Guidance for Child Protection Case Supervision

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1. Introduction

This practice guidance document provides NHS Greater Glasgow and Clyde (NHS GGC) with a framework for Child Protection Case Supervision and ensures that staff working directly or indirectly with children, young people and families receive the appropriate level of support and Child Protection Case Supervision in line with their roles and responsibilities. The guidance describes the fundamental principles, purpose and benefits of Child Protection Case Supervision and is designed to offer staff the appropriate level and model of supervision that improves their child protection practice, confidence, competence (Scottish Government, 2021).

"Supervision in child protection is a formal process of professional support and learning, which enables and empowers practitioners to develop knowledge and confidence; assume responsibility for their practice; enhance child protection by assisting them to review, plan and be accountable for their child protection work" (Morrison, 2005).

The National Guidance for Child Protection 2021 (Scottish Government) states that:

Support and supervision 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.*

2. Aims and Objectives

The purpose of the Guidance for Child Protection (CP) Case Supervision is to provide a structured framework through which child protection case supervision and support is provided to front line practitioners who are working with families where children are at risk of significant harm and/or in need or care and protection. 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 2021).

Child Protection Case Supervision plays a vital role in promoting high quality child protection practice, provides quality assurance and plays a key role in delivering the core principles of the National Guidance for Child Protection in Scotland (Scottish Government, 2021).

NHSGGC Child Protection Case Supervision is underpinned by the following objectives:

- To ensure safe, person centred, effective and consistent practice in relation to working with vulnerable children and families.
- To ensure practitioners understand their roles and responsibilities.
- To ensure practice is underpinned by the values and core principles of GIRFEC and evidence-based.
- To encourage reflection, scrutiny and evaluation of work carried out.
- To ensure practitioners develop skills in critical reflection about their own assumptions and values.
- To permit reasoned consideration of counter views, options and probable outcomes.
- To assess practitioners' strengths and areas for development, by providing coaching, development and support.
- To permit a structured discussion of child protection concerns, assessment and action.
- That information sharing and recording is reviewed.
- To ensure reflection on the skills required for practitioners to engage effectively with children and their families whilst seeking their views.
- To expand practitioners' knowledge and increase confidence and competence.
- To assist in developing clinical proficiency and creative professional development.
- To gain access to new ideas and information by the sharing of expertise.
- The process of supervision will be underpinned by the principle that each staff member remains accountable for their own professional practice and the supervisors will be accountable for the advice they give and any actions they take.

3. Definition of Child Protection Supervision

Child Protection Supervision is defined as:

"*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 organisation. This involves overseeing the quality of practice through the monitoring of professional and organisational standards (ensuring competent and accountable performance/practice) for example by ensuring that policies and procedures are adhered to.

- **Continuing professional development (Educative/Development Function)** - to address the professional development needs of the supervisee. In this aspect of supervision practitioners are assisted to reflect on their work, deepen their understanding and develop new skills.

- **Personal support - (Supportive/restorative function) -** to recognise 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 the service and with the service.

Child Protection Supervision needs to be of a high quality, regular and effective and needs to remain embedded within the framework of clinical governance.

4. Types of Child Protection Case Supervision

The guidance applies to all Team Leaders, Health Visitor's, Family Nurse Supervisors, Family Nurses, School Nurses, Midwives and Nurses in specialist Children's services. It does not exclude other disciplines of nursing or allied health professionals from accessing CP Case Supervision. It also does not preclude any health practitioner from seeking advice from a Public Protection Nurse Advisor (PPNA) on the NHS GGC Child Protection Advice line at any time if they are concerned about the safety or wellbeing of child/children.

Child Protection Case Supervision can be undertaken on a one to one basis, as a group, or on an ad-hoc as required basis.

There are different methods for providing case supervision (***see Table 1***) and the practitioner should identify with their line manager the approach appropriate to their role.

