Royal College of Nursing

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Looked after Children: roles and competencies of healthcare staff

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INTERCOLLEGIATE DOCUMENT

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Contents

Key definitions

Children and young people

We define children and young people as all those who have not yet reached their 18th birthday.[1] The unborn child must also be considered.

The changing scope of service provision increasingly however encompasses care leavers and young people in education, as well as young adults up to the age of 25 years.[2]

Looked after children[2]

This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. This covers children in respect of whom a compulsory care order or other court order has been made, including those on an adoption pathway. It also refers to children that are accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care, as well as those who are on remand.

Care leavers[3,4]

Those children and young people formerly in care before the age of 18 years of age. Such care could be in foster care, residential care (mainly children's homes), or other arrangements outside the immediate or extended family.

Corporate parenting

The term in England set out in the Children Act 2004 refers to the collective responsibility of the local authority and partner agencies including health to provide the best possible care and protection for looked after children and to act in the same way as a good parent/ birth parent would.

1 There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (Article 1, Convention on the Rights of the Child, 1989 https://www.unicef.org.uk/what-we-do/un-convention-child-rights). In the UK, specific age limits are set out in relevant laws or government guidance. There are, however, differences between the UK nations." In England, Working Together (2018) refers to children up to their 18th birthday. In Wales, for example, the All Wales Child Protection Procedures (AWCPP2008) "A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become sixteen years of age, is living independently, is in further education, is a member of the Armed Forces, is in hospital, is in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989." www.childreninwales.org.uk/policy-document/wales-child-protection-procedures-2008. The NSPCC website contains a helpful outline of differences in legislation across the four countries of the UK https://learning.nspcc.org.uk/child-protection-system/?_ga=2.259743619.82790662.1537439358-153728393.1485944624. The Mental Capacity Act 2005 applies to children who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed course of treatment in order to make a decision, and can communicate their decision. The deprivation of liberty safeguards within the Mental Capacity Act 2005 (MCA) do not apply to under 18s www.legislation.gov.uk/ukpga/2005/9/contents; The Children and Social Work Act 2017 www.legislation.gov.uk/ukpga/2017/16/contents/enacted. In Scotland, The Age of Legal Capacity (Scotland) Act 1991 (c.50) www.legislation.gov.uk/ukpga/1991/50/contents is an Act of the Parliament of the United Kingdom applicable only in Scotland which replaced the pre-existing rule of pupillage and minority with a simpler rule that a person has full legal capacity, with some limitations, at the age of 16. In Northern Ireland, Mental Capacity Act (Northern Ireland) 2016 www.legislation.gov.uk/nia/2016/18/section/1/enacted.

2 The term Looked After Children is used throughout the document for consistency, recognising that varying terms maybe used. For example in Scotland the term 'looked after and accommodated children' is used and in some parts of the UK children and young people have expressed a preference for the term 'children in care' and for care leavers, the term care experienced is also used.

3 The term care experienced is also used in some parts of the UK.

4 www.legislation.gov.uk/uksi/2010/2571/made

Competence

The ability to perform a specific task, action or function successfully.

Designated professional

In England, the term designated doctor or nurse denotes professionals with specific roles and responsibilities for looked after children, including the provision of strategic advice and guidance to service planners and commissioning organisations.[5] In England, designated professionals (doctors and nurses) are statutory roles (see Appendix 4).

In Wales, designated professionals for safeguarding (including looked after children) are employed by Public Health Wales and have national roles. The strategic overview of health services for looked after children within each health board is fulfilled by the named doctors for looked after children with additional responsibility (named doctor for looked after children, strategic role).

In Scotland, specialist paediatricians, GPs and nurses deliver services for looked after and accommodated children/young people, including health assessments and provide medical advice to fostering and adoption panels. The lead paediatrician for each area has a strategic overview and responsibility. In addition, NHS health boards have a nominated board director with corporate responsibility for looked after children, young people and care leavers CEL 16 (2009).

In Northern Ireland, designated professionals provide strategic advice about safeguarding children and looked after children to key regional bodies including public health agency and Safeguarding Board Northern Ireland.

Specialist medical, nursing and health professionals for looked after children, including named nurse/doctor and nurse specialists[6]

These terms refer to registered nurses with additional knowledge, skills and experience, GPs or paediatricians that have a particular role with looked after children and are the health specialist for these children.

In England, the term named doctor/nurse denotes an identified doctor or nurse with additional knowledge, skill and experience in working with looked after children who is responsible for promoting good professional practice within their organisation, providing supervision, advice and expertise for fellow professionals, and ensuring that looked after children awareness training is in place.

5 Designated professionals should have regular, direct access to the CCG accountable officer or chief nurse to provide expert advice and support for looked after children matters, and they should also be invited to all key partnership meetings.

6 In Scotland titles include specialist nurse looked after children; specialist nurse looked after and accommodated children, health liaison officer through care; public health nurse/looked after children; public health nurse/looked after and accommodated children; public health nurse/through care and after care; through care/after care health practitioner; specialist nurse through care/after care titles include clinical nurse specialist/co-ordinator looked after children; public health facilitator. In Northern Ireland there are lead clinicians and specialist nurses promoting the health and wellbeing of looked after children. In Wales: clinical nurse specialist for looked after children, named doctors and nurses/lead professionals and medical advisers for looked after children. In England, titles include named nurse for looked after children, specialist nurse children in care, nurse health advisor looked after children.

Safeguarding/contextual safeguarding

Safeguarding is a term used in the UK and Ireland to denote measures to protect the health, wellbeing and human rights of individuals, which allow people – especially children, young people and vulnerable adults – to live free from abuse, harm and neglect.

Any child can be considered to be at risk of harm or abuse, regardless of age, ethnicity, gender or religion. The UK government has enacted legislation and published guidance to protect children from maltreatment, prevent the impairment of children's health or development, ensure children grow up in circumstances consistent with the provision of safe and effective care, and enable children and young people to have the best outcomes. Responsibility for these aims is deemed to lie with everyone who comes into contact with children and families.

Contextual sfeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. **www.csnetwork.org.uk/en/about/what-is-contextual-safeguarding**

Trauma informed care

Trauma informed care is an organisational structure and treatment framework that involves understanding, recognising, and responding to the effects of all types of trauma. Trauma informed care also emphasises physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Glossary

ACEs	Adverse childhood experiences
CCG	Clinical commissioning group
CPD	Continuous professional development
CSA	Child sexual abuse
CSE	Child sexual exploitation
CQC	Care Quality Commission
DNA	Did not attend (may also be 'was not brought (WNB)' in paediatric population)
FGM	Female genital mutilation
FNP	Family Nurse Partnership
GDPR	General Data Protection Regulation
GMC	General Medical Council
GPs	General practitioners
HCPC	Health and Care Professions Council
LA	Local authority
LSCB	Local safeguarding children's boards (now referred to as partnerships, LSCP in England)
LSP	Local safeguarding partnerships
NHS	National Health Service
NMC	Nursing and Midwifery Council
OfSTED	Office for Standards in Education, Children's Services and Skills
PHE	Public Health England
PRUDIC	Procedural response to unexpected deaths in children
PTSD	Post-traumatic stress disorder
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RCPCH	Royal College of Paediatrics and child Health
SAS	Specialty and Associate Specialists
SCR	Serious case review
SUDIC	Sudden unexpected death in childhood
UASC	Unaccompanied asylum-seeking child
UN	United Nations

Foreword

Over recent years there has been a significant rise in the number of looked after children across the UK, although there are variations in trends between the four nations. The number of looked after children has however increased steadily each year and is now higher than at any point since 1985.[7] For the majority, this is as a result of abuse or neglect, although there is an increasing number of unaccompanied asylum seekers and children who have been trafficked from abroad. Looked after children and young people have greater mental health problems, as well as developmental and physical health issues such as speech and language problems, bedwetting, co-ordination difficulties and sight problems. They are more likely to be involved in risk taking behaviour, the youth justice system and have poorer educational attainment.

Health professionals must also be mindful of the increased needs of care experienced children and young people which can be during childhood but also after 18 years old. Carers and professionals should practice trauma informed care and at all times be aware of new safeguarding needs. We also have a duty to profile contextual safeguarding of care leavers.

Healthcare staff working with this group of children and their carers[8] must have the right knowledge, skills, attitudes and values, particularly as access to highly skilled and knowledgeable health practitioners results in improved outcomes, enabling young people to achieve their full potential. In order to achieve the required improvement in outcomes for these vulnerable children and young people, there continues to be the need for health staff working in dedicated roles for looked after children at specialist, named and designated level. Such postholders require specific knowledge and skills that are distinct from individuals whose primary focus may be centred on child protection and safeguarding.[9]

The Royal Colleges recognise the importance of education and training to prepare practitioners for the roles and responsibilities entailed in working with looked after children and care leavers. Recognising work previously undertaken in Scotland,[10] the review of the intercollegiate safeguarding competences framework[11] continued to highlight that whilst many children and young people move in and out of the looked after children system there is a need for a separate, specific framework to be developed for looked after children, outlining key roles, and the knowledge and skills required.

7 Department for Education. SFR 36/2013. Statistical First Release. Children looked after in England (including adoption and care leavers) year ending 31 March 2013. September 2013. www.gov.uk/government/uploads/system/uploads/attachment_data/file/244872/SFR36_2013.pdf

8 GPs are often asked to provide detailed health information to contribute to the health assessment for those applying to be foster carers. The GMC guidance on writing references applies – GMC (2010) Good Medical Practice www.gmc-uk.org/guidance/ethical_guidance/writing_references.asp

9 Mooney A, Statham J, Monock E. *Looked after children: a study to inform revision of the 2002 guidance*. Institute of Education, University of London. 2009. www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf

10 NHS Education Scotland. *A capability framework for nurses who care for children and young people who are looked after away from home*. 2009.

11 See *RCN Safeguarding Children and Young people: roles and competences for healthcare staff 4th Ed.* 2019. www.rcn.org.uk/professional-development/publications/pub-007366

We urge health service planners, commissioners and provider organisations to recognise the importance of enabling staff to access education and training, as well as flexible learning opportunities to acquire and maintain knowledge and skills to improve outcomes for looked after children and young people.

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Background

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Each nation within the UK has a slightly different definition of a looked after child and will follow its own legislation and guidance. Looked after children are also often referred to as children in care and this is a term that many children prefer.[12]

Looked after children fall into five main groups:

- children who are accommodated under a voluntary agreement with their parents
- children who are subject to a compulsory care order, interim care order or supervision order staying with birth family or other legal orders
- children who are the subject of emergency orders for the protection of the child
- children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a Youth Rehabilitation Order with a residence requirement
- children in respite/short breaks who are subject to the same statutory reviews as looked after children.

You are advised to refer to the respective legislation and statutory guidance in the country in which you are practising as there are slight differences in the definition of a looked after child across the four nations of the UK. According to the United Nations Conventions on the rights of the child, a child is defined as everyone under 18 years old, unless "under the law applicable to the child, majority is attained earlier".[13]

The number and rate of children looked after in the UK are increasing overall, although trends vary between the four nations. The numbers of children looked after in England, Wales and Northern Ireland has continued to increase:

- in England this is up by 4% to 78,150 at March 2019[14]
- in Wales this is up by 7% to 6,846 at March 2019[15]
- in Northern Ireland At 31 March 2019, 3,281 children were in care.[16] This was the highest number recorded since the introduction of the Children (Northern Ireland) Order 1995

In contrast:

- in Scotland, the number of looked after children peaked at 16,248 in 2012 and was down to 14,897 by 2017.[17]

This is partly due to differences between the nations around when children are counted as being 'in care', and what this means in practice. Because of these differences, rates cannot be directly compared between nations.

12 NSPCC. 2019, *Statistics Briefing: looked after children.* https://learning.nspcc.org.uk/media/1622/statistics-briefing-looked-after-children.pdf

13 United Nations Office of the High Commissioner. 1990, *Convention on the Rights of the Child.* www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

14 Department for Education (DfE). 2019, *Children looked after in England (including adoption) year ending 31st March 2019.* December 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

15 Llywodraeth Cymru, Welsh Government. 2019, *Statistical First release; children looked after by local authorities 2018-19.* https://gov.wales/sites/default/files/statistics-and-research/2019-10/children-looked-after-local-authorities-april-2018-march-2019-964.pdf

16 Department of Health Northern Ireland (DoHNI). 2019, Information Analysis Directorate; *Children's social care statistics for Northern Ireland 2028/19.* www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-18-19.pdf

17 Scottish Government. 2018, *Children's social work statistics Scotland, 2017/18.* www.gov.scot

The different UK nations publish datasets at different times of the year, so available data will not always be for the same year across the UK.

However we can't say for sure whether it is trending in the right or wrong direction; we don't know if a rise in numbers is because of a higher incidence of, say, neglect, or because the services that exist are getting better at identifying and dealing with need. Depending on what and how you are discussing it can be positive or negative that more children are in care. In either case, the message is consistent—there is a rising demand for services to support children in care.

The main reason for children being in care remains as a result of abuse and neglect, but only England and Wales publish information on why children are looked after.

Other reasons for being looked after include:

- family dysfunction (England: 15%, Wales 14%)
- family in acute stress (England: 8%, Wales: 8%)
- child's disability (England: 3%, Wales: 4%)
- parent's illness or disability (England: 3%, Wales: 3%)
- socially unacceptable behaviour (England: 1%, Wales: 2%).

This is important as children's pre-care experience can continue to affect them for many years after[18] and children remain vulnerable within the care system, with many children experiencing numerous placement moves. The *NHS Long Term Plan* recognises this vulnerability which includes care leavers and is a particular risk during periods of transition.[19]

Looked after children are over four times more likely to have an emotional or mental health need than their non looked after peers.[20]

According to the Centre for Social Justice, nearly a quarter of girls in care become teenage mothers and at least one in 10 care leavers aged 16-21 years who are parents have had a child taken into care in the last year.[21]

In 2017, the Care Leavers Association published a report containing a number of recommendations designed to improve the commissioning process and ultimately the health outcomes for care leavers.[22]

In addition, it is now more widely understood how adversity in pregnancy, childhood and adolescence can negatively impact on long-term health outcomes across a lifetime.

18 Rahilly T and Hendry E. 2014, *Promoting the wellbeing of children in care; messages from research*, NSPCC. http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2

19 NHS. 2019, *The NHS Long Term Plan*, www.longtermplan.nhs.uk/online-version

20 Bazalgette L, Rahilly T, Trevelyan G. 2015, *Achieving emotional wellbeing for looked after children; a whole system approach.* https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/

21 Centre for Social Justice. 2019, Nearly a quarter of girls in care become teenage mothers reveals CSJ; Press release. www.centreforsocialjustice.org.uk/press-releases/nearly-a-quarter-of-girls-in-care-become-teenage-mothers-reveals-csj

22 The Care Leavers' Association/Department of Health. 2017, *Caring for Better Health: An investigation into the health needs of care leavers.* www.careleavers.com/wp-content/uploads/2017/12/Caring-for-Better-Health-Final-Report.pdf

A shift in focus is needed to include prevention of adverse childhood experiences (ACEs), resilience building, and a trauma informed approach to service provision.[23]

Local authorities with a strong corporate parenting ethos recognise that taking children into care is not just about keeping children safe, but also for promoting recovery, resilience and wellbeing. Partner agencies such as health, education and police services should understand how they can apply these principles to the services that they provide.[24]

The majority of children in the UK are looked after by foster carers. In Scotland where the care system is significantly different to the rest of the UK, a higher proportion (25%) of children are living at home with their own parents. The commonest reason for children to cease to be looked after is that they go back home to live with their parents.

A child ceases to be looked after when they are adopted, return home without a care order in place or turn 18 years old. However local authorities in all the nations of the UK are required to support children leaving care at 18 until they are at least 21 or to 25 years if in full time education or if the young person has a disability.[25,26] This may involve them continuing to live with their foster family. Local authorities should have a published care leavers offer detailing support available.

Local authorities and commissioners and providers of healthcare have statutory duties to co-operate to ensure that looked after children have their health needs fully assessed. There should be a health plan in place which is regularly reviewed and they should have access to a range of health services which meet their needs.[27]

Across the UK, specialist health professionals provide expertise and have specific roles and responsibilities for looked after children. In England, Northern Ireland, and Wales, specialist nurses, named professionals, medical advisors for fostering and adoption and designated professionals perform this function and in Scotland looked after and accommodated children's nurses and lead clinicians fulfil specialist roles. All specialist professionals must be allowed sufficient time and resources to undertake their duties, and their roles and responsibilities should be explicitly defined in job descriptions.

