Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

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College of Paramedics
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Royal College of Speech & Language Therapists
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Vision UK
Royal College of Anaesthetists
Faculty of Forensic and Legal Medicine
Royal College of Paediatrics and Child Health
British Association of Paediatric Surgeons
College of Optometrists
Royal Pharmaceutical Society

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Key definitions

Advocate

The advocate's role is widely described as 'protecting the rights of children', 'speaking up' on behalf of children or enabling them to 'have a voice' or 'put their views across' or gain access to much needed services.

Children and young people

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

Looked after children (children in care/children looked after)

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. It also refers to children 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

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

Child maltreatment

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age, including the unborn child. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Witnessing domestic abuse – seeing or hearing the ill-treatment of another – is child abuse.[ii,iii]

Child protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm as a result of maltreatment or neglect (1).

i 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 **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=2.259743619.827906662.1537439358-153728393.1485944624**. 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**

ii **http://www.who.int/en/news-room/fact-sheets/detail/child-maltreatment**

iii **https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse**

Safeguarding (The term child protection is used in Scotland)

The term safeguarding and promoting the welfare of children is defined in *Working Together* (2018) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Competence

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

Learning outcomes

Learning outcomes describe what an individual should know, understand, or be able to do as a result of training and learning.

Corporate parenting

The formal partnership needed between all local authority departments and services and associated agencies, which are responsible for working together to meet the needs of looked after children and young people

Designated professional (lead child protection professionals in Scotland)

The term designated doctor or nurse denotes dedicated professionals with specific roles and responsibilities for safeguarding children, including the provision of strategic advice and guidance to organisational boards across healthcare services[iv] and to local multi-agency safeguarding organisations (formerly LSCBs) (see Appendix 3).

- In England, all clinical commissioning groups are required to have a designated doctor and designated nurse.[v]
- In Wales, The National Safeguarding Team (NHS Wales) is part of Public Health wales comprising of designated nurses, doctors and a GP lead. They support the seven health boards (HBs) and three NHS trusts in Wales. Public Health Wales has an internal safeguarding team, as do all the other health boards and trusts, which include lead safeguarding professionals. The health boards and Velindre NHS Trust also have named doctors. In Wales LSCBs have become the six regional safeguarding children boards. (There are also currently six regional adult safeguarding boards and in some areas there are plans to merge to become adult and children boards) (2).
- In Northern Ireland, each health and social services trust has designated professionals for child protection (3).
- In Scotland, there are lead paediatricians and consultant/lead nurses who provide clinical leadership, advice, strategic planning and are members of the child protection committee. In larger health boards there are child protection nurse advisers who support the lead nurses (4).

GP practice safeguarding lead

The GP practice safeguarding lead is the GP who oversees the safeguarding work within the GP practice. The practice safeguarding lead will support safeguarding activity within the practice, work with the whole primary care team to embed safeguarding practice and ethos, provide some safeguarding training within the practice and act as a point of reference and guidance for their colleagues. Depending on practice size/structure of the practice, there may also be a practice safeguarding deputy lead. The practice should ensure that the safeguarding lead is supported in their duties, allowing protected time for these to be carried out and allowing time for additional training that the safeguarding lead is required to undertake.

iv This also includes Public Health and LA commissioning, and private healthcare and independent providers.

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

In good standing

Refers to regulated healthcare professionals who are on their respective regulatory body registers without conditions and who are up to date with their professional CPD, annual appraisal and revalidation requirements – ie, **www.gmc-uk.org** and **http://revalidation.nmc.org.uk**.

Named general practitioner

The GP employed by the local healthcare organisation to support them in carrying out their statutory duties and responsibilities for safeguarding. Activities are likely to include: providing teaching and training to primary care, supporting practice safeguarding leads, working alongside other children and young people's safeguarding professionals locally eg designated professionals, working closely with adult safeguarding professionals including named GPs for adult safeguarding, working strategically within their local healthcare organisation to provide child safeguarding resources for primary care.

Named professional

In England, all providers of NHS, or otherwise, funded health services including NHS trusts, NHS foundation trusts and public, voluntary sector, independent sector and social enterprises including local authorities providing health services ie, 0-19 services which are CQC registered, private providers, online providers and organisations who only provide adult services should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children and young people as outlined in Appendix 2 or a lead clinician where appropriate. In the case of NHS 111, ambulance trusts and independent providers/ contractors such as dentists for example, this should be a named practitioner ie, dentist or paramedic.[vi] Each registered primary care dental setting should have access to a named dentist/ professional across a larger geographical area rather than one named dentist/professional in each setting. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place (1). For those organisations that have multiple sites then the named professional should be supported by a team of specialists proportionate to child population/attendees/case-mix/number of sites covered. For independent provider organisations there should be a named nurse and doctor at national level and a named nurse and doctor at each provider location. The named midwife has knowledge and expertise of all issues associated with safeguarding children, particularly with regard to specific concerns during the antenatal and early postnatal periods.

In Wales and Northern Ireland, the roles of named professionals exist with similar responsibilities. In Wales, Public Health Wales, as a provider organisation, has a structure of designated and named professionals for the three regions (2). In Northern Ireland each health and social services trust has named professionals for child protection (3). In Scotland, the title equivalent to the named doctor is 'paediatrician with a special interest in child protection'. Along with lead paediatricians and consultant/lead nurses they provide clinical leadership, advice, strategic planning and are members of the child protection committee. In larger health boards there are child protection nurse advisers who support the lead nurses (4).

NOT in employment, education or training (NEET)

The term NEET is used to describe young people who are not engaged in any form of employment, education or training.

Parental responsibility

All mothers and most fathers have legal rights and responsibilities as a parent – known as **parental responsibility**. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either:

1. married to the child's mother

vi For optical practices this may be a lay person with responsibility for arranging the training.

2. listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in).

The child's father, step parent or second female parent can apply to a court to acquire parental responsibility. There are a range of other circumstances in which parental responsibility must be understood and explored, such as same sex partnerships, civil partnerships and surrogacy.

If a child is adopted, parental responsibility for a child is transferred from their birth parent or other person with parental responsibility to their adopters. An adopted child loses all the legal ties with their original parents. When an adoption order is made in respect of a child, the child becomes a full member of their new family, usually takes the family name, and assumes the same rights and privileges as if they had been born to the adoptive family. Adoption is a significant legal order and is not usually reversible.

Unaccompanied asylum seeking child (UASC)

A UASC is defined as an individual who is under 18, has arrived in the UK without a responsible adult, is not being cared for by an adult who by law or custom has responsibility to do so, is separated from both parents and has applied for asylum in the United Kingdom in his/her own right.

Glossary

ACEs	Adverse childhood experiences
ADHD	Attention deficit hyperactivity disorder
ASD	Autistic spectrum disorder
CCG	Clinical commissioning group
CPD	Continuous professional development
CSA	Child sexual abuse
CSE	Child sexual exploitation
CT	Computed tomography
CQC	Care Quality Commission
DNA	Did not attend
FGM	Female genital mutilation
FII	Fabricated or induced illness
GDPR	General Data Protection Regulation
GMC	General Medical Council
HCPC	Health and Care Professions Council
LA	Local authority
LSCB	Local safeguarding children's boards
LSP	Local safeguarding partnerships
MRI	Magnetic resonance imaging
NEET	Not in employment, education or training
NHS	National Health Service
NMC	Nursing and Midwifery Council
OfSTED	Office for Standards in Education, Children's Services and Skills
PHE	Public Health England
PICU	Paediatric intensive care unit
PRUDIC	Procedural response to unexpected deaths in children
PTSD	Post-traumatic stress disorder
SARC	Sexual abuse referral centre
SCR	Serious case review
STIs	Sexually transmitted infections
SUDIC	Sudden unexpected death in childhood
UASC	Unaccompanied asylum seeking child
UN	United Nations

Foreword

The UN Convention on the Rights of the Child (1989) includes the requirement that children live in a safe environment, be protected from harm and have access to the highest attainable standard of health. Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11[vii] of the Children Act 2004 was published in August 2005, with health organisations having a duty to cooperate with social services under section 27 of the Children Act 1989.[viii] These duties are an explicit part of NHS employment contracts, with chief executives having responsibility to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children within organisations.

NHS services are constantly changing and evolving. Over recent years many previously NHS funded services are being commissioned and provided by non-NHS organisations. Society is also changing with staff needing to be aware of differing and emerging forms of abuse such as social media, modern slavery, human trafficking and recognition that young people are vulnerable to abuse in a range of social contexts.[ix]

To protect children and young people from harm, and help improve their wellbeing, all healthcare staff must have the competencies to recognise child maltreatment, opportunities to improve childhood wellbeing, and to take effective action as appropriate to their role. The importance of prevention must not be overlooked as this is integral to safeguarding. The competencies therefore relate to an individual's role not their job title and apply to all staff delivering, or working in settings which provide healthcare. It is the duty of employers to ensure that those working for them clearly understand their contractual obligations within the employing organisation, and it is the responsibility of employers to facilitate access to training and education which enable the organisation to fulfil its aims, objectives and statutory duties effectively and safely.

It remains the responsibility of organisations to develop and maintain quality standards and quality assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation through mechanisms such as safe recruitment processes including undertaking vetting and barring, staff induction, effective training and education, patient experience and feedback, learning and improvement, critical incident analysis, risk assessments and risk registers, cyclical and other reviews and audits, annual staff appraisal (and revalidation of medical and nursing staff[x]). It is also important to be aware of the role of external regulators such as Care Quality Commission (CQC) and Office for Standards in Education, Children's Services and Skills (OfSTED) in England in monitoring safeguarding systems within organisations.

This guidance sets out indicative minimum training requirements and is not intended to replace contractual arrangements between commissioners and providers or NHS organisations and their employees. It is acknowledged that some employers may require certain staff groups to be trained to a higher level than described here to better fulfil their organisational intent and purpose.

In 2006, the Royal Colleges and professional bodies[xi] jointly published *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* (5). The document described six levels of competencies and provided model role descriptions for named and designated professionals. The framework was subsequently revised in 2010 (6) and again in 2014 (7) in response to policy developments, including the Laming review (8, 9). Since that time, further reviews across the UK have reinforced the need to further improve the safeguarding skills and understanding of health staff, and to improve access to safeguarding training (see 1-4, 8-77). For example, following publication of the Aylward report: Safeguarding and Protecting Children

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

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

ix https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

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

xi The 2006 document was developed by the Community Practitioners and Health Visitors Association (CPHVA), Royal College of General Practitioners (RCGP), Royal College of Midwives (RCM), Royal College of Nursing (RCN), and Royal College of Paediatrics and Child Health (RCPCH).

in NHS Wales (11), an expert working group was commissioned by the Chief Nursing Officer which recommended that the intercollegiate framework would be the basis for future training.

A specific review of safeguarding training[xii] by the Department of Health in England highlighted the need for greater clarity about the training that should be received by different staff groups. More recently significant changes arising from the Munro review (42), the Kennedy report (43) and the Health and Social Care Act[xiii] resulted in a revision of *Working Together* (1), as well as an accountability and assurance framework for the NHS in England (36). The GMC also states in protecting children and young people (41) that "Information about the level of child protection training that is needed for different roles, and how often doctors should receive that training, is provided in safeguarding children and young people: roles and competencies for healthcare staff.

In response to these issues and to recent policy developments including the revision of *Working Together* (1), the Royal Colleges and professional bodies have reviewed and updated the 2014 document. The updated document should continue to be used in conjunction with key statutory and non-statutory guidance,[xiv] and with competency frameworks and curricula relating to specific professional groups.[xv] The revised version of *Working Together* (1) signposts healthcare organisations to the intercollegiate safeguarding framework 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 statutory child protection guidance in Northern Ireland, Wales and Scotland emphasises the importance of staff training and competence to safeguard and protect children (2) (3) (4).

Accompanying this revised framework document is a template for practitioners to record relevant education and training, including for example, reflective practice and case discussions enabling them to demonstrate attainment and maintenance of knowledge, skills and competencies throughout their career. The education, training and learning logs can be used as an up to date passport to demonstrate safeguarding knowledge, skills and competence as individuals move from organisation to organisation.

There is a similar framework for healthcare staff working with looked after children[xvi] (38) and a specific framework for healthcare staff working with adults and older people has also now been developed.[xvii] While this framework remains focused on children and young people, practitioners however need to be aware of the interface between child and adult safeguarding, including areas where the two might overlap for example responsibilities towards young carers reaching 18 years of age, application of mental capacity assessments in pregnancy and other situations where vulnerable adults might also be parents or young carers, as well as the application of the Care Act in respect of self-neglect between ages 16-18.

xii Safeguarding training stocktake report (2010).

xiii **www.legislation.gov.uk/ukpga/2017/16/contents/enacted**

xiv See References section, in particular: *Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children* **www.gov.uk/government/publications/working-together-to-safeguard-children--2** (England); *Cooperating to Safeguard Children* **www.health-ni.gov.uk/publications/co-operating-safeguard-children** (Northern Ireland); *Protecting Children and Young People, Child Protection Committees* **www.gov.scot/Publications/2017/03/9380**; *Child Protection Guidance for Health Professionals* **www.gov.scot/Resource/0041/00411543.pdf**; *Guidance for Child Protection in Scotland* **http://www.gov.scot/Publications/2014/05/3052/0**; *All Wales Child Protection Procedures 2008* (53) and **Social Services and Well-being (Wales) Act 2014** (anaw 4) ii Local arrangements 14 *Assessment of needs for care and support, support for carers and preventative services* **www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf** (Wales).

xv Specific documents related to individual professional groups include, for example RCGP, RCN and RCPCH curricula and safeguarding syllabus.

xvi **www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf**

xvii *Adult Safeguarding: Roles and Competencies for Health Care Staff*. Intercollegiate Document. August 2018 **www.rcn.org.uk/professional-development/publications/pub-007069**

The emphasis within this version continues to be upon the importance of maximising flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies, critical incident reviews and analysis, and serious case reviews, as well as the understanding and awareness of staff involved in delivery of what is considered to be the remit of 'adult' healthcare services delivered to 16-18 year olds.

We envisage that the framework will be reviewed again in 2022 by:

- College of Paramedics
- Institute of Health Visiting
- School and Public Health Nursing Association
- Royal College of Physicians and Surgeons of Glasgow
- Society and College of Radiographers
- Royal College of General Practitioners
- Royal College of Speech and Language Therapists
- Royal College of Psychiatrists
- National Safeguarding Team – Public Health Wales
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- British Dental Association
- British Society of Paediatric Dentistry
- Royal College of Nursing
- Royal College of Midwives
- Community Practitioners and Health Visitors Association/UNITE
- Vision UK
- Royal College of Anaesthetists
- Royal College of Psychiatrists
- Faculty of Forensic and Legal Medicine
- Royal College of Paediatrics and Child Health
- British Association of Paediatric Surgeons
- College of Optometrists

Background

Following every serious case of child maltreatment or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. The child protection system in the UK is the responsibility of the government of each of the UK's four nations: England, Northern Ireland, Scotland and Wales. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. Over recent years there has been a move away from a culture of blame and failure to one of education and learning. Reviews and enquiries across the UK, have often identified the same issues – among them, poor communication and information sharing between professionals and agencies, inadequate training and support for staff, and a failure to listen to children so as to ensure they are protected and safeguarded from harm.[xviii] **The protection of children from abuse and neglect is of paramount importance, with their needs and voice central to considerations.**

All healthcare organisations and healthcare providers have a duty outlined in legislation,[xix] regardless of who the commissioner is, to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm. Chief executive officers have a responsibility to ensure that all staff are able to meet this requirement but all practitioners have a personal duty under their professional codes to maintain their knowledge, skills and competence. Many providers of health services providing a regulated activity in England, for example, are required to be registered with the Care Quality Commission (CQC).[xx] In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. **This includes private healthcare, healthcare provision in independent schools, voluntary sector providers, online providers, and healthcare services that do not provide care or treatment to children.**

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding/child protection issues.[xxi] **This responsibility also applies to staff working primarily with adults. Staff in these settings need to be aware that any adult may pose a risk to children due to their health or behaviour.** Staff working in services being delivered to 16-18 year olds also need to have understanding and awareness as outlined. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all health staff have access to appropriate safeguarding/child protection training, learning opportunities, safeguarding/child protection supervision and support to facilitate their understanding of the clinical aspects of child wellbeing and information sharing.

