

CHILD PROTECTION SUPERVISION POLICY

Guidelines for health staff

1. Introduction

Working to ensure children are protected from harm requires sound professional judgements. It is demanding work that can be distressing and stressful.

For practitioners involved in day-to-day work with children and families, effective supervision is important in promoting good standards of practice and in supporting individual staff members. Supervision should help to ensure that practice is soundly based and consistent with Western Isles Child protection Committee Inter-Agency Guidelines, and with NHS Western Isles Child protection Guidelines and organisational procedures.

As recognised by the Scottish Executive (2006, 2005a, 2005b, 2004a, 2004b, 2002, 2001, 2000) and in local and national enquiries (Scottish Executive 2005c, Reder and Duncan 2003) child protection practice is complex and challenging. The Framework for standards (Scottish Executive 2004a, 2004b) sets out the responsibilities of Health Boards to deliver services which safeguard and promote the welfare of children.

Child protection supervision is an important element of NHS Western Isles commitment to protecting vulnerable children in this difficult and vital area of practice.

2. All Involved

This policy applies to all staff within NHS Western Isles who provide services for children and parents/carers on a day to day basis.

The content of the Policy does not preclude any practitioner from seeking advice from the Senior Nurse Child Protection or Lead Clinician for Child Protection at any time if they are concerned about the safety or wellbeing of a child.

This policy has been developed by the Senior Nurse Child Protection in consultation with staff and with the Women and Children's Clinical Management Team and Child Protection Health Action Group.

The policy will be submitted for approval to the Safe and Effective Care Committee (SECC) through the Director of Nursing, Midwifery and Allied Health Professionals.

3. Policy Statement

3.1 This document provides guidance to managers and others on the provision of, and responsibility of practitioners for accessing, Child Protection Supervision.

The aim of this policy is to :

- contribute to the Health Board's responsibilities in safeguarding the welfare of children

- support practitioners
- support and protect children and young people at risk of physical, emotional or sexual abuse, or neglect (Appendix 1).

3.2 Policy acknowledges the importance of the protection from abuse or neglect of the unborn child (Scottish Executive 2001). For the purposes of this policy a child is defined as being either an unborn baby or a young person up to the date of his/her sixteenth birthday, or over sixteen years of age with special needs and requiring help from statutory agencies in order to be protected.

3.3 For the purposes of this policy the following definition of child protection supervision has been adopted

“a process in which one worker is given responsibility to work with another worker(s) in order to meet certain organisational, professional and personal objectives. These are competent, accountable performance, continuing professional development and personal support” (Morrison 1993).

Child Protection Supervision incorporates the principles of reflective practice (NHS Western Isles Clinical Supervision Policy 2006, Bond and Holland 1998).

4. Protocol and Procedure

4.1 Protocol

4.1.1 It is the responsibility of each individual practitioner to seek Child Protection Supervision when they are aware that they are providing care or services to :-

- A child or unborn baby whose name is currently held on the Child Protection Register
- A child whose name has been removed from the child protection register within the preceding six months
- The parents of an unborn baby where there are concerns for the safety or wellbeing of the baby as a result of the parents current or former health or lifestyle
- An unborn baby, child or adult where there is known domestic violence, or drug/alcohol abuse or where there is known mental illness affecting parents ability to safely and effectively parent their child.

4.1.2 In addition it is the responsibility of each individual practitioner to seek Child Protection Supervision should they have concerns for the safety or wellbeing of any child not covered by the above circumstances

4.1.3 It is important that practitioners consider the needs of children who do not present as the primary client. This will include, for example, children of parents who attend services even when practitioners do not see the child.

4.1.4 In the case of ongoing contact with a child/adult practitioners should access Supervision on a minimum three monthly basis. In the case of an unborn

baby this should be on a three monthly basis or twice during the pregnancy.

4.2 Procedure

- 4.2.1 When a practitioner becomes aware that they are providing care or services to a child/unborn baby within the criteria 6.1.1 or 6.1.2 they should contact the Senior Nurse Child Protection to discuss their need for Child Protection Supervision.
- 4.2.2 A decision will be made on whether Child Protection Supervision is required during consultation between the practitioner and Senior Nurse Child Protection.
- 4.2.3 Prior to a Supervision session the practitioner should complete a Child Protection Supervision proforma (CP 10 Appendix 2)
- 4.2.4 Supervision sessions will be structured using the Integrated Assessment Planning and Recording Framework (IAF Appendix 3) (Scottish Executive 2005b, NHS Western Isles Child Protection Guidelines 2006).
- 4.2.5 The practitioner will ensure that the client's records, other than client held records, are available during supervision. Child protection documentation held in the record will be reviewed.
- 4.2.6 During supervision sessions both parties will give consideration to issues of discrimination. Any practice or attitude which is felt to be influenced by prejudice of any kind including race, gender, disability or sexuality, is to be challenged.
- 4.2.7 Practitioners must record the occurrence, outcome and any plan agreed in the child or parent records.
- 4.2.8 The Senior Nurse Child Protection will maintain a register of Child Protection Supervision Sessions (Appendix 4).