23 Hughes Karen, Bellis M, Hardcastle KA, Dinesh S, Butchart A, Mikton C, Jones L, Dunne MP. 2017, *The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis.* www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext

24 Department for Education. 2018, *Applying corporate parenting principles to looked after children and care leavers: statutory guidance for local authorities.* www.gov.uk/government/publications/applying-corporate-parenting-principles-to-looked-after-children-and-care-leavers

25 https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children

26 https://local.gov.uk/sites/default/files/documents/15.12%20Support%20for%20care%20leavers%20resource%20pack_02_1WEB.pdf

27 Department for Education/Department of Health. 2015, *Promoting the health and wellbeing of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.* www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

Services and responsibilities for looked after children/looked after and accommodated children are underpinned by legislation, statutory guidance and good practice guidance which include:

England

- Children Acts 1989[28] and 2004[29]
- NICE Public health guidance, Looked after children and young people 2010[30]
- NICE *Quality standard for the Health and wellbeing of looked after children* 2013[31]
- *Care Leaver Strategy* 2013[32]
- Children and Families Act 2014[33]
- *Promoting the health and wellbeing of looked after children* 2015[34]
- Children and Social Work Act 2017[35]
- *Working together to safeguard children* 2018[36]

Scotland

- Adoption and Children (Scotland) Act 2007[37]
- Looked after Children (Scotland) Regulations 2009[38]
- *A capability framework for nurse who care for looked after children and young people away from home* 2009[39]
- Children and Young People (Scotland) Act 2014[40]
- *Guidance on health assessments for looked after children in Scotland* 2014[41]
- *Child Protection Guidance for health professionals* 2013[42]

28 www.legislation.gov.uk/ukpga/1989/41/contents

29 www.legislation.gov.uk/ukpga/2004/31/contents

30 National Institute for Health and Care Excellence (NICE). 2010 (updated 2015), *Looked after children and young people. Public Health Guidance*. www.nice.org.uk/guidance/ph28/chapter/1-recommendations

31 www.nice.org.uk/Guidance/QS31

32 www.gov.uk/government/publications/care-leaver-strategy

33 www.legislation.gov.uk/ukpga/2014/6/contents/enacted

34 www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

35 www.legislation.gov.uk/ukpga/2017/16/contents/enacted

36 www.gov.uk/government/publications/working-together-to-safeguard-children--2

37 www.legislation.gov.uk/asp/2007/4/contents

38 Scottish Government. 2010, Guidance on Looked after Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007. www.gov.scot/publications/guidance-looked-children-scotland-regulations-2009-adoption-children-scotland-act-2007/

39 NHS Education for Scotland. 2009, *A Capability Framework for Nurses Who Care for Looked After Children and Young People Away From Home.*

40 www.legislation.gov.uk/asp/2014/8/contents/enacted

41 Scottish Government. 2014, *Guidance on Health Assessments for Looked after Children in Scotland*. www.gov.scot/publications/guidance-health-assessments-looked-children-scotland/pages/6/

42 www.scotland.gov.uk/Resource/0041/00411543.pdf

Northern Ireland

- The Children (Northern Ireland) Order 1995[43]
- The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003[44]
- *Promoting the health and wellbeing of looked after children and young people: guidance for health visitors, school nurses, family nurses (Family Nurse Partnership) and looked after children nurse specialists* 2014/15[45]
- *Co-operating to safeguard children and young people in Northern Ireland* 2017[46]
- *Healthy child, healthy future; a framework for the Universal Child Health Programme in Northern Ireland,* Pregnancy to 19 years[47]
- *Safeguarding Board for Northern Ireland Procedures Manual*[48]

Wales

- Children Acts 1989[49] and 2004[50]
- All Wales Child Protection Procedures November 2019[51]
- The Social Services and Wellbeing Act (Wales) 2014[52]
- Part 6 and 9 Codes of Practice; Care Planning, Placement and Case Review (Wales) Regulations 2015[53]
- *When I am Ready* 2016 guidance for care leavers[54]

43 www.legislation.gov.uk/nisi/1995/755/contents/made

44 www.legislation.gov.uk/nisi/2003/417/part/III/made

45 www.publichealth.hscni.net/sites/default/files/directorates/files/LAC%20Regional%20Guidance%20March%202014%20V1%20Final.pdf

46 Department of Health Northern Ireland. 2017, *Co-operating to Safeguard Children and Young People in Northern Ireland.* www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

47 Department of Health, Social Services and Public Safety. 2010, *Healthy Child, Healthy Future; A Framework for the Universal Child Health Programme in Northern Ireland, Pregnancy to 19 years.* www.health-ni.gov.uk/sites/default/files/publications/dhssps/healthychildhealthyfuture.pdf

48 www.proceduresonline.com/sbni/

49 www.legislation.gov.uk/ukpga/1989/41/contents

50 www.legislation.gov.uk/ukpga/2004/31/contents

51 www.childreninwales.org.uk/our-work/safeguarding/wales-safeguaring-procedures/

52 www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

53 www.legislation.gov.uk/wsi/2015/1818/contents/made

54 https://gov.wales/sites/default/files/publications/2019-05/when-i-am-ready-good-practice-guide-march-2016.pdf

Competency framework

The framework

The competencies encompassed in the framework are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare, health and wellbeing of looked after children and young people, as well as care leavers. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. *Promoting the health of looked after children*[55] refers to this specific intercollegiate framework stating 'health professionals contributing to the care planning cycle for looked after children should have the appropriate skills and competences and receive continuing professional development'. Looked after children still need safeguarding and therefore *Working together*[56] also signposts healthcare organisations to the intercollegiate safeguarding framework[57] and states that 'All staff working in healthcare services – including those who predominantly treat adults – should receive training to ensure they attain the competencies appropriate to their role and follow the relevant professional guidance'. Similarly, the GMC signposts to this document for all doctors and in Wales the Chief Nursing Officer has recommended the intercollegiate framework for NHS Wales.

Different staff groups require different levels of competence depending on their role and degree of contact with looked after children, young people and care leavers, the nature of their work, and their level of responsibility.[58] In response to the Laming Report, Independent Inquiry into Child Sexual Abuse[59] and other evidence such as serious case reviews or child practice reviews in Wales, there has been recognition of the importance of the level of competence of some practitioner groups, for example GPs and paediatricians.

This framework identifies five levels of competence and gives examples of groups that fall within each of these.[60]

Level 1: all staff including non-clinical managers and staff working in healthcare settings.

Level 2: minimum level for all non-clinical and clinical staff who, within their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children.

Level 3: all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the health needs of a looked after child/young person or care leaver.

Level 4: specialist medical, nursing and health professionals for looked after children and adoption, including named professionals and medical advisors for fostering and adoption.

55 Department of Health, Department for Education. *Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.* 2015. www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

56 *Working Together to Safeguard children and young people.* www.gov.uk/government/publications/working-together-to-safeguard-children--2

57 See *RCN Safeguarding Children and Young people: roles and competences for healthcare staff 4th Ed.* 2019. www.rcn.org.uk/professional-development/publications/pub-007366

58 Department of Health, Department for Education. *Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.* 2015. www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

59 www.iicsa.org.uk

60 The framework does not include roles which may be in place to meet local circumstances and need, such as nurse consultant or advisory roles.

Level 5: designated professionals.

Each level builds upon the competencies, knowledge and skills of the proceeding levels within the framework.

In addition, this version of the framework also provides specific detail for chief executives, chairs, board members including executives, non-executives, lay members and commissioning group leads.

Those requiring competences at Levels 1 to 5 should also possess the competencies at each of the preceding levels. It is important for practitioners to be aware of the overarching content of the framework in addition to any specific section related to their roles.

Annual appraisal is crucial to determine individuals' attainment and maintenance of the required knowledge, skills and competence. Employers and responsible officers should assure themselves that appraisers have the necessary knowledge, skills and competence to undertake appraisals and in the case of medical or nursing staff to oversee revalidation. This may involve engaging expertise from outside of organisational boundaries.

Education and training principles

The key issues related to acquiring and maintaining relevant knowledge and skills are outlined, appreciating that practitioners work and study in a variety of settings. The underpinning principles include:

- acquiring knowledge, skills and expertise in safeguarding/child protection including looked after children should be seen as a continuum. It is recognised that students and trainees will increase skill and competence throughout their undergraduate programme and at postgraduate level as they progress through their professional careers
- the learning outcomes describe what an individual should know, understand, or be able to do as a result of training and learning, particularly in light of the experiences of looked after children exposed to abuse and neglect and other ACEs
- training needs to be flexible, encompassing different learning styles and opportunities. The education, training and learning hours stated at each level are therefore indicative recognising that individuals' learning styles and the roles they undertake vary considerably, as well as the need to recognise new and emerging issues for which staff need to acquire additional knowledge and skills
- inter-professional and inter-organisational training and education is encouraged in order to share best practice, learn from serious incidents and to develop professional networks, this should include both independent and voluntary sector healthcare providers
- those leading and providing multidisciplinary and inter-agency training must:
  - demonstrate knowledge of the context of health participants' work
  - provide evidence to ensure the content is approved and considered appropriate against the relevant level

  - ensure that education and training is delivered by a registered healthcare worker (in partnership with other specialists as appropriate), who has qualifications and/or experience relevant to safeguarding/child protection and looked after children
  - tailor training sessions to the specific roles and needs of different professional groups at each level, and where possible provided by or in conjunction with local safeguarding and looked after children's teams.
- the effectiveness of training programmes and learning opportunities should be regularly monitored. This can be done by evaluation forms, staff appraisals (encompassing a collaborative review of education, training and learning logs/passport), e-learning tests (following training and at regular intervals), and auditing implementation, as well as staff knowledge and understanding
- education and training passports will prevent the need to repeat learning where individuals move organisations and are able to demonstrate up to date relevant competence, knowledge and skills, except where individuals have been working outside of the area of practice and the new role demands additional knowledge and skill or individuals have had a career break and are unable to do so
- all health staff should complete a mandatory session regarding child protection/safeguarding[61] of at least 30 minutes duration in the general staff induction programme or a specific session within six weeks of taking up post within a new organisation. This should provide key safeguarding/child protection information, including vulnerable groups such as looked after children, the different forms of child maltreatment, and appropriate action to take if there are concerns. This mandatory induction session is separate and a pre-cursor to level 1 training,[62] although many may choose to incorporate this within a level 1 training package
- any professional moving to a new post or a locum position must be able to demonstrate an appropriate level of safeguarding education and training[63] for the post (individuals may use their passport as evidence of the date and level of training where deemed transferable for the post in question). They should be informed of and updated with any trust/organisation/practice/agency specific safeguarding concerns for that specific role. Those commencing a new role at a trust/organisation require mandatory safeguarding education and training and where relevant specific education and training regarding looked after children
- staff should receive refresher training every three years as a minimum[64] and training should be tailored to the roles of individuals. Individuals should be encouraged to maintain their education, training and learning log to capture all education, training and learning opportunities to demonstrate acquisition and up to date knowledge, skills and competencies

61 As per as per the *Safeguarding children and young people: roles and competencies for health care staff* intercollegiate document.

62 As per as per the *Safeguarding children and young people: roles and competencies for health care staff* intercollegiate document.

63 Looked after children may be incorporated into think family or general safeguarding training.

64 Refresher training should link to adult safeguarding and encompass areas such as vulnerable adults, domestic violence, learning disability, disabled children, working with families who are difficult to engage, child maltreatment and key principles of advocacy and human rights, documentation, dealing with uncertainty, and individuals' responsibility to act. The training may take a particular focus depending on the speciality and roles of participants.

- e-learning is appropriate to impart knowledge at level 1 and 2. E-learning can also be used at level 3 and above as preparation for reflective team-based learning, and contribute to appraisals and revalidation when linked to case studies and changes in practice
- while e-learning is important it should not be the only form of learning undertaken at level 3. It is expected that around 50% of indicative education, training and learning time will be of a participatory nature, interactive and involve the multi-professional team wherever possible. This includes for example formal teaching/education, conference attendance and group case discussion
- named professionals should ensure timely updates for all staff where necessary, such as where there are changes in legislation, local policies, updates from serious case reviews
- those working with looked after children and young people should take part in clinical governance including holding regular case discussions, critical event analysis, audit, adherence to national guidelines (National Service Frameworks, National Institute of Health and Care Excellence, Scottish Intercollegiate Guideline Network), analysis of complaints and other patient feedback, and systems of supervision[65] and/or peer review. Level of participation should be as appropriate to role. Individual clinical units/departments should have access to feedback from looked after children and a yearly review of safeguarding/child protection cases relevant to their field of work, so as to facilitate case discussion and improvement in practice
- information about accredited training and education programmes can be found at local health websites and royal college websites and includes e-learning eg, **www.e-lfh.org.uk/projects/safeguarding-children** and Learning@Wales.

Within each level there is an indication of the indicative content and time needed by practitioners.[66] Maintaining and updating knowledge and skill should be a continuous and ongoing process. Regulatory and inspection bodies such as the NMC, GMC, Health and Care Professions Council (HCPC) and CQC require evidence of completion of key refreshing and updating for revalidation and inspection purposes.[67,68] Ultimately employing organisations are responsible for assuring that their employees have the knowledge, skills and competence to undertake their roles, ensuring that sufficient time is afforded to employees to enable acquisition and maintenance relevant to their area of practice. Organisations therefore need to consider the commissioning and provision of the required training. Organisations can if they wish seek accreditation from a professional body for any programme of study, however they must assure themselves that any e-learning programme or externally contracted provider of safeguarding education and training explicitly states how any course or learning opportunity meets

65 Supervision is a process of professional support, peer support, peer review and learning, enabling staff to develop competencies, and to assume responsibility for their own practice. The purpose of clinical governance and supervision within safeguarding practice is to strengthen the protection of children and young people by actively promoting a safe standard and excellence of practice and preventing further poor practice.

66 It is anticipated that where appropriate for many practitioners, specific education and training content regarding looked after children maybe encompassed within safeguarding training but must be in enough depth to enable the practitioner to meet the knowledge, skills and competencies required for their particular role.

67 www.gmc-uk.org/doctors/revalidation.asp and www.nmc-uk.org/Registration/Revalidation

68 www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england

the required intercollegiate framework level. Employers must also give consideration to assessing learning and the long-term impact of education and training provided.

Individual professional bodies and Royal Colleges may provide specific additional guidance for members regarding education, training and learning content and indicative hours.

Level 1: All staff working in healthcare services[69,70]

Competence at this level is about all clinical and non-clinical staff being aware of the processes and terminology relating to looked after children.

Staff groups

This includes, for example, board level executives and non-executives, lay members, receptionists,[71] administrative,[72] caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those non clinical staff working for independent contractors within the NHS (such as GPs, optometrists, contact lens and dispensing opticians, dentists[73] and pharmacists) within the NHS, as well as volunteers across healthcare settings and service provision.

Core competencies

Competence at this level is about individuals having an understanding of what it means to be a looked after child or care leaver and also what it means for health professionals and their role in working together with other professionals to meet the needs of this group of vulnerable children and young people (including those that are fostered, adopted and in residential care).

Knowledge, skills, attitudes and values

All staff at Level 1 should be able to demonstrate the following:

Knowledge

- Know and understand the legal definition/term of who looked after children, young people and care leavers are.
- Awareness of impact of abuse and family disruption on looked after children, young people and care leavers.
- Awareness of adverse childhood experiences and potential range of health problems of a looked after child necessitating the potential need for longer appointments.

69 This is the minimum entry level for all staff working in healthcare settings regarding the specific needs of looked after children and is encompassed within training and education to safeguard children and young people.

70 As appropriate to role.

71 Except for GP reception manager and GP practice manager who should be at level 2.

72 In particular administrators supporting teams who work with looked after children and provide support for fostering/adoption processes will need a greater understanding of issues related to consent, confidentiality, adoption processes and the management of clinical records of looked after children. Specific training and education will need to be provided for administrative staff to ensure additional knowledge, understanding, skills and competence required.

73 Child protection and the dental team www.cpdt.org.uk https://bda.org/childprotection

- Awareness that children in care may still be vulnerable and at risk of abuse and/or neglect.
- Know what to do if there are safeguarding concerns about a looked after child, young person or care leavers including local policies and procedures around who to contact, where to obtain further advice and support, including contact details for the looked after children's team.
- Know about the importance of sharing information (including the consequences of failing to do so).
- Know what to do if they feel that their concerns are not being taken seriously or they experience any other barriers in reporting their concerns about a looked after child, young person or care leaver.
- Know the risks associated with the internet and online social networking in particular the increased vulnerability of looked after children and young people to criminal exploitation and sexual exploitation.

Skills

- Able to seek appropriate advice and report concerns, and feel confident that they have been listened to.

Attitudes and values

- Willingness to listen to looked after children, young people and care leavers, with respect, ensuring their dignity, and acting on issues and concerns.

Education and training requirement

The knowledge and skills should be developed and encompassed as part of the safeguarding children and young people education and training programme for level 1,[74] unless the individual is in a focused specialist role or a looked after children team whereby additional education and training maybe required.

Learning outcomes

- To be able to demonstrate an awareness and understanding of looked after children, young people and care leavers.
- To be able to demonstrate an understanding of appropriate referral mechanisms and information sharing i.e. know who to contact, where to access advice and how to report.

74 See *RCN Safeguarding Children and Young people: roles and competences for healthcare staff 4th Ed.* 2019. www.rcn.org.uk/professional-development/publications/pub-007366

Level 2: All non-clinical and clinical staff who have some degree of contact with looked after children, young people/care leavers and/or parents/carers

Staff groups[75]

This includes administrators for looked after children and safeguarding teams,[76] GP practice safeguarding administrators,[77] GP reception managers, GP practice managers, clinic reception managers and receptionists, healthcare students including medical, relevant allied health professional students and nursing students, patient advocates, phlebotomists, pharmacists,[78] ambulance staff (paramedics require level 3),[79,80] dentists,[81,82] dental care professionals,[83,84] audiologists, eye clinic liaison officers, optometrists, contact lens and dispensing opticians,[85] adult physicians and surgeons, anaesthetists,[86] radiologists, nurses working in adult acute/community services (except mental health nurses, practice nurses and nurse practitioners who require level 3), non-medical neurophysiologists, allied healthcare practitioners[87] and all other adult orientated secondary care healthcare professionals, including technicians and interpreters.

75 This includes all staff working with the transition agenda (0-25 years).

76 In particular administrators supporting teams who work with looked after children and provide support for fostering/adoption processes will need a greater understanding of issues related to consent, confidentiality, adoption processes and the management of clinical records of looked after children.