Across the UK, specialist safeguarding/child protection professionals provide expertise and have specific roles and responsibilities in safeguarding/protecting children.[xxii] In England, Wales[xxiii] and Northern Ireland, named and designated professionals perform

xviii Triennial Analysis of SCRs 2011-2014 – Pathways to harm **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-__Pathways_to_harm_and_protection.pdf**

xix In England and Wales Children Act 2004 **www.legislation.gov.uk/ukpga/2004/31/contents**, Northern Ireland Children (Northern Ireland) Order 1995 **www.legislation.gov.uk/nisi/1995/755/contents/made** and Scotland Children (Scotland) Act 1995 **www.legislation.gov.uk/ukpga/1995/36/contents**

xx See **www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf**

xxi The Truth Project **www.iicsa.org.uk/key-documents/5369/view/Interim%20Report%20-%20A%20Summary.pdf**

xxii There are a variety of safeguarding/child protection posts in place across the UK – the intercollegiate framework only features statutory roles, acknowledging that titles may vary.

xxiii In Wales Local Health Boards and Trusts use the term safeguarding lead/senior professional rather than named nurse. The Safeguarding Children Service was changed to the National Safeguarding Team (NHS Wales) in 2017.

this function[xxiv,xxv,xxvi] and in Scotland nurse consultants, child protection advisers and lead paediatricians/paediatricians with a special interest fulfil specialist roles (4). Over recent years the importance of safeguarding/child protection has been recognised by sub-speciality areas with the emergence of specific roles such as for example lead paediatric anaesthetists for safeguarding/child protection. All specialist lead professionals must be allowed sufficient time and resources to develop and carry out their role, and their roles and responsibilities should be explicitly defined in job descriptions and associated job plans.

Significant progress has been made to ensure that services achieve the best outcomes for children and young people. Policy documents on safeguarding and child protection, standards for practice, assessment tools, and guidelines to assist practitioners have been developed across the UK (1-4, 10-78).

This document provides a clear framework which identifies the competencies required for all healthcare staff. Levels 1-3 relate to different occupational groups, while level 4 and 5 are related to specific roles. This version of the framework also includes specific detail for chief executives, chairs, board members including executives, non-executives and lay members.

The education and training principles are set out, highlighting flexible learning opportunities to enable acquisition and maintenance of knowledge and skills. It is acknowledged that many health practitioners will need equivalent adult safeguarding training and that there are many areas of overlap. This can be taken into consideration when documenting training undertaken. It is recommended that education, training and competencies are reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Model job descriptions are included in the Appendices. The duties of specialist safeguarding/child protection professionals will vary to some degree between the nations as a result of differences in national policy and structures. The terms 'named' and 'designated' are used throughout this document, but the key functions described should be applicable to all specialist roles across the UK.[xxvii]

xxiv In England, all NHS trusts, foundation trusts, and public, voluntary sector, independent sector, social enterprises, and primary care organisations providing health services, must have a named doctor, named nurse, and named midwife, if the organisation provides maternity services. In some organisations specialist safeguarding nurses work as part of the team alongside named nurses and doctors. In healthcare organisations that do not provide children's services, there is still a need for named professionals. All clinical commissioning groups must have a designated doctor and nurse. Where organisations may have integrated specific services focused on children for example under Transforming Community Services children's community services may have integrated with Mental Health Trust – in this instance there must be named professionals for children's community services and also named professionals for the mental health trust. The recent 2013 NHS accountability framework notes that the Named Safeguarding GP is not a statutory role but is recognised as being of value.

xxv In Northern Ireland, each health and social services trust must have a named doctor and a named nurse for child protection. There are also designated doctor and nurse roles in Northern Ireland, although policies around the number and location of these posts are under development in light of recent health service restructuring. Safeguarding education and training reflects the integrated nature of service provision across health and social care.

xxvi In Wales, each health board must have a named doctor, named nurse/safeguarding lead and a named midwife, if maternity services are provided. There are two All Wales Trusts and Velindre NHS Trust which is responsible for cancer services and the Welsh Blood Service but does not cover all of Wales. The All Wales Ambulance Service NHS Trust has a named professional; Velindre NHS Trust has a named doctor, a named radiographer and a Safeguarding Lead. Designated doctors and nurses operate on a national basis through the National Safeguarding |Team (NHS Wales). Public Health Wales NHS Trust also has a named nurse/safeguarding lead.

xxvii In Scotland for example nurse consultants, child protection advisers and lead paediatricians/ paediatricians with a special interest fulfil specialist roles.

Competency framework

The framework

Safeguarding/child protection competencies are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. *Working Together* (1) signposts healthcare organisations to the intercollegiate safeguarding framework 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, their level of contact with children, young people and families/or contact with any adult who has responsibilities for children through work and hobbies, the nature of their work, and their level of responsibility. All staff working in a healthcare setting must know what to do if there is a safeguarding/child protection concern involving a child or family, know the referral procedure, which includes knowing whom to contact within their organisation to communicate their concerns or seek safeguarding advice. In response to the Laming Report 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.[xxviii]

- Level 1: All staff including non-clinical managers and staff working in healthcare services.[xxix,xxx]
- Level 2: Minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, 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/or any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).
- Level 4: Named professionals[xxxi] (In Scotland – paediatricians with a special interest).
- Level 5: Designated professionals.[xxxii]

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 and lay members and commissioning group leads.

Those requiring competencies at Levels 1 to 5 should also possess the competencies at each

xxviii The Framework does not include child protection roles which may be in place to meet local circumstances and need, such as specialist, nurse consultant or advisory roles.

xxix This is the minimum entry level for all staff working in healthcare services.

xxx If social care staff are employed within a healthcare team they would be expected to have completed equivalent training to safeguard children and young people.

xxxi This does not apply to people who are arranging, as opposed to delivering, the training for those working in optical practices.

xxxii This includes lead professionals in Scotland i.e. nurse consultants, child protection advisers and lead paediatricians.

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 role.

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.

Education and training principles

The key issues related to acquiring and maintaining safeguarding children and young people 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 should be seen as a continuum. It is recognised that students and trainees will increase skill and competence throughout their undergraduate programme and at post-graduate 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
- 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 safeguarding 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
  - tailor training sessions to the specific roles and needs of different professional groups at each level.
- 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 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, 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, 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 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
- staff should receive refresher training every three years as a **minimum**[xxxiii] 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
- 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 legislations, local policies, updates from serious case reviews
- those working with children and young people and/or parents 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 safeguarding supervision[xxxiv] and/or peer review. Level of participation should be as appropriate to role. Individual clinical units/departments should have access to 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, including links to e-learning **www.e-lfh.org.uk/projects/safeguarding-children** and Learning@Wales
- it is recognised that many health professionals and others who work in a health setting also need equivalent adult safeguarding/protection education, training and learning:
  - there are several aspects of safeguarding training and education that can apply equally to child and adult safeguarding/protection and that share the same principles. Examples of this may include, but are not limited to: safeguarding ethos, confidentiality, information sharing, documentation and domestic abuse

xxxiii 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.

xxxiv 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.

- education and training on these shared aspects may contribute to both children and adult safeguarding/protection requirements where individuals are able to clearly demonstrate application within the reflective education, training and learning log
- those who are providing training on shared aspects must ensure that there is equal weighting given to children and adults within the training. Organisations using such opportunities for the integration of child and adult safeguarding must be able to demonstrate they have provided education, training and learning covering all elements of both adult and child safeguarding as outlined in the intercollegiate children and young people's document and the intercollegiate adult document, thereby enabling staff to demonstrate that they have acquired the relevant knowledge, skills and competencies. Organisations must also able to provide evidence that equal weighting is given to both the adult and child content.

Within each level there is an indication of the indicative content and time needed by practitioners. Maintaining and updating knowledge and skill should be a continuous and ongoing process. Regulatory and inspection bodies such as the NMC, Health and Care Professions Council (HCPC) and CQC require evidence of completion of key refreshing and updating for revalidation and inspection purposes.[xxxv,xxxvi] 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 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 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.

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

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

Level 1: All staff working in healthcare services[xxxvii,xxxviii]

This level is equivalent to the core safeguarding/child protection training across all organisations working with children and young people and is for all healthcare staff regardless of place of work. Empowering level 1 staff with the knowledge and skills has resulted in interactions which cause concern in waiting rooms or hospital corridors being highlighted and appropriate action being taken to safeguard and protect children and young people.

Staff groups

This includes, for example, laboratory staff, receptionists,[xxxix] administrative, caterers, domestic staff, transport staff, porters, community pharmacist counter staff and maintenance staff, including those non-clinical staff working for independent contractors (such as GPs, optometrists, contact lens and dispensing opticians, dentists[xl] and pharmacists) within the NHS, as well as volunteers across healthcare services.

Core competencies[xli]

Competence at this level is about individuals knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns. It comprises of:

- recognising potential indicators of child maltreatment
    - physical abuse including fabricated and induced illness, and FGM
    - neglect
    - emotional abuse, forced marriage, modern slavery and grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) missing children, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country) and child trafficking (internal and external)
    - sexual abuse, including child sexual exploitation, missing children, county and child trafficking (internal and external)
    - domestic abuse.
- recognises that children with any disability (visible or hidden) are at greater risk of abuse
- recognises the vulnerabilities of children who are looked after
- awareness of the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child or young person (including the unborn child), and:
    - the impact of parental substance misuse, domestic violence and abuse[xlii]
    - the risks associated with the internet and online social networking
    - adverse childhood experiences (ACEs) and their effects

xxxvii This is the minimum entry level for all staff working in healthcare services , including outsourced staff and private providers.

xxxviii As appropriate to role.

xxxix Except for GP practice managers and reception staff who should be at level 2.

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

xli National Workforce competencies: ID4 Contribute to the protection of children from abuse.

xlii **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/211018/9576-TSO-Health_Visiting_Domestic_Violence_A3_Posters_WEB.pdf**

- an understanding of the importance of children's rights in the safeguarding/child protection context,[xliii] and the awareness of relevant legislation and guidance (For example Children Acts 1989,[xliv] 2004[xlv] and Children and Social Work Act 2017,[xlvi] and Sexual Offences Act 2003;[xlvii] Sexual Offences (Scotland) Act 2009;[xlviii] Sexual Offences (Northern Ireland) Order (2008);[xlix] Children and Young People (Scotland) Act 2014[l] and National Risk Framework (2012);[li] The Social Services and Wellbeing Act (Wales) 2014,[lii] Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015;[liii] Mental Capacity Act 2005[liv] and Mental Capacity Act (Northern Ireland) 2016[lv] and in respect of Adult Safeguarding- the Care Act 2014[lvi]).
- awareness that a child not being brought to a health appointment may be a potential indicator of neglect or other forms of abuse
- awareness of the potential significance on the wellbeing of children of parents/carers not attending or changing health appointments, particularly if the appointments are for mental health, alcohol or substance misuse problems (where appropriate to role)
- taking appropriate action if they have concerns, including appropriately seeking advice, documenting[lvii] and reporting concerns safely
- staff working in agencies that use a flagging/coding system for children at risk are familiar with the flagging/coding system as appropriate to role
- awareness of professional abuse and raising concerns about conduct of colleagues.

Knowledge, skills, attitudes and values

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

Knowledge

- Know about child maltreatment in its different forms:
  - physical, emotional and sexual abuse, and neglect
  - child trafficking, FGM, forced marriage, modern slavery,
  - gang and electronic media abuse
  - sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)

xliii UK Core Skills Training Framework – Subject Guide [2018; version 1.4.2 page 47] **www.skillsforhealth.org.uk/index.php?option=com_k2&view=item&id=677:statutory-mandatory-cstf-download&Itemid=121**

xliv **www.legislation.gov.uk/ukpga/1989/41/contents**

xlv **www.legislation.gov.uk/ukpga/2004/31/contents**

xlvi **www.legislation.gov.uk/ukpga/2017/16/contents/enacted**

xlvii **www.legislation.gov.uk/ukpga/2003/42/contents**

xlviii **www.legislation.gov.uk/asp/2009/9/contents**

xlix **www.legislation.gov.uk/nisi/2008/1769/contents**

l **www.legislation.gov.uk/asp/2014/8/contents/enacted**

li **www.gov.scot/Publications/2012/11/7143/0**

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

liii **www.legislation.gov.uk/anaw/2015/3/contents/enacted**

liv **www.legislation.gov.uk/ukpga/2005/9/contents**

lv **www.legislation.gov.uk/nia/2016/18/contents/enacted**

lvi **www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted**

lvii **www.cqc.org.uk/sites/default/files/documents/safeguarding_children_review.pdf**

- grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation).
- Awareness of the vulnerability of looked after children, children with disabilities, unaccompanied children, care leavers, young carers and missing children.
- Awareness of the risks associated with the internet and online social networking.
- Awareness of the term looked after child/care leaver and an understanding of their additional vulnerabilities to abuse including the need to continue to safeguard these children.
- Awareness of the relevance of parental, family and carer factors such as domestic abuse and violence, mental and physical ill-health (including in the perinatal period, substance and alcohol misuse, and the impact on the unborn child/child's wellbeing).
- Know what to do if there are concerns about child maltreatment, including local policies and procedures around who to contact, where to obtain further advice and support, and have awareness of the referral process.
- Know about the importance of sharing information (including the consequences of failing to do so).
- Recognise the significance of a child not being brought to appointments where appropriate to role and the importance of coding 'was not brought' instead of 'did not attend' (where code available), including 'no-access visits' in the context of healthcare delivery.
- Know what to do if they feel that their concerns are not being taken seriously or they experience any other barriers to escalation.
- Awareness of what being on a child protection register/child protection plan means and what a child in need/child at risk means, as appropriate to role
- Awareness that children not in education or training (NEETs) or those who are home schooled may not be visible to the usual range of services.
- Know the legal definitions of parental responsibility.

Skills

- Able to recognise possible signs of child maltreatment, which will be related to their role.
- Able to identify (as appropriate to role) when a child has not been brought to an appointment or when a parent/carer doesn't attend an appointment or makes and then cancels appointments repeatedly (either for themselves or their child). Is then able to report this to the appropriate person/s in their organisation to take action if necessary.
- Able to seek appropriate advice and report concerns, and escalate if needed and to feel confident that they have been listened to.

Attitudes and values

- Recognises the importance of listening to children and young people.
- Is proactive in acting on issues and concerns, including escalation.

Education and training requirement

While each individual organisation determines the appropriate time commitment to ensure staff have the required up to date knowledge and skills, as a guide we recommend that over a three-year period, staff at level 1 should receive refresher training equivalent to a **minimum** of two hours. This should provide key safeguarding/child protection information, including about vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.

Learning outcomes

- Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation).
- Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country).
- To be able to demonstrate an understanding of the risks associated with the internet and online social networking.
- Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children.
- To be able to understand the impact a parent/carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse.
- To be able to understand the importance of children's rights in the safeguarding/child protection context.
- To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice.
- To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales).

Level 2: Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children

Staff groups

This includes administrators and reception staff for looked after children and safeguarding teams, GP reception managers, GP practice safeguarding administrators,[lviii] GP practice managers, clinic reception managers, healthcare students including medical, relevant allied health professional students and nursing students, patient advocates, phlebotomists, pharmacists,[lix] ambulance staff (paramedics require level 3),[lx,lxi] dentists[lxii,lxiii] dental care professionals,[lxiv,lxv] audiologists, eye clinic liaison officers, optometrists, contact lens and dispensing opticians,[lxvi] adult physicians and surgeons, anaesthetists,[lxvii] radiologists, nurses working in adult acute/community services (except mental health nurse, practice nurses and nurse practitioners who require level 3), non-medical neurophysiologists, allied

lviii '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.'

lix 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.

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

lxi Except paramedics who are at level 3.

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

lxiii 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**).

lxiv Dental nurses, hygienists and therapists.

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

lxvi Optical Confederation (2017) *Guidance on safeguarding Children and Vulnerable Adults* **http://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/safeguarding-children-and-vulnerable-adults/**

lxvii See **www.rcoa.ac.uk/system/files/LeadAnaesthetistCP2016.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.

healthcare practitioners[lxviii] and all other adult orientated secondary care healthcare professionals, including technicians.

