CHILD PROTECTION CASE
SUPERVISION POLICY
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Children at Risk/Child Protection Case
Supervision Policy

1. **Introduction**

Clinical Supervision is a key mechanism for developing practitioners who are reflective and critical; effective and accessible supervision helps practitioners to think, explain and understand (Brandon *et al.*, 2008). The need for specific supervision of Child Protection cases is based on the requirement of practitioners to have the training, tools and confidence to apply their professional judgement in a highly uncertain and complex environment (Scottish Government, 2014a).

Supervision of Child Protection cases should be seen as additional to Clinical Supervision and to the statutory requirement of supervision for midwives.

This policy outlines the Supervisory Framework for NHS Lothian staff with continuing responsibility for children and young people who have been identified at risk or who are subject to a Child Protection Plan. The policy is primarily for Health Visitors and School Nurses (Public Health Nurses), Family Nurse Partnership Nurses (FNP) and other key professionals who may need to access Child Protection Supervision in the course of their work.

The framework for supervision assists front line practitioners to assess risk and to plan and evaluate care and intervention in complex situations. Case Supervision for Child Protection is a fundamental requirement in order to ensure the safety and welfare of the most vulnerable children and young people who are subject to continuing assessment, monitoring and review (Scottish Government, 2014a).

Child Protection Advisors continue to have a professional responsibility to raise any practice concerns to Team Leaders / Advanced Nurse Practitioners /Clinical Nurse Managers as appropriate.

2. **Aim**

The aim of Child Protection Case Supervision is to ensure standards of clinical practice are maintained for practitioners within NHS Lothian who are working with families where children are at risk of significant harm and/or in need of protection. Supervision is concerned with quality assurance as well as playing a key role in delivering the core principles of the National Guidance for Child Protection in Scotland (Scottish Government, 2014a).
These principles form the foundation for “effective collaborative child protection activity” and must be seen within the wider GIRFEC context of supporting families and meeting children’s needs through “ensuring children have the appropriate coordinated care needed to promote support and safeguard their wellbeing, health and development” (Scottish Government, 2014a).

3. **Definition**

Child Protection Case Supervision is a process to which either individuals or groups of individuals are committed to undertake on an agreed frequency. Child Protection Case Supervision is a supportive and enabling process to encourage professionals to reflect on their practice.

4. **Principles of Child Protection Supervision**

Case supervision in child protection should assist practitioners in developing the highest standards of clinical practice in order to improve the outcomes for children and young people at risk. It should provide a forum for learning and support where issues and feelings can be discussed and explored within a safe environment and facilitate the development of the Child’s Plan which safeguard and promote the welfare of the child/young person.

Child Protection Case Supervision will take place within a framework which promotes an anti-discriminatory approach to practice in accordance with NHS Lothian’s Equality and Diversity principles. Consideration should also be given to the impact of the child/young person and parent/carers culture, race, religion, gender, sexuality, language and any disability.

5. **Who Provides Case Supervision**

Child Protection Case Supervision will be provided by NHS Lothian Child Protection Advisors.

6. **Purpose of Child Protection Supervision**

The purpose of Child Protection Case Supervision is:
• To ensure the best interests of the child/young person are promoted by reflecting on standards of practice as outlined in the National Guidance for Child Protection (Scottish Government, 2014a)
• To ensure practitioners are clear about their roles, responsibilities and accountabilities.
• Provide a mechanism to ensure practitioners are working to agreed Child Protection policy and procedures.
• To assist practitioners to further develop their professional competence in Child Protection practice.
• To provide an environment where reflective practice and clinical decision making is supported

7. The Process of Supervision

The process of supervision should include:

• Undertaking an assessment of risk and formulate a child centred intervention/protection plan.
• Monitoring the progress of the plan including review and evaluation.
• Improving reflective practice and detailed risk assessment supported by evidence based resources

In all cases the minimum expectation for both the supervisee and supervisor are as follows:

The supervisor has responsibility for:

