



<b>Title</b>	<b>Child Protection Supervision Policy</b>
<b>Document Type</b>	Policy
<b>Version number</b>	CH004/05
<b>Approval/Issue date</b>	April 2024
<b>Review dated</b>	April 2026
<b>Approved by</b>	NHS Borders Public Protection Team
<b>Owner/Person Responsible</b>	Nurse Consultant Public Protection
<b>Developed by</b>	NHS Borders Public Protection Team
<b>Reviewed by</b>	NHS Borders Public Protection Team: Nurse Consultant Public Protection Child Protection Nurses
<b>Healthcare Inequality Impact Assessed</b> <small>(statutory for policies)</small>	Date impact assessment completed – Oct 2019

**Uncontrolled when printed**

## **Contents**

### **Section 1 – Child Protection Supervision Policy**

1. Introduction
2. Purpose and Scope
3. Definition of Child Protection Supervision
4. Standards of Child Protection Supervision
5. Access to Child Protection Supervision
- 5.1 Criteria for Child protection Supervision- Indicators of Risk
6. Roles and Responsibilities
- 6.1 Line Managers
- 6.2 Supervisor
- 6.3 Supervisee

### **Section 2- Process for Child Protection Supervision**

1. Introduction
2. First Meeting- establishing contract
3. Supervision meetings
4. Recording Child Protection Supervision
5. Evaluation of Sessions
6. Resolving Difficulties

### **Appendices**

1. Sources of advice, information and support
2. Provision of Child Protection Supervision
3. Learning and Development
4. Child Protection Supervision Contract
5. Child Protection Record of Discussion

### **References**

# Section 1: Child Protection Supervision Policy

## 1. Introduction

Child Protection Supervision and support 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, 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

National Guidance for Child Protection in Scotland 2021

NHS Borders has a responsibility to provide staff with access to Child Protection Supervision; this is in addition to and does not replace clinical supervision or management supervision.

## 2. Purpose and Scope

The purpose of this policy is to provide a framework by which child protection supervision and support is offered and provided to practitioners. It outlines the roles and responsibilities of individual staff, managers and supervisors in both accessing and facilitating the process.

For practitioners involved in day-to-day work with children and young people, the opportunity and ability to critically reflect upon the work that they are engaged in is essential in enabling them to deliver their responsibilities to keep children/young people safe, promote good quality practice and support critical analysis and decision making.

This policy is a guide for staff working in roles across Children Services including Health Visitors, School Nurses, Midwives, FNP, Allied Health Professionals, Community Childrens Nurses and CAMHS who come into direct contact with children, young people and their families.

Support and supervision should be relevant to a practitioner's professional role and scope of practice, their responsibilities, and the intensity of their involvement in child protection.

Child Protection supervision is a mandatory requirement for staff who regularly manage child concern and child protection cases; this includes staff working with:

- Children (including unborn babies) on the Child Protection Register
- Care experienced/Looked After Children
- Children/young people with complex health and social care needs
- Concerns about wellbeing and/or neglect and/or with escalating concerns.

For staff who are involved with child protection, on a less frequent or intensive basis, Child Protection Supervision should be accessed on an 'as required basis' i.e. one off session. Child Protection Supervision should be agreed by the staff involved and their line manager based on staff need and role.

### **3. Definition of Child Protection Supervision**

Supervision is integral to practitioners taking care of themselves and enabling them to reflect on their practice and involvement with children and families (*Hawkins & Shohet, 2012*).

Child Protection Supervision should provide a safe and confidential environment for discussion and reflection on the knowledge and skills informing the task, the teamwork required, and the impact of the work and engagement of the practitioner with their role (National Guidance for Child Protection in Scotland 2022).

Child protection supervision is a formal opportunity for the practitioner to share and learn through work experiences with a person identified to facilitate and sustain the practitioner's achievement of effective work, either on an individual basis or within a group or team setting. Inter-agency support and review in complex protection work can also be valuable. Informal peer supervision and support can complement formal support structures

Child protection Supervision can also help to review the understanding of a child's situation in the light of new information, shifting circumstances or challenges to the current assessment.