Table 1: **Types of Child Protection Case Supervision**

Types of Supervision	**Eligibility Criteria**	**Content of Supervision**
One to one Dyadic – usually between practitioner and Team Leader. Tripartite – usually between practitioner, team leader and Public Protection Nurse Advisor (PPNA).	For practitioners who are caseload holders of unborn babies, children or young people for a significant amount of time i.e. Midwife, Health Visitor, School Nurse and those who have direct contact with children on a regular basis.	Supervisors and supervisee have protected time to discuss unborn baby concerns, child protection cases/vulnerable children, young people and families, to reflectively assess concerns and levels of risk to the child and assist in the development of an action plan.
Group	Suitable for caseload holder and also practitioners directly involved with the case. Group supervision can be in addition to one to one.	Protected time for the supervisor to engage in supervision with a group of staff, to discuss and reflect on cases, or emerging themes, topics brought by the group, and to consider how best to protect children and promote their welfare whilst supporting staff in their role.
Ad hoc request	**All staff.** It is recognised that health staff may require advice or support in relation to Child Protection cases outside of regular, formal supervision session. Whilst all staff have access to the advice and support line some cases may require a deeper discussion. Requests should be emailed to the PPS Admin mailbox, which will then be reviewed by a Public Protection Nurse Advisor. Practitioners may also request Child Protection Case Supervision at any time between their scheduled Sessions to discuss ongoing care plans or cases that may be causing concern.	Focused discussion where there are new or escalating concerns/risks identified by the practitioner regarding an unborn baby, child or young person. There will be a record of the supervision made outlining concerns and agreed action. The practitioner seeking advice in supervision is responsible for recording the agreed actions within the appropriate health record. A suitable private area should be found to facilitate this session.

5. Criteria for Inclusion

The criteria for inclusion below are examples, not exhaustive and should not preclude professional judgment. The Practitioner should identify and select a case (or cases) for review. On occasion the Team Leader/Supervisor 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.

- Any child or young person considered to be suffering, or likely to suffer, significant harm.
- Children on the child protection register (CPR) or deregistered within the last six months.
- Any Care Experience child or young person.
- Any child at risk of neglect.
- Children or young people living in homes where they are exposed to Domestic Violence.
- Any child or young person where there are concerns in relation to parental capacity to parent for example; parental substance misuse, parental learning disability, parental mental health concerns.
- Any child or young person with complex health needs.
- Any child or young person living in the same household as an adult who may pose a risk to children because of a previous criminal conviction. For example: Schedule 1 offender.
- Any child or young person living in a household where an adult or young person has been the subject of allegations of sexual abuse.
- Any young person considered at risk of Child Sexual Exploitation (CSE) or Criminal Exploitation.
- Any young person considered to have experienced human trafficking.
- Any child or young person living in a household where there is a risk of Female Genital Mutilation (FGM).
- Any child who has not been seen in keeping with the Unseen Child Policy.
- Where there are professional differences of opinion in relation to child concerns.
- When a family is difficult to engage and it is not possible to deliver the required intervention to improve health outcomes.
- Those instances where staff members feel concerned about a child or young person but they need help to clarify what exactly it is that they feel concern about.

This policy reflects NHSGGC's commitment to promoting equality and diversity as outlined in the Equality Act 2010. We are committed to developing and promoting policies and procedures to meet individual needs in a positive and supportive way. All procedures are implicit of people's rights not to be discriminated against regardless of race, gender, ability needs, sexual orientation, age or religion.

Further guidance regarding risk indicators and tools to support the assessment of children and young people, which may be of use in preparation for or during Child Protection Case Supervision can be found in the National Risk Assessment Framework (Scottish Government, 2012).

6. Approach and Frequency of Supervision

Child Protection Case Supervision is mandatory for Health Visitors, School Nurses, Midwives and Family Nurses. This guidance is also an essential guide for all other key staff groups who come into direct contact with vulnerable children, young people and their families.

It is recommended that Child Protection Case Supervision will be provided by case supervisors who have undertaken/ing Level 4 Post Graduate Child Protection training and have received additional training on the context, theory, and practical application of supervision skills. Within GGC this will be the Health Visiting/School Nursing/Midwifery Team Leader, Family Nurse Supervisor and Public Protection Nurse Advisor.

Staff should receive a minimum of Child Protection case supervision as detailed in Table 2. How this is undertaken is dependent on role and the contact with children and young people (**see Table 1**).

Role	**Frequency**	**Provider of Supervision**
Health Visiting teams (who have responsibility for children where a multi agency or statutory response is required).	1:1 tripartite supervision provided every 4 months 3 sessions a year **must** be Attended by each team. Failure to engage with CP Supervision will be escalated to supervisee's line manager. Group supervision as required is additional to mandatory 1:1 sessions.	Public Protection Nurse Advisor and Health Visiting Team Leader. Public Protection Nurse Advisor
Health Visiting Team Lead's	1:1 dyadic supervision offered 3 monthly	