• Understanding and engaging with the strengths, differences, values and feelings of the supervisee
• Providing objectivity and critical analysis
• Providing support and constructive feedback
• Recording relevant action points agreed during supervision
• Ensuring that there are effective links between management and Child Protection Case Supervision

The supervisee has the responsibility to:

• Consider in advance of the session their assessments, plans and current level of involvement with each family
• Identify cases to bring to the supervision session where there is a cause for concern
• Adhere to the self reporting criteria on agreed cases (see below)
• Ensure that the agreed protection plans formulated during supervision are adhered to and that the targets set are realistic and in line with the interagency child protection planning process
• Respond to and act on the issues identified in supervision within the agreed timeframe

**Self Reporting Criteria**

Some open Cause for Concern cases can be subject to self reporting by Health Visitors and FNP Nurses. This would allow practitioners to submit Multi Purpose Child Protection Forms (MPCPF’s) to the supervising CPA’s for review without the need for face to face discussion during supervision (See Appendix 2). The criteria for self reporting are outlined below:

• Children on the CPR where the child protection plan is working effectively and has initially been supervised
• Looked after and accommodated children where plan and review process is effective
• Cases progressing to closure where risks have significantly reduced
• Children in care of prospective adoptive parents or long-term foster parents
• Practitioners can contact CPA to arrange supervision of any case as the need arises
• Practitioners to provide update reports to CPAs on a 6 monthly basis on these cases
• Other cases can be self reported in discussion with the CPA as appropriate

**Health Visitors and Family Nurse Partnership**

Health Visitors and FNP supervision will be offered at the agreed frequency and will be practitioner led. This will enable the CPA and the practitioner the opportunity to fully review each case, and explore in depth the strengths, risk and plan.

• Contract of supervision will be agreed between practitioner and CPA at initial contact (See Appendix 3)
• Dates and venues to be agreed in advance – up to one year
• Time – agree and manage length of time per session
• Place – agreed by negotiation, must be able to have confidential space with access to a computer
• Preparation – practitioners have ownership and are responsible for preparation, recording information and assessing risk prior to supervision – signed and dated by practitioner
• Individual supervision will take place at a minimum of six monthly intervals for Health Visitors.
• Newly qualified Health Visitors will be seen within a month of taking up post and thereafter three monthly for the first year in discussion with their supervisor.

• In accordance with the FNP licence new FNP nurses will undertake a minimum of three monthly supervision in discussion with their Team Supervisor. Thereafter FNP Nurses will undertake a minimum of six monthly supervision in discussion with their Team Supervisor.

• Return to work after an extended break from clinical practice may require more frequent supervision. Practitioners can receive supervision on child protection cases out with scheduled times on request.

• The current recording of supervision is through utilisation of the multipurpose form. Currently this is in paper format but moving forward will be recorded electronically on the community TRAK system following the GIRFEC National Practice Model.

• Discussion and analysis and Child Protection Plan requires to be recorded and the individual practitioner and CPA each have a copy of the MPCPF

• Document agreed actions from the supervision session with an agreed timescale for action or follow up.

• Where a Cause for Concern case is to be closed out with the supervision session discussion with a Child Protection Advisor is required prior to closure

School Nurses

Group Supervision for School Nurses should be offered once a term as a minimum or on an individual basis by request. It is the responsibility of the School Nurse to present cases for discussion. The Child Protection Advisor may also bring cases for discussion if they are of the opinion that the case would provide a learning opportunity for the group. School Nurses can access advice and support from the Child Protection Advisors. In addition to the above factors the first supervisory session should agree the process and sign a contract of supervision (Appendix Three).

The process of supervision should include:

• Undertaking an assessment of risk and formulating a child centred intervention/protection plan

• Monitoring the progress of the plan and reviewing and evaluating it

Midwives

All midwives receive statutory supervision; while child protection may be discussed during this process the knowledge and experience in relation to child protection for the supervisors will be variable. Therefore the route to
follow for advice on complex child protection cases is outlined below. Midwives working in specialist teams will be offered individual supervision from a Child Protection Advisor. Midwifery Team Leaders provide Child Protection supervision to team members on maternity alerts cases. More complex cases are referred to the Child Protection Advisor.