Core competencies[lxix]

- As outlined for Level 1.
- Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify signs of child abuse or neglect.[lxx]
- Able to identify and refer a child suspected of being a victim of trafficking,[lxxi] county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country), forced marriage, domestic violence, or modern slavery or sexual exploitation; at risk of exploitation/grooming by radicalisers,[lxxii] gang and electronic media abuse.
- Able to identify and refer a child at risk of FGM or having been a victim of FGM.[lxxiii]
- Acts as an effective advocate for the child or young person, proactively seeking the child's views while taking into consideration the Gillick competency and Fraser guidelines (in Scotland, the Age of Legal Capacity), but also considering how to balance children's rights and wishes with a professionals' responsibility to keep children safe from harm.[lxxiv]
- Recognises the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person.
- Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues.
- As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals).
- Documents safeguarding/child protection concerns 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 other teams.
- 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:

lxviii 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.

lxix *National Workforce competencies*: ID4 Contribute to the protection of children from abuse and CS18 safeguard children and young people from abuse **https://tools.skillsforhealth.org.uk/competence/show/html/id/2180/**

lxx NICE (2013) *When to suspect child maltreatment* **http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89**

lxxi Identifying and supporting victims of Human Trafficking **www.gov.uk/government/uploads/system/uploads/**; Scottish Government Trafficking and Exploitation **www.gov.scot/Publications/2017/05/6059**

lxxii **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf**; **http://www.gov.scot/Publications/2016/03/4765**

lxxiii **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216519/dh_134369.pdf**; **http://www.gov.scot/Publications/2017/11/5793/8**

lxxiv For example *Understanding the Needs of Children in Northern Ireland (UNOCINI) within Northern Ireland* **www.health-ni.gov.uk/publications/understanding-needs-children-northern-ireland-unocini-guidance**; Children and Young People (Scotland) Act 2014 **www.legislation.gov.uk/asp/2014/8/contents/enacted**

Knowledge[lxxv]

- As per level 1.
- An understanding of normal child development is central to the ability to recognise concerns about a child.
- Awareness of the ways in which abuse and neglect may impact on the normal development of children and young people, including the short and long term impact of domestic abuse and violence[lxxvi] on the child's behaviour and mental health, as well as effects of parental mental and physical health. Speech, language and communication needs, including faltering growth, could be an indication of abuse, particularly neglect.
- Understand that certain factors may be associated with child maltreatment, such as child disability, and living with parental mental ill health, other long-term chronic conditions, drug and alcohol abuse, and domestic abuse and violence.[lxxvii]
- Understand the public health significance of child maltreatment including epidemiology, the consequences of adverse childhood events on adult health and life expectancy, cultural issues and financial impact.[lxxviii]
- Understand the importance of perinatal mental health in child development and wellbeing.
- Understand the needs and legal position of young people, particularly 16-18 year olds, and the transition between children's and adult legal frameworks and service provision.
- Understand the increased needs of children on child protection plans, looked after children, care leavers, youth offenders and the greater risk of further harm and exploitation.
- Awareness of the legal, professional, and ethical responsibilities around information sharing, including the use of assessment frameworks.
- Know best practice in documentation, record keeping, and understand data protection issues in relation to information sharing for safeguarding purposes.
- Understand the Caldicott principles of information sharing including the 7th principle: "The duty to share information can be as important as the duty to protect patient confidentiality".[lxxix]
- Understand where relevant to role the purpose and guidance around notification responsibilities relevant to child death reviews, conducting serious case reviews (in Wales child practice reviews)/domestic homicide reviews which include children/ case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, and child death review processes.
- Understand the paramount importance of the child or young person's 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 1998).
- Understand that a child who is not brought to health appointments may not have their health needs met and that this requires further action by health professionals.

Skills

- Able to document safeguarding/child protection concerns, and maintain appropriate record keeping, differentiating between fact and opinion.

lxxv *National Workforce competencies*: PHS10 Improve health and well-being through working collaboratively.

lxxvi **www.gov.uk/guidance/domestic-violence-and-abuse; http://www.childreninwales.org.uk/policy-document/wales-child-protection-procedures-2008/ ; http://www.legislation.gov.uk/anaw/2015/3/contents/enacted**

lxxvii **www.gov.uk/guidance/domestic-violence-and-abuse**

lxxviii Understands how common and damaging to society the problem is, and which groups are at highest risk.

lxxix **www.igt.hscic.gov.uk/Caldicott2Principles.aspx**

- Able to share appropriate and relevant information between teams – in writing, by telephone, electronically, and in person.
- Able to, where relevant to role, document and code appropriately when a child is not brought to a health appointment using the term 'was not brought' or similar rather than DNA (Did Not Attend) (where code available).
- Able to identify repeated patterns of a child not being brought to appointments or parents/carers not attending appointments.
- 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 early help and social services.
- Able to escalate concerns appropriately and challenge other professionals should they feel their concerns are not being taken seriously.

Attitudes and values

- Recognises how own beliefs, experience and attitudes might influence professional involvement in safeguarding work.

Education and training requirements

It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional undergraduate education programmes.[lxxx] For those individuals who have not yet attained the knowledge, skills and competence for level 3 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.

- While each individual organisation determines the appropriate time commitment to ensure staff have the required up to date knowledge and skills, as a guide we recommend that over a three-year period, professionals at level 2 should receive refresher training equivalent to a **minimum** of four hours.[lxxxi,lxxxii]
- Training at level 2 will include the update and training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2.
- If appropriate, training, education and learning opportunities should include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit. This should be appropriate to the speciality and roles of participants, encompassing for example the importance of early help, domestic abuse and violence, vulnerable adults, learning disability, and communicating with children and young people. Organisations should consider encompassing safeguarding learning within regular, multidisciplinary, multi-agency or vulnerable family meetings, clinical updating, audit, reviews of critical incidents and significant unexpected events and peer discussions.

Learning outcomes

- To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect.
- To be able to act as an effective advocate for the child or young person.
- To demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk.
- To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your

lxxx HEIs and practice placements need to ensure that appropriate persons or bodies provide/facilitate the education and training requirements for level 2 safeguarding children education and training as part of undergraduate education programmes.

lxxxi Those undertaking level 2 training do not need to repeat level 1 training as it is anticipated that an update will be encompassed in level 2 training.

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

colleagues in a multidisciplinary team and in multi-agency setting.

- To know how and when to refer to social care if you have identified a safeguarding/child protection concern.
- To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately.
- To know how to maintain appropriate records including being able to differentiate between fact and opinion.
- To be able to identify the appropriate and relevant information and how to share it with other teams.
- To be aware of the risk of FGM in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate to role, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation.
- To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity.
- To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation.

Level 3: All clinical staff

- **working with children, young people and/or**
- **their parents/carers and/or**
- **any adult who could pose a risk to children**

and

- **who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)**

The staff in this group have a role which is mainly patient facing or they are the safeguarding lead in their speciality. Level 3 staff work in a wide variety of settings and will spend differing amounts of time with patients depending on their role and place of work. The key principle here is that every contact counts.

Staff groups

This includes GPs, practice nurses (including nurse practitioners within primary care), forensic physicians, forensic nurses, paramedics,[lxxxiii] urgent and unscheduled care staff,[lxxxiv] all mental health staff (adult[lxxxv] 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, looked after children's nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals/allied health professionals working with children,[lxxxvi] paediatric neurophysiologists, child play therapist/specialist, sexual health staff, school nurses including those working in independent schools, health visitors, family nurses (FNP), all children's nurses, perinatal

lxxxiii 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.

lxxxiv 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.

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

lxxxvi 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.

staff, midwives, obstetricians, neonatologists, all paediatricians, paediatric radiologists, diagnostic radiographers, paediatric surgeons,[lxxxvii] lead paediatric anaesthetists for safeguarding/level 3 anaesthetists,[lxxxviii] paediatric intensivists, physician's assistants working in any level 3 speciality, pharmacists,[lxxxix] specialist paediatric dentists,[xc] specialty and associate specialists (SAS) doctors working in any level 3 speciality listed above, and all doctors/health professionals working exclusively or predominantly with children and young people.[xci] 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.

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

These are core competencies for all at level 3, with role specific competencies at level 3 detailed after level 3 core content.

Core competencies[xcii]

- As outlined for Level 1 and 2.
- Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse and escalates accordingly.[xciii]
- When treating adults, takes appropriate action to safeguard any children who may be at risk of harm due to the adult's health or behaviour, routinely considering whether that adult has any responsibility for children.
- Documents history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes, seeking specific expertise and guidance as role requires.
- Reports concerns, including using appropriate coding as appropriate to role,

lxxxvii 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.

lxxxviii See **www.rcoa.ac.uk/system/files/LeadAnaesthetistCP2016.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.

lxxxix 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.

xc Guidance for dentistry requires a safeguarding lead for every dental practice [insert reference to 'Child protection and the dental team' **www.cpdt.org.uk**, **www.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 **https://www.bspd.co.uk/Resources/Partner-Guidelines**.

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

xcii *National Workforce competencies*: HSC325 Contribute to protecting children and young people from danger, harm and abuse; CS18 Safeguard children and young people from abuse; CJ F406 Provide and obtain information at courts and formal hearings (also HSC448); PHS10 Improve health and well-being through working collaboratively; HSC33 Reflect on and develop your practice.

xciii Clinical assessment will also ascertain the detection of developmental delay and possible as yet undiagnosed illness. Urgent management/referral may be needed when unsure of aetiology and vital signs suggest serious illness.

in all relevant patient records to record safeguarding concerns.[xciv]

- Contributes to inter-agency assessments, as relevant to role, the gathering and sharing of information and, where appropriate, analysis of risk.
- Undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of education and training).
- Contributes as required/where relevant to role to: serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), domestic homicide reviews which include children/internal partnership and local forms of review, as well as child death review processes.
- Advises other agencies as appropriate to role about the health management of individual children in child protection cases.[xcv]
- Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns.
- Able to share information appropriately and is able to provide advice to others on appropriate information sharing according to Caldicott principles.
- Applies the lessons learnt from audit, serious case reviews (in Wales child practice reviews), domestic homicide reviews and case management reviews to improve practice.

Knowledge, skills, attitudes and values

All level 3 professionals should have knowledge, skills and attitudes as outlined for Levels 1 and 2, and should be able to demonstrate the following:

Knowledge

- Aware of the implications of legislation, inter-agency policy and national guidance.
- Understand the importance of children's rights in the safeguarding/child protection context, and related legislation.
- Understand the use of chaperones, information sharing,[xcvi] confidentiality, and consent related to children and young people.
- Aware of the role and, as appropriate, the remit of the LSP/regional safeguarding children boards in Wales/the safeguarding board for Northern Ireland and the safeguarding panel of the health and social care trust/child protection committee.
- Understand inter-agency frameworks and child protection assessment processes, as appropriate to role, including the use of relevant assessment frameworks.
- Understand the processes and legislation for looked after children including after-care services as appropriate to role.
- Have knowledge (as and where appropriate to one's role) of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process.
- Knowledge and awareness of the role of a professional witness when required to give evidence in court. A professional witness is a health professional who is usually a 'witness to fact, often of a consultation or a contact

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

xcv Triennial Analysis of SCRs 2011-2014 Pathways to harm **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-__Pathways_to_harm_and_protection.pdf**

xcvi HM Government 92018) Guidance on Information Sharing: **www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice**

with a patient in which they were acting in their normal professional capacity.'[xcvii]

- Have an understanding of the management of the death of a child or young person in the safeguarding context (including, where appropriate, structures and processes such as rapid response teams and child death overview panels/PRUDIC in Wales).

Clinical knowledge

- Understanding of what constitutes, as appropriate to role and context, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements.[xcviii]
- Understand the assessment of risk and harm, including the importance of early help.
- Understand the effects of parental behaviour on children and young people, and the interagency response.
- Have an understanding of fabricated or induced illness (FII).
- Know how to escalate and when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment, working as part of a multidisciplinary approach to concerns.
- Know what to do when there is an insufficient response from organisations or agencies.
- Understand the principles of consent and confidentiality in relation to young people under the age of 18 including the concepts of Gillick Competency and Fraser Guidelines. Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm.
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues. Is aware that the Data Protection Act 1998, GDPR legislation[xcix] and human rights law are not barriers to justified information sharing,[c] but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Have knowledge of the Mental Capacity Act 2005 (England and Wales)/Adults with Incapacity (Scotland) Act 2000 and how it applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales/Scotland who are unable to make all or some decisions for themselves.
- Understand the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns.
- Know about models of effective clinical supervision and peer support where appropriate to role.
- Understand processes for identifying whether a child or young person is known to professionals in children's social care and other agencies.
- Knowledge of, where relevant to role, resources and services that may be available within health and other agencies, including the voluntary sector, to support families.
- Know the long-term effects of maltreatment and how these can be detected and prevented, as appropriate to role.
- Know the range and efficacy of interventions for child maltreatment as appropriate to role.
- Understand procedures, as appropriate to role, for proactively following up children and young people not brought to health

xcvii Giving evidence as a professional witness: **www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/doctors-giving-evidence-in-court**

xcviii Child protection and the anaesthetist. Safeguarding in the operating theatre. July 2014. **www.aagbi.org/sites/default/files/CHILD-PROTECTION-2014%20FINAL%5B1%5D.pdf**

xcix **http://gdpr-legislation.co.uk/**

c HM Government (2018) Guidance on Information Sharing: **www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice**

appointments or parents/carers/adults who may pose a risk to children who miss health appointments, particularly appointments for mental, health, substance or alcohol misuse or those who are receiving 'early help' support and 'no access home visits'.

- Knowledge and awareness as appropriate to role of the importance of perinatal mental health and the potential negative life-long consequences for children if maternal and paternal mental health problems go untreated in the perinatal period.
- Understand, and where required, contributes to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines.
- Knowledge and understanding of relevant national and international policies and the implications for practice appropriate to role.
- Knowledge and understanding (as appropriate to role) of how to manage allegations of child abuse perpetrated by professionals, including escalation and seeking help.

Skills[ci]

- Able to act proactively to reduce the risk of child/young person maltreatment occurring.
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, with emphasis on a multidisciplinary approach.
- Able to ensure that the voice and needs of children are central to clinical practice.
- Able to communicate effectively with children and young people, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.
- Able to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person.
- Able to present safeguarding/child protection concerns verbally and in writing for professional and legal purposes as required and as appropriate to role (including child protection case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families). Where not core to role, contributes where required, to reports alongside professionals who are specifically skilled in such report writing, and seeks appropriate guidance.
- Able to identify (as appropriate to specialty) associated medical conditions, mental health problems and other co-morbidities in children or young people which may increase the risk of maltreatment, and able to take appropriate action.
- Able to give effective feedback to colleagues.
- Able to provide clinical support and supervision to junior colleagues and peers.
- Able to challenge other professionals when required and provide supporting evidence.
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required for role.
- Able to participate and chair peer review and multidisciplinary meetings as required, and according to role.
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews.
- Able to contribute to risk assessments as appropriate to role, including being able to carry out a risk assessment when a child is not brought to an appointment, taking into account patterns of missed appointments, siblings who may be missing appointments, previous/current safeguarding concerns, parental/carer factors such as mental/physical health, domestic abuse or alcohol/substance misuse. Takes action where

ci *National Workforce competencies*: Danos PC4 Ensure your organisation delivers quality services; ENTO L3 Identifies individual learning aims and programmes; ENTO L10 Enable learning through presentations.

appropriate to ensure the child's health needs are being met which may include liaising with parents/carers, other health professionals or children's social care.

- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and as related to role.
- Able to obtain support and help in situations where there are problems requiring further expertise and experience.

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals.[cii]
- Understands the potential personal impact of safeguarding/child protection work on professionals.
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience.
- Recognises the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns.
- Recognises ethical considerations in assessing and managing children and young people.

Education, training and learning

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.