### **4. Standards for Child Protection Supervision**

Effective Child Protection Supervision should ensure that the following standards are met:

- Supervision is provided by supervisors who have received additional training on the context, theory and practical application of supervision.
- Staff, have the opportunity for reflection within a safe and supportive environment.
- Supervision analyses and assesses the evidence base for decision making and actions.
- Supervision should maintain objectivity; identifying patterns, considering counter view and hypothesis.
- Staff are accountable and take responsibility for actions and decisions
- Supervision should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority.
- Supervision should also help to identify the training and development needs of practitioners, ensuring that they have the skills to provide an effective service.
- Practice is consistent with legislation, national and local child protection policies, procedures and guidance.
- Practice is underpinned by the values and core principles of GIRFEC

### **5. Access to Child Protection Supervision**

Practitioner's who regularly work with children, young people and their families, where there are child protection concerns, should be given the opportunity to access child protection supervision. Other NHS Borders practitioners working with vulnerable families and children should also have this opportunity when required (Appendix 2).

- Access to supervision can be established via the NHSB Public Protection Team (Child Protection Nurses or Nurse Consultant Public protection (i.e. for regular or a "one off"

session) who hold details of all Child Protection Supervisors and their capacity to provide supervision.

- Supervision will be offered at a minimum frequency of four-monthly sessions on an individually or as group sessions.
- More frequent supervision may be negotiated between supervisor and supervisee and/or negotiated with the Child Protection Nurses.
- Supervisors have a responsibility to identify supervision for themselves.
- Supervisors should identify the maximum number of supervisees they could see with their line manager, and will be dependent on the role and responsibility of each supervisor.
- Supervisors will receive initial training and opportunities for updates

Staff receiving clinical supervision of a more generic nature, may be unsure if this meets the necessary criteria. As a general guide, there is a joint responsibility for both supervisor and supervisee to be confident that all of the objectives are met and to identify additional sources of advice and support if necessary (see Appendix 1). This could also include a “one off” session of child protection supervision from Child Protection Nurses.

### **5.1 Criteria for Child Protection Supervision: Indicators of Risk**

Risk indicators are factors that are identified in the child’s circumstances or environment that may signify risk. The following provides examples of situations that may be brought to Child Protection case supervision (although is not an exhaustive list of indicators);

- Children who may be subject to a Child Protection plan or are Care Experienced/ Looked After
- Child who is living in a household where there is domestic abuse or substance use
- Child who is living in a household where a parent/carer/significant adult may have a mental illness or learning disability which may impact upon parenting capacity.
- When a family is resistant to support/interventions and health needs not being met or outcomes improved.
- Where there are professional differences in thresholds.
- Instances where staff members feel concerned about a child or young person but need help to explore and clarify what exactly it is that they feel concerned about.

Further guidance to support the analysis and assessment of risk can be found in the [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) and [Scottish Borders Keeping Children Safe and Well Tool](#); these documents would also be helpful to use in preparation Child Protection supervision.

## **6. Roles and responsibilities**

The process of Child Protection case supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision. Each practitioner must adhere to their own professional guidelines and codes of professional conduct.

It is the responsibility of staff who regularly work with children and young people where there are, or could be, child protection concerns, to ensure they access child protection supervision on a minimum four-monthly basis.

Child Protection case supervision does not replace or delay an individual practitioner's responsibility to make a child protection referral to police or social work if they have a concern that a child or young person may be suffering or likely to suffer significant harm. In such cases staff should refer to Scottish Borders Child Protection Procedures (via NHSB intranet).

## **6.1 Line Managers**

Line managers are responsible for:

- Ensuring staff are aware of their own responsibilities to protect children and young people.
- Identifying which staff require child protection supervision as a mandatory requirement.
- Ensuring staff have the opportunity to receive supervision.
- Ensuring staff trained to provide child protection supervision have the opportunity to provide supervision.