77 'Member of the practice administrative team who, depending on size of practice and structure, either manages or oversees, the recording and coding of safeguarding information coming in and out of the practice e.g. safeguarding/child protection case conference reports, MARAC notifications, summarising safeguarding information in new patient records. The safeguarding administrator will work closely with the GP Practice Safeguarding Lead.'

78 The minimum level that should apply to pharmacists is level 2. Those pharmacists undertaking professional care activities and services in care homes, urgent and emergency care settings, GP practices and out of hours services require level 3 competency.

79 This includes staff in non-patient facing roles – ambulance communication centre staff.

80 Except paramedics who are at level 3.

81 Child protection and the dental team www.cpdt.org.uk and https://bda.org/childprotection

82 The majority of dentists and dental care professionals will require level 2; in larger organisations including hospital and community based specialist services (paediatric dentistry or other relevant dental specialties such as orthodontics) the precise number of dentists and dental care professionals requiring level 3 competencies should be determined locally based on an assessment of need and risk. For further information see supplementary guidance from the British Dental Association (www.bda.org/safeguardingcompetencies) and the British Society of Paediatric Dentistry (www.bspd.co.uk/Resources/Partner-Guidelines).

83 Dental nurses, hygienists and therapists.

84 Child protection and the dental team www.cpdt.org.uk and https://bda.org/childprotection

85 Optical Confederation. 2017, *Guidance on safeguarding Children and Vulnerable Adults*. https://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/safeguarding-children-and-vulnerable-adults/.

86 See www.rcoa.ac.uk/sites/default/files/documents/2020-02/GPAS-2020-10-PAEDIATRICS.pdf and www.rcoa.ac.uk/safeguardingplus. The minimum level for the majority of anaesthetists (including trainees) will be level 2, with the lead paediatric anaesthetist for safeguarding/child protection requiring level 3. Some departments may, according to size and paediatric workload, require more than one anaesthetist at level 3 (core). This should be determined locally.

87 Diagnostic radiographers generally will require minimum of level 2 but those involved full time or significantly in paediatric radiography or are involved in Imaging for suspected physical abuse require level 3.

Core competencies

- As outlined for Level 1.
- Uses professional and/or clinical knowledge, understanding who constitutes a looked after child, young person and care leaver so as to identify any healthcare issues that may relate to previous maltreatment or life experience.
- Able to identify and refer a looked after child, young person and care leaver suspected of being an unaccompanied asylum seeking child/young person, a victim of trafficking or child sexual exploitation; criminal exploitation/county lines/gangs and radicalisation; at risk of FGM or having been a victim of FGM, at risk of exploitation by radicalisers.
- Understand the specific health needs and vulnerabilities of unaccompanied asylum seeking children.
- Acts as an effective advocate for the looked after child, young person or care leaver.
- Recognises the potential impact of previous maltreatment on the health and wellbeing of a looked after child, young person, or care leaver including possible speech, language and communication needs and that reasonable adjustments may need to be made.
- Clear about own and colleagues' roles, responsibilities, and professional boundaries, including raising concerns about the care received by the looked after child, young person or care leaver.
- As appropriate to role, able to refer to social care if a safeguarding/child protection concern identified in relation to a looked after child, young person or care leaver (aware of how to refer even if role does not encompass referrals).
- Documents safeguarding/child protection/care concerns in relation to the looked after child, young person or care leaver in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion.
- Shares appropriate and relevant information with multi-disciplinary professionals.
- Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.

Knowledge, skills, attitudes and values

All staff at Level 2 should have the knowledge, skills, attitudes and values outlined for Level 1 and should be able to demonstrate the following:

Some of the following may be more relevant to those staff engaged in clinical practice.

Knowledge[88]

- Awareness that certain factors may be associated with child maltreatment, such as child disability and preterm birth, special educational needs and disability, and living with parental mental health problems, other long-term chronic conditions, drug and alcohol abuse, and domestic abuse.

88 We have endeavoured to place those we consider relevant to non-clinical staff at the beginning of the section, appreciating that each service and setting will need to ascertain the knowledge and skills required as appropriate.

- Awareness of the increased needs and vulnerability of looked after children, care leavers and youth offenders and their increased risk of further maltreatment such as child sexual exploitation, criminal exploitation/county lines/gangs/radicalisation and children who go missing.
- Awareness of confidentiality, and consent issues including parental responsibility and court orders related to looked after children and young people.
- Understand the role of the Looked After health team, how to contact them and know that children should be recorded as a Looked After Child with social worker details recorded.
- Awareness of the normal development of children and young people (if unsure of childhood development know who to contact) and the impact of previous abuse and neglect, including the short and long term impact of domestic abuse on the child's behaviour and mental health, as well as parental mental and physical health. Speech, language and communication needs could be an indication of the impact of previous abuse, particularly neglect. Impact of ACEs.
- Awareness of the legal, professional, and ethical responsibilities around information sharing,[89,90] including the use of electronic records, information governance, GDPR,[91] local authority databases, directories and assessment frameworks.
- Know best practice in documentation, record keeping, and understand data protection issues in relation to information sharing[92] for safeguarding purposes and in order to promote the health and wellbeing of looked after children, young people and care leavers, including post-adoption.
- Understand the purpose and guidance in relation to looked after children, young people and care leavers around conducting serious case reviews/case management reviews/ significant case reviews, individual management reviews/individual agency reviews/ internal management reviews, and child death review processes.
- Know about court reports for Care, Placement and Adoption Orders (and equivalent Orders).[93]
- Awareness of the paramount importance of the looked after child, young person or care leavers' best interests as reflected in legislation and key statutory and non-statutory guidance (including the UN Convention on the Rights of the Child and the Human Rights Act).

89 HM Government. 2018, *Guidance on Information Sharing*. www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

90 *Processing and storing of information in Primary Care – RCGP Safeguarding Adults at Risk of Harm toolkit.* www.rcgp.org.uk/sarh

91 http://gdpr-legislation.co.uk

92 *Processing and storing of information in Primary Care – RCGP Safeguarding Adults at Risk of Harm toolkit.* www.rcgp.org.uk/sarh

93 Medical advisers compile court reports for Placement and Adoption orders.

Skills[94]

- Able to modify approaches to meet the needs of looked after children.
- Able to identify where further support is needed, when to take action, and when to refer to managers, supervisors or other relevant professionals, including referral to social services.
- Able to document health and wellbeing/safeguarding/child protection concerns, and maintain appropriate record keeping, differentiating between fact and opinion.
- Able to share appropriate and relevant information between teams – in writing, by telephone, electronically, and in person.

Attitudes and values

- Recognises how own beliefs, culture, experience and attitudes relating to the life experiences of looked after children, young people, and care leavers might influence professional involvement in caring for this vulnerable group.

Education and training requirement

The knowledge and skills should be developed and encompassed as part of the safeguarding children and young people education and training programme for level 2,[95] unless the individual is in a focused specialist role or a looked after children team whereby additional education and training maybe required.

Learning outcomes[96]

- To be able to demonstrate awareness of the need to alert primary care professionals (such as the child's GP), universal services (such as the child's health visitor or school nurse), local authority children's services/social services about health and wellbeing/safeguarding concerns.
- To be able to demonstrate accurate documentation of concerns.
- To be able to document appropriate consent, legal orders/parental responsibility, who is accompanying CYP.
- To be able to demonstrate an ability to recognise and describe a significant event for the looked after child, young person or care leaver in child protection/safeguarding to the most appropriate professional or local team.

94 We have endeavoured to place those we consider relevant to non-clinical staff at the beginning of the section, appreciating that each service and setting will need to ascertain the knowledge and skills required as appropriate.

95 See *RCN Safeguarding Children and Young people: roles and competences for healthcare staff 4th Ed.* 2019. www.rcn.org.uk/professional-development/publications/pub-007366

96 We have endeavoured to place those we consider relevant to non-clinical staff at the beginning of the section, appreciating that each service and setting will need to ascertain the knowledge and skills required as appropriate.

Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a looked after child/young person or care leaver

Staff groups

This includes all clinical staff who may contribute regularly to addressing the health needs of a looked after child or young person. This includes:

- GPs
- practice nurses (including nurse practitioners within primary care)
- forensic physicians
- forensic nurses
- paramedics[97]
- urgent and unscheduled care staff[98]
- all mental health staff (adult[99] and child and adolescent mental health staff)
- child psychologists
- child psychotherapists
- adult learning disability staff
- learning disability nurses (children and adult)
- specialist nurses for safeguarding
- health professionals working in substance misuse services
- youth offending team staff
- paediatric allied health professionals/allied health professionals working with children[100]
- special educational needs and disabilities leads
- paediatric neurophysiologists

97 The intercollegiate framework needs to be viewed as a continuum, enabling staff to develop and acquire additional knowledge, skills and competencies throughout their career – with ambulance staff in patient facing roles crossing level 2 and 3 according to service specifications and as appropriate to the role they are undertaking. Currently some ambulance staff may be commissioned according to level 2 and others level 3. With increasing autonomy and decision making of all frontline practitioners it is acknowledged that more healthcare staff will need to acquire some of the knowledge, skills and competencies at level 3. The 2018 version of the framework therefore emphasises 'as appropriate to role' in many places for this very reason.

98 This refers to medical and registered nursing staff who work in accident and emergency departments/emergency departments, urgent care centres, minor injury/illness units and walk in centres, including emergency department liaison staff.

99 All psychiatrists provide care to adults with a history of substance misuse or severe mental illness and often there are dependent children.

100 Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists, orthoptist, portage workers and other allied health professionals working with children.

- child play therapists/specialists
- sexual health staff
- school nurses including those working in independent schools
- health visitors
- family nurses (FNP)
- all children's nurses
- perinatal staff
- midwives
- obstetricians
- neonatologists
- all paediatricians
- paediatric radiologists
- diagnostic radiographers
- paediatric surgeons[101]
- lead paediatric anaesthetists for safeguarding/level 3 anaesthetists[102]
- paediatric intensivists
- physician's assistants working in any level 3 speciality
- pharmacists[103]
- specialist paediatric dentists[104]
- specialty and associate specialists (SAS) doctors working in any level 3 speciality listed above
- all doctors/health professionals working exclusively or predominantly with children and young people.[105]

It is expected that doctors in training (including foundation level doctors) who have posts in these level 3-affiliated specialties/with significant children/young person contact, will also require level 3 training.

101 Those with a mixed caseload (adults and children) should be able to demonstrate a minimum of level 2 and be working towards attainment of level 3 core knowledge, skill and competence.

102 See www.rcoa.ac.uk/sites/default/files/documents/2020-02/GPAS-2020-10-PAEDIATRICS.pdf and www.rcoa.ac.uk/safeguardingplus. The minimum level for the majority of anaesthetists (including trainees) will be level 2, with the lead paediatric anaesthetist for safeguarding/child protection requiring level 3. Some departments may, according to size and paediatric workload, require more than one anaesthetist at level 3 (core). This should be determined locally..

103 The minimum level that should apply to pharmacists is level 2. Those pharmacists undertaking professional care activities and services in care homes, urgent and emergency care settings, travel clinics, GP practices and out of hours services require level 3 competency.

104 Guidance for dentistry requires a safeguarding lead for every dental practice. Child protection and the dental team: www.cpdt.org.uk and https://bda.org/childprotection. In larger organisations, including hospital and community based specialist services (paediatric dentistry or other relevant dental specialties such as orthodontics) the precise number of dentists and dental care professionals requiring level 3 competencies should be determined locally based on an assessment of need and risk. For further information see supplementary guidance from the British Dental Association and the British Society of Paediatric Dentistry www.bspd.co.uk/Resources/Partner-Guidelines.

105 Adult physicians with significant caseloads involving young people may need to also demonstrate working towards level 3.

Core competencies, knowledge and skills across all professional and staff groups at level 3

Core competencies

- As outlined for Level 1 and 2.
- Able to respond appropriately when working with looked after children to the impact of adverse life events, including how family health history, mental health and parental lifestyle impact on the child's health and development.
- Able to apply knowledge of the physical, developmental, emotional and mental health needs/risks for looked after children and unaccompanied asylum-seeking children and young people and offer appropriate health promotion advice as appropriate to role.
- Able to initiate interventions to improve child resilience and reduce risk of emotional harm as appropriate to role.
- Able to recognise the potential impact of a parent's/carer's physical and mental health or lifestyle on the wellbeing of a child or young person.
- Able to work in partnership with other agencies who may be involved with the child including, but not limited to, social care, education, police, probation, youth offending teams to understand the importance of this multi-agency working.
- Able to demonstrate an understanding of the interdependence between health, education and social care with regard to looked after children.
- Knows own capabilities and when to seek support from the specialist looked after children team.
- Able to share information appropriately, taking into account consent and confidentiality issues related to looked after children.
- Able to contribute to inter-agency assessments as appropriate to role, the gathering of information, using interpreters as needed and where appropriate analysis of risk.
- Able and willing to provide empathy and support for care leavers, looked after children and their carers.

Knowledge, skills and attitudes and values

All staff at Level 3 should have the knowledge, skills, attitudes and values outlined for Level 1 and 2 and should be able to demonstrate the following:

Knowledge

- Understands as appropriate to role, the impact of contextual safeguarding including ante-natal factors and adverse childhood experiences on a child's development, physical health, emotional wellbeing, cognition and behaviour and be able to respond appropriately.
- Understands the increased vulnerability of this group to substance misuse, self-harm, sexual exploitation, criminality, teenage pregnancy, exclusion from education, mental, emotional and behavioural difficulties and the use of Trauma informed approaches to promote positive outcomes for this client group.

- Understands issues around consent, confidentiality and the implications of data protection relevant to their own role.
- Know who to share information with and when, understanding the difference between information sharing on individual, organisational and professional level.s
- Understand the specialist role of primary carers who do not hold parental responsibility.
- Know the contact details of relevant looked after children's and care leavers' health and social care teams locally, including personal advisors for care leavers as appropriate to role.
- Understands own role within the multi-agency framework, assessment, care planning and monitoring.
- Know statutory and non-statutory health, education and social care processes and practices relevant to own role.

Clinical knowledge

- Clinical knowledge and expertise to a level required to detect health problems with appropriate escalation and referral as required.

Skills

- Able to conduct developmental assessments and emotional wellbeing health screening across the age range as appropriate to role.
- Able to contribute to the statutory health processes and implementation of healthcare plans, undertaking review health assessment when delegated by a lead health professional (a looked after children specialist nurse/named nurse for looked after children/paediatrician) for the area and when requested contribute via report or attendance at statutory looked after children review.
- Able to identify and advise local authorities in respect of special educational needs as appropriate to role.
- Able to communicate and engage effectively with looked after children, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.
- Able to build positive relationships with parents/carers and be skilled in managing conflict and difficult behaviours.
- Able to act as an advocate for the child's rights and welfare.
- Able to communicate effectively and share appropriate information with multiagency colleagues and partners and promote trauma informed practice.
- Able to identify the need for further specialist support, advice, assessment and supervision in situations where the looked after child's problems require further expertise or intervention such as in relation to sexual health, emotional or mental health, developmental difficulties and/or the disabled children including understanding issues around decision making – Mental Capacity Act/Liberty Protection Safeguards and take appropriate action.

Attitudes and values

- As outlined in level 1 and 2.

Education and training requirements

The knowledge and skills should be developed and encompassed as part of the safeguarding children and young people education and training programme for level 3,[106] unless the individual is in a focused specialist role or a looked after children team whereby additional education and training maybe required to attain the knowledge, skills and competencies for looked after children.

It is expected that those individuals who have not yet attained the knowledge, skills and competence for level 3 should acquire these within a pre-defined timeframe as agreed with their employer/mentor/appraiser. The timeframe for this initial training should not exceed a 12-month period and will be significantly shorter for those undertaking job rotations.

The knowledge and skills should therefore be developed as part of the safeguarding education and training programme for level 3, unless the individual is in a focused specialist role or a looked after children team. Training arrangements should therefore be determined locally based on the development needs of individuals working with looked after children but should encompass programmes to increase knowledge about the effects of abuse and neglect, attachment theories, resilience building, promoting mental health and psychological wellbeing, substance abuse and sexual health.

Paediatricians should be able to demonstrate training to Level 3 Community Child Health competencies[107] and GPs should demonstrate the requirements encompassed within the RCGP framework.[108,109,110]

Learning outcomes

- As outlined for Level 1 and 2.
- Demonstrates knowledge of patterns and indicators of child maltreatment.
- Demonstrates understanding of appropriate information sharing in relation to child protection, children in need and looked after children.
- Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions.
- Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures.
- Demonstrates critical insight of personal limitations and an ability to participate in peer review.

106 See *RCN Safeguarding Children and Young people: roles and competences for healthcare staff 4th Ed.* 2019. www.rcn.org.uk/professional-development/publications/pub-007366

107 General Medical Council. *Community child health curriculum.* www.gmc-uk.org/education/25364.asp

108 Knowledge of child development and child health as described in RCGP curriculum statement www.rcgp.org.uk/gp-training-and-exams; Knowledge of safeguarding and child protection to level 3 and level 2 of Community Child Health competences in Child Public Health, Behavioural Paediatrics and Safeguarding.

109 www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf

110 www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf

Additional knowledge, skills and competencies required for specific roles at level 3

There are specialist specific requirements for the following roles:

- paediatric trainees undertaking statutory health assessments
- consultant paediatricians
- named safeguarding professionals (doctor, nurse, GP, midwife)
- GPs undertaking adult health reports for potential foster carers and prospective adopters.

The additional requirements for those paediatric trainees undertaking statutory health assessments include awareness of competence, consent, adverse childhood experiences and clinical skills in keeping with level 4 acknowledging that they will be supervised.