Initial training

Professionals will complete the equivalent of a minimum of 8 hours education, training and learning related to safeguarding/child protection. Those requiring role specific additional knowledge, skill and competencies should complete a minimum of 16 hours.[ciii,civ]

Refresher training

- Over a three-year period, professionals should be able to demonstrate refresher education, training and learning[cv] equivalent to:
  - a minimum of eight hours for those requiring Level 3 core knowledge, skills and competencies[cvi]
  - a minimum of 12-16 hours[cvii] for those requiring role specific additional knowledge, skills and competencies.
- Training at level 3 will include the training required at level 1 and 2 and will *negate* the need to undertake refresher training at levels 1 and 2 in addition to level 3.

cii A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon.

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

civ The level 3 lead paediatric anaesthetist for safeguarding role is considered core for training hours purposes.

cv Educational sessions could be a combination of e-learning, personal reflection and discussion in clinical meetings or attendance at internal or external outside training courses.

cvi The level 3 lead paediatric anaesthetist for safeguarding role is considered core for training hours purposes.

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

- Training, education and learning opportunities should be multi-disciplinary with some inter-agency input desirable, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, and lessons from research and audit. This should be appropriate to the speciality and roles of participants. Organisations should consider encompassing safeguarding/child protection learning within regular multi-professional and/or multi-agency staff meetings, vulnerable child and family meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

Learning outcomes

- To be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach.
- To understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people.
- To have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (eg, where role involves/includes forensics teams/working alongside forensics teams).[cviii]
- To know how to undertake, where appropriate, a risk and harm assessment.
- To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.
- To know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process.
- To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and as related to role.
- To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection.
- To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role.
- To know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required.
- To know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training).
- To know how to deliver and receive supervision within effective models of supervision and/or peer review as appropriate to role, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals.
- To be able to identify risk to the unborn child in the antenatal period as appropriate to role.
- To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice.

cviii Child protection and the anaesthetist. Safeguarding in the operating theatre. July 2014. **www.aagbi.org/sites/default/files/CHILD-PROTECTION-2014%20FINAL%5B1%5D.pdf**

- To know, as per role, how to advise others on appropriate information sharing
- To know how to (where relevant to role) appropriately contribute to serious case reviews (in Wales child practice reviews)/ domestic homicide reviews which include children/case management reviews/ significant case reviews, and child death review processes, and seeks appropriate advice and guidance for this role.
- To know how to obtain support and help in situations where there are problems requiring further expertise and experience.
- To know how to participate in and chair peer review and multidisciplinary meetings as required.

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

There are specialist specific requirements for the following roles:

a) paediatricians

b) forensic physicians

c) GPs

d) GP practice safeguarding leads

e) practice nurse

f) children's nurses

g) health visitors and family nurses

h) midwives

i) school nurses

j) children and young people's mental health nurses

k) child and adolescent psychiatrists

l) child psychotherapists

m) child psychologists

n) perinatal psychiatrists

o) adult mental health psychiatrists and mental health nurses in adult mental health services

p) specialist paediatric dentists

q) diagnostic radiographers undertaking imaging for suspected physical abuse[cix]

r) radiologists

s) paramedics

t) paediatric surgeons[cx]

u) urgent and unscheduled care staff

v) obstetricians

w) neonatologists

x) paediatric intensivists

y) lead anaesthetists for safeguarding/child protection.

a) Paediatrician

Competence

- Able to conduct detailed assessments of child abuse and neglect, demonstrates ability to assess and examine children for suspected abuse and neglect, demonstrates knowledge of use of assessment framework[cxi,cxii] in determining child's needs, ability to assess

cix See **www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr174_suspected_physical_abuse.pdf**

cx 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.

cxi See *Framework for the Assessment of Children in Need and their Families* **http://webarchive.nationalarchives.gov.uk/20130401151715/https:/www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf**

cxii In Scotland, the multi-agency assessment tool for GIRFEC is used. **www.gov.scot/resource/doc/1141/0065063.pdf**

and examine children for suspected abuse and neglect, document and provide reports with an opinion.

- Will have professionally relevant core and case specific clinical competencies, particularly with regard to the clinical presentation, frequency, location, pattern of external injuries in respect of a child's developmental status, mechanism of injury and a child's response to injury, using the best evidence.
- Able to apply knowledge of the role of the forensic odontologist in relation to human bite marks.
- Recognises when additional expert advice is needed (eg, radiology, orthopaedics, neurology and ophthalmology).
- Assesses the health need for sudden unexpected death in infants and children (SUDIC/In Wales PRUDIC), including rapid response teams, and to recognise the urgency of this when abuse is suspected.
- Able to provide input to strategy discussions, child protection case conferences and court hearings.
- Able to write a range of reports required for child safeguarding work, including police statements, medical reports for social services and court.
- Able to apply knowledge of the medical advisor on adoption processes.

Knowledge

- Know how to distinguish as accurately as possible, inflicted from non-inflicted injury using best evidence.
- Know where to access best evidence and best practice guidance.[cxiii]
- Have an understanding of children presenting with complex symptoms where there appears to be a puzzling discrepancy between what is observed and what is being said, particularly fabricated or induced illness (FII).
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk.
- Able to asses a child presenting with genital bleeding, recognising when to seek advice from, or refer to, the on call child sexual abuse consultant/children's sexual assault referral centre (SARC).
- Applies knowledge of which presentations may be associated with sexually transmitted infections (STIs) and know, in particular, when to refer to the on call child sexual abuse consultant/children's SARC.
- Demonstrates knowledge of the local referral pathway for a child who has had, or is at risk for, female genital mutilation/cutting.
- Applies knowledge of the local referral pathways for child sexual exploitation.
- Applies knowledge of the long-term effects of bullying and cyber bullying on children.
- Recognises that persistent or relapsing enuresis or soiling that is unresponsive to management might be a manifestation of abuse and neglect, particularly child sexual abuse (CSA)/child sexual exploitation (CSE).
- Recognises that morbid obesity in a child is a potential safeguarding concern when the parents or carers persistently refuse to engage with any recommended weight reduction strategies.

Skills

- Able to assess, examine and manage children where there are child protection concerns appropriate to the level of training.
- Instigates the appropriate investigations (eg, radiological studies, blood tests, medical photography and forensic tests) and management of physical injuries related to abuse.
- Paediatricians undertaking forensic sexual assault assessments in children and young people must be trained and competent as set

cxiii RCPCH Child Protection Companion **http://pcouk.org**

out in service specifications for the clinical evaluation of children and young people who may have been sexually abused.[cxiv]

- Paediatricians should only undertake the examination of a child with suspected FGM if they have received appropriate training in this examination,[cxv] have undergone supervised examinations of such children with an experienced colleague, have access to appropriate imaging equipment such as video colposcopy and have access to peer review of their cases.[cxvi]
- Able to listen to children and to hear their hidden voice, and how to ask enabling questions when you are concerned about a troubling presentation such as a child with behavioural symptoms that might suggest CSA/CSE.
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources.
- Able to contribute to a management plan for fabricated or induced illness.
- Able to recognise 'disguised compliance' in relation to abuse and neglect.
- Able to complete the audit cycle and/or research related to safeguarding/child protection as part of appropriate clinical governance and quality assurance processes.
- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.

cxiv Where appropriate according to job plan this includes, collecting and documenting forensic evidence, understanding the importance of the chain of evidence, using a colposcope and photo documentation. Guidance is described in the documents: Service Specifications for the clinical evaluation of children and young people who may have been sexually abused 2nd edition Sept 2015 from the RCPCH and FFLM **https://fflm.ac.uk/2015/09/service-specification-for-the-clinical-evaluation-of-children-and-young-people-who-may-have-been-sexually-abused/**, Recommendations for the collection of forensic samples from complainants and suspects, FFLM July 2018 and updated every six months **https://fflm.ac.uk/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects-3/**, FSRH Emergency contraception December 2017 **https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/**, The Physical Signs of Child Sexual Abuse, an Evidence-based Review and Guidance for Best Practice 2nd edition May 2015 **https://www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review**, *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* **https://fflm.ac.uk/wp-content/uploads/documentstore/1352802061.pdf**, *Guidance for best practice for management of intimate images that may become evidence in court* **www.fflm.ac.uk/wp-content/uploads/documentstore/1280751791.pdf**, Information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV **www.bashh.org**.

cxv **www.england.nhs.uk/publication/female-genital-mutilation-standards-for-training-healthcare-professionals**

cxvi Where appropriate according to job plan this includes, collecting and documenting forensic evidence, understanding the importance of the chain of evidence, using a colposcope and photo documentation. Guidance is described in the documents: Service Specifications for the clinical evaluation of children and young people who may have been sexually abused 2nd edition Sept 2015 from the RCPCH and FFLM **https://fflm.ac.uk/2015/09/service-specification-for-the-clinical-evaluation-of-children-and-young-people-who-may-have-been-sexually-abused/**, Recommendations for the collection of forensic samples from complainants and suspects, FFLM July 2018 and updated every six months **https://fflm.ac.uk/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects-3/**, FSRH Emergency contraception December 2017 **www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/**, *The Physical Signs of Child Sexual Abuse, an Evidence-based Review and Guidance for Best Practice 2nd edition May 2015* **www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review**, *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* **https://fflm.ac.uk/wp-content/uploads/documentstore/1352802061.pdf**, *Guidance for best practice for management of intimate images that may become evidence in court* **www.fflm.ac.uk/wp-content/uploads/documentstore/1280751791.pdf**, Information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV **www.bashh.org**.

- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to maternal-infant attachment difficulties and child maltreatment.
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.

Attitudes and values

- Recognises the importance of reflective practice in relation to child protection, including clinical supervision, peer review and emotional support/restorative supervision.

Learning outcomes

- To be able to demonstrate a clear understanding of forensic procedures in child maltreatment, and how to relate these to practice in order to meet clinical and legal requirements as required.
- Where undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements.
- To know how to effectively manage diagnostic uncertainty and risk.
- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to advise other agencies about the health management of individual children in child protection cases.
- To know how to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person.
- To know how to chair multidisciplinary meetings as required.

b) Forensic physician

Competence

- Will have professionally relevant core and case specific clinical competencies including for example child sexual abuse medical examinations and examination of children in custody.
- Able to conduct detailed assessments of child abuse and neglect, demonstrates ability to assess and examine children for suspected abuse and neglect, demonstrates knowledge of use of assessment framework[cxvii,cxviii] in determining child's needs, ability to assess and examine children for suspected abuse and neglect, document and provide reports with an opinion.

Knowledge

- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk.

Skills

- Able to assess as appropriate to the role the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Understands the importance of and how to ensure 'the chain of evidence'.
- Able to assess, examine and manage children where there are child protection concerns appropriate to the level of training.

cxvii See *Framework for the Assessment of Children in Need and their Families*. **http://webarchive.nationalarchives.gov.uk/20130401151715/https:/www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf**

cxviii In Scotland, the multi-agency assessment tool for GIRFEC is used. **www.gov.scot/resource/doc/1141/0065063.pdf**

- Forensic physicians undertaking forensic sexual assault assessments of children and young people must be trained and competent as set out in service specifications for the clinical evaluation of children and young people who may have been sexually abused,[cxix] quality standards for doctors undertaking paediatric sexual offences medicine[cxx] and child abuse forensic medical examinations: interim guidance regarding numbers of examinations and the maintenance of competence.[cxxi]

Learning outcomes

- To be able to demonstrate a clear understanding of forensic procedures in child maltreatment, and how to relate these to practice in order to meet clinical and legal requirements as required.
- Where undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements.
- To know how to effectively manage diagnostic uncertainty and risk.

c) General practitioner

Knowledge

- Know the issues surrounding early identification of vulnerable children and families in a primary care setting.
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk.
- Able to recognise 'disguised compliance' in relation to abuse and neglect.
- Able to recognise that children presenting with anxiety, depression, post-traumatic stress disorder (PTSD) symptomatology, persistent enuresis or soiling that is unresponsive to treatment, challenging behaviour, visual or aural hallucinations, acute psychosis, eating disorder, self-harm and pervasive refusal can be manifestations of previous or ongoing maltreatment, particularly CSA/CSE or exposed to domestic violence and abuse.
- Able to recognise that trauma from adverse childhood experiences (ACEs) is cumulative and that building individual resilience and coping strategies might militate a good outcome.
- Able to recognise that children with challenging behaviour (eg, ADHD, ASD) can be signs of emotional dysregulation/ attachment difficulties that, in turn are manifestations of previous or ongoing maltreatment.
- Able to recognise that use of alternative therapies by parents or carers for their autistic children might cause sufficient harm to the child to warrant a safeguarding response, as a form of physical or emotional abuse.
- Able to recognise that a history of challenging behaviour in a child that is not confirmed by observation might be a presentation of fabricated or induced illness.
- Able to recognise that self-harm can be a manifestation of maltreatment, particularly CSA/CSE.
- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention, will give rise to maternal-infant attachment difficulties and child maltreatment.

cxix https://fflm.ac.uk/2015/09/service-specification-for-the-clinical-evaluation-of-children-and-young-people-who-may-have-been-sexually-abused/

cxx https://fflm.ac.uk/wp-content/uploads/2017/06/Quality-Standards-for-doctors-undertaking-PSOM-Dr-Cath-White-and-Prof-Ian-Wall-April-2017.pdf

cxxi https://fflm.ac.uk/wp-content/uploads/documentstore/1352802061.pdf

- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.
- Able to recognise that adult mental health conditions such as depression, self-harm, attempted suicide and psychosis are manifestations of cumulative trauma from adverse childhood experiences (ACEs) that can be intergenerational, thus affecting the patient's children.
- Have an understanding of the risks where there is an emerging pattern of disengagement or non-compliance with medical or health treatment.
- Have an understanding about the challenges of identifying risk for children (Think Family approach) when members of the household are registered in isolation.[cxxii]
- Have an understanding of the safeguarding implications for children of conducting different forms/modalities of consultations ie, via telephone/video link/telemedicine, rather than the traditional face to face model.

Clinical knowledge

- Have an understanding of children who present with complex symptoms that seem discrepant with observed behaviour and that might lead to concerns around fabricated or induced illness.
- Have an understanding of the importance of bruising and other external sign of trauma in relation to the child's developmental age and their number, location and pattern.
- Have knowledge and awareness of the importance of perinatal mental health and the potential negative lifelong consequences for children if maternal and paternal mental health problems go untreated in the perinatal period.

Skills

- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources.
- Able to contribute to a management plan for fabricated or induced illness.
- Able to assess the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to recognise disguised compliance.
- Able to code safeguarding concerns and information accurately and safely within the patient record.[cxxiii]
- Able to identify and outline the management of children and young people in need.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to advise other agencies about the health management of individual children in child protection cases.
- To know how to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person.
- To know how to effectively manage diagnostic uncertainty and risk.

cxxii **www.scie.org.uk/publications/ataglance/ataglance09.asp**

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

d) GP Practice safeguarding leads[cxxiv]

Knowledge

It is expected that in order to be able to fulfil their additional competencies, GP practice safeguarding leads should have more indepth knowledge. The role of a GP practice safeguarding lead is to support their practice colleagues.

Skills

- Applies the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales) and safeguarding supervision to improve practice.
- Is able to provide safeguarding advice to their practice team and is able to signpost their team to more expert advice if needed.
- Is able to signpost their practice team to local safeguarding resources eg, local domestic abuse agencies.
- Is able to provide advice to others in their practice on appropriate information sharing according to Caldicott principles.

e) Practice nurses

Knowledge

- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to maternal-infant attachment difficulties and child maltreatment.
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.

f) Children's nurses

Skills

- Able to assess the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources.
- Able to contribute to a management plan for fabricated or induced illness.
- Able to identify and outline the management of children and young people in need.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to advise other agencies about the health management of individual children in child protection cases.
- To know how to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person.

cxxiv All practices are expected to have a GP Practice Safeguarding Lead for children and adults (may be separate or combined roles).

g) Health visitors and family nurses

Knowledge

- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to maternal-infant attachment difficulties and child maltreatment.
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.

