Guidance for Child Protection
Case Supervision

Responsibility for monitoring
Review and Update
CPU – Carol Bews

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1 INTRODUCTION
The purpose of Guidance for Child Protection Case Supervision is to provide a structured framework through which child protection case supervision and support is provided to front line practitioners. Working to ensure children are protected from harm requires sound professional judgments to be made. It is demanding work that can be distressing and stressful. All those involved should have access to advice, support and supervision from managers, and designated professionals (Scottish Government 2014). NHS Greater Glasgow and Clyde has been active in supporting team leaders' learning to support HV child protection case supervision.

Child protection case supervision is in addition to clinical supervision and does not replace it. The Guidance applies to all HVs and team leaders in health visiting teams; however, it does not exclude other disciplines of nursing from using it. In addition, it does not preclude any practitioner from seeking advice from a Child Protection Advisor (CPA) or medical advice line at any time if they are concerned about the safety or wellbeing of child/children.

2 AIMS AND OBJECTIVES
The primary aim of child protection case supervision is to ensure that clinical practice protects children and promotes their welfare. The aim of this child protection case supervision guidance is to support the supervisory process by providing a robust framework. The objectives are:

- To ensure safe, person centered, 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 strengths and weaknesses of the practitioner 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 provide an environment where reflection of clinical practice is encouraged and supported.
- To gain access to new ideas and information by the sharing of expertise.
- To develop practice based on research and expert evidence.
- To improve practice and contribute to clinical effectiveness, clinical governance and risk management in accordance with NHSGGC policy

3 OUTCOMES OF CASE SUPERVISION
Good quality supervision can help to:

- Ensure practice is child focused and avoid drift.
- Maintain a degree of objectivity, challenge fixed views and identify patterns rather than just responding to incidents.
- Test and assess the evidence base for assessment and decisions.
- Address the emotional impact of work.
- Ensure that practitioners fully understand their roles, responsibilities and scope of their professional discretion and authority.
- To enable and empower the practitioner to develop skills, competence and confidence in their child protection practice.
- To help identify the training and development needs of practitioners, so
that each has the skills to provide an effective service.

- To reduce the impact of stress on the practitioner working with families where there are child protection concerns.
- Ensure that practice is soundly based and consistent with local and interagency child protection policies and procedures.

Therefore the aims of supervision should achieve the following outcomes:

- A clear picture of the needs of the children.
- Clarity about the issues presented by the case.
- Clarity about the child/children’s health needs.
- Clarity about the impact of the parents’/carers’ health.
- Clarity about the legislative/policy framework of the case.
- Clarity and an agreed action plan for the health professional’s ongoing work with the child, family and relevant other agencies.
- An agreed review date for supervision is set at the end of each session.
- The professional should feel supported, and have good practice confirmed.

**4 CRITERIA FOR INCLUSION**

The criteria for inclusion below is not exhaustive and should not preclude professional judgment. The Health Visitor should identify and select a case (or cases) causing for review. On occasion the Team Leader may identify or select a case. The list below should not be seen in isolation but should be used in conjunction with the GIRFEC National Practice Model and national risk assessment tools to inform a robust assessment.

- Children on the child protection register (CPR) or deregistered within the last six months.
- Any child who has been the subject of a child protection conference since last supervision session.
- Any child including the unborn child where a multi-agency meeting, any agency or individual has raised a current child protection concern.
- Any child where there are concerns in relation to parental capacity to parent. For example, domestic abuse or reported violent crime, drug and alcohol misuse, mental health problems, learning disabilities, teenage parents.
- Any child whose health, growth and development is impaired and there are child protection concerns about parenting capacity.
- Any child living in the same household as an adult who may pose a risk to children because of a previous criminal conviction. E.g. Schedule 1 offender.
- Any children who are looked after and accommodated child (LAAC) or LAC, where there are active child protection concerns.
- Any child living in a household where an adult or young person has been the subject of allegations of sexual abuse.
- Any child living in a household where there is a risk of FGM.
- Any child whose attendances at Emergency Departments may be a cause for concern.
- Any child who does not attend (DNA) a hospital and other practitioners have contacted staff out of concern.
- Any child who has not been seen in keeping with the Unseen Child Policy.
• Failure for professionals to gain access where there is a history of child protection concerns.
• Parents are hostile and/or aggressive towards professionals.