Consultant paediatricians looking after children in care need to be more mindful of level 1 and level 2 and additional adverse childhood experiences, consent and liaison as they may be asked to contribute to looked after children reviews and reports including for Court. In addition, requirements include awareness of additional needs of care leavers and children and young people in care with longer appointments, support with compliance/attendance and contextual safeguarding.

Named safeguarding professionals (doctor, nurse for children and adults), GPs, and midwives require awareness of the impact of health conditions which may affect parenting ability, as well as implications for children and their long-term placement.

GPs may be asked to contribute to looked after children reviews and reports including for Court. In addition, requirements include awareness of additional needs of care leavers and CYP in care with longer appointments, compliance/attendance and contextual safeguarding.

Level 4: Specialist medical, nursing and health professionals for looked after children, including named professionals and medical advisors for fostering and adoption[111,112]

Staff groups

All health professionals who have responsibility for working specifically with looked after children, either full time or as a specifically defined part of another role. For example, this includes specialist nurses for looked after children,[113] specialist child psychologists, specialist child psychiatrists, named nurses and doctors for looked after children, GPs with a defined role,[114] health professionals undertaking Initial Health assessments, including named professionals and medical advisers for adoption and fostering agencies.

Core competencies

- As outlined for Level 1, 2 and 3.
- Able to undertake statutory looked after children/adoption health assessments,[115] including those with complex healthcare needs.[116]
- Able to review all health needs including a physical examination and formulate appropriate health management plans including for new conditions, and onward referrals and assessment.
- Able to recognise needs based on the history and assessment of a child/young person and to initiate appropriate health interventions and communicate effectively the complex interplay of factors for a child with multi-agency colleagues.
- Able to analyse holistic health chronologies and provide a written comprehensive report detailing the implications of the information for the child's current and future health and wellbeing.
- Able to formulate a meaningful individual, SMART healthcare plan/adoption report and monitor its implementation.

111 Includes those with specific roles such as Named Looked After Children's Nurses, Named Looked After Children's Doctors, lead Looked After Children health professionals, specialist nurses for Looked After Children.

112 See Appendix 1, Appendix 2 and Appendix 3.

113 The specialist nurse role may provide specific duties for example to residential homes, secure children's homes as well as foster carers.

114 GPs who provide specialist services such as Looked After Children health assessments or child adoption medicals should be Level 4.

115 In Wales, both Initial Health Assessments and Review Health Assessments may be undertaken by a Registered Medical Practitioner or Registered Nurse or Midwife. (Care Planning, Placement and Case Review (Wales) Regulations 2015 www.legislation.gov.uk/wsi/2015/1818/made). In Scotland legislation initial health assessments can be undertaken by a registered medical practitioner or registered nurse. The regulations in England have not yet been amended to enable Advanced Nurse Practitioners to undertake initial health assessments. At the current time all initial health assessments must be undertaken by a medical practitioner in England. If relevant regulations in England are amended it is expected that initial health assessments must be undertaken by a medical practitioner or an advanced paediatric nurse practitioner with the equivalent knowledge, skills and competencies.

116 For example physical, psychological, behavioural and emotional assessments related to disability, attachment disorders and unaccompanied asylum seeking children and inter-country adoptions.

- Able to identify the need for assessment of and support the management of attachment disorder, special educational and disability needs and emotional trauma
- Able to initiate interventions to improve child resilience and reduce risk of emotional harm.
- Able to act as a key conduit and contact point between the child or young person and their carer, where they have difficulties accessing health services.
- Able to demonstrate the ability to work with carers/residential units and families
- Able to work with child mental health services to provide support and interventions to meet the needs of looked after children.
- Able to advise other agencies regarding the health management of individual looked after children.[117]
- Able to interpret and communicate on a broad range of health information in a social and education context.[118]
- Able to contribute to court reports for Care, Placement and Adoption Orders (and equivalent Orders).[119]
- Able to confidently manage, provide or ensure supervision is provided from a health perspective for looked after children where safeguarding issues arise within the care system.
- Able to act as a resource and source of support for those working at Level 3 and/ or supervise staff working with looked after children.
- Able to contribute to multi-agency meetings or reviews.
- Able to interpret regional, national and local policy documents/reports and their implications for looked after children's health and service provision.
- Able to work creatively with other specialist areas to deliver high quality services specific to the needs of looked after children.
- Able to identify and lead on relevant audits of service provision, including multiagency audits in conjunction with others.
- Able to work with multiagency colleagues to support young people leaving care, providing support to access specialist advice on contraception and sexual health, promoting physical and mental health, enabling access to primary care services and facilitating seamless transfer of care leavers with complex needs, including those with disabilities to seamlessly transfer to adult services.[120]

117 Department for Education. *Statutory guidance SEND code of practice: 0 to 25 years.* 2014 www.gov.uk/government/publications/send-code-of-practice-0-to-25

118 For example, this may include provision of advice on prospective carers to an adoption/fostering panel, advice to social worker on impact of living arrangements on health conditions.

119 Medical advisers compile court reports for Placement and Adoption orders

120 Department of Health, Department for Education. *Statutory guidance for local authorities, clinical commissioning groups and NHS England 2015. Promoting the health and welfare of looked-after children.* www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

Medical advisor (MA) for adoption

The medical adviser will act in the best interests of the child or young person by providing a high-quality service to meet their needs, to enable them to achieve lifelong optimum health and well-being. The adoption service encompasses close multi-agency working, which is essential to effective delivery. There are statutory requirements that determine aspects of the role, specified by legislation in the adoption agency regulations (AAR) and accompanying guidance in the four UK nations. (Adoption Agencies (Scotland) Regulations 2009;[121] Adoption Agencies (England) Regulations 2005;[122] Adoption Agencies (Wales) Regulations 2005;[123] Adoption Agencies (Northern Ireland) Regulations 1989[124]).

The medical adviser for adoption must be a registered medical practitioner (as specified clearly in the adoption regulations). Usually they will be a senior paediatrician with appropriate knowledge and training in Looked after children and young people. There should be adequate time for the clinical, operational, and strategic elements of the role. Ideally, they should be undertaking medical assessments (IHAs) and working within the looked after children team.

There are some circumstances where medical advisers are only responsible for the element of the role which pertains to the assessment and approval of prospective carers and are not involved in the preparation of the child adoption medical report or matching decisions. The medical advisor in these circumstances must be a registered medical practitioner. They must have training in, and an understanding of the health needs and complexities of looked after children and young people.

The medical advisor will incorporate a child centred, strength-based approach and should be:

- able to provide an adoption medical report referring to all previous health assessments, analysing past medical health and commenting on future implications to the child. The requirements for the minimum information to be provided are listed in the adoption agency regulations (England AAR Schedule 1 part2, Wales AAR part2 reg15, N. Ireland Schedule 1 Part2)
- able to present health information in a way that can be understood by a layperson and provide advice to inform adoption support plans
- able to provide a written report to the agency on the health of prospective adopters, analysing impact on child's health and wellbeing, and impact on parenting capacity of applicants
- able to support adoption (permanence) panel by reviewing all medical reports (adults and children) on the panel agenda, identifying any issues that require specific advice and facilitating discussion at panel (Adoption Statutory Guidance England (DfE 2013) p67[125]). NB. Attendance at adoption panel is per the adoption regulations and guidance for the country where agency is situated (Regulation 3(1) (b) of the Adoption

121 www.legislation.gov.uk/ssi/2009/154/contents/made
122 www.legislation.gov.uk/uksi/2005/389/contents/made
123 www.legislation.gov.uk/wsi/2005/1313/contents/made
124 www.legislation.gov.uk/nisr/1989/253/contents/made
125 www.gov.uk/government/publications/adoption-statutory-guidance-2013

Agencies and Independent Review of Determinations (Amendment) Regulations 2011[126] requires an agency in England to include on its panel central list the medical adviser to the adoption agency (or at least one if more than one medical adviser is appointed). Members from the central list will form an adoption panel. In Northern Ireland and Wales, the medical adviser is required to be a full panel member (Adoption Agencies Regulations (Northern Ireland) 1989;[127] Adoption Agencies (Wales) Regulations 2005[128]). Guidance on the Looked After Children (Scotland) Regulations 2009[129] and the Adoption and Children (Scotland) Act 2007 (2011)[130] states the Medical Advisor has a specified role on panel and the agency will decide if the Medical Advisor is a full voting member of panel)

- able to meet with prospective adopters and share information in a way they will understand; keeping appropriate records
- offer support and training to professionals involved in adoption process; service design and policy/process development
- able to contribute to identification of adoption support needs/services.

Knowledge, skills, attitudes and values

All staff at Level 4 should have the knowledge, skills, attitudes and values outlined for Level 1, 2 and 3 and should be able to demonstrate the following:

Knowledge

- Understand how birth family health history, mental health and parental lifestyle choices impact on the child's health and development.
- Understand how a child's primary carers (birth parent/foster carer/adopter) health and lifestyle issues impact on children and young people.
- Know and understand normal and disordered attachment of babies and the lifelong impact of disordered attachment, including the long-term implications of becoming looked after.
- Know about common psychological and emotional disorders, as well as intellectual disability prevalent in looked after children and young people.
- Know about the needs of specific groups such as children with disability, those with special educational needs, unaccompanied asylum seekers, minority ethnic groups and adoptees, including inter-country adoptions.
- Knowledge of Mental Capacity Act/Liberty Protection Safeguards and how this might apply to 16 and 17 year olds and care leavers.
- Understand the complexity of healthcare provision and resources required to provide a comprehensive health service for looked after children.

126 www.legislation.gov.uk/uksi/2011/589/contents/made
127 www.legislation.gov.uk/nisr/1989/253/contents/made
128 www.legislation.gov.uk/wsi/2005/1313/contents/made
129 www.gov.scot/publications/guidance-looked-children-scotland-regulations-2009-adoption-children-scotland-act-2007
130 www.legislation.gov.uk/ukdsi/2011/9780111512333

- Understand research evidence[131] and best practice in promoting the health and wellbeing of children in care and those undergoing adoption e.g. NICE/SCIE and SIGN guidelines.
- Understand relevant child-care legislation, information sharing, information governance, confidentiality and consent in relation to looked after children.
- Knowledge of relevant regional, national and international issues, policies and implications for practice.
- Knowledge of current commissioning and planning of looked after children/adoption health services and have knowledge of methods for support by other agencies such as education/social care/disability support locally and nationally.
- Understand, lead and contribute to processes for auditing the effectiveness and quality of looked after children/adoption services on an organisational level, including audits against national guidelines.
- Understand the needs and legal position of young people, particularly those aged 16 years and over and the transition between children's and adult legal frameworks including respective service provision.
- Understand the processes and legislation for looked after children, unaccompanied asylum-seeking children and those undergoing adoption including after-care/adoption services.
- Have knowledge of the impact of adult health issues on caring/parenting capacity
- Understand relevant aspects of the criminal justice system.
- Understand how the special educational needs and disability assessment and planning frameworks affect looked after children.

Skills

- Able to review, summarise, interpret and communicate effectively with children and young people including those with complex needs eg, language difficulties, learning and behavioural difficulties and where English is not their first language use appropriate resources including interpreters to do so.
- Able to support effective transition planning.
- Able to effectively engage with birth parents, involving them as appropriate in health assessments alongside foster parents.
- Able to adapt and be sensitive and flexible to meet the particular needs of the child and in particular adolescents.
- Able to review, summarise and interpret information from a range of sources (e.g. write a chronology/summary for adoption report).
- Able to analyse and evaluate information and evidence to inform inter-agency decision making across the organisation.[132]

131 NHS Education Scotland. *A capability framework for nurses who care for children and young people who are looked after away from home.* 2009.

132 NHS Education Scotland. *A capability framework for nurses who care for children and young people who are looked after away from home.* 2009.

- Able to convey complex information in an accessible manner to other professionals and adults involved in the care of looked after children, including those undergoing adoption.
- Able to advise other agencies about the health management of looked after children
- Able to support colleagues in constructively challenging other professionals, when appropriate, in the best interest of children.
- Able to contribute effectively to a single assessment and plan for looked after children who are also part of the local special educational needs process.
- Able to give advice about policy and legal frameworks in relation to looked after children.
- Able to undertake quality assurance measures and processes.
- Able to participate in organisational training needs analysis, and to teach and educate health service professionals and multi-agency partners as part of a team.
- Able to review, evaluate and update local organisational guidance and policy in light of research findings.
- Able to work effectively with colleagues in wider networks.
- Able to ensure mechanisms are in place to effectively enable the consultation, participation and involvement of looked after children/young people and service users in the planning and delivery of services.
- Able to effectively provide, support and promote appropriate supervision in respect of the health of looked after children for colleagues across the health community.

Named professionals for looked after children

The named nurse and named doctor for looked after children are leaders in their provider organisation to ensure that looked after children's issues are reflected in policies, and service delivery across the provider organisation. They also have a responsibility to support the trust/health provider for managing, and quality assurance of health assessments for children placed out of area.

It should be noted that the named and designated professional are distinct roles and as such should be separate post holders to avoid potential conflict. It is recognised that named professionals for looked after children within organisations are usually also clinically working in the field and therefore consideration needs to be made to managing potential areas of conflict in discussion with the designated doctor for looked after children. Additional support and review with designated professionals may be required to ensure no conflict of interests.

It should also be noted that these roles are dedicated posts and should not be combined with responsibilities for adult or child safeguarding.

Staff groups

This level applies to named doctors and nurses for looked after children. These roles move beyond generic care to a higher level of operational expertise achievable through extensive experience and a higher level of education. The named nurse/doctor seeks

to improve the health outcomes for looked after children and care leavers by working with the individual, their carers, the corporate family and the wider community to affect change via innovative practice and collaborative working to stimulate the awareness of the health needs of this client group, influencing policies that affect health and the facilitation of health enhancing activities.

The named nurse/doctor role includes the provision of specialist advice and supervision to staff who have direct contact with looked after children and care leavers. The post holder will ensure a high standard of care is achieved and maintained within their organisation demonstrating effective management and leadership skills.

Additional competencies

Named professionals should have the core competencies, knowledge, skills and attitudes as outlined for level 4. In addition they should be able to:

- engage in effective strategic planning of services for looked after children with commissioners and the designated professionals for looked after children
- identify and take responsibility for developing, implementing and reviewing policies, procedures and quality standards that reflect statutory requirements and recommendations of national guidance for looked after children[133,134,135]
- monitor trends, quality and appropriateness of referrals and identify gaps, duplications, and blockages to systems and take appropriate action.
- attend appropriate strategy meetings and planning meetings to provide an expert assessment of health risk for looked after children and ensure effective multi-agency working
- work effectively on an inter-professional and interagency basis
- identify unmet health needs/gaps in service provision and promote innovative service solutions
- ensure legal processes and requirements for looked after children including after care are appropriately taken.
- advise other agencies about the health management of looked after children
- lead on investigations and significant incidents, including individual management reviews and support designated professionals with statutory reviews eg, serious case reviews and domestic homicide
- apply lessons learnt from audit, case management reviews, significant case reviews to improve practice
- participate in and chair multi-disciplinary meetings as required.

133 NICE. *NICE public health guidance 28: Looked-after children and young people.* May 2015. www.nice.org.uk/guidance/ph28

134 Department of Health, Department for Education. *Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.* 2015. www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

135 Department of Education. *Statutory guidance, Children Act 1989: care planning, placement and case review.* 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf

Attitudes and values

- As outlined in level 1, 2 and 3.

Education and training requirements

- Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.[136] This could include non-clinical knowledge acquisition such as management or resources, appraisal, and supervision training, as well as skills based such as motivational interviewing.[137]
- Training and education may be multidisciplinary or inter-agency, with practitioners accessing relevant training provided by local authorities through multi-agency partnerships.
- Named professionals responsible for the training of doctors are expected to have appropriate education for this role.
- Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded).
- Named professionals should complete a management programme with a focus on leadership and change management[138] within three years of taking up their post
- Training at level 4 will include the training required at level 1-3 and will negate the need to undertake refresher training at levels 1-4 in addition to level 4.
- In England, the current legal position states that all initial health assessments must be undertaken by a medical practitioner.[139] For paediatricians, they must demonstrate Level 3 Community Child Health competencies[140] and additional training/experience in respect of looked after children.

136 Training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach.

137 Those undertaking level 4 training do not need to repeat level 1, 2 or 3 training as it is anticipated that an update will be encompassed in level 4 training.

138 This could be delivered by Health Boards/Authorities, in house or external organisations.

139 At the current time all initial health assessments must be undertaken by a medical practitioner in England. If relevant regulations in England are amended it is expected that initial health assessments must be undertaken by a medical practitioner or an advanced paediatric nurse practitioner with the equivalent knowledge, skills and competencies. In Wales, both Initial Health Assessments and Review Health Assessments may be undertaken by a Registered Medical Practitioner or Registered Nurse or Midwife. (Care Planning, Placement and Case Review (Wales) Regulations 2015 www.legislation.gov.uk/wsi/2015/1818/made). In Scotland legislation initial health assessments can be undertaken by a registered medical practitioner or registered nurse.

140 General Medical Council. *Community child health curriculum.* www.gmc-uk.org/education/25364.asp

Learning outcomes

- As outlined for Level 1, 2 and 3.
- Demonstrates completion of a teaching and assessment programme[141] within 12 months of appointment.
- Demonstrates an understanding of appropriate and effective training strategies to meet the competency development needs of different staff groups.
- Demonstrates completion of relevant specialist looked after children education within 12 months of appointment.
- Demonstrates understanding of professional body registration requirements for practitioners, including revalidation.[142,143]
- Demonstrates an understanding and experience of developing evidence-based clinical guidance.
- Demonstrates effective consultation with other healthcare professionals and participation in multi-disciplinary discussions.
- Demonstrates participation in audit, and in the design and evaluation of service provision, including the development of action plans and strategies to address any issues raised by audit and serious case reviews/internal management reviews/ significant case reviews/other locally determined reviews related to looked after children.
- Demonstrates critical insight of personal limitations and an ability to participate in peer review.
- Demonstrates practice change from learning, peer review or audit.
- Demonstrates contributions to reviews have been effective and of good quality.
- Demonstrates use of feedback and evaluation to improve teaching in relation to looked after children.