Individual and team case supervision is provided by a CPA as required. The Clinical Nurse Manager for Maternity Services has lead role for child protection cases and has oversight of their management with other CNMs and the Chief Midwife.

**Looked After Children’s Nurses (LAC)**

Supervision for LAC Nurses should be offered three monthly on an individual basis or within a group setting. It is the responsibility of the LAC Nurse to bring cases for consultation. In addition the Child Protection Advisor/Supervisor may wish to bring a case for discussion if it is felt that there are learning points from the case. LAC nurses may access consultation on a case out with the timeframe with the Child Protection Advisor or CNM Public Protection/Assistant Director Public Protection.

The Process for Supervision for LAC Nurses should include:

- Review of a child’s plan following health assessment for all children/young people who become looked after and accommodated by the Local Authority.
- Monitoring of the child/young person’s health needs

**Other Key NHS Services**

Child Protection Case Supervision is also available to other staff groups/teams if they are working directly with children who meet the criteria outlined. The process of this supervision should be agreed with the Child Protection Advisor in accordance with this policy. These teams/individuals may include, but are not restricted to:

- Specialist Community Nursing Teams
- Specialist Outreach Teams/Neonatal Services
- Sexual Health Nurses
- Peri-Natal Mental Health Service
- Prepare
- CAMHS
- Substance Misuse Service
- Allied Health Professionals
- Mental Health
- Learning Disability
8. **Confidentiality**

Supervision is a confidential process. However the outcome of the process, that is, the agreements made about the ongoing and future work with the child/young person, parent/carer and family will be documented in the child's record.

If concerns arise in relation to professional competence (of either supervisor or supervisee) and the safety and welfare of children which cannot be resolved within the supervisory relationship this will require further discussion. It may involve consultation out with the context of supervision with the supervisee's line manager or the supervisor's line manager or CNM/CNM Public Protection.

9. **Managing Conflict within the Supervisory Process**

As part of the process of Supervision it is important that both Supervisor and Supervisee agree the process for managing conflict within the supervisory agreement. This should be agreed at the outset when agreeing the Supervisory Contract (Appendix Three). This should also be agreed with Line Managers.
PROCESS FOR CHILD PROTECTION CASE SUPERVISION

Health Visitors

Midwives

FNP Nurses

LAC; School Nursing; Other key NHS Services

Midwife Team Leaders

At agreed timescales as per policy

CPA

CNM Public Protection

Assistant Director Public Protection

Public Protection

Assistant Director

CNM

At agreed timescales as per policy

LAC; School Nursing; Other key NHS Services

Midwife Team Leaders

FNP Nurses

LAC; School Nursing; Other key NHS Services

At agreed timescales as per policy

CNM

Public Protection

Assistant Director

Version Dec 2015. For review Dec 2017
10. References


11. Bibliography


Scottish Government (2014b) Children and Young People Bill, Edinburgh: Scottish Government
APPENDIX 1


**Cause for Concern Record Criteria**

The list below gives an indicative guidance to the Health Visitor/Family Nurse to consider whether he/she should raise a Cause for Concern (CFC) record. The list is not exhaustive and does not replace robust assessment and professional judgment. When a Cause for Concern Record is opened a Multi Purpose Child Protection Form (MPCPF) must be completed and the guidance followed.