Skills

- Able to identify vulnerable children and families and referring to targeted, evidence-informed early intervention and family support.
- Able to liaise with GPs and midwives for vulnerable pregnant mothers and their unborn children.
- Able to assess the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources.
- Able to contribute to a management plan for fabricated or induced illness.
- Able to identify and outline the management of children and young people in need.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to advise other agencies about the health management of individual children in child protection cases.
- To know how to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person.
- To know how to effectively manage diagnostic uncertainty and risk.

h) Midwives

Skills

- Able to assess the impact of parental issues on the unborn child, children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to maternal-infant attachment difficulties and child maltreatment.
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to effectively manage diagnostic uncertainty and risk.
- To know how to advise other agencies about the health management of individual children in child protection cases.

i) School nurses (including those working in independent schools)

Knowledge

- Able to identify children from vulnerable families that require ongoing support and intervention at, and beyond, school entry.
- Able to identify those children at risk of mental health difficulties and to provide or signpost to targeted intervention.
- Able to identify vulnerable children at risk of exclusion and recognise that they might have unrecognised physical and emotional needs, including being at risk for child maltreatment.

Skills

- To recognise that pupils with challenging behaviour may be at risk for bullying or abuse.
- To engage in health promotion activities with respect to prevention of CSA/CSE and cyber bullying.
- To be able to listen to children and to hear their hidden voice, and how to ask enabling questions when you are concerned about a troubling presentation such as a child with behavioural symptoms that might suggest CSA/CSE.
- Able to assess the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources.
- Able to identify and outline the management of children and young people in need.
- For nurses working in independent schools where there are children from outside the UK who board in the school: able to recognise children who are experiencing abuse at home (outside of the UK), the complex needs of these children and the need for a co-ordinated multi-agency approach.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to advise other agencies about the health management of individual children in child protection cases.

i) Child and young people's mental health nurses

Knowledge

- To recognise that children with challenging behaviour (eg, ADHD, ASD) can be signs of emotional dysregulation/attachment difficulties that, in turn are manifestations of previous or ongoing maltreatment.
- To recognise that self-harm can be a manifestation of child abuse and neglect, particularly CSA/CSE.

Skills

- Able to listen to children and to hear their hidden voice, and how to ask enabling questions when you are concerned about a troubling presentation such as a child with behavioural symptoms that might suggest CSA/CSE.

- Able to adopt a 'Think parent, think child, think family'[cxxv] approach to perinatal adversity.
- Able to recognise signs of PTSD (post traumatic stress disorder in children and that it can be a manifestation of undisclosed CSA/CSE.
- Able to assess the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to effectively manage diagnostic uncertainty and risk.

k) Child and adolescent psychiatrist

Knowledge

- To recognise that children presenting with anxiety, depression, PTSD symptomatology, persistent enuresis or soiling that is unresponsive to treatment, challenging behaviour, visual or aural hallucinations, acute psychosis, eating disorder, self-harm and pervasive refusal can be manifestations of previous or ongoing maltreatment, particularly CSA/CSE or exposed to domestic violence and abuse.
- To recognise that trauma from adverse childhood experiences (ACEs) is cumulative and that building individual resilience and coping strategies might militate a good outcome.
- To recognise that some survivors of ACEs respond well to trauma-informed cognitive behavioural therapy.
- To recognise that use of alternative therapies by parents or carers for their autistic children might cause sufficient harm to the child to warrant a safeguarding response, as a form of physical or emotional abuse.
- To recognise that a history of challenging behaviour in a child that is not confirmed by observation might be a presentation of fabricated or induced illness.
- To recognise that children with challenging behaviour (eg, ADHD, ASD) can be signs of emotional dysregulation/attachment difficulties that, in turn are manifestations of previous or ongoing maltreatment.

Skills

- Able to listen to children and to hear their hidden voice, and how to ask enabling questions when you are concerned about a troubling presentation such as a child with behavioural symptoms that might suggest CSA/CSE.
- Able to adopt a 'Think parent, think child, think family'[cxxvi] approach to perinatal adversity.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to effectively manage diagnostic uncertainty and risk.
- To know how to advise other agencies about the health management of individual children in child protection cases.

cxxv www.scie.org.uk/publications/ataglance/ataglance09.asp
cxxvi www.scie.org.uk/publications/ataglance/ataglance09.asp

l) Child psychotherapists

Knowledge

- To recognise that disordered attachment in children can be a manifestation of prior or ongoing trauma from maltreatment.
- To recognise that self-harm can be a manifestation of maltreatment, particularly CSA/CSE.
- To recognise that pre-trial therapy is permissible under conditions laid down by Crown Prosecution Service.[cxxvii]
- To recognise that, if during therapy, a child discloses abuse, confidentiality cannot be maintained and appropriate action must be taken to safeguard that child including a referral to children's social care.

Skills

- Able to adopt a 'Think parent, think child, think family' approach to perinatal adversity.[cxxviii]

Learning outcomes

- To know how to advise other agencies about the health management of individual children in child protection cases.

m) Child psychologists

Knowledge

- To recognise that children presenting with anxiety, depression, PTSD symptomatology, persistent enuresis or soiling that is unresponsive to treatment, challenging behaviour, visual or aural hallucinations, acute psychosis, eating disorder, self-harm and pervasive refusal can be manifestations of previous or ongoing maltreatment, particularly CSA/CSE or exposed to domestic violence and abuse.
- To recognise that trauma from adverse childhood experiences (ACEs) is cumulative and that building individual resilience and coping strategies might militate a good outcome.
- To recognise that some survivors of ACEs respond well to trauma-informed CBT.
- To recognise that children with challenging behaviour (eg, ADHD, ASD) can be signs of emotional dysregulation/attachment difficulties that, in turn are manifestations of previous or ongoing maltreatment.

Skills

- Able to listen to children and to hear their hidden voice, and how to ask enabling questions when you are concerned about a troubling presentation such as a child with behavioural symptoms that might suggest CSA/CSE.
- Able to provide evidence-informed therapeutic intervention such as trauma-informed cognitive behavioural therapy, systemic therapy and other modalities to survivors of cumulative childhood trauma.
- Able to adopt a 'Think parent, think child, think family' approach to perinatal adversity.[cxxix]

Learning outcomes

- To know how to advise other agencies about the health management of individual children in child protection cases.

n) Perinatal psychiatrists

Knowledge

- Recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific

cxxvii **www.cps.gov.uk/legal-guidance/therapy-provision-therapy-child-witnesses-prior-criminal-trial**
cxxviii **www.scie.org.uk/publications/ataglance/ataglance09.asp**
cxxix **www.scie.org.uk/publications/ataglance/ataglance09.asp**

intervention will give rise to maternal-infant attachment difficulties and child maltreatment.

- Recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.

Skills

- Able to adopt a 'Think parent, think child, think family' approach to perinatal adversity.[cxxx]
- Able to liaise effectively with midwives, health visitor, GP and members of the perinatal mental health team to intervene with the mother, infant and family.

o) Adult mental health psychiatrists and mental health nurses in adult mental health

Knowledge

- Recognises that adult mental health conditions such as depression, self-harm, attempted suicide and psychosis are manifestations of adverse childhood experiences (ACEs) that can be intergenerational, thus affecting the patient's children.
- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to maternal-infant attachment difficulties and child maltreatment.
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.

Skills

- Able to liaise effectively with other health professionals including CAMHS, drug and alcohol addiction rehabilitation services, perinatal psychiatry services and voluntary organisations where there is an at risk child in the family.
- Able to adopt a 'Think parent, think child, think family' approach to perinatal adversity.[cxxxi]

p) Specialist paediatric dentist

Clinical knowledge

- Understand the impact of dental neglect on children.
- Knows the orofacial manifestations of child maltreatment and the signs of dental neglect.

Skills

- Able to devise a dental management plan for children with dental neglect.

Learning outcomes

- To know how to advise other agencies about the oral health management of individual children in child protection cases.

q) Radiologist

Competencies

- Will have professionally relevant core and case specific clinical competencies, including the ability report on skeletal surveys and other imaging to detect occult inflicted injury, according to the Royal College of Radiologists guidance.[cxxxii]

cxxx www.scie.org.uk/publications/ataglance/ataglance09.asp

cxxxi www.scie.org.uk/publications/ataglance/ataglance09.asp

cxxxii www.rcr.ac.uk/publication/radiological-investigation-suspected-physical-abuse-children

- Be aware of the evidence base for the radiological estimate of timing of an injury.
- Documents and reports radiological findings in a manner that is appropriate for safeguarding/child protection and legal processes.
- To be able to obtain an opinion from an expert paediatric radiologist or neuro radiologist when indicated.

Clinical knowledge

- Understand what constitutes, as appropriate to role, radiological procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements.

Skills

- Able to work with clinical colleagues where there are child protection concerns as part of the multidisciplinary team and with other disciplines when assessing a child or young person.
- Able to take part in peer review with clinical colleagues when a radiological opinion is required.

Learning outcomes

- To be able to demonstrate a clear understanding of what constitutes a skeletal survey according to national guidelines, both initial and follow up, and how to support the radiographers in order to achieve a successful examination eg, consideration of sedation.
- To be able to demonstrate a clear understanding of forensic procedures in child maltreatment, and how to relate these to radiological practice in order to meet clinical and legal requirements as required.
- To know how to effectively manage diagnostic uncertainty and risk.

r) Diagnostic radiographer (performing radiological imaging for suspected physical abuse)

Knowledge and understanding

- Has professionally relevant core and child specific clinical competencies, including the ability to undertake skeletal surveys or other imaging to detect occult inflicted injury, according to the Royal College of Radiologists guidance.[cxxxiii]
- Knows and understands the importance of adhering to national guidelines, professional body guidance and local policies that inform and direct imaging in suspected physical abuse including forensic knowledge and issues around consent.
- Understands when to obtain an opinion or advice from an expert paediatric radiographer, radiologist or neuro radiologist when indicated.
- Understands the importance of good communication across the multidisciplinary team and demonstrates this when interacting with the team and family/carers of the child in order to gain a satisfactory examination.
- Understands the policy and procedure for imaging in suspected physical abuse and can advise other members of the team in its application.
- Understand what constitutes, as appropriate to role, radiographic techniques and practice required in suspected physical abuse, and how these relate to clinical, forensic and legal requirements.

Skills

- Able to produce a high quality skeletal survey,[cxxxiv] CT scan or MRI (appropriate to role).

cxxxiii **www.rcr.ac.uk/publication/radiological-investigation-suspected-physical-abuse-children**

cxxxiv Competency for skeletal surveys **www.rcr.ac.uk/publication/radiological-investigation-suspected-physical-abuse-children** appendix D.

- Able to provide support, guidance to other team members, family members or carers in relation to radiation protection, timing of the examination , immobilisation of the child, imaging process or other issues pertinent to the radiological investigation of suspected physical abuse.
- Shows compassion in the care provided to the child and family members involved in imaging for suspected physical abuse.
- Documents and records the examination and associated issues in a manner that is appropriate for safeguarding/child protection and forensic/legal processes.
- Able to provide statements/conduct themselves in court.
- Able to work with clinical colleagues where there are child protection concerns as part of the multidisciplinary team and with other disciplines when assessing a child or young person.
- Able to contribute to audit and quality improvement processes in relation to child protection in radiology services.

Learning outcomes

- To be able to demonstrate a compassionate understanding of what constitutes a skeletal survey/CT scan or MRI scan (pertinent to role), both initial and follow up, and how this is undertaken with least discomfort and distress for the child and their family.
- To be able to demonstrate a clear understanding of forensic procedures in child maltreatment, and how to relate these to radiological practice in order to meet clinical, forensic and legal requirements.
- To be able to demonstrate effective management of the complete process for the radiological imaging in suspected physical abuse.

s) Paramedics

Skills

- Able to assess the call-out scene for any potential safeguarding concerns, particularly in cases of out-of-hospital arrest and/or sudden, unexpected death and to document these.
- Able to adopt a 'Think parent, think child, think family' approach.[cxxxv]

Learning outcomes

- To be able to assess and document any safeguarding concerns at a call-out scene, particularly with respect to sudden, unexpected death or out-of-hospital arrest.

t) Paediatric surgeons[cxxxvi]

Knowledge

- Aware of organisation and local safeguarding children partnerships (LSPs)/child protection committees and safeguarding/child protection procedures.
- Ability to identify possibility of abuse or maltreatment.
- Recognise responsibilities and make appropriate referral.

Skills

- Surgical skills to manage injuries resulting from maltreatment eg, intra-abdominal trauma/head injury/genital bleeding.
- To be able to contribute to, but not lead, multi-agency safeguarding plans for a child admitted with suspected maltreatment.

cxxxv **www.scie.org.uk/publications/ataglance/ataglance09.asp**

cxxxvi 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.

u) Urgent and unscheduled care staff

Skills

- Able to use information on the child's current status, for example, from child protection information sharing system in England, documentation of unscheduled care attendances and safeguarding 'screening' questions, to determine whether a presentation might signify any safeguarding concerns.

Learning outcomes

- Awareness of correct multi-agency responses to child protection concerns.

v) Obstetrician

Knowledge

- Able to recognise that severe mental health difficulties in pregnancy and postpartum can adversely affect parenting capacity, with potential long-term consequences for children.
- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to maternal-infant attachment difficulties and child maltreatment.
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.
- Able to recognise specific child protection issues when caring for a mother under the age of 18 years.

Skills

- Able to assess the impact of parental issues on the unborn child, children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.

Learning outcomes

- To know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families.
- To know how to effectively manage diagnostic uncertainty and risk.

w) Neonatologists

Knowledge

- To be aware of the potential adverse short and long term effects for infants born to mothers with alcohol and/or drug misuse during pregnancy, particularly in respect of neonatal abstinence syndrome and foetal alcohol spectrum disorder.
- To be aware of the potential adverse effects on the infant of severe postnatal depression in the mother or father, particularly their ability to attune to their infant.
- To be aware of the potential adverse effects on the infant of a severe maternal or paternal mental health condition or learning difficulty.
- To understand the potential adverse effects of domestic violence and abuse and/or a history of other adverse childhood experiences (ACEs) such as maternal child maltreatment/ in care on the infant.
- To be aware that concealment of pregnancy is a risk factor for child maltreatment.

Skill

- To be able to contribute to multi-agency plans for a newborn on a pre-birth child protection plan.
- To know how to investigate, and to contribute to the multi-agency process, in sudden, unexpected neonatal death.

x) Paediatric intensivists

Knowledge

- To be aware of the need for chain of evidence procedures when taking forensic samples in cases of suspected child maltreatment.

Skill

- To be able to contribute to multi-agency plans for a child with suspected maltreatment admitted to paediatric intensive care unit (PICU).
- To be able to liaise with the lead consultant paediatrician for a child with suspected maltreatment admitted to PICU, with particular reference to documentation of the history and injuries and planning investigations such as neuroimaging. This is particularly important in children transferred from another hospital to a PICU where some investigations might have already taken place.

y) Lead anaesthetist for safeguarding and child protection

The Royal College of Anaesthetists (RCoA)/ Association of Paediatric Anaesthetists (APA) recommends there should be a minimum of one anaesthetist with level 3 core competencies in all centres where children and young people are managed. In many centres this will be the lead paediatric anaesthetist, but the precise number of anaesthetists requiring level 3 core competencies should be determined locally based on an assessment of need and risk, in conjunction with local medical leads for child protection/safeguarding. Some departments may therefore require more than one anaesthetist at level 3. Regardless of the number of anaesthetists possessing level 3 core competencies, it is recommended that there is a lead anaesthetist for safeguarding and child protection identified, as outlined by the RCoA role description.[cxxxvii,cxxxviii]

Competence

- Assesses safeguarding education and training needs for anaesthetists within the department, including reviewing levels and updates required.
- Liaises with the child protection/ safeguarding team, facilitating training and updates for the department.

Knowledge

- Level 3 (core) knowledge as outlined and as appropriate to role.

Skills

- Act as a named link between the anaesthetic department and child safeguarding/ protection teams.
- Ensures regular updates on child safeguarding are delivered, and that training requirements are met within a department. Helps cascade best practice, which may be facilitated by attendance at peer review meetings locally/nationally.

Learning outcomes

- Able to advise colleagues appropriately of approved local and national training resources that are recommended for child safeguarding training.
- Facilitates learning opportunities and delivery of updates alongside safeguarding leads.

cxxxviiRCoA role description (see the following: **www.rcoa.ac.uk/document-store/lead-anaesthetist-child-protectionsafeguarding** and 'SafeguardingPlus' which is a valuable recent RCOA initiative for an online safeguarding resource for anaesthetists: **www.rcoa.ac.uk/safeguardingplus**

cxxxviiiThis role is classed as level 3 core with regard to training hours required. It should be recognised as an additional responsibility for the purposes of training and job planning.