141 This programme could be provided by a professional organisation or a higher education institution.

142 www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation

143 http://revalidation.nmc.org.uk

Level 5: Designated professionals for looked after children

Staff groups

This applies to designated doctors and nurses for looked after children.[144,145,146,147]

As highlighted earlier the child protection system including that related to the care of looked after children and care leavers is the responsibility of the government of each of the UK's four nations: England, Northern Ireland, Scotland and Wales. There may therefore be specific duties relating to Designated roles in each nation.

Designated professionals for looked after children are required to also have advanced knowledge of safeguarding children and young people.

Appendix 3 describes the key duties and responsibilities of designated professionals.

Core competencies

- As outlined for Level 1, 2 3 and 4.
- Clinically competent in meeting the health needs of looked after children, including those undergoing adoption as *appropriate to role*.
- Effective strategically, raising key issues with service planners, commissioners and service providers to ensure the needs of looked after children are taken into account locally including those placed out of the area.
- Gives appropriate advice to looked after children professionals working within organisations delivering health services and to other agencies.
- Takes a strategic and professional lead across the healthcare services[148] including public health services commissioned by local authorities, and provided by independent/ private health care providers on all aspects of looked after children
- Provides expert advice to increase quality, productivity, and to improve health outcomes for looked after children and care leavers.
- Able to clearly articulate and provide sound policy advice across interagency and corporate parenting partnership and appropriate structures such as health and wellbeing boards or equivalents.

144 In Wales, this term refers to the named doctor for looked after children strategic role across the health board area. There is no named nurse identified.

145 In Wales, within the National Safeguarding Team (Public Health Wales) there is one designated doctor and one designated nurse for looked after children.

146 In Scotland, this would refer to the lead paediatrician for looked after and accommodated children/clinical nurse specialist.

147 In England, designated nurses and doctors sit with the CCG to advise commissioners of services to improve the health of looked after children. It should be noted that named and designated professionals are distinct roles and as such should be separate postholders to advice potential conflict.

148 This also includes public health and LA commissioning, and private healthcare and Independent providers.

- Able to develop, lead and monitor relevant quality assurance processes and service improvement of health services for looked after children across the healthcare services,[149] including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Able to influence change across internal and external organisations, as well as allied agencies.
- Able to effectively challenge colleagues in health and social care about the health and wellbeing of looked after children.
- Able to provide an effective contribution to the strategic corporate parenting agenda, the wider children's plan and NHS priorities.[150]
- Able to provide support and ensure contribution to the appraisal of health professionals for looked after children and appropriate supervision for colleagues across healthcare services,[151] including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Able to conduct training needs analysis, and commission, plan, design, deliver, and evaluate looked after children training and teaching for staff across healthcare services,[152] including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Able to lead innovation and change to improve looked after children services across health care services,[153] including public health services commissioned by local authorities, and provide by independent/private healthcare providers.
- Able to provide expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to promote the welfare of looked after children to include:
  - taking a strategic professional lead across every aspect of health service contribution to looked after children within all provider organisations which are commissioned to undertake this service
  - ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned to undertake this service, in keeping with Statutory Guidance recommendations
  - provide specialist advice and guidance to the Board and Executives of commissioner organisations on all matters relating to looked after children including regulation and inspection
  - be involved with commissioners, providers and partners on the direction and monitoring of looked after children standards and to ensure that looked after children standards are integrated into all commissioning processes and service specifications.

149 Designated professionals should have regular, direct access to the CCG accountable officer or chief nurse to provide expert advice and support for looked after children and care leavers, and they should also be invited to all key partnership meetings.

150 NHS plan, Strategic Transformation and Integrated Care System plans and priorities.

151 This also includes public health and LA commissioning, and private healthcare and Independent providers.

152 This also includes public health and LA commissioning, and private healthcare and Independent providers.

153 This also includes public health and LA commissioning, and private healthcare and Independent providers.

- Able to monitor services across health care services[154] to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
- Able to clearly articulate and provide sound policy advice across interagency and corporate parenting partnership and appropriate structures such as health and wellbeing boards or equivalents.
- Able to provide an effective contribution to the strategic corporate parenting agenda and the wider children's plan.
- Able to advise and influence service planners/commissioners to promote the coordination and delivery of health services for looked after children across professional and geographic boundaries.
- Able to ensure mechanisms are in place to effectively enable the consultation, participation and involvement of looked after children/young people and service users in the planning and delivery of services.
- Ensure robust governance arrangements are in place for commissioning of specialist placements where a child or young person is placed away from the responsible local authority to provide continuity of healthcare.[155]
- Have expert knowledge regarding quality of practice and the looked after children journey for looked after children and care leavers.
- Ensure systems for individual children and young people placed both locally and out of the area are consistent with the guidance on establishing the responsible commissioner.

Knowledge, skills, attitudes and values

Level 5 professionals should have the knowledge, skills, attitudes and values outlined for Levels 1, 2, 3 (core and specialist where appropriate) and 4, and be able to demonstrate the following areas:

Knowledge[156]

- Advanced and indepth knowledge of relevant national and international policies and implications for practice.[157]
- Advanced expert knowledge regarding quality of practice and the journey for looked after children and care leavers.
- Advanced understanding of the legal processes underpinning care planning for looked after children and children with an adoption plan and how they relate to other statutory processes such as special educational needs and disability processes.

154 This also includes public health and LA commissioning, and private healthcare and Independent providers.

155 In Scotland, looked after and accommodated children health teams often retain responsibility for their out of area placements to ensure continuity. The child will be registered with local GP etc and can access other local services if required.

156 *National Workforce Competences*: DANOS BC4 Assure your organisation delivers quality services; PH08.01 Use leadership skills to improve health and wellbeing; PH02.06 Work in partnership with others to protect the public's health and wellbeing from specific risks; ENTO L4 Design learning programmes (also HI 39); ENTO L6 Develop training sessions (also HI 40); ENTO L10 Enable able learning through presentations (also HI 42); PH 06.01 Work in partnership with others to plan, implement, monitor and review strategies to improve health and wellbeing.

157 Designated professionals should have regular, direct access to the CCG accountable officer or chief nurse to provide expert advice and support for looked after children and care leavers, and they should also be invited to all key partnership meetings.

- Advanced understanding of the processes and legislation for looked after children, care leavers, unaccompanied asylum-seeking children and those undergoing adoption including after-care/adoption services.
- Know how to lead the implementation of national guidelines and audit the effectiveness and quality of services across all healthcare services[158] against quality standards.
- Advanced understanding of management and strategic roles within the corporate parenting partnership and local strategic structures.
- Advanced understanding of curriculum planning and effective delivery of training.

Skills

- Able to develop, implement and undertake quality assurance measures and processes.
- Able to plan, design, deliver and evaluate inter-agency looked after children training for staff across healthcare services,[159] in partnership with colleagues in other organisations and agencies.
- Able to develop, implement, review, evaluate and update local guidance and policy in light of research findings.
- Able to advise, inform and influence others about regional, national and international issues and policies and the implications for practice.[160]
- Able to work effectively across management and strategic roles within the corporate parenting partnership and across organisational boundaries.
- Able to access and interrogate relevant health and local authority information systems and database(s) as appropriate, in adherence with information sharing arrangements and legislation in relation to looked after children where it impacts on health provision for looked after children.
- Able to oversee looked after children quality assurance processes across healthcare services,[161] including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Able to reconcile differences of opinion among colleagues from different organisations and agencies.
- Able to proactively deal with strategic communications and the media on looked after children across healthcare services,[162] including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Able to work with public health officers to undertake robust looked after children population-based needs assessments that establish current and future health needs and service requirements across healthcare services,[163] including public health services commissioned by local authorities, and provided by independent/private providers.

158 This also includes public health and LA commissioning, and private healthcare and Independent providers.

159 This also includes public health and LA commissioning, and private healthcare and Independent providers.

160 Designated professionals should have regular, direct access to the CCG accountable officer or chief nurse to provide expert advice and support for looked after children and care leavers, and they should also be invited to all key partnership meetings.

161 This also includes public health and LA commissioning, and private healthcare and Independent providers.

162 This also includes public health and LA commissioning, and private healthcare and Independent providers.

163 This also includes public health and LA commissioning, and private healthcare and Independent providers.

- Able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of looked after children and care leavers and articulate these decisions to executive officers.
- Able to deliver high-level strategic presentations to influence organisational development.
- Able to work in partnership on strategic projects with executive officers at local, regional, and national bodies, as appropriate.
- Able to produce board level annual reports outlining key performance indicators, gaps in service and information to inform the commissioning cycle.
- Able to influence and negotiate collaborative approaches to development of service/programme areas working in partnership with key stakeholders.
- Able to develop standards, quality assurance and performance frameworks.
- Able to contribute to the strategic local children and young people's plan and the Joint Strategic Needs Assessment for looked after children.

Attitudes and values

- As outlined in Level 1, 2, 3 and 4.

Education and training requirements

- Designated professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.[164,165] This could include non-clinical knowledge acquisition such as management or resources, appraisal, supervision training, and the context of other professionals' work.[166]
- Training and education may be multi-disciplinary or interagency, with practitioners accessing relevant training provided by local authorities.
- Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded).
- An executive level management programme with a focus on leadership and change management[167] should be completed within three years of taking up post.
- Training at level 5 will include the training required at level 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5.

Learning outcomes

- As outlined in Level 1, 2, 3 and 4.
- Demonstrates advanced knowledge of national looked after children practice and an insight into international perspectives.

164 Training can be tailored by organisations to be delivered annually or once every three years and encompass a blended learning approach.

165 Individuals may need more education and training particularly if new to the post or where there is new and emerging evidence and research regarding looked after children and care leavers.

166 Those undertaking level 5 training do not need to repeat level 1, 2, 3 or 4 training as it is anticipated that an update will be encompassed in level 5 training.

167 This could be delivered by health boards/authorities, in house or external organisations.

- Demonstrates contribution to enhancing looked after children practice and the development of knowledge among staff.
- Demonstrates knowledge of strategies for looked after children management across healthcare services,[168] including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Demonstrates an ability to conduct rigorous and auditable support and peer review for looked after children professionals, as well as appraisal and supervision where provided directly.
- Demonstrates critical insight of personal limitations and an ability to participate in peer review.

Designated professionals working within commissioning organisations in England

- Demonstrate knowledge of relevance of looked after children commissioning processes.
- Ensures a looked after child focus is maintained within strategic organisational plans and service delivery.

Board level for chief executive officers, trust and health board executive[169] and non-executive directors/ members, commissioning body directors

It is envisaged that chief executives of healthcare organisations take overall (executive) responsibility for safeguarding and child protection strategy and policy, including that for vulnerable groups such as looked after children and safe staffing levels[170] with additional leadership being provided at board level by the executive director with the lead for safeguarding and looked after children. All board members including non-executive members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge-based competencies by virtue of their board membership, as outlined below. All boards should have access to advice and expertise through designated or named professionals for looked after children.

Commissioning bodies have a critical role in quality assuring providers systems and processes, and thereby ensuring they are meeting their responsibilities for looked after children and care leavers. Designated professionals for looked after children within commissioning organisations provide expert advice to commissioners.

The specific roles of chair, CEOs, executive board leads and board members will be described separately:

168 This also includes public health and LA commissioning, and private healthcare and Independent providers.

169 In Scotland there is a nominated Board Director in each area with responsibility for looked after children (Looked After Children Director). There is also a Child Health Commissioner appointed in every health board, many of whom lead on board wide looked after children health strategy.

170 www.iicsa.org.uk/key-documents/5369/view/Interim%20Report%20-%20A%20Summary.pdf

Chair

The chair of acute, mental health and community trusts, health boards and commissioning bodies (and equivalent healthcare bodies throughout the UK) are responsible for the effective operation of the board with regard to child protection and safeguarding children and young people, looked after children and care leavers.

Key responsibilities for chairs

- To ensure that the role and responsibilities of the NHS organisation board in relation looked after children are met, including an understanding of their corporate parenting responsibility.
- To promote a positive culture of safeguarding looked after children across the Board through assurance that there are procedures for safer recruitment; restricted access to children's areas, unaccompanied children and whistle blowing; as well as appropriate policies for safeguarding and child protection and that these are being followed; and that staff and patients are aware that the organisation takes child protection and looked after children seriously and will respond to concern about the welfare of children.
- To ensure that there are robust governance processes in place to provide assurance on safeguarding and child protection and looked after children.
- To ensure child, looked after children and adult safeguarding policies and procedures work effectively together.
- To ensure good information from and between the organisation board or board of directors, committees, council of governors where applicable, the membership and senior management on safeguarding and child protection.

Chief executive officer (CEO) (chief/accountable officer)

The CEO of acute, mental health and community trusts, health boards and commissioning bodies (and equivalent healthcare bodies throughout the UK) must provide strategic leadership, promote a culture of supporting good practice with regard to child protection/ safeguarding and looked after children within their organisations and promote a culture of learning and professional curiosity and collaborative working with other agencies.

Key responsibilities of CEOs

- To ensure that the role and responsibilities of the board in relation to looked after children are met.
- To ensure that the organisation adheres to relevant national guidance and standards for looked after children.
- To promote a positive culture of safeguarding children to include: ensuring there are procedures for safer staff recruitment,[171] whistle blowing; appropriate policies for safeguarding and child protection (including regular updating); chaperoning[172] and that staff and patients are aware that the organisation takes child protection and looked

171 www.nhsemployers.org/RECRUITMENTANDRETENTION/EMPLOYMENT-CHECKS/Pages/Employment-checks.aspx

172 See www.iicsa.org.uk/key-documents/5369/view/Interim%20Report%20-%20A%20Summary.pdf. April 2018. See page 22 re. Chaperoning policies.

after children's issues seriously and will respond to concern about the welfare of children.

- To appoint an executive director lead for looked after children.
- To ensure good child protection and safeguarding practice throughout the organisation.
- To ensure there is appropriate access to advice from named and designated professionals for looked after children[173] or their equivalents in Scotland.
- To ensure that operational services are resourced to support/respond to the demands of safeguarding/child protection needs of looked after children effectively.
- To ensure that an effective safeguarding/child protection, looked after children training and supervision strategy is resourced and delivered.
- To ensure and promote appropriate, safe, multiagency/interagency partnership working practices and information sharing practices operate within the organisation.

Executive director lead

There should be a nominated executive director board member from a clinical background who takes responsibility for child protection/safeguarding and looked after children issues. The executive director lead will report to the board on the performance of their delegated responsibilities and will provide leadership in the long-term strategic planning for safeguarding/child protection services for children and looked after children and care leaver services across the organisation supported by the named and designated professionals for looked after children.

Boards should consider the appointment of a non-executive director (NED) board member to ensure the organisation discharges its safeguarding and looked after children responsibilities appropriately and to act as a champion for children and young people.

Key responsibilities of the board executive director lead

- To ensure that looked after children are positioned as core business in strategic and operating plans and structures.
- To oversee, implement and monitor the ongoing assurance of looked after children arrangements.
- To ensure the adoption, implementation and auditing of policy and strategy in relation to looked after children.
- Within commissioning organisations to ensure the appointment of designated looked after children professionals.
- Within commissioning organisations to ensure that provider organisations are quality assured for their looked after children arrangements.
- Within both commissioning and provider organisations to ensure support of named/designated lead professionals across primary and secondary care and independent practitioners to implement looked after arrangements.

173 Designated professionals should have regular, direct access to the CCG accountable officer or chief nurse to provide expert advice and support for looked after children and care leavers matters, and they should also be invited to all key partnership meetings.

- To ensure that there is a programme of training and mentoring to support those with responsibility for looked after children and care leavers.
- Working in partnership with other groups including commissioners/providers of healthcare (as appropriate), local authorities and police to secure high quality, best practice in safeguarding/ child protection for looked after children.
- To ensure that serious incidents relating to safeguarding are reported immediately and managed effectively.
- To ensure that the organisation has robust policies in place for managing appointments that are not attended by looked after children and care leavers.

Key responsibilities of the non-executive director board lead

- To ensure appropriate scrutiny of the organisation's safeguarding, looked after children and care leavers performance.
- To provide assurance to the board of the organisation's safeguarding performance.

Core competencies

All board members/commissioning leads should have Level 1 core competencies in safeguarding/Looked after children and must know the common presenting features of abuse and neglect and the context in which it presents to healthcare staff. In addition board members/commissioning leads should have an understanding of the statutory role of the board in safeguarding and looked after children including partnership arrangements, policies, risks and performance indicators; staff's roles and responsibilities for looked after children; and the expectations of regulatory bodies for looked after children and care leaver services. Essentially the board will be held accountable for ensuring looked after children and young people in that organisation receive high quality, evidence based care and are seen in appropriate environments, with the right staff, who share the same vision, values and expected behaviours.

Knowledge, skills, attitudes and values

In addition to Level 1 board members/commissioning leads should have the following:

Knowledge

- Knowledge of the complex costs and the impact of adverse childhood experiences on public health and the health economy that the care of survivors of child maltreatment, looked after children and care leavers has.
- Knowledge of agencies involved in child protection/safeguarding and the care of looked after children and care leavers, their roles and responsibilities, and the importance of interagency co-operation.
- Knowledge about the statutory obligations to deliver health assessments and participate in adoption processes, and to work with the local or area child protection committee/safeguarding children's board/local safeguarding children partnership, safeguarding adult board, corporate parenting board and other safeguarding agencies and corporate parenting partners including the voluntary sector.
- Knowledge of the ethical, legal and professional obligations around information sharing related to looked after children.