School Nursing teams School Nurse Team Leads	1:1 tripartite supervision 3 monthly 1:1 dyadic supervision offered 3 monthly	Public Protection Nurse Advisor and School Nursing Team Leader Public Protection Nurse Advisor
Family Nurses Family Nurse Supervisor's	1:1 supervision 3 monthly 1:1 supervision Monthly as per licence agreement	Public Protection Nurse Advisor and Family Nurse Supervisor Public Protection Nurse Advisor
SNIPS midwives Community Midwives	1:1 supervision 3 monthly As required 1:1 or group	Public Protection Link Midwife /Public Protection Nurse Advisor Public Protection Link Midwife /Public Protection Nurse Advisor and Team Leader
Staff who have direct contact with children, young people and their families e.g. CAMHS Teams, Paediatric Nurses, AHPs, A&E.	As required	Public Protection Nurse Advisor and Team Leader
Staff working in Adult Services e.g. Mental Health, Substance Misuse, working with clients who have parental responsibilities.	As required	Public Protection Nurse Advisor and Team Leader
Medical Staff.	As required.	Peer

7. Supervision Model

The Kolb Cycle (Kolb, 1984) provides a central framework for supervision through the process of making use of learning from experience, reflecting on that experience, analysing it with reference to values, theory, research and thereby developing models of action which are then tested through further experience. The Kolb cycle can be used in supervision by the supervisors to encourage the
practitioner to be more reflective by directly addressing the affective and cognitive aspects of practice. The Kolb model is provided in ***Appendix 1***.

8. Additional Case Supervision Tools

Fostering critical reflection and critical thinking within supervision is most likely when the supervisor and supervisee collaborate together. Using commonly used practice tools within supervision can enhance the collaboration necessary when working with practice issues and dilemmas. Supervisors and Supervisees are encouraged to use the National Practice Model (***Appendix 2***), Chronologies and National Risk Assessment Framework as a basis for their reflective discussions. The Discrepancy matrix is also an effective tool (***Appendix 3***).

9. Accountability, Roles and Responsibility

The National Guidance for Child Protection in Scotland (Scottish Government, 2021) advises that senior managers have a responsibility to ensure that supervision procedures are implemented and that staff are sufficiently supported. It is essential that all staff working to safeguard children, young people and families feel confident, competent and supported in their role in protecting children and young people.

10. Individual Accountability

Each professional remains accountable for their own practice and as such their own actions within supervision and they must adhere to their own professional guidelines and codes of professional conduct (for example, Nursing and Midwifery Council, 2018).

The content of this guidance does not preclude or replace a professional's responsibility to make a referral to police or social work if they have a concern that a child or young person may be suffering or is likely to suffer from significant harm.

11. Child protection Dyadic case supervision between Practitioner and Team Leader

Child protection case supervision between Team Leader & practitioner's is in addition to and not instead of clinical supervision and caseload management. Team Leaders are expected to have undertaken Level 4, Post Graduate Child Protection training in order to ensure that they have the requisite skills and competencies to supervise their staff. The frequency of child protection case supervision sessions will vary depending on the needs and experience of the professionals concerned, however, should be no less than 2 monthly for Health Visitor's, School Nurses, Midwives and other relevant caseload holders. Family Nurses should adhere to own licencing agreement in place.

Child Protection Case Supervision

12. Team Leader / Family Nurse Supervisor responsibilities are:

- To ensure that all their staff have access to support, supervision and guidance in relation to their work with children and families.
- Have a relevant qualification and/or training in child protection.
- Agree ground rules and sign a supervision agreement (***see Appendix 3***) with the supervisee and ensure that Child Protection Case Supervision is conducted within a safe, uninterrupted environment (***Appendix 3***)
- To ensure that practitioner's workload and commitments allow them to access child protection case supervision within the terms of this guidance.
- Be available to provide Child Protection Case Supervision and accept accountability for facilitating the process and supporting the supervisee with the development of the child's action plan.
- Provide supportive and constructive enquiry of practice to enable the supervisee the opportunity for reflection on practice.
- Maintain a degree of objectivity and challenge fixed views.
- Always maintain the unborn baby or child as the focus of the supervision sessions.
- 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
- Affirm good practice and ensure that staff feel supported in their practice.
- Identify child protection training needs
- Maintain regular child protection supervision of own practice.
- Maintain record of supervision.

13. Public Protection Nurse Advisors/Public Protection Link Midwife – responsibilities are:

- Engage in triadic supervision with Health Visitor Team Leader & Health Visitor at least three times annually.
- Engage in triadic supervision with Family Nurse Supervisor and Family Nurse at least three times annually.
- Engage in triadic supervision with SNIPS midwife at least three times annually
- Engage in dyadic supervision with Family Nurse Supervisors monthly.
- Engage in dyadic supervision with Health Visiting and School Nurse Team Lead's at least three times annually.
- Engage in triadic/dyadic/group supervision following requests.

