearly in locality in addition to individual sessions.
Family Nurse Partnership	As per licence: Tripartite or group.
Community and specialist midwives	Individual: Twice yearly, also as requested if the need arises. Group: Once yearly as in locality in addition to individual sessions.
Integrated Community Childrens Nurse	Individual: Once yearly, also as requested if the need arises. Group: Once yearly as a group within professional speciality in addition to individual sessions.
Child Protection Advisors	1:1 combined clinical supervision / CP supervision 8 weekly and peer supervision sessions 4 times yearly, to which Service Manager will join two of these sessions.

8. **RECORD KEEPING AND CONFIDENTIALITY**

Child Protection Case Supervision is a confidential process between the health practitioner and the supervisor. Confidentiality however, is no barrier if it is considered after discussion that the threshold for significant harm has been reached. In these cases, staff must follow NHSL guidance on Raising a Notification of Child Protection Concern and a referral must be made to social work.

All Child Protection Case Supervision and the outcomes and agreements made about the ongoing and future work with the child, carer or family must be recorded within the appropriate health record. All health professionals have a responsibility to have accurate contemporaneous records in line with their professional bodies.

- Section 6: Kolb’s Discussion Template is the recommended tool to facilitate reflection.
- Section 6: The Five Key GIRFEC Questions in conjunction with the Resilience Matrix will form part of the Child’s Record and should be completed during the Child Protection Supervision Session by Supervisee in consultation with the Child

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Protection Advisor. The five key GIRFEC questions should include Smart Actions about the ongoing and future work with the child, carer or family.

- Each Child Protection Supervision session should be recorded in the chronology as a significant event by the Supervisee.

### 9. **RESOURCE IMPLICATIONS**

Staff will be supported to prepare and engage with CP supervision as necessary.

### 10. **COMMUNICATION PLAN**

- Insert updated policy within NHS Lanarkshire Policy Section/ FirstPort
- Insert within National and Local Child Protection Policies within FirstPort
- Staff Briefings to all NHSL Employees via appropriate line managers.

### 11. **QUALITY IMPROVEMENT – Monitoring and Review**

Policy will be reviewed every 3 years or as required.

### 12. **EQUALITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire's EQIA.



Tickbox

### 13. **FREQUENTLY ASKED QUESTIONS (FAQs)**

Q1. Can additional supervision sessions be requested out with those stated within the policy?

A1. Yes, supervision sessions will be offered as per policy as well as requested if required.

Q2. Does child protection registration have to be a requirement in children / young people and their families to bring for discussion at a Child Protection Case Supervision session?

A2. No – Child protection registration is not a requirement – please see indicators of risk section (6.2)

Q3. My role is not listed in the staff groups mentioned within the policy – can I request supervision?

A3. Please contact the NHSL Public Protection team to discuss on 01698 894124

## 14. REFERENCES

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