5  MODEL FOR SUPERVISION
The Kolb Cycle (Kolb 1984) adapted by Morrison (2005) is the model of choice for the child protection case supervision process. The Kolb Cycle is a learning cycle that has been modified in terminology to make it more meaningful in its application to supervision (Morrison 2005). It is acknowledged as an excellent tool in reflection and is used in many care settings for supervision including the family nurse partnership (FNP) in NHSGGC. It is a simple but effective model to use and promotes continuous improvement in both the service and the ability of the practitioner. The reflective element of the cycle is pertaining to the case and any notes obtained in respect of the practitioner’s personal reflection should be kept with the practitioner.

In the first year the delivery of supervision will be through a triadic format with the supervisee, the team leader and a child protection advisor (CPA). Team Leaders are expected to have undertaken additional Child Protection training in order to ensure that they have the requisite skills and competencies to support staff. As team leaders become confident with the delivery of the model the CPAs will remove their presence on a regular basis but continue to be available as requested from either the Team Leader or Health Visitor for more complex cases. This will replace the current arrangement for complex cases between the CPA and HV to a triadic format.

KOLB’S CYCLE

DEFINITION OF CHILD PROTECTION CASE SUPERVISION
"Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives in order to promote positive outcomes for service users" (Morrison 2005).

The key functions of supervision associated with Morrison’s (2005) definition are:

Competent, accountable performance (Managerial function)
To provide accountability to the organization through overseeing the quality of practice and ensuring professional and organizational standards are maintained.

Continuing professional development (Educative/Development Function)
To address the professional development needs of the supervisee to maintain and improve professional competence. Practitioners are assisted to reflect on their work, deepen their understanding and develop new skills.

Personal support – (Supportive/restorative function)
To recognize the emotional impact of child protection work. This provides support for practitioners and explores strategies for coping and self-care.

Engaging the individual with the organization (Mediation function)
To assist the supervisor and supervisee to promote standards both in and with the service through identification of resource deficits and raising awareness to higher management.
6 PROVISION AND FREQUENCY OF CASE SUPERVISION
Child protection case supervision is in addition to and not instead of clinical supervision and caseload management. It is mandatory for all staff that manages a caseload, and has lead responsibility for planning programs of care.

The frequency of child protection case supervision sessions will vary depending on the needs and experience of the professionals concerned, however, must be no less than 2 monthly for child protection case supervision.

It is recognised that staff will often require advice and support in relation to protecting children outside of the formal case supervision session. Staff should; in the first instance attempt to contact their team leader; where this is not possible and advice is needed urgently contact should be made without delay to the on call CPA at the Child Protection Unit who are available Mon-Fri 9.00-5.00. It is the responsibility of the supervisee to record the discussion in the child’s electronic health record.

7 CHILD PROTECTION CASE SUPERVISION RESPONSIBILITIES
7.1 TEAM LEADER - responsibilities are:
To ensure that all staff have access to support, supervision and guidance in relation to their work with children and families.
Agreeing ground rules and the supervisory agreement (Appendix 1).
To ensure that practitioner’s workload and commitments allow them to access child protection case supervision within the terms of this guidance.
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 practitioner at the time of supervision.
Identify child protection training needs.
Maintain regular child protection supervision of own practice.

7.2 CPA – responsibilities are:
Arranging one to one case supervision in conjunction with the team leader for their local area.
Offering supportive specialist guidance and advice where appropriate to enable the supervisee to reflect in depth on issues related to their practice.
Always maintaining the child/children as the focus of the supervision sessions.
Providing support and coaching pertaining to the child protection supervision process.
Provide a quality assurance role to team leaders through shadowing, and sitting in on supervision sessions.
Maintain regular supervision for own practice.

7.3 SUPERVISEE – responsibilities are:
Preparing for case supervision and advising the Team Leader and the CPA one week prior to supervision of the cases to be discussed.
Taking responsibility for making the best use of time in being punctual for sessions.
Being open to learning, developing clinical skills and to accept support and challenges.
Ensuring that the plans agreed are adhered to and escalated to Team Leader when this is not possible.
Responding to and acting on any issues identified during case supervision.
practice.
Identify child protection training needs.

