



Child Protection Case Supervision Procedure

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Introduction

Clinical supervision can be defined as a regular process of structured, facilitated reflection on practice, in a safe space, with the intention of support and professional development to promote high quality care. It focuses on the practice elements of the practitioner's role and can be considered an overarching term for a variety of practices and processes (NES, 2021). High quality supervision can boost self-esteem and confidence and reduce emotional stress (Bilfairn and Stonehouse, 2017). 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, 2021).

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

In consultation with key services, the Child Protection Case Supervision Policy (NHS Lothian, 2015) has been developed into a Procedure. NHS Lothian (2017) notes that whilst a policy helps to set out a consistent approach and guides professionals, it does not normally include the detail as to how this should be implemented into practice. A procedure, on the other hand, is a prescriptive and standardised set of actions set out so that everyone undertakes it in an agreed and consistent way to ensure an effective outcome. The key difference between the two is that a procedure sets out in detail how the relevant policy is to be performed in practice (NHS Lothian, 2017).

NHS Lothian is required to fulfil responsibilities and duties to keep children and young people safe from harm and abuse and to comply with relevant procedures and law (NHS Lothian, 2020). This procedure 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 procedure 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.

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

Aims

- To support those practitioners directly involved in child protection, which can be distressing, and to promote critical reflection and two-way accountability which enables a focus on outcomes.
- To promote the development of good practice for individual practitioners and the improvement of the quality of the service provided by NHS Lothian (Scottish Government, 2021).

Definition

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

Principles of Child Protection Supervision

Case supervision should provide a safe and confidential environment to promote discussion and reflection on the knowledge and skills informing the task, the teamwork and the impact of the work and the engagement of each practitioner with their role. At all points, the safety, experience and the voice of the child should have a central focus (Scottish Government, 2021).

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.

Purpose of Child Protection Supervision

The purpose of Child Protection Case Supervision is to help ensure that:

- practice is consistent with legal requirement, 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 action
- 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)

Who provides Child Protection Case Supervision

Child Protection Case Supervision in NHS Lothian is offered by Child Protection Advisors. Other forms of supervision such as group or peer supervision may be facilitated by those practitioners with the skills, knowledge and experience to do so, such as, but not exclusively, Team Managers and Practice Teachers in collaboration with CPAs if requested. Additionally, Practitioners may access advice and support from their line managers.

The Process of Supervision

The process of supervision should include:

- Undertaking an assessment and analysis of risk via discussion and use of chronology, genogram/ecogram, assessment and decision-making tools, the Child Health Assessment (CHA) and agreeing and recording a supervision plan within the Child Health Action Plan (CHAP).
- Monitoring the progress of the plan including review and evaluation.
- Improving reflective practice and detailed risk assessment supported by evidence based resources
- Supporting the synthesis of learning and facilitate application of that learning to future practice.

In all cases the minimum expectation for both the practitioner and CPA are as follows:

The CPA has responsibility for:

- Understanding and engaging with the strengths, differences, values, and feelings of the practitioner
- Offering objectivity and critical analysis
- Offering support and constructive feedback
- Mutually agreeing relevant action points agreed during supervision
- Ensuring that there is an effective communication between the Child Protection Case Supervision and managerial responsibility

The practitioner has the responsibility to:

- Consider and prepare in advance of the session their assessments, plans and current level of involvement with each child and family
- Identify cases to bring to the supervision session
- Ensure that the protection plans agreed during supervision are recorded at the point of supervision, the plans implemented, and that the actions and outcomes set are realistic and in line with the GIRFEC/interagency child protection planning process

Supervision Agreement

The terms 'supervision contract' or 'supervision agreement' can be used interchangeably to describe the written document which evidences the discussions that have taken place to establish how the supervisor and supervisee will work together (SCIE, 2017). In these procedures term 'agreement' is preferred since it emphasises the collaborative nature of the process. It is therefore important that the Supervision Agreement document can be individualised. (SCIE, 2017).

The Agreement discussion should include:

- **Practical arrangements for formal one-to-one supervision**, for example the venue/mode, frequency, duration and arrangements if either party requires to reschedule.