## **6.2 Supervisor**

Child Protection supervisors are responsible for;

- Being accountable for the advice and guidance they give.
- Agreeing and signing a supervision contract with the supervisee (Appendix 4).
- Ensuring Child Protection case supervision is conducted within a safe, uninterrupted environment (face to face or via Microsoft teams).
- Facilitating reflective discussion to support understanding of the case and formulation of plans/actions by asking well-constructed, curious and thoughtful questions.
- Maintaining a child-centred approach during supervision sessions.
- Discussing any competency issues with the supervisee at the time of supervision and addressing unresolved or significant issues with the supervisee's line manager.
- Encouraging the supervisee to raise workload pressures or other factors which may impact upon service delivery with their team leader/line manager.
- Recognising and reinforcing good practice.
- Accessing their own Child Protection supervision and seeking additional guidance as required.
- Maintaining knowledge and skills related to child protection supervision and attending relevant training and update (appendix 3).

## **6.3 Supervisee**

Supervisees are responsible for;

- Receiving supervision within the required timescales.
- Agreeing and signing a Child Protection Supervision Contract (appendix 4 )
- Identifying and preparing in advance cases to be discussed and complete record of discussion template (appendix 5).
- Recording in child's record that Child protection Supervision has taken place and any agreed actions.
- Informing their line manager that they are participating in supervision.
- Discussing workload pressures or other factors which may impact upon service delivery with their team leader/line manager.

- Practicing in accordance with relevant National and National child protection policy, procedures and guidance.

## **Section 2: Process for Child Protection Supervision**

### **1. Introduction**

Supervision will follow a model of guided reflection, such as Kolb (modified by Morrison, 2005) or Hackett (2003) models, to support the practitioner/s and supervisee to consider the case and facilitate;

- Clarity of presenting information/issues
- Identification of the child's health health needs
- Identification of parental/carer/s health issues
- Analysis of strengths, protective, adverse and risk factors and potential impact on unborn baby/child/young person
- Action planning and monitoring of interventions
- Identifying areas of good practice and areas for development
- Learning in a group setting from other colleagues

Effective supervision requires supervisor and supervisee to communicate openly and to develop a shared approach to the planning, implementation and evaluation of supervision. Supervision requires preparation on the part of both supervisor and supervisee, along with availability of an environment that is free from interruptions.

A reflective approach requires effort and commitment, that with time, can result in meaningful learning and lead to changes in practice.

### **2. First meeting – establishing Child Protection Supervision contract**

A contract should be established between the supervisor and supervisee (individual and group) (see Appendix 4).

This will provide a secure framework to support the relationship between supervisor/supervisee(s) to progress in an open and honest way. It will enable the supervisor and supervisee to achieve mutual understanding and responsibility.

### **3. Supervision meetings**

- Supervision meetings should be timetabled in advance.
- The session should be mutually agreed between supervisor and supervisee(s).
- The agenda may include:
  - Case reviews of children of concern (ensure a realistic number of children discussed within the time permitted).
  - Issues related to the workplace involving child protection issues.

- Issues related to working with staff involving child protection issues.
- Formulation of plans
- Outcome
- Agreeing date, time and venue for next session

#### **4. Recording of Child Protection Supervision**

Child Protection Supervision and the outcomes and agreements made about the ongoing and future work with the child, carer or family should be recorded on the record of discussion template and filed in the health record.

The supervisee will record that the case was discussed at supervision in the child's health record.

Child Protection case supervision is a confidential process between the health practitioner and the supervisor. However, confidentiality is not a barrier if it is considered, after discussion, that the threshold for significant harm has been reached. In these cases staff must follow NHS Borders Child Protection Procedures and a referral must be made to Children and Families social work.