**Records must be opened if:**

- The child/unborn child is on the Child Protection Register or a Supervision Order
- A decision has been made to hold an Initial Child Protection Case Conference irrespective of the outcome
- A sibling is on the Child Protection Register or a Supervision Order and the sibling group reside in the same home
- Children with ongoing Child Protection concerns transferring into Lothian area.
- Where a child has been identified as at risk of significant harm

Where the following criteria have been identified through the process of assessment and analysis and there is concern that the child is, or could be at risk of harm then a Cause for Concern Record should be opened:

**Child Factors:**

- Injury due to abuse or lack of supervision
- Evidence of child neglect
- Historical concerns
- Explicit sexualised behaviour which may indicate abuse
- Child Sexual Exploitation
- Child Trafficking
- Exhibiting signs of emotional abuse
- Children who are unseen as per NHS Lothian procedures ,and where concerns have previously been identified
- Missing Children/Families
- Concerns about faltering growth without an identified organic cause

**Parental Factors:**

- Problematic drug and/or alcohol use
- Non-engaging parent/carer/ difficult to reach/transient or mobile families
- Evidence of parental delay in seeking help, care or medical services for a child when in need, and lack of compliance by parents
- Parental adverse life events which impact on parenting
- Parents who have learning difficulties which impacts on the ability of parents to meet the needs of the child.
Domestic abuse and historical domestic abuse
Parental mental health which impacts on the parenting capacity to meet the needs of the child.
Parental criminality
Families who refuse or withdraw from NHS health services, and where a concern has previously been identified

**Environmental Factors:**
- Contact with Registered Sex Offender, Violent Offender, or person convicted of a Schedule 1 Offence
- Home conditions which impact on the wellbeing of the child
- Unknown members of the household and unknown care providers

This list is not exhaustive. If practitioners require advice regarding the opening of a CFC record, they should contact the Child Protection Advisor.

**Guidance for Completing the Multi Purpose Child Protection Form**

The updated Multi Purpose Child Protection Form (MPCPF) replaces all existing forms and should be used following the guidelines below.

The form has been updated to ensure all essential information for all children who meet the remit for Cause for Concern (CFC) records are documented and maintained. It is also intended reduce the administrative process involved.

**The projected benefits are:**
- To provide clear, specific information with a clear plan
- Streamlined processes
- Reduced duplication (especially of demographics)
- Transfer via secure email transmission
- Speedier transfer
- Reduction of reliance on internal mail – promotion of security
- Time saving

**The updated MPCPF should be used for:**
- Referrals/Opening of Cause for Concern (CFC) records
- Transfer of CFC records
- Recording a Supervision Session
- Updates when the situation has changed between supervision sessions (not changes in demographics)

The subject line in each email should be clear e.g., New Referral, Transfer, Update or Supervision.
Referrals and Opening a Cause for Concern Record

Once the Multi Purpose Child Protection Form has been completed in full it should be sent as an attachment via email to the Vega mailbox. The email address can be found in the global address book by entering Protection, Vega. The email address is Vega.Protection@nhslothian.scot.nhs.uk. Any new referral must be clearly marked at the top of the MPCPF.

Please copy (cc) in the designated Child Protection Advisor for your area on all correspondence. The designated areas of responsibility for CPAs can be found on the intranet under the heading Child Protection.

Transfer of CFC Records

Multi Purpose Child Protection Forms should be completed in full and should be sent as an attachment by email to the receiving named Health Visitor/Family Nurse/School Nurse. You should discuss this with the receiving Health Visitor/Family Nurse/School Nurse and have given a verbal handover before sending this, and document this on your Plan. The email should be copied to both the Vega mailbox and the designated CPA. Any transfer must be clearly marked at the top of the MPCPF.

Once you have handed over verbally and sent/transferred the MPCPF; then the actual record is sent on in the usual way through Community Child Health as per NHS Lothian Transfer of Additional Record Policy (CFC).

Updated Information

Any updated information for the child/family should be documented on the MPCPF and submitted to the Vega mailbox Vega.Protection@nhslothian.scot.nhs.uk, and copied to the designated Child Protection Advisor for your area. Please highlighted this updated information clearly on the form.

Any change in demographic information, change in child protection registration information, or information regarding a child or older sibling going to school does not require a fully updated form to be submitted. This information should be emailed to Vega.Protection@nhslothian.scot.nhs.uk and copied to the designated Child Protection Advisor for your area. Please include the Child's name and File Number in any correspondence.

Completing the Multi Purpose Child Protection Form

It will be expected that all relevant sections of the form are completed. The example copy should be used/referred to in conjunction with this guidance.