- **Arrangements for complementary methods of supervision**, for example, face to face, via Teams Meetings, telephone/group and ad hoc on request.
- **The expectations of the practitioner regarding supervision**, including their past experience of supervision and how this affects their current expectations of the process, along with their expectations of the CPA.
- **The expectations of the CPA**, including their expectations of the practitioner.
- **Preparation for supervision**, including selection of cases, the updating of assessments and plans
- **The content of supervision sessions**, for example selected cases to be supervised, discussion of other topics.
- **Link between supervision and other management processes**, including for example, personal development plans.

Health Visitors and Family Nurse Partnership

- Agreement of Supervision will be set between the practitioner and CPA at initial contact (See Appendix 1)
- Dates and venues to be agreed in advance – up to one year
- Time – agree and manage length of time per session
- Place/mode – agreed by negotiation, must be able to have confidential space with access to a computer
- Preparation – practitioners have ownership and are responsible for preparation, assessing risk and updating the Child Health Assessment and Child Health Action Plan prior to supervision
- Individual supervision will take place at a minimum of six-monthly intervals for Health Visitors.
- Newly qualified Health Visitors/practitioners returning to work from an extended break will be contacted by the CPA within a month of taking up post /returning to work to arrange supervision.
- In accordance with the FNP licence Family Nurses will follow NHS Lothian policy
- Supervision is recorded electronically on the TRAK system using the GIRFEC National Practice Model and Resilience Matrix via the Child Health Assessment. The practitioner should update the Child Health Assessment on an ongoing basis as significant changes occur and should ensure it is up to date prior to supervision taking place.
- Through discussion, any additional analysis should be recorded in the child's record. The supervision plan requires to be recorded within the CHAP which should be outcome focused and SMART (Specific, Measurable, Achievable, Realistic and Timely). (Care Inspectorate, 2019).

Health Visitors – Group Supervision

Group supervision can be offered to Health Visitors on request and be jointly facilitated with the Team Manager and CPA. Health Visitors should select cases they wish to discuss. The practitioner is responsible for recording that supervision has been undertaken and for updating the CHAP.

The CPA may also bring topics for discussion such as briefings from Learning Reviews that could provide opportunities for learning.

School Nurses and Specialist Community Public Health Nurses (SCPHN) - School Nurses

Group Supervision for School Nurses and Team Managers should be offered once a term as a minimum or on an individual basis by request. Group supervision will be facilitated by a CPA. It is the responsibility of the School Nurse to bring cases for discussion and afterwards record that supervision has taken place and update the CHAP. The CPA may also bring topics for discussion such as briefings from Learning Reviews which could provide an opportunity for learning. School Nurses can access advice and support from their managers and the Child Protection Advisors. In addition to the above factors the first supervisory session should agree the process and sign an Agreement of Supervision.

Midwives

The Nursing and Midwifery Council model of statutory supervision for midwives ceased in 2017 following a change in UK legislation. In response, the Scottish Government and NHS Education for Scotland (NES) worked with NHS Boards to develop a new employer-led model of clinical supervision.

While child protection may be discussed during this process, knowledge, and experience of supervisors in relation to child protection 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 CPA. Midwifery Team Leaders provide Child Protection supervision to team members on cases with maternity alerts. More complex cases are discussed with the CPA.

Individual and team case supervision is provided by a CPA as required. The Clinical Nurse Manager for Maternity Services has the 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 will be offered three monthly within a group setting. It is the responsibility of the LAC Nurse to bring cases for discussion, record that supervision has taken place and update the CHAP where appropriate. In addition, the CPA/Supervisor may wish to bring topics for discussion such as briefings from Learning Reviews which may provide opportunities for learning. LAC nurses may also request supervision on a case out with the timeframe with their Advanced Nurse Practitioner or the CPA.

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 CPA in accordance with this procedure. 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

Confidentiality and Professional Relationships within the Supervisory Process

Supervision is a confidential process. However, discussion, analysis and decision-making will be recorded in the child's health record.

If concerns arise in relation to professional practice (of either the CPA or practitioner) and/or any outcomes related to the child which cannot be resolved within the supervisory discussion this will involve consultation out with the context of supervision with the CPA/practitioner's line managers.