#### **5. Evaluation of sessions**

There should be regular review by both supervisor and supervisee of the extent to which sessions are continuing to achieve the objectives of child protection supervision. There are a number of reasons why a supervisee might benefit from a change in supervisor and this should be facilitated when requested.

#### **6. Resolving difficulties**

If the supervisor has concerns about the supervisee's competence and practice that could increase the risks for the child and family then the supervisor has the responsibility to raise their concerns with the supervisee. The decision whether the supervisee's line manager should be involved should be discussed between supervisor and supervisee. If the matter cannot be resolved the difficulties must be discussed with a member of the NHSB Public Protection Team who will have the responsibility to seek a resolution.

If there is concern about the supervisee's competence and practice and the line manager is involved, then issues such as development of knowledge and skills or handover of the case to an appropriate practitioner might be considered.

Potential involvement of the supervisee's line manager should be negotiated between the supervisor and supervisee when the Child Protection Supervision Contract (Appendix 3) is completed.



## **Appendix 1**

### **Sources of advice, information, support and supervision in relation to child protection activities**

- Informal discussion/peer support with colleagues
- Formal, planned group meetings with colleagues
- Public Protection Team (tel: 01896 664580)
- Contact with colleagues from partner agencies- CPRO 01896 664159
- One-to-one clinical supervision
- One-to-one child protection supervision

### **If the practitioner or supervisor believes the objectives are not being met with the above activities, then consider:**

- Arranging one-to-one supervision with a child protection supervisor
- Changing supervisor (discuss with NHSB Public Protection Team member)
- Case file audit with NHSB Public Protection Team
- “One off” supervision sessions with NHSB Public Protection Team member (workers in Adult Services may find useful)

## Appendix 2

### Provision of Child Protection Supervision

Role	Frequency	Provider of Supervision
Health Visitors and School Nurses	1:1 4 monthly Or group supervision	Child Protection/public protection nurse/nurse consultant public protection  Peer supervisors
Family Nurse, Family Nurse supervisors	1:1 supervision with supervisor on a 4-6 monthly basis and group supervision	Child Protection Nurse/Nurse Consultant Public Protection
Community Midwives	As required/on request 1:1 or group	Child Protection nurse/nurse consultant Public protection
Staff who have direct contact with children and young people and their families and may require supervision and support with individual cases;  CAMHS team, Sexual health, Paediatrics, AHPs, ED, CCN	As required/requested for 1:1 or group supervision	Child Protection/public protection nurse/nurse consultant Public protection
Staff working in Adult Services; Learning Disability, Mental health, Addiction Services	As required/requested for 1:1 or group supervision	Child Protection/public protection nurse/nurse consultant Public protection

## Appendix 3

### Learning and Development for Child Protection Supervisors

Aim: To improve knowledge and skills in the area of child protection supervision, in order that practitioners can feel more confident and be more effective, and that children and young people can be better protected.

#### Menu of training/support

Type of training/support	Duration	Timescale for updates	Content	Resource to deliver
Bespoke training course for Child Protection Supervisors	New course in development to be delivered in 2022	Should be undertaken as a requirement of CP Supervisor role	<ul style="list-style-type: none"> <li>- Function of supervision</li> <li>- Impact of child protection on child development and welfare</li> <li>- Factors contributing to effective/less effective practice</li> <li>- Impact of personal and professional behaviour</li> <li>- Supervision skills</li> <li>- Supervision relationship</li> </ul>	<p>NHSB Public Protection Team &amp; NHS Borders Clinical &amp; Professional Development Team</p> <p>This training will also be available to practitioners working in adult protection</p>
TURAS Clinical Supervision Modules (NES)			<ul style="list-style-type: none"> <li>- Resource to support practitioners to develop relevant knowledge and skills for supervision- focus on restorative component of supervision.</li> <li>- The Clinical Supervision resource comprises four modules</li> <li>- Unit 1 is for both supervisors and supervisees</li> <li>- Unit 2-4 are for those undertaking the supervision role (supervisors)</li> </ul>	TURAS modules
CPD sessions for Child Protection Supervisors	1hours	Quarterly	<ul style="list-style-type: none"> <li>- Refresher of supervision skills</li> <li>- Update/overview issues re vulnerability</li> <li>- Update on child protection supervision policy/process</li> </ul>	NHS Borders Public Protection Team
Support/supervision from Child Protection expert	1-hour	As required	<ul style="list-style-type: none"> <li>- 'One off' supervision session</li> </ul>	NHS Borders Public Protection Team