The headings sections with a grey background should not be used to input information. When cutting and pasting – please do not copy the entire document as a whole – copy section by section as otherwise this may affect the formatting of the form. You should be able to cut and paste information from your other paperwork/documents/TRAK. Whilst this system is not perfect and does not replace all other forms that practitioners have to use – if used appropriately, it will reduce the amount of work and duplication greatly.
**Child Demographics** – Please state the address the child currently resides at. If this is foster care/kinship care then this address should be documented and highlighted.

**Other Adults in Household/Significant Adults** – This should include any other adults in the child(ren)’s life including carers, supportive family members etc who the child(ren) may have contact with or who are an area of concern/risk.

**Professionals Involved** – Please include all professionals/agencies known, including agencies working solely with the parent’s e.g. drug and alcohol services, CPN etc.

**Assessment** – Please clearly state the reason for the CFC record being open. Information from the Child Health Assessment Information can be copied to this section (or vice versa) to save duplication of work but should give a clear picture of the child(ren)’s situation. Please state clearly what the current protective factors and the current or future risk factors are. Documenting these in bullet points may make this clearer.

**Plan** – The plan should be clear and SMART, including specific tasks or responsibilities, timescales and contingencies. Please number or bullet point each part of the plan to make it clear.

**Closing a Cause for Concern Record**

The following may indicate consideration for closing a record:

- A child is in a long term foster placement and there are no concerns about the level of care they receive and consideration is not being given to rehabilitation
- A child has gone through the permanency process
- Practitioner’s critical assessment has determined that parental drug use is stable over a period of time, their parenting capacity is not impaired and the child attends nursery/child and family centre or is seen by another professional regularly. Due consideration should be given to the relapsing nature of substance addiction.
- When the person presenting a risk to the child/family is no longer present e.g. died, moved away or in prison
- When sufficient protective factors have been discussed and agreed at Child Protection Supervision with the designated CPA for your area.
- Cause for Concern Files can be closed at any time when they meet the criteria above, but this should be discussed and agreed with the designated Child Protection Advisor for your area. Practitioners do not need to wait for the next planned Child Protection Supervision Session to do this

**Re-opening Records**

The assessment process is dynamic and not a one-off event. Practitioners can re-open records at any time should their assessment analysis indicate this. Further advice can be sought from the designated Child Protection Advisor for your area at any time.

*Please contact your designated Child Protection Advisor for any further information or support regarding these guidelines. If your designated Child Protection Advisor is not available please contact the Administrative Support Team on 0131 537 5300 who will be able to advise or direct your enquiry appropriately.*
# APPENDIX 2

## MULTI PURPOSE CHILD PROTECTION FORM

(Please specify)

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Referral</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td></td>
</tr>
<tr>
<td>Update Report</td>
<td></td>
</tr>
<tr>
<td>Supervision Session</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name:</td>
<td></td>
</tr>
<tr>
<td>CHI</td>
<td></td>
</tr>
<tr>
<td>Child(ren) Forename/Surname</td>
<td></td>
</tr>
<tr>
<td>Family Address(es)</td>
<td></td>
</tr>
<tr>
<td>CHI</td>
<td></td>
</tr>
<tr>
<td>Mother’s full name</td>
<td></td>
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<tr>
<td>Address/Same/Unknown – please state</td>
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<tr>
<td>CHI</td>
<td></td>
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<tr>
<td>Father’s full name</td>
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<tr>
<td>Address/Same/Unknown – please state</td>
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</tr>
<tr>
<td>CHI/DOB</td>
<td></td>
</tr>
<tr>
<td>Other Adults in Household</td>
<td></td>
</tr>
<tr>
<td>Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>Name of Caseholder</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Tel No</td>
<td></td>
</tr>
</tbody>
</table>

**Transfer of Case to: Name and details of Health Visitor or School Nurse**

<table>
<thead>
<tr>
<th>Name and Role</th>
<th>Base Address</th>
<th>Tel No</th>
</tr>
</thead>
</table>