5. Accountability

5.1 NHS WESTERN ISLES

NHS Western isles is responsible for ensuring that management and practitioners are aware of this policy and for providing the resources to enable its implementation.

5.2 INDIVIDUAL PRACTITIONERS

- 5.2.1 Each practitioner involved in the implementation of this policy is responsible for his/her knowledge of the policy and its appropriate application in practice.

- 5.2.2 Individual practitioners are accountable for their own practice and must be fully aware and understand ethical and legal implications and adhere to Professional Guidelines and Codes of Professional Conduct.

5.3 LINE MANAGERS

- 5.3.1 Where practitioners in individual services have frequent or ongoing contact with vulnerable children and/or families line managers should give consideration to the development of Departmental Policy detailing arrangements within that service.
- 5.3.2 A copy of the policy will be held in every department within NHS Western Isles to ensure that Line Managers and staff who do not deal with children on a regular basis have access to information about how to access Child Protection Supervision
- 5.3.3 It is the responsibility of the line manager/ward manager to ensure that practitioners are allowed to access Child Protection Supervision within the terms of this Policy.
- 5.3.4 The Senior Nurse Child protection will, on request, inform the line manager/ward manager of a practitioner's attendance/non attendance for Child Protection Supervision. The details discussed at Supervision will remain confidential

5.4 SUPERVISOR

- 5.4.1 Should concerns be raised about a practitioner's competence or practice the supervisor will, in the first instance, raise their concerns with the practitioner in order to address any training issues. If this does not resolve the issue, or should the concerns be of a serious nature, liaison will take place with the practitioner's line manager.
- 5.4.2 In the situation of a practitioner repeatedly failing to access supervision the supervisor will inform the practitioner's line manager.
- 5.4.3 Supervisors will have received formal training in supervision and access supervision themselves

6. Education and Training

- 6.1.1 All NHS Western Isles staff have access to Basic Awareness Child Protection training.
- 6.1.2 Specialist Child Protection training is available for staff who work with children and families on a day to day basis. This is planned and delivered by Western Isles Child Protection Committee on a multi-agency basis and by NHS Western Isles Child Protection Action Plan.

7. Monitoring and Reviewing

This Policy Procedure and Protocol will be reviewed annually by the Senior Nurse Child Protection, or earlier if new research based evidence becomes available.

Distribution and knowledge of this document will be reviewed annually using the Audit checklist included as Attachment 5.

Access to Child Protection Supervision will be monitored using details from the Child Protection Register and the names of unborn babies who have been the subject of a pre-birth child protection case conference. This will be undertaken on a three monthly basis by the senior nurse child protection.

This policy may be revised at any time if monitoring and reviewing processes identify the need for action.

8. References

Bond M. and Holland S. (1998) *Skills of Clinical Supervision for Nurses*. Open University Press, Buckingham.

Children (Scotland) Act (1995) The Stationary Office, London.

Morrison T. (1993) *Staff Supervision in Social Care*, Pitman Publishing, London.

NHS Western Isles (2006) *Clinical Supervision Policy and Framework for Nursing*.

Nursing and Midwifery Council (2004) *The Code of Professional Conduct : standards for conduct, performance and ethics*. London.

Reder P. and Duncan S. (2003) *Lost innocents A Follow –Up Study of fatal Child Abuse*. Brunner-Routledge, East Sussex.

Scottish Executive (2006) *getting it right for every child Draft Children's Services (Scotland) Bill Consultation*. Scottish Executive, Edinburgh.

Scottish Executive (2005a) *Health for All Children 4 : Guidance on Implementation in Scotland*. Scottish Executive, Edinburgh.

Scottish Executive (2005b) *getting it right for every child Proposals for Action*. Scottish Executive, Edinburgh.

Scottish Executive (2005c) *An inspection into the care and protection of children in Eilean Siar*. Scottish Executive, Edinburgh.

Scottish Executive (2004a) *Protecting Children and Young People : The Framework for Standards*. Scottish Executive, Edinburgh.

Scottish Executive (2004b) *Protecting Children and Young People : The Charter*. Scottish Executive, Edinburgh.

Scottish Executive (2002) *It's Everyone's Job to Make Sure I'm Alright. Report of the Child Protection Audit and Review*. Scottish Executive, Edinburgh.

Scottish Executive (2001) *Getting Our Priorities Right*. Scottish Executive, Edinburgh.

Scottish Executive (2000) *Protecting Children :A Shared Responsibility : Guidance for Health Professionals in Scotland*. Scottish Executive, Edinburgh.