- Knowledge about the statutory obligation to be involved, participate and implement the learning from Serious or Significant Case Reviews (SCRs)(in Wales – child practice reviews/domestic homicide reviews which include children and other review processes including for example the procedural response to unexpected deaths in children (PRUDIC).
- Knowledge about the principles and responsibilities of the organisation's/staff's participation with the Child Death Review Process and in Wales the procedural response to unexpected deaths in children (PRUDIC).
- Knowledge about the need for provision of and compliance with staff training regarding looked after children both within commissioning and provider organisations as an organisational necessity.
- Knowledge about the importance of looked after children policies with regard to personnel, including use of vetting and barring and safe recruitment and the requirement for maintaining, keeping them up to date and reviewed at regular intervals to ensure they continue to meet organisational needs.
- Knowledge about the regulation and inspection processes for looked after children's services and implications for the organisation if standards are not met by either commissioners or providers.
- Knowledge about the importance of regular reporting and monitoring of looked after children's arrangements within provider organisations.
- Knowledge about board level risk relating to looked after children and the need to have arrangements in place for rapid notification and action on serious untoward incidents.
- Knowledge, understanding and awareness about the requirement of the board to have access to appropriate high quality medical and nursing advice on looked after children from lead/named/designated and nominated looked after children specialist professionals.

Skills

- To be able to recognise possible signs of child maltreatment as this relates to their role, understanding looked after children are still in need of safeguarding.
- To be able to seek appropriate advice and report concerns.
- To have the appropriate board level skills to be able to challenge and scrutinise looked after children information to include performance data, serious incidents/serious case reviews (SCRs), partnership working and regulatory inspections to enable appropriate assurance of the organisation's performance in regard of looked after children and care leavers.
- To have highly developed skills and expertise in high level escalation in multi-agency working and internal escalation to resolve issues concerning looked after children and care leavers at an executive level supported by designated/named professionals.

Attitudes and values

- Willingness as an individual to listen to looked after children and young people and to act on issues and concerns, as well as an expectation that the organisation and professionals within it value and listen to the views of looked after children and young people.

- Willingness to work in partnership with other organisations/patients and families to promote safeguarding.
- Willingness to promote a positive culture around safeguarding within the organisation, positively adopting and promoting the concept of corporate parenting across the organisation. This includes recognising the challenges and complexity faced by front line professionals in carrying out their safeguarding duties, recognising the emotional impact that safeguarding can have on these professionals and ensuring that there is ample support available for them.
- Facilitates a no-blame culture when reviewing safeguarding cases.

Education and training requirements

This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competencies, as well as board level specific as identified in this section.

Learning outcomes

- Demonstrates an awareness and understanding of child maltreatment and the needs of looked after children and care leavers.
- Demonstrates an understanding of appropriate referral mechanisms and information sharing, including mandatory reporting requirements and statutory duties of provider team to deliver.

References

Care Quality Commission (CQC). *Not seen, not heard, A review of the child safeguarding and health care of looked after children in England*, 2016. www.cqc.org.uk/publications/themed-work/not-seen-not-heard

Centre of Expertise on Child Sexual Abuse. *Key messages from research on looked after children and child sexual abuse*, 2019. www.csacentre.org.uk/resources/key-messages/looked-after-children

Children's Commissioner. *Pass the Parcel, children posted around the care system*, 2019. www.childrenscommissioner.gov.uk/publication/pass-the-parcel-children-posted-around-the-care-system

Children and Family Court Advisory and Support Service (CAFCASS). *Annual Report and Accounts 2018-19*. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820513/Cafcass_annual_report_2018-2019.pdf

Department for Education. *Statutory guidance, Children Act 1989: care planning, placement and case review*, 2010 (updated 2015). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf

Department for Education. *Special Educational Needs and Disability code of practice: 0 to 25 years; Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities*, 2015. www.gov.uk/government/publications/send-code-of-practice-0-to-25

Department for Education and Department of Health. *Promoting the health and wellbeing of looked-after children; statutory guidance for local authorities, clinical commissioning groups and NHS England*, 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Department for Education and Skills. *Care Matters: Time for Change*, 2007. www.gov.uk/government/publications/care-matters-time-for-change

Department of Health. *Transition: moving on well*, 2008. https://dera.ioe.ac.uk/8740/

House of Commons. *Children, Schools and Families Committee. Looked-after Children Third Report of Session 2008–09 Volume I*, 2009. https://publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/11102.htm

Department of Health Northern Ireland. *Children's social care statistics for Northern Ireland: financial year ending March 2019*. www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201819

Food in Care, Care for Something to Eat? Nutrition, emotion and behaviour; food and health resource pack for carers of children and young people in care. www.foodincare.org.uk

Mooney A, Statham J, Monock E. *Looked after children: a study to inform revision of the 2002 guidance*, Institute of Education, University of London, 2009. https://dera.ioe.ac.uk/11156

National Youth Advocacy Service. *Looked after Minds; prioritising the mental health of care experienced children and young people*, 2019. www.nyas.net/campaigns/looked-after-minds

NHS Education Scotland. *A capability framework for nurses who care for children and young people who are looked after away from home*, 2009.

NHS England. *Who Pays? Determining Responsibility for Payments to Providers*, 2013. www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf

National Institute of Health and Care Excellence. *Quality standard for the health and wellbeing of looked-after children and young people, NICE quality standards [QS31]*, April 2013. www.nice.org.uk/Guidance/QS31

National Institute of Health and Care Excellence. *Looked-after children and young people. Public health guidance 28*. 2010 (updated 2015). www.nice.org.uk/guidance/ph28

Office of the Deputy Prime Minister. *A better education for children in care, Social Exclusion Unit Report*, 2003. www.education.gov.uk/publications/standard/safegauardingchildren/Page7/SEU-Report

OFSTED. *From a distance; looked after children living away from their home area*, 2014. www.gov.uk/government/publications/looked-after-children-living-away-from-their-home-area-from-a-distance

Prison Reform Trust. *In Care Out of Trouble; How the life chances of children in care can be transformed by protecting them from unnecessary involvement in the criminal justice system*. www.prisonreformtrust.org.uk/Portals/0/Documents/In%20care%20out%20of%20trouble%20summary.pdf

Royal College of Nursing (RCN). *Safeguarding Children and Young people: roles and competences for healthcare staff 4th Edition*, 2019. www.rcn.org.uk/professional-development/publications/pub-007366

Royal College of Nursing (RCN). *RCN Position Statement; Role of the Designated Nurse for Looked after Children and the Named Nurse for Looked after Children in England*, 2015. www.rcn.org.uk/professional-development/publications/pub-005399

Royal College of Paediatrics and Child Health (RCPCH). *Child Protection Evidence – Early years neglect*. www.rcpch.ac.uk/resources/child-protection-evidence-early-years-neglect

Royal College of Paediatrics and Child Health (RCPCH). *Focus on Vulnerable children and families paediatric workforce*, 2020. www.rcpch.ac.uk/resources/workforce-census-focus-vulnerable-children-families-paediatric-workforce-2020

Royal College of Speech and Language Therapists. *Giving Voice; supporting looked after children*. www.rcslt.org/speech-and-language-therapy/clinical-information/looked-after-children

Scottish Executive. *Looked after children and young people: we can and must do better*, 2007. www.scotland.gov.uk/resource/doc/162790/0044282.pdf

Scottish Government. *The Support and Assistance of Young People Leaving Care (Scotland) Regulations*. 2007. www.legislation.gov.uk/ssi/2003/608/contents/made

Scottish Government. *Adoption and Children (Scotland) Act 2007*. www.legislation.gov.uk/asp/2007/4/contents

Scottish Government. *These Are Our Bairns: A guide for community planning partnerships on being a good corporate parent*, 2008. www.scotland.gov.uk/Publications/2008/08/29115839/0

Scottish Government. *The Looked after Children (Scotland) Regulations*, 2009. www.legislation.gov.uk/ssi/2009/210/contents/made

Scottish Government. *Guidance on Health Assessments for Looked After Children in Scotland*, 2014. www.gov.scot/publications/guidance-health-assessments-looked-children-scotland/pages/6

Scottish Government. *Statutory Guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act*, 2014. www.gov.scot/publications/statutory-guidance-part-9-corporate-parenting-children-young-people-scotland

Scottish Government. *Getting it right for looked after children and young people strategy*, 2015. www.gov.scot/publications/getting-right-looked-children-young-people-strategy

Scottish Government. *Children and Young People (Scotland) Act*, 2014. www.legislation.gov.uk/asp/2014/8/contents

Scottish Government. *Children's Social Work Statistics Scotland, 2017-18*. www.gov.scot/publications/childrens-social-work-statistics-2017-2018

Sinclair I, Baker C, Lee J, Gibbs I. *The Pursuit of Permanence: a study of the English Child Care System*, 2007. London, Jessica Kingsley Publishers. https://academic.oup.com/bjsw/article/38/6/1258/1663749

The Children's Society. *No Place at Home; Risks facing children and young people who go missing from out of area placements*, 2019. www.childrenssociety.org.uk/what-we-do/resources-and-publications/appg-inquiry-into-children-missing-from-out-of-area-placements

The Fostering Network. *Not Forgotten, the importance of keeping in touch with former foster carers*, 2019. www.thefosteringnetwork.org.uk/get-involved/our-campaigns/keep-connected#NotForgotten

Wade J, Biehal N, Farrelly N, Sinclair I. *Maltreated children in the looked after system: a comparison of outcomes for those who go home and those who do not*, 2010. London: Department for Education. www.gov.uk/government/publications/maltreated-children-in-the-looked-after-system-a-comparison-of-outcomes-for-those-who-go-home-and-those-who-do-not

Welsh Assembly. *Towards a Stable Life and a Brighter Future*, June 2007. www.childreninwales.org.uk/policy-document/towards-a-stable-life-and-a-brighter-future-regulations-and-guidance-1707-w/

Useful weblinks, resources and information

www.gov.uk/topic/schools-colleges-childrens-services/looked-after-children

www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-las-31-march-2018

www.rcpch.ac.uk/resources/workforce-census-focus-vulnerable-children-families-paediatric-workforce-2020

https://corambaaf.org.uk/about/what-we-do/policy-and-practice-development/rapid-evidence-review-special-guardianship

www.scie.org.uk/search?sq=children+in+care

https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children

www.rcn.org.uk/clinical-topics/children-and-young-people/looked-after-children

https://en-gb.facebook.com/CareLeaversAssociationUK

www.cqc.org.uk/guidance-providers/childrens-services/inspecting-childrens-services

www.scie.org.uk/children/looked-after-children

https://migration.iom.int/docs/Infographic_Children_and_UASC_overview_2017.pdf

Appendices

Appendix 1: The role of specialist medical, nursing and health advisors for looked after children[174,175]

All healthcare staff need education, support and leadership both locally and nationally in order to fulfil their duties to meet the needs of looked after children and young people, and care leavers.

This section provides additional guidance and aids interpretation of the competence statements in the competency framework. The generic model job descriptions can be amended as appropriate according to national and local context.

Model job description

The job descriptions of specialist professionals should reflect an appropriate workload, covering both roles and responsibilities for looked after children and for the rest of their work. Job descriptions should be agreed by the employing organisation

1. Person specification

The post holder must have an enhanced disclosure check. Named and designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The **specialist doctor**[176] should:

- hold consultant status or a senior post with equivalent training and experience
- have completed higher professional training (or achieved equivalent training and experience) in paediatrics, community child health and looked after children
- have considerable clinical experience of assessing and examining children and young people as appropriate to the role
- be currently practising and be of good professional standing.[177]

The **specialist nurse** should:

- hold a senior level post. It is expected that the post would be at Band 7 dependent on the precise responsibilities outlined in the role description (the role would be subject to the usual Agenda for Change Job Evaluation process)
- have completed specific training in the care of babies/children and young people and be registered on either Part 1 of the Nursing and Midwifery Council (NMC) register as a registered children's nurse or mental health nurse (in mental health organisations) or Part 3 as a specialist community public health nurse having completed a specific programme with a child and family focus

174 Includes those with specific roles such as Named Looked After Children's Nurses, Named Looked After Children's Doctors, lead Looked After Children health professionals, specialist nurses for Looked After Children.

175 Should be read in conjunction with Level 4 competencies, knowledge and skills outlined within the document.

176 Could undertake medical advisor role for adoption and fostering.

177 Refers to doctors who are on the GMC register and who are up to date with their professional CPD – www.gmc-uk.org

- have completed specific post-registration training relevant to looked after children prior to commencement in the post (including law, policy, and practice at Level 2 or Post Graduate Diploma (PGDip))
- have a minimum of three years' experience related to caring for babies/children and young people and relevant experience with looked after children and young people.

2. Job description for all specialist LAC health professionals

- Support the named nurse and doctor to ensure that the organisation meets its responsibilities to looked after children.
- Be responsible to and accountable within the managerial framework of the employing organisation.
- At all times and in relation to the roles and responsibilities listed, work as a member of the organisation's looked after children health team.

3. Inter-agency responsibilities

- Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to individual looked after children.
- Liaise closely with other specialist services such as CAMHS, sexual health, and services for disabled children.

4. Leadership and advisory role

- Support the named nurse and doctor to advise the board of the healthcare organisation about looked after children.
- Contribute to the planning and strategic organisation of provider services for looked after children.
- Work with named and designated professionals on planning and developing strategy for services for looked after children.
- Ensure advice is available to the other professionals across the organisation on day to-day issues about looked after children and their families, including involvement in fostering and adoption panels according to local arrangements.

5. Clinical role

- Undertake health assessments for looked after children and provide written reports on the health of prospective carers as appropriate.
- Support and advise colleagues in the clinical assessment and care of children and young people, whilst being clear about others personal clinical professional accountability.
- Provide advice and signposting to other professionals about legal processes, key research and policy documents.

6. Co-ordination and communication

- Work closely with other specialist, named and designated looked after children professionals locally, regionally and nationally.

- Work closely with the lead for children and/or safeguarding within the healthcare organisation.
- Liaise with professional from other agencies, such as education and children's social care.

7. Governance: policies and procedures

- Support the named nurse and doctor to ensure that the healthcare organisation has relevant policies and procedures in line with legislation and national guidance.
- Contribute to the dissemination and implementation of organisational policies and procedures.
- Encourage case discussion, reflective practice, and the monitoring of significant events at a local level.

8. Training

- Work with named and designated looked after children professionals locally to agree and promote training needs and priorities.
- Support the named and designated professionals to ensure that there is an organisational training strategy in line with national and local expectations.
- Contribute to the delivery of training for health staff and inter-agency training.
- Support the named and designated professionals to evaluate training and adapt provision according to feedback from participants.
- Tailor provision to meet the learning needs of participants.

9. Monitoring

- With the named nurse/doctor advise employers on the implementation of effective systems of audit.
- Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards.

10. Supervision

- Engage in appraisal, support and supervision for colleagues in the team/organisation.
- Contribute to individual case supervision.

11. Personal development

- Meet the organisation's requirements for training attendance.
- Attend relevant continuing professional development activities to maintain competence.
- Receive regular supervision and undertake reflective practice.
- Recognise the potential personal impact of working with looked after children on self and others and seek support and help when necessary.

12. Appraisal

- Receive annual appraisal[178] from a professional with specialist knowledge of looked after children and with knowledge of the individual's professional context and framework.[179]

13. Accountability

- Be accountable to the chief executive of the employing body.
- Report to the named nurse/doctor with primary responsibility for children's services and looked after children within the organisation.

14. Authority

- Should have the authority to carry out all of the above duties on behalf of the employing body and should be supported in so doing by the organisation and by colleagues.

15. Resources required for the post

- Professionals' roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their responsibilities effectively.
- The time required to undertake the tasks outlined in this job description will depend on the size and needs of the looked after children population, the number of staff, the number and type of operational units covered by the healthcare organisation, and the level of development of local structures, process and function.
- The healthcare organisation should supply dedicated secretarial and effective support.
- Given the stressful nature of the work, the healthcare organisation should provide focused support and supervision for the specialist professional.

Looked after children's specialist nurse

A minimum of 1 WTE* specialist nurse per 100 looked after children.

*The required number of looked after children's specialist nurses will also depend on the complexity of caseload, geography, population and size of the catchment area served.

178 For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework.

179 The appraiser should consult with someone with specialist knowledge and experience.

Appendix 2: Medical adviser to adoption agency[180]

All adoption agencies must have a medical adviser (Adoption Agency Regulations 2005 for England; Adoption Agencies (NI) Regulations 1989 for Northern Ireland; Adoption Agencies (Scotland) Regulations 1996; Adoption Agencies (Wales) Regulations 2005) who is fully registered with the General Medical Council and has an enhanced disclosure check under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

It is acknowledged that this job description is embedded within a multidisciplinary system, the aim of which is to provide an integrated service for a very vulnerable group of children. Since there is considerable regional, geographic and local variability in arrangements across the UK, this job description will need to be tailored to the demands of the particular post.[181]

This job description should be jointly agreed by the relevant health trust(s)/health boards/adoption agency(ies) covered by the post. It is important that the job plan reflects the workload, as this is frequently underestimated. Throughout this job description where the term looked after children is used this applies to children with a care plan for adoption.