Level 4: Specialist roles – named professionals for safeguarding children and young people[cxxxix,cxl]

Staff groups

This includes named doctors, named nurses, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for organisations commissioning primary care.

Appendix 2 describes the key duties and responsibilities of named professionals.

Core competencies[cxli]

- As outlined for Level 1, 2 and 3.
- Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols.
- Able to effectively communicate local safeguarding knowledge, research and findings from audits, challenge poor practice and address areas where there is an identified training/development opportunity.
- Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections.
- Works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered.
- Undertakes and contributes to serious case reviews/case management reviews/ significant case reviews (in Wales child practice reviews)/domestic homicide reviews which include children individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies.
- Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding/child protection team.
- Works effectively with colleagues from other organisations, providing advice as appropriate.
- Provides advice and information about safeguarding/child protection to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.

cxxxix In Scotland, comparable specialist functions are performed by child protection nurse advisers and paediatricians with a special interest in child protection.

cxl This does not apply to those who are arranging, but rather to those who are delivering the training for those working in optical practice. That is unlikely to be an optical professional, so will generally not apply to optometrists or dispensing opticians.

cxli *National Workforce competencies*: PH02.06 Work in partnership with others to protect the public's health and well-being from specific risks; HI 127 Develop evidence based Clinical guidelines; PH03.00 Develop quality and risk management within an evaluative culture; MSC B8 Ensure compliance with legal, regulatory, ethical and social requirements; DANOS BC4 Assure your organisation delivers quality services; ENTO L3 Identify individual learning aims and programmes (also HI 37); ENTO L1 Develop a strategy and plan for learning and development; 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); MSC A3 Develop your personal networks.

- Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.
- Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- Participates in sub-groups, as required, of the LSP/the safeguarding panel of the health and social care trust/the child protection committee in Scotland/the safeguarding committee of the health board or trust in Wales.
- Leads/oversees safeguarding/child protection quality assurance and improvement processes.
- Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people.

Knowledge, skills, attitudes and values

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

Knowledge

- Aware of best practice and emerging practice in safeguarding/child protection.
- Aware of latest safeguarding/child protection research evidence, how to access and the implications for practice.
- Advanced understanding of childcare legislation, information sharing, information governance, confidentiality and consent including guidance from professional bodies.
- Have a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people.
- Have an advanced knowledge of relevant national and international issues, policies and implications for practice.
- Have an advanced knowledge and understanding of own organisational structures/arrangement in order to be able to challenge and advocate within policies and procedures and practice for safeguarding.
- Understand the commissioning and planning of safeguarding/child protection health services.
- Know about the professional and experts' role in the court process and the role of the reporter to the Children's Panel and the Children's Hearing System.
- Know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards.

Skills

- Able to give advice about safeguarding/child protection policy and legal frameworks.
- Able to support colleagues in the escalation process and in challenging views offered by other professionals, as appropriate.
- Able to advise other agencies about the health management of child protection concerns.
- Able to analyse and evaluate information and evidence to inform inter-agency decision making across the organisation.
- Able to participate in a serious case review (in Wales – child practice reviews)/ domestic homicide reviews which include children/ case management review/significant case or other locally determined review, leading internal management reviews as part of this.
- Able to support others across the organisation in writing a chronology and review about individual children/young people, and in summarising and interpreting information from a range of sources.

- Able to develop a management plan for fabricated and induced illness (FII) and to support colleagues involved in individual cases.
- Able to lead service reviews of child protection cases and processes.
- Able to establish safeguarding/child protection quality assurance measures and processes.
- Able to undertake training needs analysis, and to teach and educate health service professionals.
- Able to review, evaluate and update local guidance and policy in light of research findings.
- Able to advise and inform others about national and international issues and policies and the implications for practice.
- Able to deal with the media and organisational public relations concerning safeguarding/child protection.
- Able to work effectively with colleagues in regional safeguarding/child protection clinical networks.
- Able to work closely with adult safeguarding colleagues to ensure effective safeguarding across the whole organisation.

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.[cxlii] This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training.[cxliii]
- 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[cxliv] within three years of taking up their post.
- Named professionals responsible for training of doctors are expected to have appropriate education for this role.[cxlv]
- Additional training programmes such as the newly developed Royal College of Paediatrics and Child Health level 4/5 training for paediatricians should be undertaken within one year of taking up the post.
- Training at level 4 will include the update and training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4.

Learning outcomes

- To be able to contribute to the development of robust internal safeguarding/child protection policy, guidelines, and protocols as a member of the safeguarding team.
- To be able to discuss, share and apply the best practice and knowledge in safeguarding/child protection including:
  - the latest research evidence and the implications for practice
  - learning lessons and cascading and sharing information with others

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

cxliii 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.

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

cxlv **www.gmc-uk.org/education/standards-guidance-and-curricula** and **www.gmc-uk.org/-/media/documents/Standards_for_curricula_and_assessment_systems_1114_superseded_0517.pdf_48904896.pdf**

  - an advanced understanding of childcare legislation, information sharing, information governance, confidentiality and consent
  - a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people
  - an advanced knowledge of relevant national and international issues, policies and their implications for practice
  - understanding the professional and experts' role in the court process.
- To know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards.
- To be able to effectively communicate local safeguarding knowledge, research and findings from audits.
- To know how to conduct a safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of a safeguarding/child protection team which may include partners in other agencies.
- To know how to undertake and contribute to serious case reviews (in Wales – child practice reviews)/domestic homicide reviews which include children/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, this will include the undertaking and analysis of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this.
- To be able to work effectively with colleagues from other organisations, providing advice as appropriate eg, concerning safeguarding/child protection policy and legal frameworks, the health management of child protection concerns.
- To be able to work effectively with colleagues in regional safeguarding/child protection clinical networks.
- To be able to work effectively with adult safeguarding colleagues both locally and regionally.
- To be able to provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.
- To know how to provide specialist advice to practitioners, both proactively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.
- To be able to support colleagues in challenging views offered by other professionals, as appropriate.
- To be able to be a trained provider of safeguarding/child protection supervision and/or support.
- To be able to lead/oversee safeguarding quality assurance and improvement processes.
- To be able to undertake risk assessments of organisational ability to safeguard/protect children and young people.
- To know how to lead service reviews of individual cases and processes.
- To know how to deal with the media and organisational public relations concerning safeguarding/child protection.

Level 5: Specialist roles – designated professionals for safeguarding children and young people[cxlvi]

Staff groups

This applies to designated doctors and nurses/ lead paediatricians and nurses in Scotland and equivalent roles in Wales and Northern Ireland.

As highlighted earlier the child protection system in the UK is the responsibility of the government of each of the UK's four nations: England, Northern Ireland, Scotland and Wales. There may be specific duties relating to the designated/ lead paediatricians and nurses in Scotland.

Appendix 3 describes the key duties and responsibilities of designated professionals[cxlvii] including lead paediatricians and lead nurses in Scotland.

Core competencies[cxlviii]

- As outlined for Level 1, 2 3 and 4.
- Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across healthcare services, including public health services commissioned by local authorities, and provided by independent/ private healthcare providers.
- Leads/oversees safeguarding/child protection quality assurance and improvement across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Leads innovation and change to improve safeguarding across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Takes a lead role in ensuring robust processes are in place across healthcare services to learn lessons from cases where children and young people die or are seriously harmed and maltreatment or neglect is suspected.
- Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.

cxlvi In Scotland, comparable specialist functions are performed by nurse consultants and lead paediatricians in child protection. There are designated doctor and nurse roles in Northern Ireland, although policies around the number and location of these posts are under development in light of recent health service restructuring.

cxlvii Designated professionals should have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

cxlviii *National Workforce competencies*: CJ F309 Support and challenge workers on specific aspects of their practice (also PH03.03); ENTO L1 Develop a strategy and plan for learning and development; PH03.00 Develop quality and risk management within an evaluative culture; MSC A3 Develop your personal networks.

- Takes a strategic and professional lead across healthcare services[cxlix] on all aspects of safeguarding/child protection, working closely with adult safeguarding colleagues.
- Provides expert advice and guidance, aiming to continually improve the quality of safeguarding activity in order to improve health outcomes for vulnerable children and those identified with safeguarding concerns.
- Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children to include:
  - taking a strategic professional lead across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the commissioners within each nation
  - ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned by the commissioners within each nation, in keeping with local safeguarding children partnership/local safeguarding children's board procedures and recommendations (England, Wales and Northern Ireland), and area child protection committees (Scotland)
  - providing specialist advice and guidance to the board and executives of commissioner organisations on all matters relating to safeguarding children including regulation and inspection
  - ensuring involvement with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications
  - monitoring services across healthcare services[cl] to ensure adherence to legislation, policy and key statutory and non-statutory guidance by supporting quality assurance teams.

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[cli]

- Advanced and indepth knowledge of relevant national and international policies and implications for practice.[clii]
- Advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process.
- Know how to lead the implementation of national guidelines and audit the effectiveness and quality of services across all healthcare services[cliii] against quality standards.

cxlix This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cl This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

cli *National Workforce Competencies*: DANOS BC4 Assure your organisation delivers quality services; PH08.01 Use leadership skills to improve health and well-being; 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 well-being.

clii Designated professionals should have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

cliii This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

- Advanced awareness of different specialties and professional roles.
- Advanced understanding of curriculum and training.

Skills

- Able to lead the health contribution to a serious case review (in Wales - child practice reviews)/domestic homicide reviews which include children/case management review/ significant case review, drawing conclusions and developing an agreed action plan to address lessons learnt.
- Able to plan, design, deliver and evaluate inter-agency safeguarding/child protection training for staff across healthcare services,[cliv] in partnership with colleagues in other organisations and agencies.
- Able to oversee safeguarding/child protection quality assurance processes across the whole of healthcare services.
- Able to influence improvements in safeguarding/child protection services across healthcare services.[clv]
- Able to provide clinical supervision, appraisal, and support for named professionals.
- Able to lead multidisciplinary team reviews.
- Able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.
- Able to reconcile differences of opinion among colleagues from different organisations and agencies.
- Able to work with communications teams to proactively deal with strategic communications and the media (if necessitated by their role) on safeguarding/ child protection across healthcare services.[clvi]
- Able to work with public health officers to undertake robust safeguarding/ child protection population-based needs assessments that establish current and future health needs and service requirements across all healthcare services.
- Able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children and young people, and articulate these decisions to executive officers.
- Able to work effectively with, and lead where appropriate, colleagues in regional and national safeguarding/child protection clinical networks.
- 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 work in partnership with adult safeguarding colleagues locally, regionally and nationally.

Attitudes and values

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

Education and training requirements

- Designated professionals including lead paediatricians, consultant/lead nurses, child protection nurse advisers (Scotland) should attend a **minimum** of 24 hours of education, training and learning over a three-year period.[clvii] This should include non-clinical knowledge acquisition such as management,

cliv This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

clv This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

clvi This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

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

appraisal, supervision training and the context of other professionals' work.[clviii]

- Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines and have the option of accessing individual external reflective and restorative supervision (and their attendance/participation should be recorded as part of continuing professional development record).
- An executive level management programme with a focus on leadership and change management[clix] should be completed within three years of taking up the post.
- Additional training programmes such as the Royal College of Paediatrics and Child Health level 4/5 training for paediatricians should be undertaken within one year of taking up the post.
- Training at level 5 will include the training required at levels 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5.

Learning outcomes

- To know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding/child protection single and inter-agency training and teaching for staff across healthcare services.[clx]
- To be able to know how to take a lead role in:
  - leading/overseeing safeguarding/child protection quality assurance and improvement across healthcare services[clxi]
  - the implementation of national guidelines and auditing the effectiveness and quality of services across healthcare services[clxii] against quality standards
  - service development conducting the health component of serious case reviews (in Wales –child practice reviews)/domestic homicide reviews which include children/case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt
  - strategic and professional leadership across healthcare services[clxiii] on all aspects of safeguarding/child protection
  - multidisciplinary team reviews
  - regional and national safeguarding/child protection clinical networks (where appropriate).
- To know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
- To know how to provide expert advice on increasing quality, productivity, and improving health outcomes for vulnerable children and those where there are safeguarding concerns.
- To be able to oversee safeguarding/child protection quality assurance processes across the whole of healthcare services.[clxiv]

clviii 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.

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

clx This also includes public health and LA commissioning, and private healthcare and independent provider.

clxi This also includes public health and LA commissioning, and private healthcare and independent provider.

clxii This also includes public health and LA commissioning, and private healthcare and independent provider.

clxiii This also includes public health and LA commissioning, and private healthcare and independent provider.

clxiv This also includes public health and LA commissioning, and private healthcare and independent provider.

- To know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.
- To know how to influence improvements in safeguarding/child protection services across healthcare services.[clxv]
- To be able to monitor services across healthcare services[clxvi] to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
- To be able to apply in practice:
  - advanced and indepth knowledge of relevant national and international policies and implications
  - advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process
  - advanced awareness of different specialties and professional roles
  - advanced understanding of curriculum and training.
- To know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across healthcare services.[clxvii]
- To be able to provide clinical supervision, appraisal, and support for named professionals.
- To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.
- To be able to reconcile differences of opinion among colleagues from different organisations and agencies.
- To be able to proactively deal with strategic communications and the media on safeguarding/child protection across healthcare services.[clxviii]
- To know how to work with public health officers to undertake robust safeguarding/child protection population-based needs assessments that establish current and future health needs and service requirements across healthcare services.[clxix]
- To be able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children and young people, and articulate these decisions to executive officers.
- To be able to deliver high-level strategic presentations to influence organisational development.
- To be able to work in partnership on strategic projects with executive officers at local, regional and national bodies, as appropriate.
- To be able to work in partnership with adult safeguarding colleagues locally, regionally and nationally.

clxv This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

clxvi This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

clxvii This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

clxviii This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

clxix This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

Board level for chief executive officers, trust and health board executive 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 safe staffing levels[clxx] with additional leadership being provided at board level by the executive director with the lead for safeguarding. This includes differentiating between safeguarding patients within the organisation in the course of service provision and identifying those patients who have been subject to abuse and/or neglect outside of the service. 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 safeguarding advice and expertise through designated or named professionals.

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

The specific roles of chair, chief executive officers, executive board leads and key board members will be described separately.

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.

Key responsibilities for chairs

- To ensure that the role and responsibilities of the organisation board in relation to safeguarding/child protection are met.
- To promote a positive culture of safeguarding children across the board through assurance that there are procedures for safer recruitment; restricted access to children's areas; unaccompanied children and young people 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 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.
- To ensure child 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.

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

Chief executive officer (CEO)

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 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 safeguarding/child protection are met.
- To ensure that the organisation adheres to relevant national guidance and standards for safeguarding/child protection.
- To promote a positive culture of safeguarding children to include: ensuring there are procedures for safer staff recruitment;[clxxi] whistle blowing; appropriate policies for safeguarding and child protection (including regular updating); chaperoning;[clxxii] and that staff and patients are aware that the organisation takes child protection seriously and will respond to concerns about the welfare of children.
- To appoint an executive director lead for safeguarding.
- To ensure good child protection and safeguarding practice throughout the organisation.
- To ensure there is appropriate access to advice from named and designated professionals[clxxiii] or their equivalents in Scotland.
- To ensure that operational services are resourced to support/respond to the demands of safeguarding/child protection effectively.
- To ensure that an effective safeguarding/child protection training and supervision strategy is resourced and delivered.
- To ensure and promote appropriate, safe, multi-agency/inter-agency 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 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 across the organisation supported by the named and designated professionals.

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

Key responsibilities of the board executive director lead

- To ensure that safeguarding is positioned as core business in strategic and operating plans and structures.
- To oversee, implement and monitor the ongoing assurance of safeguarding arrangements.
- To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding.
- Within commissioning organisations to

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

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

clxxiii Designated professionals should have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

ensure the appointment of designated professionals.

- Within commissioning organisations to ensure that provider organisations are quality assured for their safeguarding 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 safeguarding arrangements.
- To ensure that there is a programme of training and mentoring to support those with responsibility for safeguarding.
- 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 children.
- To ensure that serious incidents relating to safeguarding are reported immediately and managed effectively.
- To ensure that the organisation has robust safeguarding policies in place for managing appointments that are not attended.