Appendices

APPENDIX 1 CATEGORIES OF ABUSE/NEGLECT

PHYSICAL INJURY

Physical injury consists of actual injury to a child, or the intention to injure a child under the age of sixteen years where there is a definite knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.

SEXUAL ABUSE

Any child below the age of sixteen years may be deemed to have been sexually abused when any persons, by design or neglect, exploits the child directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person, or any other persons, including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour.

NON ORGANIC FAILURE TO THRIVE

Children who significantly fail to reach normal growth and developmental milestones (ie. physical growth, weight, motor, social and intellectual development), where physical and genetic reasons have been medically eliminated and diagnosis of non organic failure to thrive has been established.

EMOTIONAL ABUSE

Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child.

This may include situations where, as a result of persistent behaviour by the parents or carers, children are rejected, denigrated or scapegoated. Other examples could include ;

- Inappropriate punishment
- Denial of opportunities for exploration, play and socialising appropriate to age and stage of development
- Encouraging to engage in anti-social behaviour
- Put in a state of fear or extreme anxiety by the use of threats or practices designed to intimidate
- Isolated from normal social experiences, preventing the forming of friendships

PHYSICAL NEGLECT

This occurs when a child's essential needs, for example, food, clothing, cleanliness, shelter and warmth are not met. This is likely to cause impairment to physical health and development. A lack of appropriate care through negligence results in persistent or severe exposure to circumstances which endanger the child. Physical neglect may also include a failure to secure appropriate medical treatment for the child, or when an adult carer persistently pursues, or allows the child to follow, a lifestyle inappropriate to the child's developmental needs or which jeopardises the child's health.

APPENDIX 3

CP15 ASSESSMENT FRAMEWORK GRID for use by Health Visitors and other health professionals

CHILD'S NAME:

D.O.B

DATE OF ASSESMENT: / /

ASSESSED BY:

HOW I GROW AND DEVELOP	WHAT I NEED FROM THE PEOPLE WHO LOOK AFTER ME	MY WIDER WORLD	ASSESSMENT AND ANALYSIS
Being healthy	Everyday care and help	Support from family, friends and other people	STRENGTHS AND RESILIENCE
Learning and achieving	Keeping me safe	school	
Being able to communicate	Being there for me	Enough money	PROTECTIVE FACTORS
Confidence in who I am	Play, encouragement and fun	Work opportunities for my family	
Learning to be responsible	Guidance, supporting me to make the right choices	Local resources	RISK FACTORS
Becoming independent, looking after myself	Knowing what is going to happen and when	Comfortable and safe housing	
Enjoying family and friends	understanding my family's background and beliefs	belonging	
ACTION PLAN		INTENDED OUTCOME(S)	
TIMESCALE			
<ul style="list-style-type: none"> • • • 			
		REVIEW DATE:	

BY WHOM	
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PUBLIC HEALTH NURSING TEAM

ASSESSMENT FRAMEWORK

(Reference – “*getting it right for every child*” Scottish Executive 2006)

Child’s Name :-

Date of Birth :-

Address :-

G.P. :-

DEVELOPMENTAL NEEDS

How I grow and develop

- BEING HEALTHY -
- LEARNING AND ACHIEVING-
- BEING ABLE TO COMMUNICATE-
- CONFIDENCE IN WHO I AM -
- LEARNING TO BE RESPONSIBLE -
- BECOMING INDEPENDENT, LOOKING AFTER MYSELF -
- ENJOYING FAMILY AND FRIENDS

PARENTING CAPACITY

What I need from people who look after me

- EVERYDAY CARE AND HELP -
- KEEPING ME SAFE-
- BEING THERE FOR ME -
- PLAY, ENCOURAGEMENT AND FUN-
- GUIDANCE, SUPPORTING ME TO MAKE THE RIGHT CHOICES-
- KNOWING WHAT IS GOING TO HAPPEN AND WHEN-
- UNDERSTANDING MY FAMILY’S BACKGROUND AND BELIEFS-

FAMILY AND ENVIRONMENTAL

My Wider World

- SUPPORT FROM FAMILY, FRIENDS AND OTHER PEOPLE -
- SCHOOL -
- ENOUGH MONEY -
- WORK OPPORTUNITIES FOR MY FAMILY -
- LOCAL RESOURCES -
- COMFORTABLE AND SAFE HOUSING -
- BELONGING

ASSESSMENT AND ANALYSIS

- STRENGTHS AND RESILIENCE -
- PROTECTIVE FACTORS -
- RISK FACTORS -

ACTION PLAN

State action to be taken with the aim of improving the circumstances of the child

By whom

Reasons for plan

Timescales

Intended outcome and review date

Consider need for referral to Social Work Dept.