**Current Status (please specify all): Yes or No and Date**

<table>
<thead>
<tr>
<th>Cause for Concern:</th>
<th>Children’s Hearing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Cause for Concern:</td>
<td>Supervision Requirement/(I)CSO:</td>
</tr>
<tr>
<td>Child Protection Registration:</td>
<td>LAC /LAAC (specify):</td>
</tr>
<tr>
<td>De–registered from CPR:</td>
<td>Previously LAAC/SR /ICSO/CSO:</td>
</tr>
<tr>
<td>Previously on CPR:</td>
<td>Date of LAAC Review:</td>
</tr>
</tbody>
</table>

**Other please specify:**

**Professionals Involved (e.g. GP, SW, MW)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Base</th>
<th>Tel No</th>
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<tbody>
<tr>
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<td></td>
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<tr>
<td><strong>What is your pattern of contact?</strong></td>
<td></td>
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<td>-----------------------------------</td>
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</tr>
<tr>
<td>State how often you see the child(ren)/family and the date that you last saw them in their home environment. If not seen at home; please add additional information</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Assessment:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child(ren) meet the Wellbeing Indicators?</td>
</tr>
<tr>
<td>Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included</td>
</tr>
<tr>
<td>In accordance with the GIRFEC National Practice Model</td>
</tr>
<tr>
<td>How the child is growing and developing</td>
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<table>
<thead>
<tr>
<th><strong>What the child requires from people looking after them</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>The Wider World</strong></th>
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<table>
<thead>
<tr>
<th><strong>What are the Risk Factors?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In accordance with use of Resilience Matrix/GIRFEC NPM</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What are the Protective Factors?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In accordance with use of Resilience Matrix/GIRFEC NPM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What are the Gaps/Barriers to achieving the Wellbeing Indicators?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion and Analysis</td>
</tr>
</tbody>
</table>
What is the plan to achieve the Wellbeing Indicators?
The plan should state expected outcomes; include timescales (SMART) for interventions and contingencies

<table>
<thead>
<tr>
<th>Signature of Caseholder:</th>
<th>Signature of Supervisor: (if supervision session)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
APPENDIX 3

Contract for Supervision

Between CPA:

and Specialist Practitioner:

NHS Lothian:

NHS Lothian expects staff to be supervised at a minimum six monthly period and that the key areas to be addressed are:

1. To enable the Practitioner to perform to the standards specified by the NMC Code of Conduct and within NHS Lothian Child Protection Procedures.
2. To ensure that the Practitioner is clear about his/her roles and responsibilities
3. To ensure accountability for the work undertaken by the Practitioner
4. To assist in the Practitioner’s professional development
5. To be a primary source of support for the Practitioner in relation to Child Protection
6. To provide regular and constructive feedback to the Practitioner on their professional practice in relation child protection
7. To review the supervision contract annually

**Arrangements agreed for supervision**

<table>
<thead>
<tr>
<th><strong>Length:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Location:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Recording of Supervision:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Purpose for which supervisory record may be used</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Storage of Supervision record</strong></th>
</tr>
</thead>
</table>
How we will agree the agenda for sessions

Interruptions will only be permitted if....

Content and focus of supervision will be based on:

- agreeing the agenda
- reviewing your work via discussion, reports, observation
- agreeing and monitoring action plans
- development of your skills, knowledge and value base by reflecting on your practice
- identifying your developmental needs, interests, goals and action plans
- providing space for you to reflect more generally on your experience of, and feelings about child protection work
- reviewing this supervision agreement, including your feedback about the progress of supervision

Making supervision work: what each agree to contribute

**What I want from you as my supervisor:**

**What I will contribute as the supervisee to make this work:**

**What I want from you as a supervisee:**

**What I will contribute as the supervisor to make this work:**

Permissions that we have agreed

(e.g.: The supervisor does not always have an answer; OK for me as the worker to say I am stuck)

What we will do if there are difficulties working together

Signed:

Date:

This agreement to be reviewed at (frequency)