- Providing support and coaching pertaining to new Teams to assist in the implementation of the child protection supervision process.
- Provide a quality assurance role and feedback to HV Team Leaders, where appropriate, from participation in supervision sessions.
- Maintain regular supervision for own practice.

14. Supervisee – responsibilities are:

- Ensure they receive Child Protection Case Supervision within the required timescales (and escalate this appropriately should this not happen) and to prioritise their attendance.
- Prepare for case supervision, prioritising issues/case to be discussed at the supervision session and advising the Team Leader and the PPNA one week prior to supervision of the case to be discussed.
- Agree, sign and adhere to a Child Protection Case Supervision contract.
- Being open to learning, developing clinical skills and to accept support and challenges.
- Identify issues for exploration and improvement in practice and develop practice as a result of Child Protection Case Supervision.
- Raise workload pressures or other factors which may impact upon service delivery.
- Ensuring that the plans agreed are adhered to and escalated to Team Leader/Supervisor when this is not possible.
- Responding to, and acting on, any issues identified during case supervision.
- Adhere to Nursing and Midwifery Council (NMC) record keeping guidance and completion of documentation.
- Understand relevant National Guidance for Child Protection, NHSGGC Child Protection Policies and Local lnter-agency Guidance and the implications for practice.
- Identify child protection training needs.
- Notify the supervisor where you are unable to attend planned Child Protection Case Supervision session.

15. Responsibilities for Line Managers:

- Line Managers are responsible for ensuring all staff:
- Have access to support, Child Protection Case Supervision and guidance in relation to their work with unborn babies, children, young people and families.
- Disseminate an awareness of Child Protection Case Supervision.
- Address any non-engagement with policy.
- Awareness of their own responsibilities to protect children and young people.

16. The Lead Nurse Child Protection Public Protection Service:

The Lead Nurse possesses expertise and experience in child protection and professional leadership. The Lead Nurse has a lead professional responsibility for Child Protection ensuring child protection policies and procedures are in place to deliver high-quality, safe and effective services that promote wellbeing, early intervention and support for children and their families

17. Quality Assurance

Quality assurance in the context of protecting children is a continual and dynamic process through which NHS Greater Glasgow and Clyde as a single agency has a responsibility to ensure the quality and safety at all levels of intervention by staff for children and young people who may be at risk. It is essential that staff working with children, young people and families feel confident, competent and supported in their role in protecting children and young people.

The Lead Nurse for Child Protection will ensure:

- access to supervision for Nursing, Midwifery and Allied Health Professional staff.
- Maintain a database of supervision sessions.
- Determine the quality of supervision sessions and the supervisor's and supervisees' experience. This will be extracted via a short questionnaire sent to both the supervisor and supervisee 4 weeks post supervision.
- Report on thematic findings drawn from the supervision.

18. The Child Protection Case Supervision Contract – to be reviewed annually

The purpose of the Child Protection Case Supervision Agreement (***see Appendix 4)*** is to agree

- Clarity of expectations between supervisor and supervisee.
- Roles and responsibilities
- Relevant practical issues.

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.

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

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 and being punctual.

19. Limits of Child Protection case supervision

Child Protection Case Supervision should only relate to practice in relation to child protection and wellbeing matters. Any personal or work related issues should be referred to the appropriate manager.

20. Practical arrangements

a) Duration - sessions should last approximately one to one and a half hour hours. If necessary a follow up session should be arranged.
b) Location - this should be preferably at the supervisee's base whenever possible or via Microsoft Teams and there should be access to the child's/family records. Supervision should be held in a private room free from interruptions.

21. Requests for Child Protection Case Supervision

For staff who require to request Child Protection Case Supervision a request should be made by submitting a Child Protection Supervision Request Form (***see Appendix 5***) to: ggc.cpadmin@nhs.scot. ***Appendix 6*** explains the process of requesting and receiving Child Protection Supervision.

22. Record Keeping and Confidentiality

Child Protection Case Supervision is a confidential process between the health practitioner and the supervisor. Confidentiality however, is no barrier if it is considered after discussion that the threshold for significant harm has been reached. In these cases staff must follow NHS Greater Glasgow and Clyde's Guidance for Staff Raising a Notification of Concern and a Notification of Concern (NOC) must be made to social work.

All Child Protection Case Supervision and the outcomes and agreements made about the ongoing and future work with the child, carer or family must be recorded on the appropriate template and stored in the child's record (or Mother's for unborn babies) (***see Appendix 7 and Appendix 8***). It must also be recorded as a Significant Event the child's (or Mother's for unborn babies) chronology.