Non-executive director board lead

Key responsibilities

- To ensure appropriate scrutiny of the organisation's safeguarding 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 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 including partnership arrangements, policies, risks and performance indicators; staff's roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding. Essentially the board will be held accountable for ensuring children and young people in that organisations care 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 on public health and the health economy that the care of survivors of childhood maltreatment, looked after children and care leavers has.
- Knowledge of agencies involved in child protection/safeguarding, their roles and responsibilities, and the importance of interagency co-operation.
- Knowledge about the statutory obligations to work with the local or area child protection committee/safeguarding children's board and other safeguarding agencies including the voluntary sector.
- Knowledge of the ethical, legal and professional obligations around information sharing related to safeguarding and child protection.
- 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 both within commissioning and provider organisations as an organisational necessity.
- Knowledge about the importance of safeguarding/child protection 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 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 safeguarding arrangements within provider organisations.
- Knowledge about board level risk relating to safeguarding children and the need to have arrangements in place for rapid notification and action on serious untoward incidents, including FGM mandatory reporting duties to the police in accordance with current legislation.
- Knowledge, understanding and awareness about the requirement of the board to have access to appropriate high quality medical and nursing advice on safeguarding/child protection matters from lead/named/designated and nominated professionals.

Skills

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

Attitudes and values

- Willingness as an individual to listen to 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 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. 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.
- Demonstrates an understanding of appropriate referral mechanisms and information sharing, including mandatory reporting requirements.

- Demonstrates clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children.
- Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements.
- Demonstrates an awareness and understanding of arrangements to share relevant information.
- Demonstrates an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as safe whistleblowing.
- Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training.
- Demonstrates collaborative working with lead and nominated professionals across agencies.

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Appendices

Appendix 1: National workforce competencies

National workforce competencies are referenced to both their source, eg, National Occupational Standards for Drugs and Alcohol (DANOS), and their reference within this source, eg, DANOS BC4.

The abbreviations used for different sources of competencies are shown below. With three exceptions all of the National Workforce Competencies listed on the following tables can be accessed from the Skills for Health website at: **www.skillsforhealth.org.uk/framework.php#frameworks**

Where competencies have been imported from other sectors, a health framework reference is provided to facilitate access to the relevant competence from the Skills for Health website.

National Workforce Competencies ID4 (pages 2 and 3) and Police 2J3 (page 8) were developed by Skills for Justice. Details of these competencies can be accessed at: **www.skillsforjustice.net/nos/home.html**

ENTO L1 (pages 6 and 7) is available able at:

www.ukstandards.co.uk/Find_Occupational_ Standards.aspx in the Learning and Development suite of standards.

Key:

CS	National Workforce Competencies for Children's Services
CJ	National Occupational Standards for Community Justice
DANOS	National Occupational Standards for Drugs and Alcohol
ENTO	Employment NTO – National Occupational Standards for Leaning and Development
HI	National Occupational Standards for Health Informatics
HSC	National Occupational Standards for Health and Social Care
MSC	Management Standards Centre – National Occupational Standards for Management and Leadership
PH	National Occupational Standards for the Practice of Public Health Police National Occupational Standards for Policing and Law Enforcement

Appendix 2: Role descriptions for specialist safeguarding/child protection professionals

All healthcare staff need education, support and leadership both locally and nationally in order to fulfil their duties to safeguard and protect children and young people.

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.

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

Named professional[clxxiv] for safeguarding children and young people – model job description.

The job descriptions of specialist professionals should reflect an appropriate workload, covering both roles and responsibilities for child protection 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 child protection, a named midwife (in organisations delivering maternity services), a named health professional in ambulance organisations and named GP for organisations commissioning primary care. In England, GP surgeries are expected to have a lead GP for safeguarding children. In Scotland, child protection avisors and lead clinicians undertake this function.

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:

1. 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)
2. 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
3. have completed specific post-registration training in safeguarding children and young people/child protection prior to commencement in the post (including law, policy, and practice at Level 2 or Post Graduate Diploma (PGDip))
4. have a minimum of three years' experience related to caring for babies/children and young people (or in the case of mental health relevant experience), be currently practising in the field of safeguarding/child protection, and have an understanding (and experience where appropriate) of forensic matters.[clxxv]

clxxiv This includes named nurse, named midwife, named doctor and named GP. In Scotland child protection advisors and lead clinicians undertake this function.

clxxv This applies to the named nurse and named midwife, as well as to medical staff.

NB. Those organisations with maternity services must also have a named midwife who should be on Part 2 of the Nursing and Midwifery Council register. The post holder should have completed additional post-registration training in safeguarding.

The ***named doctor*** should:

1. hold consultant status or a senior post with equivalent training and experience
2. have completed higher professional training (or achieved equivalent training and experience) in paediatrics or child and adolescent psychiatry. In exceptional circumstances where the organisation has no children's services, the Named doctor should be a practising clinician, who has status within the organisation, have evidenced safeguarding/child protection training to level 3, and who has regular supervision from the designated doctor for the area
3. have considerable clinical experience of assessing and examining children and young people as appropriate to the role to include safeguarding (or risk assessment of adult mental health patients in relation to safeguarding)
4. be currently practising (or have held an active clinical position in the previous two years) in the field of safeguarding/child protection and be of good professional standing
5. have an understanding of legal and forensic medicine as it relates to safeguarding/child protection.

The ***named GP***[clxxvi] should:

1. developed expertise in safeguarding is necessary
2. experience of being a practice safeguarding lead is highly desirable
3. be able to demonstrate examples of complex safeguarding cases they have personally been involved in - how they managed them and to demonstrate reflection and learning
4. demonstrate awareness of local and national child and adult safeguarding policies and procedures
5. demonstrate evidence of working with other agencies in a safeguarding context
6. demonstrate teaching experience if no teaching qualification
7. recommended to be a member of and contribute to, relevant safeguarding forums to ensure currency of knowledge and to have a network of support.

2. Duties for all named professionals

1. Support all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children and young people.
2. Be responsible to and accountable within the managerial framework of the employing organisation.
3. **At all times and in relation to the roles and responsibilities listed, work as a member of the organisation's safeguarding/child protection team.**
4. **Inter-agency responsibilities**
   a) Participate in multi-agency subgroups of the LSP/the safeguarding panel of the health and social care trust/the area child protection committee, the area multidisciplinary health group and the trust/organisation safeguarding committees.

clxxvi Named safeguarding GPs are employed to support NHS Commissioning organisations in discharging their statutory duties under Section 11 of the Children Act 2004. They deliver an enhanced service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. While this is not a statutory role *Working Together to Safeguard Children 2018* states that "GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place."

b) Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to safeguarding/child protection.

5. Leadership and advisory role

a) Support and advise the board of the healthcare organisation about safeguarding/child protection.

b) Contribute to the planning and strategic organisation of safeguarding/child protection services.

c) Work with other specialist safeguarding/child protection professionals on planning and developing a strategy for safeguarding/child protection services.

d) Ensure advice is available to the full range of specialties within the organisation[clxxvii] on the day-to-day management of children and families where there are safeguarding/child protection concerns.[clxxviii]

e) Provide advice (direct and indirect) to colleagues on the assessment, treatment and clinical services for all forms of child maltreatment including neglect, emotional and physical abuse, fabricated or induced illness (FII), child sexual abuse, honour-based violence, trafficking, sexual exploitation, detention and within the prevent strategy.

6. Clinical role (where relevant)

a) Support and advise colleagues in the clinical assessment and care of children and young people where there are safeguarding/child protection concerns, as part of own clinical role, whilst being clear about others personal clinical professional accountability.

b) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation.

c) Assess and evaluate evidence, write reports and present information to child protection conferences and related meetings.

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

7. Co-ordination and communication

e) Work closely with other specialist safeguarding/child protection professionals across the healthcare services.[clxxix]

f) Ensure the outcomes of health advisory group discussions at an organisational level are communicated to the safeguarding/child protection team and other staff, as appropriate.

g) Work closely with the board-level executive lead for safeguarding/child protection within the healthcare organisation.

h) Liaise with professional leads from other agencies, such as education and children's social care.

8. Governance: policies and procedures

a) Ensure that the healthcare organisation has safeguarding/child protection policies and procedures in line with legislation, national guidance, and the guidance of the LSP/the safeguarding panel of the health and social care trust/ the child protection committee.

b) Contribute to the dissemination and implementation of organisational policies and procedures.

clxxvii Including, but not limited to, primary healthcare, Accident and Emergency (A&E), orthopaedics, obstetrics, gynaecology, child and adult psychiatry.

clxxviii The range of specialties will be specific to the organisation in which the named professional works – for example, in a secondary care setting this may include, ophthalmology, A&E, obstetrics, and orthopaedics, while in a community setting this may include general practice, health visiting, mental health, drug and alcohol abuse, housing, and learning disability.

clxxix This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

c) Encourage case discussion, reflective practice, and the monitoring of significant events at a local level.

9. Training

a) Work with specialist safeguarding/child protection professionals across healthcare services[clxxx] and with the training sub-groups of the LSP/the safeguarding panel of the health and social care trust/the child protection committee to agree and promote training needs and priorities.

b) Ensure that every site of the health organisation has a training strategy in line with national and local expectations.

c) Contribute to the delivery of training for health staff and inter-agency training.

d) Evaluate training and adapt provision according to feedback from participants.

e) Tailor provision to meet the learning needs of participants.

10. Monitoring

a) Advise employers on the implementation of effective systems of audit.[clxxxi]

b) Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards.[clxxxii]

c) Contribute, as clinically appropriate, to serious case reviews/case management reviews/significant case reviews, and individual management reviews/individual agency reviews/internal management reviews.

d) Disseminate lessons learnt from serious case reviews/case management reviews/significant case reviews, and advise on the implementation of recommendations.

11. Supervision

a) Provide/ensure provision of effective safeguarding/child protection appraisal, support, peer review and supervision for colleagues in the organisation.

b) Contribute to safeguarding/child protection case supervision/peer review.

12. Personal development

a) Meet the organisation's and the professional body's requirements for training attendance.

b) Attend relevant local, regional, and national continuing professional development activities to maintain competencies.

c) Receive regular safeguarding/child protection supervision/peer review and undertake reflective practice.

d) Recognise the potential personal impact of working in safeguarding/child protection on self and others, and seek support and help when necessary.

13. Appraisal and job planning

a) Receive annual appraisal[clxxxiii] as per the requirement by the regulatory body, from a professional trained in effective appraisal. Where the appraiser has no specialist knowledge of safeguarding/child protection or the knowledge of the individual's professional context and framework[clxxxiv] they should seek input into the process from the designated professional.

b) Named doctors should receive an annual job plan review to include objective setting for the safeguarding element of the post. Input from the designated doctor should be encouraged to ensure

clxxx This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

clxxxi An example is included in the RCGP Safeguarding Toolkit (11).

clxxxii Examples of standards for GP practices are included in the RCGP Safeguarding Toolkit (11).

clxxxiii For nurses, midwives, Health Visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework (67).

clxxxiv The appraiser should consult with someone with specialist child protection knowledge and experience.

objectives cover the safeguarding element of the post.

14. Accountability

a) Be accountable to the chief executive of the employing body.

b) Report to the medical director, nurse director or board lead with primary responsibility for children's services and safeguarding within the organisation.

15. Authority

a) 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.

16. 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 child safeguarding responsibilities effectively.[clxxxv]

a) The time required to undertake the tasks outlined in this job description will depend on the size and needs of the population, the number of staff, the number and type of directorates/ operational units covered by the healthcare organisation, whether the organisation provides tertiary services and the level of development of local safeguarding/child protection structures, process and function[clxxxvi] (For named doctors, named GPs and named nurses see table below).

b) The healthcare organisation should supply dedicated secretarial and administrative support for named professionals.

c) The employing body should ensure that during a serious case review/ case management review/significant case review the professional is relieved of some of their other duties. The employing body should delegate these appropriately to ensure that the work of the specialist safeguarding/child protection professional is still carried out effectively.

d) The healthcare organisation should supply additional support when the professional is undertaking an individual management review/individual agency review/internal management review, as part of a serious case review/case management review/significant case review.

e) Given the stressful nature of the work, the healthcare organisation should provide safeguarding/child protection focused support and supervision for the specialist professional.

clxxxv There should be a named doctor and named nurse in every healthcare organisation, and a named midwife within all Maternity Units. In ambulance organisations there should be a named health professional.

clxxxvi *Co-operating to Safeguard* (2003), 3.22, p22 'it is essential that both board (under review) designated and Trust named nurses have their time protected to enable them to fulfil the demand of their child protection roles'.

The tables below and on the following pages are a minimum guide to the resources required for the roles.

Named safeguarding doctor's programmed activitites* per year

Activity	*A programmed activity (PA) is equal to approximately four hours of work		
	Meetings per annum (in PAs)	**Admin per annum (in PAs)**	**Notes**
LSP sub committees	4	2	
Health Professionals' Advisory Group	4	2	
Trust/organisation's safeguarding committee	4	2	
Serious case reviews	6	6	This equates to participating in one review per year
Training	12	12	
Quality assurance, for example, audit, etc	6	6	
Peer review	12		
Meeting with designated personnel	12		
Sub total	60	30	=90
Total		**Total per annum (PAs) = 90** 2-2.5 programme activities (PAs) per week (calculated within 42 working weeks)	

Note

Job plans are negotiable on an annual basis and doctors should ensure they have good evidence with well structured job plan diaries if there is a need to alter the dedicated time to reflect their named duties. Named duties should be clearly identified in the job plan as additional responsibilities and separate from clinical duties. They may also include, for example, clinical child protection work. Supporting professional activities within the job plan should also include time for CPD and development for the named doctor role.

PAs should take into account the local team infrastructure of designated and named professionals, admin and other local support, the numbers and requirements for attendance at subgroups/committees and the numbers of SCRs and the expertise of the individual. Other factors that should be considered include the local deprivation indices, the local child population (under 18), the numbers of children subject to child protection plans and whether the organisation provides tertiary care.

Named GP programmed activities

Based on 2x4 hour sessions per week to serve a popluation of 220,000, dependent on contract but may consist of the following:

Activity (one PA equivalent to four hours' work)	Planned meetings per annum	Admin per annum	Notes
LSP sub committees	4PAs	2PAs	
GP training	22 PAs	6 PAs	
Forum for practice leads	8 PAs		
Informal GP support	4 PAs		
Audit	4 PAs	2 PAs	
Learning, including personal development, shared learning and peer review	6 PAs	2 PAs	
Meetings with safeguarding team	4 PAs	2 PAs	
Serious case and other reviews	10 to 20 PAs per review depending on complexity and methodology		Assuming one per annum, more resources will be required if more than 10 PAs or more than one per annum
Implementation of SCR recommendations	10 PAs		
Appraisal	1 PA	1 PA	
Preparation for regulation and assessment	4 PAs		

Named nurse for safeguarding children and young people

For acute healthcare organisations
A minimum of one dedicated WTE* named nurse for safeguarding children and young people for each healthcare organisation with dedicated clinical nurse safeguarding specialists for each additional site. A minimum of 0.5WTE dedicated administrative support.
For community healthcare organisations
A minimum of one dedicated WTE* named nurse for safeguarding children and young people for a child population of 70,000. A minimum of 0.5WTE dedicated administrative support. *While it is expected that there will be a team approach to safeguarding children and young people the minimum WTE named nurse may need to be greater dependent upon the numbers of serious case reviews, the requirement for attendance at safeguarding committees, the requirement to provide safeguarding supervision for other practitioners, the local deprivation indices, the local child population and the number of children subject to child protection plans, the size of the organisation and whether it provides tertiary services.

Named midwife for safeguarding

A minimum of 0.4 WTE* named midwife should be available in each organisation providing maternity services. *The WTE will vary dependent upon, for example, the number of births, the requirement for attendance at safeguarding committees and the local deprivation indices.