1. Person specification

The medical adviser (MA) for adoption must:

- be an advocate for children for whom the care plan is adoption
- have undergone higher professional training in paediatrics. Alternatively, by virtue of experience and practice, have demonstrated appropriate competencies as advised by the designated doctor for looked after children (England and Northern Ireland)/lead clinician for looked after and accommodated children (Scotland)/named doctor for looked after children strategic role (Wales) (see relevant job description)
- have relevant experience in the clinical management of children including those with neuro-developmental, emotional, behavioural and attachment difficulties, child protection, and adult health issues pertinent to parenting[182]
- the medical adviser should ideally be involved in clinical work with looked after children. For medical advisers whose sole role is as medical adviser to panel it is important that they keep up to date with community paediatric practice
- have the ability to achieve other competencies as appropriate to the role.
- have experience of, and the ability to work in, a multi-agency setting
- have relevant knowledge of health and developmental issues of children adopted from abroad, if providing intercountry adoption services

180 Modified Model Job description from Coram/BAAF. https://corambaaf.org.uk

181 Given the different structures and the changes evolving under the Review of Public Administration in Northern Ireland, agencies may wish to modify the job description to meet local needs.

182 The role of Medical Adviser for Voluntary Adoption Agencies, who largely recruit adult carers, may be undertaken by a GP with expertise or other registered medical practitioner who has relevant specialist training. However, they should have knowledge and experience of children with very complex needs as these agencies are likely to be recruiting carers for such children.

- have good verbal and written communication skills, with an ability to express complex medical issues in lay terms.

2. Clinical role

- It is preferred practice, but not obligatory, that the medical adviser should undertake statutory health assessments of looked after children.
- The medical adviser should provide a written health report on each child being considered for adoption. This report should include comments on birth history, family history, past medical history, current physical and mental health and behaviour and, if age appropriate, a developmental assessment. This report should assess the future implications for the child of their health history, and previous family and social situation, including their experiences in the care system.
- The medical adviser should provide a written report to the agency on the health of prospective adopters, which will include interpretation of health and lifestyle information provided by the applicant and their GP. It may be necessary to liaise, with consent, with specialists about details of health problems identified.
- It is good practice for the medical adviser to share all appropriate information with prospective adopters and to meet with them to discuss the needs of the child/ren with whom they are matched. It is also good practice to provide a written report of this meeting.
- The medical adviser should be available to advise prospective adopters on health matters of children being considered for adoption from abroad, and ideally undertake health assessment of the child.

3. Panel responsibilities

- Medical adviser to the adoption panel is a full panel member. She/he has a responsibility to take part in panel consideration of cases and to contribute to the panel recommendation. Responsibilities of all panel members include attending a locally agreed percentage of all panels, attending panel training and having an annual appraisal as a panel member. The minimum attendance which is usually required at panels is 75%.[183]
- As specified in the Adoption Agency Regulations for England and Wales, and the National Minimum Standards, the medical adviser should work in partnership with the adoption agency to ensure that the written summary health report on the child and adult will be available to the agency in time to allow circulation to panel members in advance (e.g, for child, Part C of Form Initial Health Assessment – C/YP).
- The medical adviser will be available at panel to discuss their written report and to answer questions on health issues at the request of other panel members.
- The medical adviser should contribute to the identification of adoption support needs.
- The medical adviser will need to contribute to court reports on children in placement order/freeing order and adoption order applications, and on prospective adopters.

183 *Effective Panels: Guidance on regulations, process and good practice in adoption and permanence panels*, Lord and Cullen, BAAF, 2005.

4. Other professional responsibilities

The medical adviser for adoption:

- should be available to advise on particular health matters that arise in connection with the adoption process
- should support and advise other health professionals and relevant managers on health issues relevant to adoption, for example, consent issues for children placed for adoption, and adoption support including post placement
- should work closely with the local safeguarding and health professionals working with all looked after and accommodated children to ensure delivery of high quality clinical services through monitoring and audit
- should maintain contact and work closely with local paediatricians, local child and adolescent mental health services, primary care, and other relevant health professionals and specialists
- should work closely with partner agencies to address the health needs of children who have a care plan for adoption
- may offer training on adoption matters to health personnel, prospective adopters and partner agencies
- should ensure that personal practice conforms to policies and procedures relevant to adoption, as outlined in statute and professional practice guidelines.

5. Training and personal development

- This is a specialist post, and the post holder is likely to be unique within their provider service. Therefore it is essential to maintain contact with other medical advisers regionally and nationally. Membership of the Coram/BAAF Health Group is recommended as it offers professional support, notification of training opportunities, updates on policy and practice and access to national and regional meetings.
- The medical adviser should attend continuing professional development (CPD) activities in order to maintain competencies in the area, equivalent to at least 10 hours per year, in topics relevant to substitute care. The medical adviser should also attend general panel training to maintain awareness of adoption practice and legislation, including intercountry adoption where dealt with by the agency. It is the responsibility of the employer to support specialist training which is likely to be external.

6. Appraisal

- The medical adviser should have a professional appraisal on an annual basis. Ideally reference should be made to someone with specialist knowledge of adoption, particularly if there are areas of concern, in order to ensure that appraisal of the adoption role is appropriate.
- Medical advisers to panel in England and Wales will require an annual appraisal as a panel member, as required in statutory Guidance for England (Adoption and Children Act 2002 Guidance Department of Health) and Regulations for Wales (Adoption Agency (Wales) Regulations 2005.

7. Accountability

- Clear lines of accountability must be established within each job description.

8. Resources required for the post

a) Programmed activities for the post should be agreed and a corresponding adjustment made to the medical adviser's other clinical duties within the job plan (see below).

b) Appropriate administrative support for the medical adviser should be agreed, competent to manage the sensitive and specialised nature of the work.

c) There should be support and supervision for the individual. This is an acknowledgement of the sometimes stressful nature of this work.

Estimate of the time required to carry out the duties and responsibilities of the medical adviser for adoption

These recommendations have been derived by consensus from consultation with the BAAF Health Group Advisory Committee and regional health groups, and prospective audit of services. These recommendations reflect the actual time required to undertake specific tasks and should be used as a guide to long term planning for delivery of high quality services.

ACTIVITY	TIME (hours)	Per annum
Scrutiny/review of prospective adopters' health assessments (including all research needed, providing advice as required, provision of report)	½ hour per applicant	
Carrying out comprehensive paediatric health and developmental assessments, eg, completing Part B of BAAF Form IHA-C or YP	1.5 hours per child	
Collating health information and preparing a report on a child being considered for adoption (including all research needed and answering queries as required) 6 eg, completing Part C of BAAF Form IHA-C or YP	4 hours per child (not including seeing child – see above)	
Carrying out an adoption review health assessment, eg, completing Part B of BAAF Form RHA-C or YP	1 hour per child	
Preparing a report for an adoption review health assessment, eg, completing Part C of BAAF Form RHA-C or YP	1 hour per child (not including seeing child – see above)	
Scrutiny of health assessment of child to be adopted from abroad, and counselling of prospective adoptive parents, including provision of written report.	3 hours per child	
Preparation and reading papers for panel	4 hours per half day panel	
Attending panel 6 (one session)	4 hours per half day panel & travel	
Counselling prospective adopters about individual children, including provision of written report	2 hours per child	

Appendix 3: Named nurse and named doctor for looked after children[184,185]

All healthcare staff need education, support and leadership both locally and nationally in order to fulfil their duties to meet the needs of looked after children and young people, and care leavers.

This section provides additional guidance and aids interpretation of the competence statements in the competency framework.

The generic model job descriptions can be amended as appropriate according to national and local context.

It should be noted that the named and designated professional are distinct roles and as such should be separate post holders to avoid potential conflict of interest.

It should also be noted that these roles are dedicated posts and should not be combined with responsibilities for adult or child safeguarding or looked after children.

Named professional for looked after children and young people – model job description.

The job descriptions of named professionals should reflect an appropriate workload, covering both roles and responsibilities for looked after children and for the rest of their work. Job descriptions should be agreed by the employing organisation.

All provider organisations should have a named doctor or nurse for looked after children.

1. Person Specification

The post holder must have an enhanced disclosure check. Named and designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The **named nurse** should:

- hold a senior level post. It is expected that the post would be within the Band 8 range (the role would be subject to the usual Agenda for Change Job Evaluation process)
- have completed specific training in the care of babies/children and young people and be registered on either Part 1 of the Nursing and Midwifery Council (NMC) register as a registered children's nurse or Part 3 as a specialist community public health nurse having completed a specific programme with a child and family focus
- have completed specific post-registration training relevant to looked after children prior to commencement in the post (including law, policy, and practice at Level 2 or Postgraduate Diploma (PGDip))
- have a minimum of three-years experience related to caring for babies/children and young people and relevant experience with looked after children and young people.

184 Includes those with specific roles such as Named Looked After Children's Nurses/doctors in England, lead Looked After Children health professionals, specialist nurses for Looked After Children.

185 Should be read in conjunction with Level 4 competencies, knowledge and skills outlined within the document.

The **named doctor** should:

- hold consultant status or a senior post with equivalent training and experience
- have completed higher professional training (or achieved equivalent training and experience) in paediatrics, community child health and looked after children
- have considerable clinical experience of assessing and examining children and young people as appropriate to the role
- be currently practising and be of good professional standing.[186]

2. Duties for all named professionals

The **named professionals** will:

- support all activities necessary to ensure that the organisation meets its responsibilities for looked after children and young people
- be responsible to and accountable within the managerial framework of the employing organisation
- at all times and in relation to the roles and responsibilities listed, work as a member of the organisation's looked after children's health team.

3. Inter-agency responsibilities

- Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to looked after children.
- Liaise closely with other specialist services such as CAMHS, sexual health, and services for disabled children.

4. Leadership and advisory role

- Support and advise the board of the healthcare organisation about looked after children and young people.
- Contribute to the planning and strategic organisation of provider services for looked after children.
- Work with other named, specialist and designated professionals to plan and develop the healthcare organisations strategy for services for looked after children.
- Ensure advice is available to other professionals and services across the organisation on day to-day issues about looked after children and their families, including involvement in fostering and adoption panels according to local arrangements.

5. Clinical role

- When required undertake health assessments for looked after children and provide written reports on the health of prospective carers as appropriate.
- Support and advise colleagues in the clinical assessment and care of children and young people, whilst being clear about others personal clinical professional accountability.

186 Refers to doctors who are on the GMC register and who are up to date with their professional CPD – www.gmc-uk.org

- Provide advice and signposting to other professionals about legal processes, key research and policy documents.

6. Co-ordination and communication

- Work closely with other named and designated looked after children professionals locally, regionally and nationally.
- Work closely with the lead for children and/or safeguarding within the healthcare organisation.
- Liaise with professional leads from other agencies, such as education and children's social care.

7. Governance: policies and procedures

- Work with the specialist and designated professional to ensure that the healthcare organisation has relevant policies and procedures in line with legislation and national guidance.
- Contribute to the dissemination and implementation of organisational policies and procedures.
- Encourage case discussion, reflective practice, and the monitoring of significant events at a local level.

8. Training

- Work with specialist and designated looked after children professionals locally to agree and promote training needs and priorities.
- Support the designated professionals to ensure that there is an organisational training strategy in line with national and local expectations.
- Contribute to the delivery of training for health staff and inter-agency training.
- Support the specialist and designated professionals in the evaluation of training and adapt provision according to feedback from participants.
- Tailor provision to meet the learning needs of participants.

9. Monitoring

- Advise employers on the implementation of effective systems of audit.
- Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards.

10. Supervision

- Provide/ensure appraisal, support and supervision for colleagues in the team/ organisation.
- Contribute to individual case supervision.

11. Personal development

- Meet the organisation's requirements for training attendance.
- Attend relevant local, regional, and national continuing professional development activities to maintain competence.
- Receive regular supervision and undertake reflective practice.
- Recognise the potential personal impact of working with looked after children on self and others, and seek support and help when necessary.

12. Appraisal and job planning

- Receive annual appraisal[187] from a professional with specialist knowledge of looked after children and with knowledge of the individual's professional context and framework.[188]

13. Accountability

- Be accountable to the chief executive of the employing body.
- Report to the medical director, nurse director or board lead with primary responsibility for looked after children's services within the organisation.

14. Authority

- Should have the authority to carry out all of the above duties on behalf of the employing body and should be supported in so doing by the organisation and by colleagues.

15. Resources required for the post

Professionals' roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their responsibilities effectively.

- The time required to undertake the tasks outlined in this job description will depend on the size and needs of the looked after children population, the number of staff, the number and type of operational units covered by the healthcare organisation, and the level of development of local structures, process and function.
- The healthcare organisation should supply dedicated secretarial and effective support.
- •Given the stressful nature of the work, the healthcare organisation should provide focused support and supervision for the specialist professional.

The tables below are a minimum guide to the resources required for the roles.

187 For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework.

188 The appraiser should consult with someone with specialist knowledge and experience.

Named doctor for looked after children

Minimum requirement includes one administration session per clinic (see British Association of Community Child Health guidance). Up to four looked after children for health assessment per clinic. 42 clinics scheduled per annum.[189]

Minimum of 1 PA (equivalent to 0.1 WTE or 4 hours per week) for named doctor role per 400 looked after children. This would include training, audit and supervision.

Named nurse for looked after children

A minimum of 1 dedicated WTE named nurse for looked after children for each looked after children provider service.

If the Named Nurse has a caseload the maximum caseload should be no more than 50* looked after children in addition to the operational, training and education aspects of the role.

A minimum of 0.5WTE dedicated administrative support.

*The precise caseload of looked after children held by the named nurse will be dependent on the complexity, geography, population and size of the catchment area served.

189 The Royal College of Paediatrics and child Health is currently undertaking work to determine the workload and WTE requirements in light of the increasing complexity of looked after children caseloads. Once completed the recommendation will be amended accordingly. It is anticipated that this will be amended by the end of 2020.

Appendix 4: The role of designated health professionals[190]

All healthcare staff need education, support and leadership both locally and nationally in order to fulfil their duties to meet the needs of looked after children and young people, and care leavers.

This section provides additional guidance and aids interpretation of the competence statements in the competency framework.

The generic model job descriptions can be amended as appropriate according to national and local context.

It should be noted that the named and designated professional are distinct roles and as such must be separate post holders to avoid potential conflict.

It should also be noted that these roles are dedicated posts and should not be combined with responsibilities for adult or child safeguarding.

Designated professional for looked after children and young people – model job description.

The designated doctor and nurse role is to assist service planning and in England to advise clinical commissioning groups in fulfilling their responsibilities as commissioner of services to improve the health of looked after children.[191,192]

Any job description should be jointly agreed by the local commissioning/service planning organisation for looked after children, the health organisation from which the doctor or nurse is employed, if different, and the relevant local authority.

The designated role is intended to be a strategic one, separate from any responsibilities for individual children or young people who are looked after.[193] This should be explicit in designated role descriptions.

1. Person specification

The post holder must have an enhanced disclosure check. Named and designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

190 Should be read in conjunction with Level 5 competencies, knowledge and skills outlined within the document.

191 In Wales, this term refers to the Named Doctor for Looked After Children strategic role. There is no Named Nurse identified across the health board area.

192 In Wales, The National Safeguarding Team, Public Health Wales. One Designated Doctor and one Designated Nurse take the lead role for LAC within the National Safeguarding Team.

193 For medical professionals the Designated Doctor may have a role in clinical management for children in care as the role is often incorporated as part of a fulltime consultant post and based within a Provider.

The **designated doctor** will:

- hold consultant status or a senior post with equivalent training and experience
- have undergone higher clinical/professional training in paediatrics and adolescent health
- have substantial clinical experience of the health needs of looked after children the designated doctor may have worked or be working as a named doctor or medical advisor to an adoption and/or fostering agency
- be clinically active in community paediatrics in at least part of the geographical location covered by the post
- have proven negotiating and leadership skills.

The **designated nurse**[194] will:

- be a senior nurse or health visitor
- have substantial clinical experience of the health needs of children and young people and the health needs of looked after children
- have undergone training in the specific needs of children and young people and be registered on either Part 1 of the NMC register as a registered children's nurse, or Part 3 as a specialist community public health nurse having completed a specific programme with a child and family focus
- have completed specific relevant post-registration training at Masters level or equivalent
- hold a senior level post (equivalent to consultant). It is expected that the post would be within the Band 8 range (the role would be subject to the usual Agenda for Change Job Evaluation process)
- have proven negotiating and leadership skills.

2. Job description

- At all times and in relation to the roles and responsibilities listed, lead and support all activities necessary to ensure that organisations across the health community meet their responsibilities for looked after children.
- Advise and support all specialist LAC professionals across the health community.
- Be responsible to and accountable within the managerial framework of the employing organisation.

The **designated doctor** and **nurse** work together to fulfil the following functions:

194 In England based in Clinical Commissioning Group the role is to assist service planners and commissioners, and to support providers and other nurses and health visitors who will be seeing looked after children and their carers.

3. Inter-agency responsibilities

- Be a member of the Corporate Parenting Board, Health and Wellbeing/Children's Trust Board and Local Safeguarding Partnership Board or equivalents in NI, Scotland and Wales.[195]
- Provide health advice on policy and individual cases to statutory and voluntary agencies, including the Police and children's social care.