Any Kolb's cycles completed during supervision sessions which allow for exploration of professional feelings, assumptions, bias etc must be locally stored and local arrangements must be made for storage of these.

References

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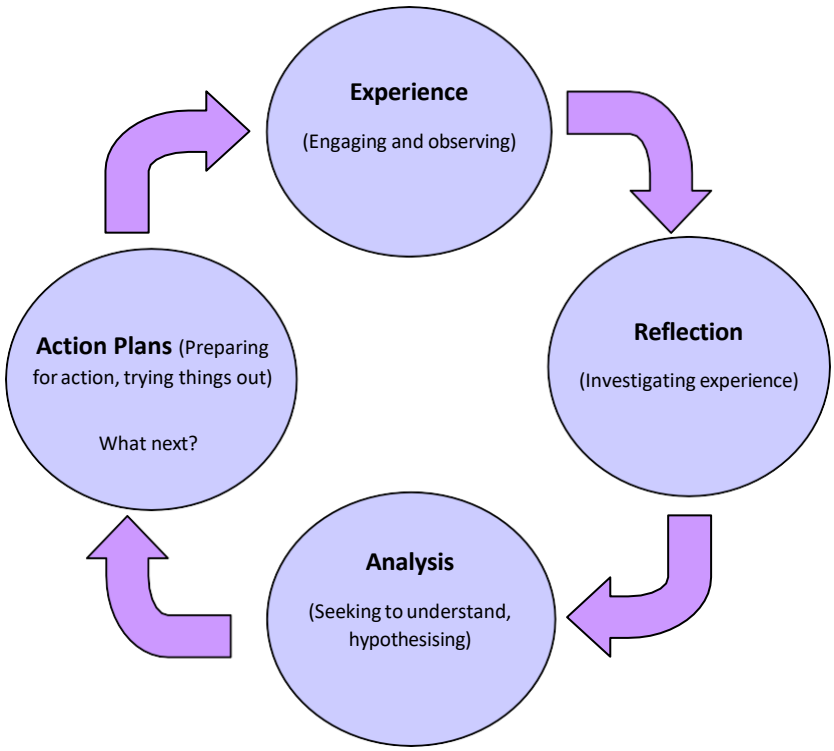
Appendix 1



Kolb, modified by Morrison, 2005 p155

Focussing on Experience

Here the emphasis is on facilitating an accurate and detailed recall of events. A partial description of the situation will undermine the rest of the cycle. We can be assisted to recall more than we think if the right questions are asked.

Focussing on Reflection

Here the emphasis is on eliciting feelings, partly because they bring out further information, or may reveal underlying attitudes. They may also give clues to other personal factors complicating the practitioner's experience. Reflection helps the practitioner to make links between the current situation and his/her prior experiences, skills and knowledge.