8 RECORD KEEPING
All supervision and the outcomes and agreements made about the ongoing and future work with the child, carer or family must be recorded in the Child/children’s record. This practice is endorsed by National Guidance for Child protection in Scotland (2014) which states that "Supervisors should record key decisions within the child's case record" P38.

Appendix 2 is the standard documentation for recording the supervision session and should be scanned into the child’s record. In addition any other tool used should be scanned and attached. Each child protection case supervision session should be recorded in the chronology as a significant event on the EMIS web single child’s record.

9 AUDIT AND EVALUATION
The Team Leader will keep a record of dates and children discussed at supervision sessions for audit purposes until an electronic solution is available.

10 FURTHER READING


Morrison T (2006) Making the most of supervision in Health and Social Care London Pavilion


NHS Greater Glasgow and Clyde Partnership Nurse Clinical Supervision Policy and Framework (2014)

NMC (2010) Guideline’s for Record and Record Keeping NMC Record keeping

Ofsted (2011) The Voice of the Child; Learning Lessons from Serious Case Reviews Manchester Ofsted
Safeguarding Children and Young People: Roles and Competencies for Health Care Staff Intercollegiate document (2010) Intercollegiate document

The Data Protection Act (1998, 2000)

National Guidance for Child Protection in Scotland 2014
SUPERVISORY AGREEMENT

PRACTICAL ARRANGEMENTS
a) Frequency – A minimum 2 monthly, though this does not preclude the supervisee accessing supervision at an earlier date.
b) Duration - sessions should last approximately one to one and a half hour hours. If necessary a follow up session should be arranged.
c) Location – this should be preferably at the supervisee's base whenever possible or where there is access to the family/child's records. Supervision should be held in a private room free from interruptions.

RIGHTS AND RESPONSIBILITIES
a) Limits of confidentiality will be made clear. In most circumstances neither party will divulge to a third party what takes place during child protection case supervision, however, there may be occasions when confidentiality cannot be maintained due to concerns regarding professional competence. This would be agreed as a general principle at the first session and discussed at the appropriate time as concerns arise.

b) Contribution to the session – it is the responsibility of CPA, team leader and supervisee to prepare for the session. The supervisee will forward the child’s CHI one week prior to supervision. In cases where the child’s full health history is not available electronically the paper record will be required.

c) Equality issues: both parties are responsible for ensuring that case supervision takes account of equality issues and anti-discriminatory practice. It is important that CPA, team leader and supervisee have an open manner to discuss such issues.

d) Personal commitment to sessions – the importance of child protection case supervision should be recognised by all parties to take responsibility for joint ownership. This includes Keeping appointments, being on time and an agreement about interruptions.

e) Record keeping – A record of supervision and agreed plans will be recorded by the supervisee in the child's record and recorded in the chronology as a significant event.

LIMITS OF CASE SUPERVISION
Case Supervision should only relate to practice in relation to childcare and protection matters. Any personal or work related issues should be referred to the appropriate manager.
Discussion Form
Case Supervision Summary Sheet

KOLB’S CYCLE

Experience
Story/Concern

Analysis

Reflection
Investigating the story

Action Planning
### Appendix 2

#### Five Key Questions

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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>What is getting in the way of this child or young person’s well-being?</td>
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<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>
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<tr>
<td>What can my agency do to help this child or young person?</td>
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<tr>
<td>What additional help, if any, may be needed from others?</td>
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#### Resilience and Vulnerability

- **High Resilience**
- **Highly Adverse Environment**
- **Highly Protective Environment**
- **High Vulnerability**
Case Supervision Summary Sheet

Experience – Story/Concern
Engaging and observing:
What happened?
(7Ps)

Action
Planning
The next chapter -
Options, priorities, plans,
Preparations, delivery

Analysis
Understanding the meaning of the
Story/concern to the different
People involved. Analysing causes and
consequences, and developing
hypotheses about what is going on

Reflection
Investigating the story
Previous patterns or stories
that shape the experience
of the current story/concern

KOLB’S CYCLE