4. Leadership and advisory role

- Provide advice to the service planning and commissioning organisation and to the local authority, on questions of planning, strategy, commissioning and the audit of quality standards including ensuring appropriate performance indicators are in place in relation to health services for looked after children.
- Work with all healthcare organisations to monitor performance of local health services for looked after children and young people.
- Ensure expert health advice on looked after children is available to children's social care, healthcare organisations, residential children's homes, foster carers, school nurses, clinicians undertaking health assessments and other health staff.
- Advise colleagues in health and children's social care on issues of medical confidentiality, consent and information sharing.
- Work with health service planners and commissioners to ensure there are robust arrangements to meet the health needs of looked after children placed outside the local area and ensure close working relationships with local authorities to achieve placement decisions which match the needs of children.
- Work with local service planners and commissioners to advocate on behalf of and ensure looked after children benefit as appropriate from the implementation of wider health policies such as in England - any qualified provider, personal health budgets.
- Work with commissioners and providers to gain the best outcome for the child/ young person within available resources, including involvement in fostering and adoption panels according to local arrangements.

5. Governance: Policy and procedures

- Work with other professionals taking a strategic overview of the service to ensure robust clinical governance of local NHS services for looked after children.
- Work with commissioners to ensure quality assurance and best value of placements including processes of audit, follow up, and review.
- Contribute to local children and young people's strategies to ensure there is a system in place to check the implementation and monitoring of individual health plans.
- Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited.
- Work with provider health organisations across the health community to ensure

195 In England, the emerging Strategic Transformation Partnerships/Integrated Care System structures may require the Designated doctor and Designated Nurse representation at additional strategic decision making groups supporting service design, development and assurance.

that appropriate training is in place to enable health staff to fulfil their roles and responsibilities for looked after children.

6. Co-ordination, communication and liaison

- Work with other professionals to agree team responsibilities.
- Work closely with other designated looked after children professionals locally.
- Liaise with, advise, and support looked after children specialist health staff across the health community.
- Maintain regular contact with the local health team undertaking health assessments on looked after children.
- Liaise with health boards, children's social care and other service planning and commissioning organisations over health assessments and health plans for out of area placements.
- Liaise with the health boards/authority child protection and safeguarding lead.
- Complete and present annual report as outlined in statutory guidance.

7. Monitoring and information management

- Provide advice to all organisations across the health community on the implementation of an effective system of audit, training, and supervision.
- Provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for looked after children including systems and records to:
  - ensure the quality of health assessments carried out meet the required standard
  - ensure full registration of each looked after child – and all care leavers – with a GP and dentist and optometric checks undertaken
  - ensure that sensitive health promotion is offered to all looked after children and young people
  - ensure implementation of health plans for individual children
  - ensure an effective system of audit is in place.
- Undertake an analysis of the range of health neglect and need for healthcare for local looked after children – ie, case mix analysis to inform service planning, contributing to the production of health data on looked after children across the health community.
- Analyse the patterns of healthcare referrals and their outcomes; and evaluate the extent to which looked after children and young people's views inform the design and delivery of the local health services for them.
- Use the above to influence local service planning and commissioning decisions; contribute JSNA?

8. Training responsibilities

- Advise commissioning bodies' on training needs and the delivery of training for all health staff across the health community including those GPs, paediatricians and nurses undertaking health assessments and developing plans for looked after children.

- Participate (as appropriate) in local undergraduate and postgraduate paediatric training to ensure health including mental health of looked after children is addressed.
- Play an active part in the planning and delivery of multidisciplinary and multi-agency training for all health professionals.

9. Supervision

- Provide advice including case-focused support and supervision for health staff at all levels within organisations across the health community that deliver health services to looked after children.
- Produce a supervision strategy for the health community which provides direction and options for supervision models, as appropriate to need.
- Provide supervision for looked after children named specialist professionals across the health community, or ensure they are receiving appropriate supervision from elsewhere.

10. Personal development

- Attend relevant regional and national continuing professional development activities in order to maintain knowledge and skills. This includes meeting professional organisation requirements as well as receiving specific training that relates to specialist activities.
- Receive supervision from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with relevant expertise).

11. Appraisal

- Receive annual appraisal.[196] Appraisal should be undertaken by someone of appropriate seniority with relevant understanding such as a board level director with responsibility for looked after children, medical or nurse director and/or via an equivalent arrangement as agreed locally.[197]

12. Accountability

- Designated professionals should report to the safeguarding executive lead for the clinical commissioning group[198] and the employing health organisation if different from the clinical commissioning group, the public health lead for children in the local authority, and the corporate parenting board.
- Designated professionals should be performance managed as above in relation to their designated functions by a person of appropriate seniority such as a board level director who has executive responsibility for looked after children as part of their portfolio of responsibilities.
- Be accountable to the chief executive of their employing body.

13. Authority

- Should have the authority to carry out all the above duties on behalf of the employing body and be supported in so doing by the organisation and by colleagues.

196 For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework.

197 This may require input from another designated professional from the same discipline from another locality.

198 Designated professionals should be performance managed in relation to their designated functions by a board level director who has executive responsibility for children and/or safeguarding as part of their portfolio of responsibilities.

14. Resources required for post

- Professional roles should be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil specialist responsibilities effectively.
- The time required to undertake the tasks in this job description will depend on the size and needs of the looked after children population, the number of staff, the number of healthcare organisations covered by the role, and the level of development of local structures, process and functions.
- The employing body should supply dedicated and effective secretarial support.
- Given the stressful nature of the work, the employing body must ensure that focused supervision and support is provided.[199]

The tables below are a minimum guide to the resources required for the roles.

Designated doctor for looked after children

A minimum of 8 hours per week or 0.2 WTE[200,201] per 400 looked after children population (excluding any operational activity such as health assessments).

Activities include provision of strategic advice to commissioners/service planners, preparation of annual health report along with designated nurse who tends to lead, advice regarding policies, adverse events, training and supervision.

Designated nurse for looked after children

A minimum of 1 dedicated WTE*[202] designated nurse looked after children for a child population of 70,000.

A minimum of 0.5WTE dedicated administrative support to support the designated nurse looked after children.

*While it is expected that there will be a team approach to meeting the needs of looked after children and young people the minimum WTE designated nurse looked after children may need to be greater dependent upon the number of local safeguarding partnership boards, sub group committees, unitary authorities and clinical commissioning groups covered, the requirement to provide looked after child supervision for other practitioners, as well as the geographical areas covered, the number of children looked after and local deprivation indices.

199 Organisations should put in place formal arrangements which may include other designated doctors or nurses from other trusts/ employing organisations to provide supervision / peer review for each other.

200 The Royal College of Paediatrics and child Health is currently undertaking work to determine the workload and WTE requirements in light of the increasing complexity of looked after children activity. Once completed the recommendation will be amended accordingly. It is anticipated that this will be amended by the end of 2020.

201 In England for CCG work and activity, ensuring visible presence of medical expertise to commissioners/service planners.

202 In England based within CCG, ensuring visible presence of nursing expertise to commissioners/service planners.

Appendix 5: Education, training and learning logs

Education, training and learning activity log – template for level 1

You will need to keep accurate records and document the following on an ongoing and continual basis:

- type of education, training and learning eg, online learning, course attendance, group case discussion, independent learning
- topic, a brief description and key points of learning activity
- the number of learning hours and the number of participatory learning hours.

Date	Type of education, training and learning activity	Topic and key points of learning activity	Number of hours	Participatory hours

Education, training and learning reflection record
(to be completed following each individual learning activity)

Date:
Topic and learning activity
What did you learn? Key points of the learning activity
How does this relate to the knowledge, skills, attitudes and values and competencies outlined in the *Intercollegiate Looked after children: roles and competencies of healthcare staff*?
How will the learning affect your future practice?

This activity has enabled achievement of the following learning outcomes (tick those that apply)

Level 1	
• To be able to demonstrate an awareness and understanding of looked after children, young people and care leavers	
• To be able to demonstrate an understanding of appropriate referral mechanisms and information sharing ie, know who to contact, where to access advice and how to report	

Education, training and learning activity log – template for level 2

You will need to keep accurate records and document the following on an ongoing and continual basis:

- type of education, training and learning e.g. online learning, course attendance, group case discussion, independent learning
- topic, a brief description and key points of learning activity
- the number of learning hours and the number of participatory learning hours.

Date	Type of education, training and learning activity	Topic and key points of learning activity	Number of hours	Participatory hours

Education, training and learning reflection record
(to be completed following each individual learning activity)

Date:
Topic and learning activity
What did you learn? Key points of the learning activity
How does this relate to the knowledge, skills, attitudes and values and competencies outlined in the *Intercollegiate Looked after children: roles and competencies of healthcare staff*?
How will the learning affect your future practice?

This activity has enabled achievement of the following learning outcomes (tick those that apply)

Level 1	
• To be able to demonstrate an awareness and understanding of looked after children, young people and care leavers	
• To be able to demonstrate an understanding of appropriate referral mechanisms and information sharing ie, know who to contact, where to access advice and how to report	
Level 2	
• To be able to demonstrate awareness of the need to alert primary care professionals (such as the child's GP), universal services (such as the child's health visitor or school nurse), local authority children's services/social services about health and wellbeing/safeguarding concerns	
• To be able to demonstrate accurate documentation of concerns	
• To be able to document appropriate consent, legal orders/parental responsibility, who is accompanying CYP	
• To be able to demonstrate an ability to recognise and describe a significant event for the looked after child, young person or care leaver in child protection/safeguarding to the most appropriate professional or local team	

Education, training and learning activity log – template for level 3

You will need to keep accurate records and document the following on an ongoing and continual basis:

- type of education, training and learning eg, online learning, course attendance, group case discussion, independent learning
- topic, a brief description and key points of learning activity
- the number of learning hours and the number of participatory learning hours.

Date	Type of education, training and learning activity	Topic and key points of learning activity	Number of hours	Participatory hours

Education, training and learning reflection record
(to be completed following each individual learning activity)

Date:
Topic and learning activity
What did you learn? Key points of the learning activity
How does this relate to the knowledge, skills, attitudes and values and competencies outlined in the *Intercollegiate Looked after children: roles and competencies of healthcare staff*?
How will the learning affect your future practice?

This activity has enabled achievement of the following learning outcomes (tick those that apply)

Level 1	
• To be able to demonstrate an awareness and understanding of looked after children, young people and care leavers	
• To be able to demonstrate an understanding of appropriate referral mechanisms and information sharing ie, know who to contact, where to access advice and how to report	
Level 2	
• To be able to demonstrate awareness of the need to alert primary care professionals (such as the child's GP), universal services (such as the child's health visitor or school nurse), local authority children's services, social services about health and wellbeing/safeguarding concerns	
• To be able to demonstrate accurate documentation of concerns	
• To be able to document appropriate consent, legal orders/parental responsibility, who is accompanying CYP	
• To be able to demonstrate an ability to recognise and describe a significant event for the looked after child, young person or care leaver in child protection/safeguarding to the most appropriate professional or local team	
Level 3	
Core	
• Demonstrates knowledge of patterns and indicators of child maltreatment	
• Demonstrates understanding of appropriate information sharing in relation to child protection, children in need and looked after children	
• Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions	
• Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures	
• Demonstrates critical insight of personal limitations and an ability to participate in peer review	
Additional learning outcomes to be added by individual as stated in level 3	

Education, training and learning activity log – template for level 4 Named professionals

You will need to keep accurate records and document the following on an ongoing and continual basis:

- type of education, training and learning eg, online learning, course attendance, group case discussion, independent learning
- topic, a brief description and key points of learning activity
- the number of learning hours and the number of participatory learning hours.

Date	Type of education, training and learning activity	Topic and key points of learning activity	Number of hours	Participatory hours

Education, training and learning reflection record
(to be completed following each individual learning activity)

Date:
Topic and learning activity
What did you learn? Key points of the learning activity
How does this relate to the knowledge, skills, attitudes and values and competencies outlined in the *Intercollegiate Looked after children: roles and competencies of healthcare staff*?
How will the learning affect your future practice?

This activity has enabled achievement of the following learning outcomes (tick those that apply)

Level 1	
• To be able to demonstrate an awareness and understanding of looked after children, young people and care leavers	
• To be able to demonstrate an understanding of appropriate referral mechanisms and information sharing ie, know who to contact, where to access advice and how to report	
Level 2	
• To be able to demonstrate awareness of the need to alert primary care professionals (such as the child's GP), universal services (such as the child's health visitor or school nurse), local authority children's services/social services about health and wellbeing/safeguarding concerns	
• To be able to demonstrate accurate documentation of concerns	
• To be able to document appropriate consent, legal orders/parental responsibility, who is accompanying CYP	
• To be able to demonstrate an ability to recognise and describe a significant event for the looked after child, young person or care leaver in child protection/safeguarding to the most appropriate professional or local team	
Level 3	
Core	
• Demonstrates knowledge of patterns and indicators of child maltreatment	
• Demonstrates understanding of appropriate information sharing in relation to child protection, children in need and looked after children	
• Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions	
• Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures	
• Demonstrates critical insight of personal limitations and an ability to participate in peer review	
Additional learning outcomes to be added by individual as stated in level 3	

Level 4	
• Demonstrates completion of a teaching and assessment programme[203] within 12 months of appointment	
• Demonstrates an understanding of appropriate and effective training strategies to meet the competency development needs of different staff groups	
• Demonstrates completion of relevant specialist looked after children education within 12 months of appointment	
• Demonstrates understanding of professional body registration requirements for practitioners, including revalidation[204,205]	
• Demonstrates an understanding and experience of developing evidence-based clinical guidance	
• Demonstrates effective consultation with other healthcare professionals and participation in multidisciplinary discussions	
• Demonstrates participation in audit, and in the design and evaluation of service provision, including the development of action plans and strategies to address any issues raised by audit and serious case reviews/internal management reviews/significant case reviews/other locally determined reviews related to looked after children	
• Demonstrates critical insight of personal limitations and an ability to participate in peer review	
• Demonstrates practice change from learning, peer review or audit	
• Demonstrates contributions to reviews have been effective and of good quality	
• Demonstrates use of feedback and evaluation to improve teaching in relation to looked after children	

203 This programme could be provided by a professional organisation or a higher education institution.
204 www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation
205 http://revalidation.nmc.org.uk

Education, training and learning activity log – template for level 5 Designated professionals

You will need to keep accurate records and document the following on an ongoing and continual basis:

- type of education, training and learning eg, online learning, course attendance, group case discussion, independent learning
- topic, a brief description and key points of learning activity
- the number of learning hours and the number of participatory learning hours.

Date	Type of education, training and learning activity	Topic and key points of learning activity	Number of hours	Participatory hours

Education, training and learning reflection record
(to be completed following each individual learning activity)

Date:
Topic and learning activity
What did you learn? Key points of the learning activity
How does this relate to the knowledge, skills, attitudes and values and competencies outlined in the *Intercollegiate Looked after children: roles and competencies of healthcare staff*?
How will the learning affect your future practice?

This activity has enabled achievement of the following learning outcomes (tick those that apply)

Demonstrate knowledge of relevance of looked after children commissioning processes

Level 1	
• To be able to demonstrate an awareness and understanding of looked after children, young people and care leavers	
• To be able to demonstrate an understanding of appropriate referral mechanisms and information sharing ie, know who to contact, where to access advice and how to report	
Level 2	
• To be able to demonstrate awareness of the need to alert primary care professionals (such as the child's GP), universal services (such as the child's health visitor or school nurse), local authority children's services/social services about health and wellbeing/safeguarding concerns	
• To be able to demonstrate accurate documentation of concerns	
• To be able to document appropriate consent, legal orders/parental responsibility, who is accompanying CYP	
• To be able to demonstrate an ability to recognise and describe a significant event for the looked after child, young person or care leaver in child protection/safeguarding to the most appropriate professional or local team	
Level 3	
Core	
• Demonstrates knowledge of patterns and indicators of child maltreatment	
• Demonstrates understanding of appropriate information sharing in relation to child protection, children in need and looked after children	
• Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions	
• Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures	
• Demonstrates critical insight of personal limitations and an ability to participate in peer review	
Additional learning outcomes to be added by individual as stated in level 3	

Level 4	
• Demonstrates completion of a teaching and assessment programme[206] within 12 months of appointment	
• Demonstrates an understanding of appropriate and effective training strategies to meet the competency development needs of different staff groups	
• Demonstrates completion of relevant specialist looked after children education within 12 months of appointment	
• Demonstrates understanding of professional body registration requirements for practitioners, including revalidation[207,208]	
• Demonstrates an understanding and experience of developing evidence-based clinical guidance	
• Demonstrates effective consultation with other healthcare professionals and participation in multidisciplinary discussions	
• Demonstrates participation in audit, and in the design and evaluation of service provision, including the development of action plans and strategies to address any issues raised by audit and serious case reviews/internal management reviews/significant case reviews/other locally determined reviews related to looked after children	
• Demonstrates critical insight of personal limitations and an ability to participate in peer review	
• Demonstrates practice change from learning, peer review or audit	
• Demonstrates contributions to reviews have been effective and of good quality	
• Demonstrates use of feedback and evaluation to improve teaching in relation to looked after children	
Level 5	
• Demonstrates advanced knowledge of national looked after children practice and an insight into international perspectives	
• Demonstrates contribution to enhancing looked after children practice and the development of knowledge among staff	
• Demonstrates knowledge of strategies for looked after children management across healthcare services,[209] including public health services commissioned by local authorities, and provided by independent/private healthcare providers	
• Demonstrates an ability to conduct rigorous and auditable support and peer review for looked after children professionals, as well as appraisal and supervision where provided directly	
• Demonstrates critical insight of personal limitations and an ability to participate in peer review	

206 This programme could be provided by a professional organisation or a higher education institution.

207 www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation

208 http://revalidation.nmc.org.uk

209 This also includes public health and LA commissioning, and private healthcare and Independent providers.

• Designated professionals working within commissioning organisations in England	
• Demonstrate knowledge of relevance of looked after children commissioning processes	
• Ensures a looked after child focus is maintained within strategic organisational plans and service delivery	

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