## Appendix 4

### Child Protection Supervision Contract

<b>1</b>	<b>Names</b> <ul style="list-style-type: none"> <li>➤ <b>Supervisor</b></li> <li>➤ <b>Supervisee</b></li> <li>➤ <b>Members of Group</b></li> </ul>
<b>2</b>	<b>Meetings:</b> <ul style="list-style-type: none"> <li>➤ <b>Frequency of meetings:</b></li> <li>➤ <b>Time of meetings:</b></li> <li>➤ <b>Venue of meetings:</b></li> <li>➤ <b>Duration of the sessions:</b></li> </ul>
<b>3</b>	<b>Aims/Goals of Supervision:</b>
<b>4</b>	<b>Confidentiality and Accountability:</b>
<b>5</b>	<b>Record Keeping:</b>
<b>6</b>	<b>Responsibilities of:</b> <ul style="list-style-type: none"> <li>➤ <b>Supervisor</b></li>   <li>➤ <b>Supervisee</b></li> </ul>
<b>8</b>	<b>Other Contractual Issues Agreed:</b>
<b>9</b>	<p><b>This Contract will be reviewed on.....or at anytime at the request of the supervisor/supervisee.</b></p> <p><b>Signed.....Date.....</b></p> <p><b>Signed.....Date.....</b></p>

Appendix 5

Child Protection Supervision Session Record of Discussion

**NHS BORDERS CHILDPROTECTION SUPERVISION DOCUMENT**  
**Record of Discussion**

<b>Date:</b>	<b>Supervisor/Supervisee present</b>

All child assessments should be undertaken using the Getting It Right For Every Child (GIRFEC) National Practice Model (NPM) which includes Well-being Wheel, the My World Triangle and the Resilience-Vulnerability Matrix

Name of Child	Date of Birth/CHI
Parents/Carers	Date of Birth/CHI

**Reason for bringing to Child Protection Supervision Current risks/concerns:**  
Refer to Scottish Borders Keeping Children Safe & Well Tool

**Protective factors:**  
Consider Resilience Matrix; National Risk Framework

**Reflection:**  
Consider 5 risk questions; What has been happening? What is Happening Now? What might happen? How serious would it be?

**Action Planning:**  
SMART objectives

**Links:**

- [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#)
- [Scottish Borders Keeping Children Safe and Well Tool](#)

## References

[Care Inspectorate: Triennial Review of Initial Case Reviews and Significant Case Reviews \(2018-2021\) impact on practice](#)

Davys A and Beddoe L (2010) Best Practice in Professional Supervision, London: Jessica Kingsley

Green Lister P. and Crisp B. (2005) Clinical Supervision in Child Protection for Community Nurses. Child Abuse Review 14, 1, 57-72 John Wiley & Sons, Ltd.

Hawkins P and Shoet R (2012) Supervision in the helping professions, 4th edn, Maidenhead: Open University Press

Morrison T (2005) Staff supervision in social care, 3rd edn, Brighton: Pavilion Publishing

[National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#)

[National Guidance for Child Protection in Scotland 2021](#)

[Royal College of Nursing \(2019\) Safeguarding Children and Young People: Roles and Competencies for Healthcare staff](#)

Scottish Executive (2003) Memo to Chief Executives included: Plan for Immediate Action.

Scottish Government (2012) Audit and Analysis of Significant Case Reviews. Edinburgh: Scottish Government