Child Protection Case Supervision

Opening a Cause for Concern record - Practitioners

The list below gives an indicative guidance to the Health Visitor/Family Nurse to consider whether they should make a referral to open a Cause for Concern (CFC) record for a child. The list is not exhaustive and does not replace robust assessment and professional judgment. Alongside the GIRFEC National Practice Model, there are useful tools which can support assessment, analysis and decision making such as the National Risk Framework Assessment to Support the Assessment of Child and Young People (Scottish Government, 2012), the Toolkit to Help, Recognise and Support Children at Risk of Neglect (Action for Children, 2019, Revised by Edinburgh Child Protection Committee 2022) and the National Guidance for Child Protection in Scotland (Scottish Government, 2021). The CFC Record is opened electronically via a referral to the CPA team on TRAK (the current electronic recording system).

On referral, the CHA should be up to date and a plan recorded. The referral should be made clear in the record.

Chronology

If not already in place, a chronology must be started using the pan Lothian chronology template. (NHS Lothian 2020). You may also wish to refer to the Care Inspectorate guidance regarding chronologies for further information (Care Inspectorate, 2017).

Genograms/Ecograms

Effective assessment, planning and support is ecological. This includes analysis of the interaction of relationships between a child, their family and their wider world. An ecological perspective includes consideration of the present and historical context of harm. Other factors may be relevant such as culture, use of technology, the physical location of risks, barriers to understanding or accessing services, and the intersection of adversities including key variables like housing, health and income (Scottish Government, 2021). The use of genograms can visually demonstrate protective and risk factors for a child.

A record must be opened if:

- The child/unborn child is on the Child Protection Register or subject to legal measures/is a Looked After Child
- A decision has been made to hold an Initial Child Protection Planning Meeting (Scottish Government, 2021) irrespective of the outcome
- A sibling is on the Child Protection Register or subject to legal measures and the sibling group reside in the same home
- Child with Child Protection concerns/Looked After Child 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
- All historical child protection concerns that may be relevant to the child's current circumstances
- Explicit sexualised behaviour which may indicate abuse
- Child sexual exploitation
- Child trafficking
- Exhibiting signs of emotional abuse
- Children who are unseen or missing as per NHS Lothian procedures and where concerns have previously been identified
- Concerns about faltering growth without an identified organic cause

Parental Factors:

- Problem substance 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 impact on the ability of parents to meet the needs of the child.
- Domestic abuse and historical domestic abuse
- Parental mental/physical health which impacts on the parenting capacity to meet the needs of the child.
- Parental criminality which impacts on their capacity to meet the needs of the child.
- 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 where their involvement with the child has been assessed as potentially presenting a risk.

This list is not exhaustive. If practitioners require advice regarding the opening of a CFC record, they should contact their line manager or CPA.

Receiving a CFC Referral – CPAs

On receipt of an electronic referral to open a CFC record, the allocated CPA will view the CHA and CHAP and the relevant sections of the child's electronic record. If the criteria are met to open the record, the CPA will open a CPA Care Episode on TRAK. If further information is required, the CPA will contact the referring practitioner to discuss the case. At this point, contact can be made by either the practitioner or CPA to ensure supervision is undertaken within 3 months. There are processes in place to ensure that referred cases do not miss the 3 month timeframe for supervision to be undertaken.

Process for Planned Supervision – Selection of Cases

CPAs will meet with their HVs/FNs every 3 months for supervision for those cases that meet the criteria below:

- Unborn babies
- Infants under 1 year
- Any new CFC referral
- Children who have transferred into the current Care Provider's caseload since the previous supervision session – this could be from within or out with Lothian. (This does not include cases that have been transferred between practitioners for staffing purposes).
- Any other cases where the child's needs are not being met and/or the risks are not being managed effectively – selected by practitioner and/or CPA

Where a pre-school aged sibling is discussed at supervision as part of the family, the Practitioner should record any actions and plan agreed for the sibling in the child's own health record.

NB If practitioners do not have cases that meet the criteria for three monthly supervision, their CPA will meet with them at a minimum of every 6 months.

