<table>
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<tr>
<th><strong>Author:</strong></th>
<th>NHSL Head of Public Protection</th>
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<tbody>
<tr>
<td><strong>Responsible Lead Executive Director:</strong></td>
<td>Executive Director of Nursing, Midwifery and Allied Health Professionals</td>
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<td><strong>Endorsing Body:</strong></td>
<td>NHS Lanarkshire Public Protection Group</td>
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<tr>
<td><strong>Governance or Assurance Committee:</strong></td>
<td>Healthcare Quality Assurance and Improvement Committee</td>
</tr>
<tr>
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<tr>
<td><strong>Responsible Person</strong></td>
<td>NHSL Head of Public Protection</td>
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| CONTRIBUTING AUTHOR / AUTHORS | Child Protection – Lead Nurse  
|                              | Head of Public Protection |
| Consultation Process / Stakeholders: | NHS Lanarkshire Public Protection Group  
|                              | NHS Lanarkshire Lead Child Protection Paediatrician  
|                              | NHSL Senior Nursing |
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ii) Change Record

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<td>November 2013</td>
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<td>Nurse Consultant Child and Adult Protection &amp; Vulnerable families Child Protection Advisors</td>
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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 children, young people and families receive the appropriate level of support and Child Protection Case Supervision in line with their roles and responsibilities. The policy describes the fundamental principles, purpose and benefits of Child Protection Case Supervision and is designed to offer staff the appropriate level and model of supervision that improves their child protection practice, confidence, competence and ability to deliver safe, effective person centred care. (Scottish Government, 2014).

“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).

Effective Child Protection Case Supervision is vital in assisting front line practitioners to assess risk, plan and evaluate care and interventions in complex situations. It is an essential component in ensuring the safety and welfare of the most vulnerable children and young people who are subject to continuing assessment, monitoring and review (Scottish Government, 2014).

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 promoting high quality child protection practice, provides quality assurance and plays a key role in delivering the core principles of the National Guidance for Child Protection in Scotland (Scottish Government, 2014).

“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 objectives:

- To ensure safe, person centred, effective and consistent practice in relation to working with vulnerable children and families.
- To encourage reflection, scrutiny and evaluation of work carried out.
- To assess practitioners’ strengths and areas for development and provide coaching, development and support.
- To expand practitioners’ knowledge and increase confidence and competence.
- To assist in developing clinical proficiency and creative professional development.
- To gain access to new ideas and information by the sharing of expertise.

This policy includes the **Five Key Principles** to support the recording of Child Protection Case Supervision sessions within the child’s record (National Risk Framework, 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** 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), Family Nurses (FNP), School Nurse’s, Midwives and Lifestyle Nurse’s (Sexual Health). 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
Child Protection Case Supervision Policy

7. Types, approach and frequency of Child Protection Case Supervision.
8. Record Keeping and Confidentiality

5. ROLE AND RESPONSIBILITIES

The National Guidance for Child Protection in Scotland (2014) advises that senior managers should ensure that supervision procedures are implemented and that staff are supported. It is essential that all staff working to safeguard children, young people and families feel confident, competent and supported in their role in protecting children and young people.

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 2015)

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 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 that they:

- Endeavour to offer the agreed number of child protection case supervision sessions per year to (Named Persons) Health Visitors and Family Nurses.
- 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 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.
- Child Protection Advisors will receive regular supervision from the Lead Nurse for Child Protection.
Maintain Child Protection Supervision Database held by NHSL Public Protection Health 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.
- Ensure that they have identified and prepared 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 are recorded within the child’s record.
- 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-engagement with policy.
- Awareness of their own responsibilities to protect children and young people.

**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 (2005) is the model of choice for the Child Protection Case Supervision process in NHS Lancashire. 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 Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What is getting in the way of this child or young person’s well-being?</td>
<td></td>
</tr>
<tr>
<td>Do I have all the information I need to help this child or young person?</td>
<td></td>
</tr>
<tr>
<td>What can I do now to help this child or young person?</td>
<td></td>
</tr>
<tr>
<td>What can my agency do to help this child or young person?</td>
<td></td>
</tr>
<tr>
<td>What additional help, if any, may be needed from others?</td>
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</table>
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.

- There are children assessed as suffering or likely to suffer significant harm.
- Children who may be subject to a child protection plan or be a looked after child in care.
- The child who is living in a household where there is domestic abuse or 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.
- Where vulnerability may impact upon discharge or transition planning.
- 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 concern 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 Scottish Government (2012) National Risk Framework. 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 for protecting children and young people and is different from clinical and midwifery supervision. Child protection Case Supervision can be undertaken on a one to one basis, as a group, a tri-partite 3-way discussion or on an ad-hoc as required basis.

7:1 Approach and frequency

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 CPA.

<table>
<thead>
<tr>
<th>Role</th>
<th>Frequency</th>
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<tr>
<td>Health Visitor</td>
<td>Twice Yearly: One to One</td>
</tr>
<tr>
<td></td>
<td>Plus: Twice Yearly Group Sessions</td>
</tr>
<tr>
<td>New Health Visitor (Under 3yrs)</td>
<td>4 sessions per year: One to One</td>
</tr>
<tr>
<td>FNP</td>
<td>As per Licence: Tripartite or Group</td>
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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 on in the appropriate health record. All health professionals have a responsibility to have accurate contemporaneous records in line with their professional bodies.

- Section 5: Kolb’s Discussion Template is the recommended tool to facilitate reflection.
- Section 5: The Five Key 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 Protection Advisor. The five key 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/ First Port
- Insert within National and Local Child Protection Policies within First Port
- 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 AND DIVERSITY IMPACT ASSESSMENT

This policy reflects NHSL commitment to promoting equality and diversity as outlined in the Equality Act 2010. We are committed to developing and promoting policies and procedures
to meet individual needs in a positive and supportive way. All procedures are implicit of people’s rights not to be discriminated against regardless of race, gender, ability needs, sexual orientation, age or religion.

13. REFERENCES

- Children and Young People (Scotland) Act 2014
- Children and Young People (Information Sharing) Scotland Bill (2017)
- Morrison T (2005) *Staff supervision in Social Care; making a real difference for staff and service users* Brighton Pavilion
- Scottish Government (2012b) *National Risk Framework to Support the Assessment of Children and Young People.*