Focussing on Analysis

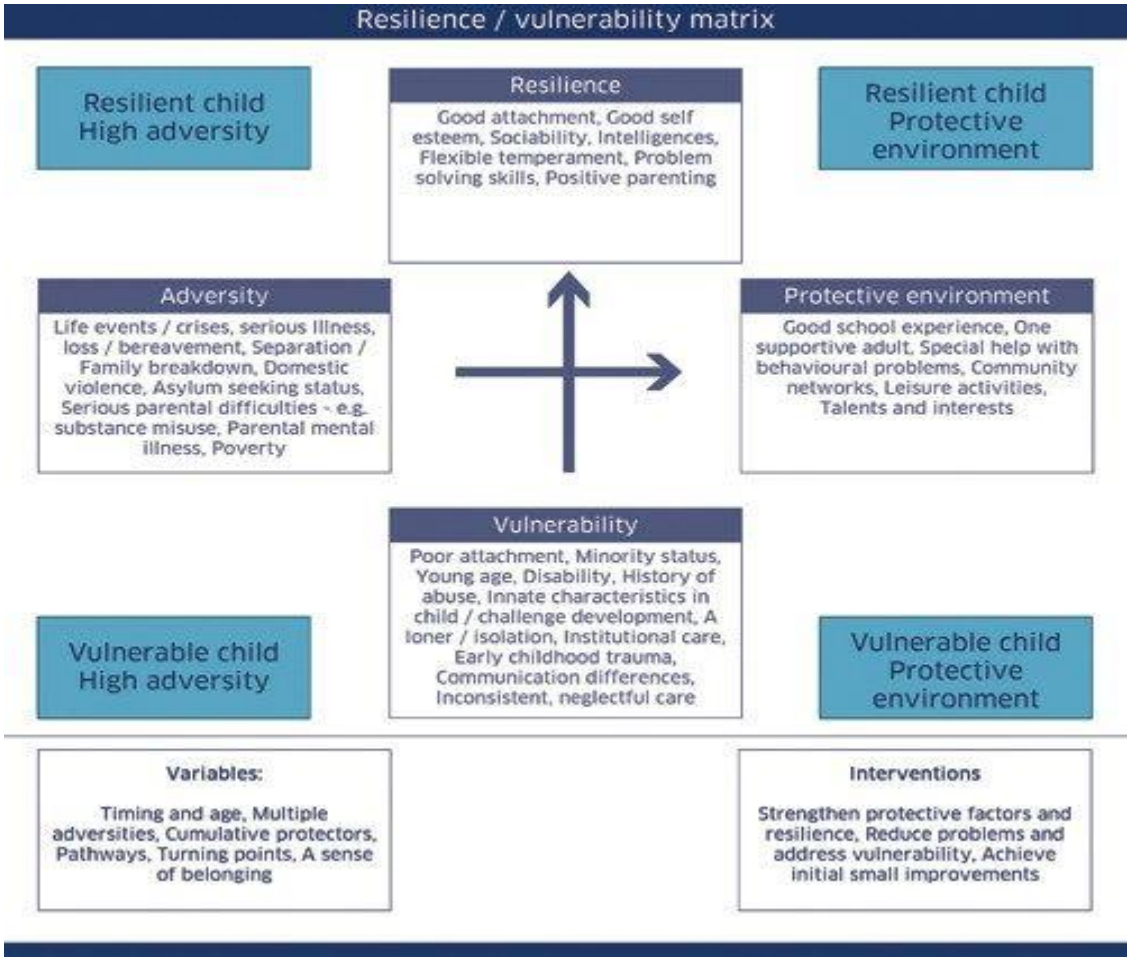
Here the emphasis is on analysis, probing the meanings that the supervisee attribute to the situation, consideration of other explanations, the identification of what is known or understood, and the areas for further assessment.

Focussing on Action Plans

The focus is on translating the analysis into planning, preparation and action. This includes the identification of outcomes and success criteria as well as consideration of potential complications and contingency plans.

Appendix 2

National Practice Model Resilience/Vulnerability Matrix:

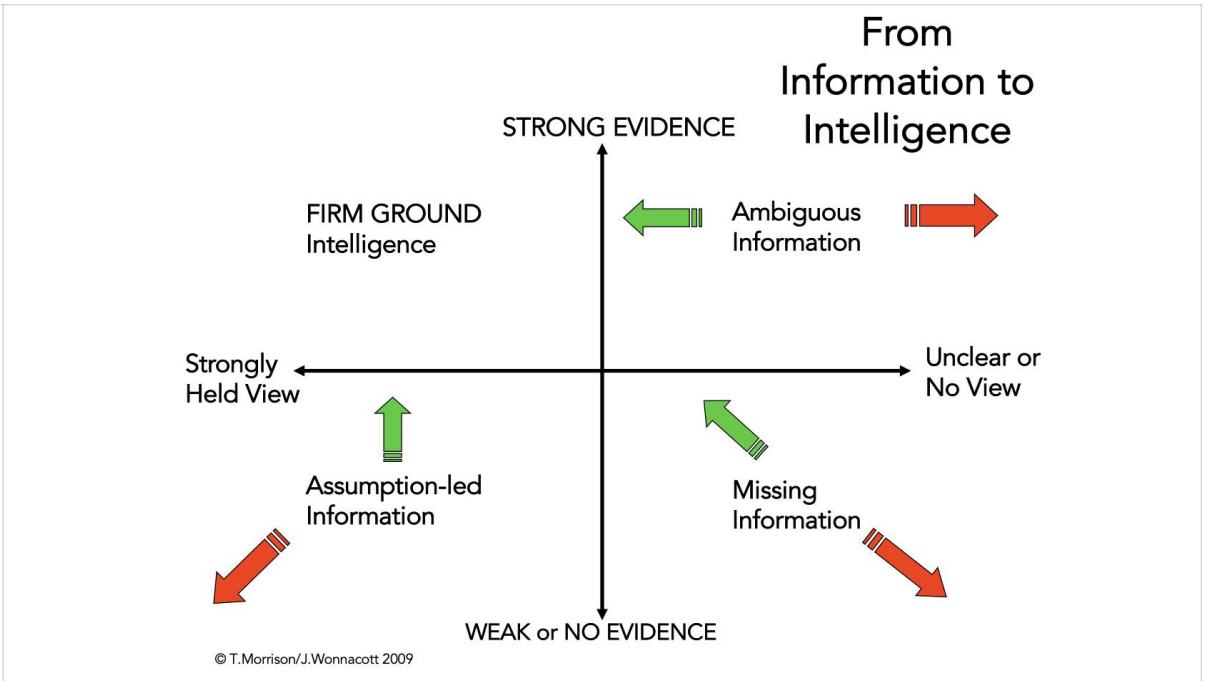


FIVE key questions…

- What is getting in the way of this child's or young person's well-being?
- Do I have all the information I need to help this child and young person?
- What can I do now to help this child and young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