Examples of cases where children's needs are not being met and/or the risks are not being managed effectively:

Consideration should be given to:

- Children who are looked after at home
- Children looked after away from home where there is a rehabilitation plan.
- Children who are looked after away from home where the placement is at risk of breaking down, there is developmental delay or health impacts.
- Children whose names are on the Child Protection Register but the plan is not progressing, or parents are not engaging effectively for positive change.
- Transient families
- Children with disabilities
- Families who do not consistently engage well with services potentially leading to poorer health outcomes for the child(ren).
- Children with continued exposure to domestic abuse, problem substance use, or difficulties presented by parental mental and/or physical health.
- Children over the age of 1 year where there are no other services involved
- Children whose parents have refused involvement with universal services.

This list is not exhaustive, and practitioners should use their professional judgement when selecting cases to bring to supervision.

For all CFC cases – the Practitioner will ensure that the cases have an up-to-date CHA and CHAP.

Case Supervision Discussion

The practitioner and CPA will discuss the analysis of the assessment tools, chronology and the CHA and CHAP. This discussion will include an analysis of the information presented as well as reflection on practice, including the strengths of and challenges facing the family as well as the strengths and challenges concerning the practitioner. The CPA and practitioner will agree the supervision plan and the practitioner will record on TRAK that supervision has taken place and record the supervision plan within the CHAP.

If discussion and analysis reveal gaps in the CHAP, the amendments will be made by the practitioner who will also document in the electronic record that supervision has been undertaken and the plan has been updated.

Supervision Review Process

On conclusion of supervision of each case, future supervision will be ordered on TRAK where it continues to meet the criteria for 3 monthly supervision. These processes are managed by the public protection team through Business Objects Reports.

Supervision for Cases on Request

Practitioners can request supervision from their CPA for any case at any time by contacting their CPA to arrange an appointment. The preparation and recording process is the same as for planned supervision cases.

Cases that do not meet the criteria for planned supervision

An example may be: 4-year-old child, with health and developmental progress in keeping with age and stage and no health concerns, looked after away from home in a stable placement with no plan to rehabilitate to parents' care who consistently attends an education placement.

All open CFC cases must continue to have ongoing assessment undertaken and the CHA and CHAP updated when relevant/significant changes occur. Practitioners should request supervision if they have concerns about any of these cases.

Closing a Cause for Concern Record

A CFC record may be closed at any time but must have had at least one supervision discussion since the opening of the record.

Practitioners may choose to discuss closure/close cases at a planned supervision session. Practitioner may close a CFC case out with a planned supervision session. In both cases, the practitioner should ensure that the CHA and CHAP is up to date, that the closure of the CFC record is clear within the child's record and use the Close CFC Intervention made to the CPA via TRAK to close the case.

On notification of the closure, the CPA will review the CHA and CHAP and close their Care Episode on TRAK unless there is an absence of a clear plan/evidence of reduced or managed risk in which case the CPA will contact the practitioner for further information.

Quality Assurance

Self-evaluation is central to continuous improvement (Scottish Government, 2021) and it is a learning process (Care Inspectorate, 2019). The Child Protection Advisory service will engage in self-evaluation activities such as auditing of records, CPA peer review of practice and inspections of children's services.

References

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Appendix One

NHS Lothian: Supervision Agreement

Between CPA:
and Practitioner:

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, in collaboration with the Team Manager, to perform to the standards specified by the National Guidance and within NHS Lothian Child Protection Procedures and NMC Code of Conduct.
2. To ensure that the Practitioner is clear about their roles and responsibilities
3. To ensure two-way accountability for the supervisory relationship and process undertaken by the Practitioner & CPA
4. To support the Practitioner's professional learning and development
5. To be a 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

Practical Arrangements for Supervision (including venue/mode, duration, arrangements to re-schedule, management of interruptions):

Arrangements for Complementary Supervision (including Teams/phone, groups, face to face ad hoc on request):

Expectations of Practitioner (including past experience of supervision, current expectations of process and CPA):

Expectations of the CPA (including expectations of practitioner):

Preparation for Supervision (including selection of cases, updating of assessments and plans):

The Content of Supervision Including agreeing the agenda, action plans, development of skills and knowledge):

Links between Supervisory and Management Processes (including personal development plans, resolution of challenges):

Permissions that we have agreed (For example, the CPA does not always have an answer; OK for me as practitioner to say I am stuck)

Signed:

Date:

**This agreement to be reviewed annually:
Review Date:**