Appendix 3

Discrepancy Matrix:



Based on the information gathered to date, decide whether the information is:

- Intelligence: A strong, reliable opinion backed up by good evidence.
- Ambiguous: Evidence of something which might be relevant but as yet no-one has formulated a view/opinion about it.
- Assumptive: Someone holding/expressing an opinion without the necessary evidence to back it up, or.
- Missing information: You know that you don't know something, which might be relevant.

After plotting the information against the discrepancy matrix, decide how you can test and/or clarify the information that is unclear (Missing, Assumptive, Ambiguous) so that it is either set aside or placed in the Firm Ground (Intelligence).

Decide/prioritise the actions which are now essential to increasing your understanding of the quality and reliability of assessment information?

Appendix 4

NHS GGC CHILD PROTECTION SUPERVISORY AGREEMENT

Practical arrangements

Frequency – A minimum of 3 times annually, though this does not preclude the supervisee accessing supervision at an earlier date.

Duration - sessions should last approximately one to one and a half hour hours. If necessary a follow up session should be arranged.

Location - this should be preferably at the supervisee's base whenever possible or via Microsoft Teams and there should be access to the child's/family records. Supervision should be held in a private room free from interruptions.

Rights and responsibilities

Limits of confidentiality will be made clear – in most circumstances neither party will divulge to a third party what takes place during 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.

Contribution to the session – it is the responsibility of both the supervisor and supervisee to prepare for the session including reviewing previous records and action plans to ascertain that the necessary preparation has been done. This is so that both may contribute to the session effectively.

Equality issues – both parties are responsible for ensuring that case supervision takes account of equality issues and anti-discriminatory practice. It is important that both supervisor and supervisee have an open manner to discuss such issues.

Personal commitment to sessions – the importance of case supervision should be recognised by both parties, who take responsibility for joint ownership. This includes keeping to appointments, being on time and an agreement about interruptions.

Record keeping – A record of supervision and agreed actions will be recorded as Significant Event by the supervisee in the Child's EMIS health record for children and young people and in Badgernet for unborn babies. Any reference notes taken by the supervisor should be discarded once the agreed plan is documented in the child's/ unborn babies record. For adult workers, a record of supervision will be recorded in the adult file. Local arrangements should be made, and adhered to, for the storage of completed discussion templates (appendix 7-9) and any tools such as the Kolb cycle and/or Discrepancy matrix these should not be stored in the health record.

Limits of Child Protection case supervision

Child Protection Case Supervision should only relate to practice in relation to child protection and wellbeing matters. Any personal or work related issues should be referred to the appropriate manager.

Name of Supervisor	Signature of Supervisor	Signature of Supervisee	Date (review annually)

Appendix 5

Child Protection Case Supervision Request Form

Name of Health Professional	
Designation:	
Office Base	
Telephone contact:	
Email address:	

Reason for Referral for Child Protection Case Supervision
Child/Young Person at Risk of Significant Harm Complex Case Child/Young Person Death Care Experienced Young Person Other *(please specify)*
Please give brief details of areas requiring support:

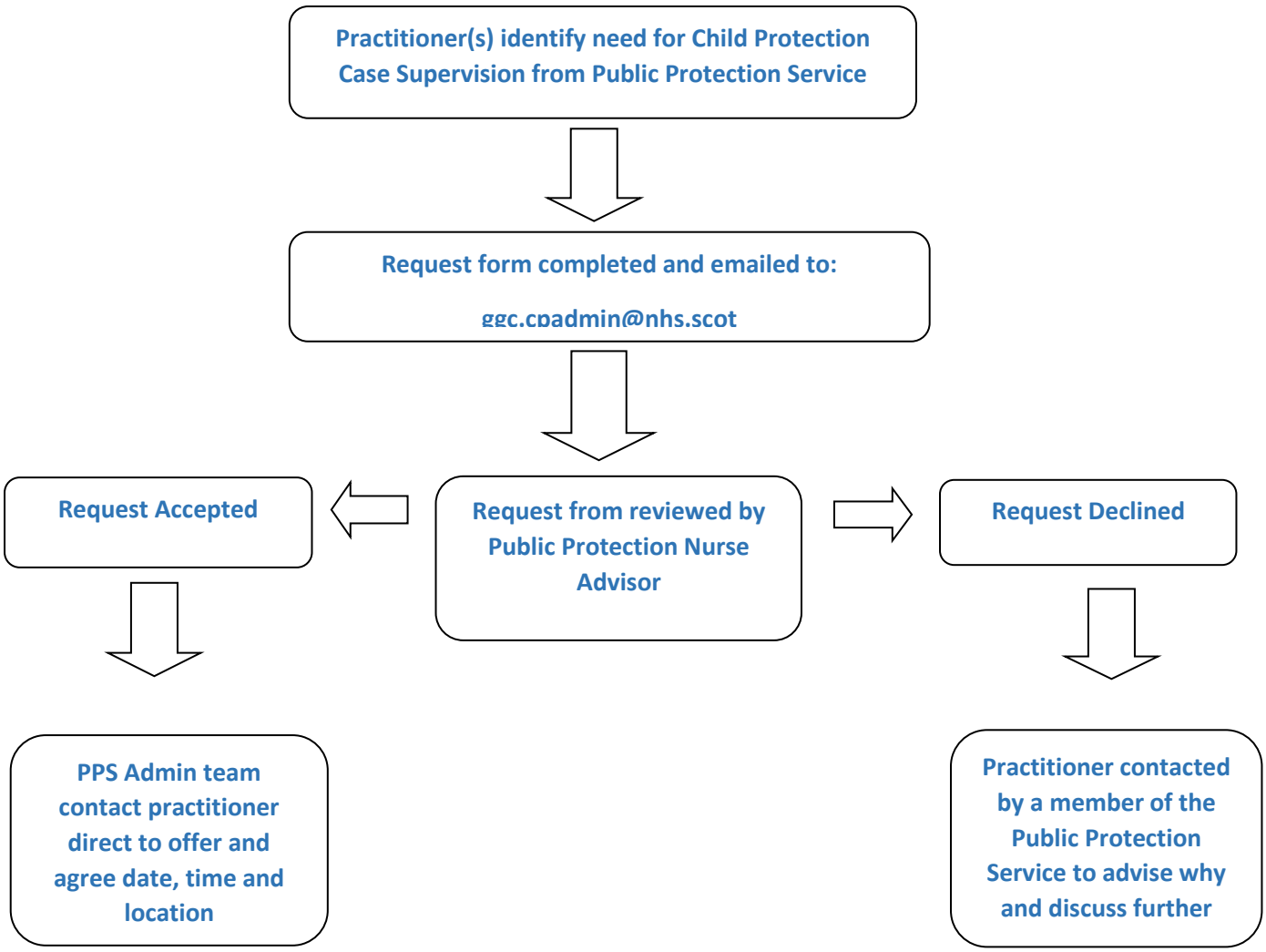
Date of Referral	
Referred by	

Please submit request to: ggc.cpadmin@nhs.scot

Date received by Child Protection Team	
Referral Allocated to:	
Referral Accepted:	**YES/NO**
If NO please give reason:	
Date Arranged for 1st Supervision Session:	

Appendix 6

Child Protection Case Supervision Request Pathway



Appendix 7

NHS GGC CHILD PROTECTION CASE SUPERVISION RECORDING TOOL

Date of Supervision	
Name of Supervisor:	
Name of Supervisee:	
Child/Young Person Name:	
Child/Young Person CHI:	
Parent/Carer(s) Name/DOBCHI:	
Summary of Background	
Protective Factors/Strengths	
Adverse Factors/Concerns	
Reflection/Analysis	
Action Plan	
Supervisor signature:	
Date recorded by Supervisor	
Supervisee signature:	
Date read & agreed by supervisee	

Appendix 8

NHS GGC UNBORN BABY CHILD PROTECTION CASE SUPERVISION RECORDING TOOL

Date of Supervision	
Name of Supervisor:	
Name of Supervisee:	
Unborn Baby Expected Date of Birth:	
Parent (s) Name/DOBCHI:	

Summary of Background
Protective Factors/Strengths
Adverse Factors/Concerns
Reflection/Analysis
Action Plan

Supervisor signature:	
Date recorded by Supervisor	
Supervisee signature:	
Date read & agreed by supervisee	

Appendix 9

NHS GGC CHILD PROTECTION GROUP SUPERVISION RECORDING TOOL

Date of Child Protection Supervision:	
Professional Group:	
Supervisor:	
Supervisees:	
Issues/Topic Discussed:	
Outcomes of Supervision:	
Date of Next Supervision:	