This outline is based on the duties and responsibilities of the named professional described in:

In England

1. Department for Education. *Working Together to Safeguard Children*. 2018: **www.gov.uk/government/publications/working-together-to-safeguard-children--2** [accessed 20/9/18]

2. Children Act 1989: **www.legislation.gov.uk/ukpga/1989/41/contents** [accessed 20/9/18]

3. Laming. *The Victoria Climbie Inquiry: Report of an Inquiry*. 2003: **www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming** [accessed 20/9/18]

4. Female Genital Mutilation Act 2003: **www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf** [accessed 20/9/18]

5. Children Act 2004: **www.legislation.gov.uk/ukpga/2004/31/contents** [accessed 20/9/18]

6. Children and Young Persons Act 2008: **www.legislation.gov.uk/ukpga/2008/23/contents** [accessed 20/9/18]

7. Children and Families Act 2014: **www.legislation.gov.uk/ukpga/2014/6/contents/enacted** [accessed 20/9/18]

8. Children and Social Work Act 2017: **www.legislation.gov.uk/ukpga/2017/16/contents/enacted** [accessed 20/9/18]

9. Royal College of General Practice. *Safeguarding children and young people a toolkit for General Practice*. 2014: **www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx** [accessed 20/9/18]

In Scotland

1. Scottish Government. *Child Protection Guidance for Health Professionals*. 2013: **www.gov.scot/Resource/0041/00411543.pdf** [accessed 20/9/18]

2. Children (Scotland) Act 1995: **www.legislation.gov.uk/ukpga/1995/36/contents** [accessed 20/9/18]

3. The Age of Legal Capacity (Scotland) Act 1991: **www.legislation.gov.uk/ukpga/1991/50/contents** [accessed 20/9/18]

4. Protecting children and young people Framework of Standards 2004: **www.gov.scot/Publications/2004/03/19102/34603** [accessed 20/9/18]

5. Scottish Government. *Getting it right for every child*. 2017: **www.gov.scot/Topics/People/Young-People/gettingitright/publications** [accessed 20/9/18]

6. Scottish Government. Children and Young People's (Scotland) Act 2014: **www.legislation.gov.uk/asp/2014/8/contents** [accessed 20/9/18]

In Northern Ireland

1. Department of Health. *Co-operating to Safeguard Children*. 2017: **www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland** [accessed 20/9/18]

2. Children (Northern Ireland) Order 1995: **www.legislation.gov.uk/nisi/1995/755/contents/made** [accessed 20/9/18]

3. Department of Health. *Safeguarding Board for Northern Ireland Procedures Manual*. 2018: **www.proceduresonline.com/sbni** [accessed 20/9/18]

4. Protection of Children & Vulnerable Adults (NI) Order (2003): **www.legislation.gov.uk/nisi/2003/417/contents/made** [accessed 20/9/18]

5. Laming. *The Victoria Climbie Inquiry: Report of an Inquiry*. 2003: **www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming** [accessed 20/9/18]

6. Department of Health. *Standards for Child Protection Services*. 2008: **www.health-ni.gov.uk/publications/standards-child-protection-services** [accessed 20/9/18]

7. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007: **www.legislation.gov.uk/nisi/2007/1351/contents** [accessed 20/9/18]

8. Safeguarding Board Act (Northern Ireland) 2011: **www.legislation.gov.uk/nia/2011/7/contents** [accessed 20/9/18]

In Wales

1. Welsh Assembly Government. *Safeguarding Children – Working Together Under the Children Act 2004*. 2007: **https://gov.wales/topics/health/publications/socialcare/circular/nafwc1207/?lang=en** [accessed 20/9/18]

2. National Assembly for Wales. The review of safeguards for children and young people treated and cared for by the NHS in Wales. Too serious a thing. *Carlile Review*. **www.wales.nhs.uk/publications/English_text.pdf** [accessed 20/9/18]

3. Welsh Assembly Government. *Response to the Victoria Climbie Inquiry*. 2003: **www.assembly.wales/7882ab83c56dce6467f09d29bed126b6.pdf** [accessed 20/9/18]

4. All Local Safeguarding Children Boards in Wales. *All Wales Child Protection Procedures*: **www.childreninwales.org.uk/policy-document/wales-child-protection-procedures-2008/** [accessed 20/9/18]

5. Protecting Children in Wales. *Guidance for Arrangements for Multi-Agency Child Practice Reviews*. Jan 2013: **www.wales.nhs.uk/governance-emanual/child-practice-reviews** [accessed 20/9/18]

6. The Social Services and Wellbeing Act (Wales) 2014: **www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf** [accessed 20/9/18]

7. Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015: **www.legislation.gov.uk/anaw/2015/3/contents/enacted** [accessed 20/9/18]

Appendix 3: Designated professional[clxxxvii] for safeguarding children and young people

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

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

Model job description

In England, Wales and Northern Ireland: clinical commissioning groups (CCGs) (England), Public Health Wales (Wales) and Safeguarding Board Northern Ireland (SBNI, Ireland)[clxxxviii] should employ, or have in place, a contractual agreement to secure the expertise of designated professionals. In some areas in England there will be more than one CCG per local authority and LSP area, and CCGs may develop 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement.

Designated professionals, as clinical experts and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area,[clxxxix] providing support to all providers and linking particularly with named child safeguarding health professionals, local authority children's services, and local safeguarding partnerships (LSPs)/the safeguarding panel of the health and social care trust, and the NHS England. In Scotland, this function is carried out by lead paediatricians, consultant/lead nurses (child protection nurse advisers in larger health boards) who are members of the Child Protection Committee.

1. Person specification

The post holder must have an enhanced disclosure check. 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 ***designated nurse*** should:

1. 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)
2. have completed specific training in the care of babies/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
3. have completed specific post-registration training in safeguarding/child protection at Masters level or equivalent
4. have substantial clinical professional training and experience relating to the care of babies/children and young people, be currently practising in the field of safeguarding/child protection, have an understanding of

clxxxvii This includes designated nurse and designated doctor. In Scotland, comparable specialist functions are performed by nurse consultants, lead nurses and lead clinicians for child protection. There are designated doctor and nurse roles in Northern Ireland.

clxxxviii Designated professionals work as an All Wales team and are employed by Public Health Wales NHS Trust.

clxxxix This means the whole health economy even if commissioned by local authority or independent contractors.

legislation relating to children and young people, and have an understanding of forensic medicine

5. have proven negotiating and leadership skills.

The ***designated doctor*** should:

1. hold consultant status or equivalent
2. have undergone higher professional training in paediatrics[cxc]
3. have substantial clinical experience in the field of safeguarding/child protection and substantial experience of the legislation relating to children and young people, and the court process
4. be clinically active (or have held an active clinical position in the previous two years) in the field of safeguarding/child protection, as part of their clinical commitments
5. have proven negotiating and leadership skills.

2. Job description

a) At all times and in relation to the roles and responsibilities listed, work as a member of the safeguarding/child protection team across healthcare services[cxci] (In Wales the designated professionals incorporate the designated role for LAC at a strategic level).

b) Lead and support all activities necessary to ensure that organisations within healthcare services[cxcii] meet their responsibilities to safeguard and protect children and young people.

c) Advise and support all named professionals across healthcare services.

d) Be responsible to and accountable within the managerial framework of the employing healthcare organisation where the designated professional is employed within a provider organisation, a service level agreement (SLA) between the employing organisation and the CCG(s) should identify the key priorities for the role of DP. In Wales, a programme level agreement between the Welsh Government and the Safeguarding Children Service identifies the key priorities.

3. Inter-agency responsibilities

a) Be a member/or advisor of the LSP[cxciii] the safeguarding panel of the health and social care trust/the child protection committee.[cxciv]

b) Serve, as appropriate, on the sub-committees of the LSP/the safeguarding panel of the health and social care trust/the child protection committee.

c) Provide safeguarding/child protection health advice on policy and individual cases to statutory and voluntary agencies, including the police and children's social care.

d) Liaise with local education and training boards (LETBs) and local education providers to ensure appropriate expert involvement and safeguarding/child protection content within pre-registration, undergraduate, and postgraduate education and training programmes to provide students best opportunity for learning and

cxc While most post holders will be paediatricians, it is appreciated that doctors with dual qualifications as general practice working in other specialities such as public health, forensic medicine or psychiatry may be able to demonstrate the required competence to undertake the role.

cxci This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cxcii This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cxciii For LSPs the designated professionals will provide expertise to the LSP in a range of ways. Designated professionals should also have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

cxciv In Wales the Designated Professionals of the National Safeguarding Team Public Health Wales are members of all the Regional Safeguarding Boards providing independent expertise on behalf of NHS Wales.

development in the area of safeguarding children.

4. Leadership and advisory role

a) Provide advice to organisations across healthcare services[cxcv] on questions of planning, strategy and commissioning with regard to safeguarding/child protection (to include services to adults who pose risks to children), including ensuring appropriate performance indicators are in place.

b) Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited.

c) Provide advice about safeguarding/child protection risks (including any deficiencies or vulnerable areas in service provision) to organisations across healthcare services[cxcvi] via a health representatives group.

d) Ensure expert advice from professionals with specialist experience and knowledge policy and procedures and on the day-to-day management of children, young people, and families is available to all health specialties[cxcvii] in organisations delivering health services across all healthcare services.[cxcviii]

e) Provide advice (direct and indirect) to colleagues on the assessment, treatment, and clinical services for all forms of child maltreatment including FII, child sexual abuse, honour-based violence, trafficking, detention and within the Prevent strategy.

5. Clinical role (where relevant)

a) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation.

b) Assess and evaluate evidence, write reports and present information to child protection conferences and related meetings.

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

d) Provide clinical advice, for example in complex cases or where there is dispute between practitioners.

e) Where designated doctors, in particular, are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles and the contractor will need to be able to input into the job planning, appraisal and revalidation processes.

6. Co-ordination and communication

a) Work with other designated professionals to agree team responsibilities.

b) Liaise with, advise, and support named professionals across all healthcare services.[cxcix]

cxcv This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cxcvi This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cxcvii Including but not limited to: GPs, A&E, orthopaedics, maternity services, gynaecology, child and adult psychiatry.

cxcviii This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cxcix This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

c) Lead and support the activities of any local health advisory group for safeguarding/child protection.[cc]

d) Liaise with the health boards/ local authority child protection and safeguarding lead and where required the NHS commissioning board.

7. Governance: policies and procedures

a) Work with other designated professionals to ensure that the health components of the procedures of the LSP/the safeguarding panel of the health and social care trust/the child protection committee are current.

b) Work with healthcare organisations[cci] across all healthcare services[ccii] to ensure that appropriate policies, procedures, training, and audit are in place and that these are consistent with the policies of the LSP/the safeguarding panel of the health and social care trust/the child protection committee.

c) Assist and facilitate in the development of quality assurance systems across the health economy.[cciii]

8. Training responsibilities

a) Advise on safeguarding training needs[cciv] and the delivery of training for all health staff within organisations across healthcare services.[ccv]

b) Play an active part in the planning and delivery of inter-agency training through LSPs/the safeguarding panel of the health and social care trust/the child protection committee.

9. Monitoring

a) Provide advice to all organisations across healthcare services[ccvi] on the implementation of an effective system of safeguarding/child protection audit, training, and supervision.

b) Provide advice on monitoring of safeguarding elements of contracts, service level agreements and commissioned services.

c) Provide advice on clinical governance and standards to named professionals.

d) Provide advice to the chief executive of the employing healthcare organisation (either directly or via identified structures or designated personnel such as the medical director, nurse director or children's lead) about their responsibilities to ensure that performance indicators in relation to

cc Such groups should also include named professionals (or in Scotland child protection advisers and lead clinicians) and representatives from midwifery services (including the named midwife for Safeguarding), child and family psychiatry, psychology, general practice, NHS 111/NHS 24/NHS Direct Wales, out-of-hours medical services, ambulance services, and the safeguarding/child protection leads of any independent health providers.

cci In relation to Wales – Assist NHS LHBs and Trusts in developing robust integrated governance mechanisms to align their arrangements with their wider stakeholders where their activities inter-relate with regard to safeguarding children.

ccii This also includes Public Health and LA commissioning, and private healthcare and Independent providers, as well as for example walk-in centres, dentist surgeries and pharmacies.

cciii This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

cciv It is the responsibility of the employer to identify individuals' training needs through appraisal, supervision and audit.

ccv This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

ccvi This also includes Public Health and LA commissioning, and private healthcare and Independent providers; and includes nurses, health visitors, midwives, paediatricians, GPs, other doctors and health staff in regular contact with children and families, (e.g. dentists, pharmacists, optometrists, contact lens and dispensing opticians). The professionals should also ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability.

safeguarding/child protection are met, and that there are adequate resources for named and designated professionals to carry out their roles effective.

10. Serious case reviews/ case management reviews/significant case reviews/ child practice reviews (Wales)

a) Work with other designated professionals to produce an overall review of the local healthcare services[ccvii] that identifies gaps in commissioning arrangements and information sharing between organisations and individuals (this should incorporate the lessons learned from all SCRs, individual management reviews/individual agency reviews/internal management reviews).

b) Provide advice to all specialist safeguarding/ child protection professionals working within organisations delivering health services across the health economy[ccviii] on writing individual management reviews/individual agency reviews/internal management reviews and within the new framework of Working Together 2018.

11. Supervision

a) Provide advice on child protection case-focused support and supervision for health staff at all levels within organisations across healthcare services[ccix] that deliver health services.

b) Monitor compliance of organisational safeguarding supervision strategies, providing advice and direction to healthcare services[ccx] in the development of their safeguarding supervision strategy.

c) Provide supervision for named professionals across healthcare services,[ccxi] or ensure they are receiving appropriate supervision from elsewhere.

d) To provide mentoring as required to the named doctors and executive lead in the health boards.

12. Personal development

a) Meet the organisations and the professional body's requirements for training attendance.

b) Attend relevant regional and national continuing professional development activities in order to maintain skills. This includes receiving specific training that relates to specialist activities.

c) Receive regular safeguarding/child protection supervision/peer review and undertake reflective practice from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with safeguarding/ child protection expertise).

13. Appraisal

a) Receive annual appraisal[ccxii] as per the requirement by the regulatory body, from a professional trained in effective appraisal. Where the appraiser has no specialist knowledge of safeguarding/child protection or the knowledge of the individual's

ccvii This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

ccviii This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

ccix This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

ccx This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

ccxi This also includes Public Health and LA commissioning, and private healthcare and Independent providers

ccxii For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework (67).

professional context and framework, they may seek input into the process from the other designated professionals. Input from the LSP/the safeguarding panel of the health and social care trust/the area child protection committee, the CCGs/ Public Health Wales/SBNI/Child Protection Committee should be encouraged.

14. Accountability

Designated professionals should be performance managed in relation to their designated functions by a person of appropriate seniority such as a board level director who has executive responsibility for safeguarding children as part of their portfolio of responsibilities.

a) Be accountable to the chief executive of their employing body (In Wales, Director of Public Health Services (Executive Director lead for Safeguarding Children, Public Health Wales)

b) Report to the medical director, nurse director or board lead with primary responsibility for children's services and safeguarding within the organisation.[ccxiii]

15. Authority

a) 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.

16. Resources required for post

Professional roles should be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil specialist safeguarding/child protection responsibilities effectively[ccxiv] *(for designated doctors and designated nurses see tables below).*

a) The time required to undertake the tasks in this job description will depend on the size and needs of the population, the number of provider and commissioning healthcare organisations covered by the role, the number of LSPs/the safeguarding panel of the health and social care trust/the area child protection committees, staff, the number of healthcare organisations covered by the role to include whether there are tertiary units, and the level of development of local safeguarding structures, process and functions.[ccxv,ccxvi]

b) The employing body should ensure there is dedicated and effective secretarial support either through direct employment or where a provider organisation employs through the SLA.

c) The employing body should ensure that during a serious case review/case management review/significant case review, the professional is relieved of some of their other duties. The employing body should delegate these appropriately to ensure that their specialist safeguarding/child protection work is still carried out effectively. This

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

ccxiv The need for protected time is affirmed in the revised guidance on *Working Together to Safeguard Children*. "CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSP area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement.

ccxv The role of designated professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities effectively (Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2015).

ccxvi For large NHS organisations which have a number of sites, a team approach can enhance the ability to provide 24-hour advice and provide mutual support for those carrying out the designated and named professional roles.

includes ensuring adequate resources to deliver training.

e) Given the stressful nature of the work, the employing body must ensure that safeguarding focused supervision and support is provided.

The tables on the following pages are a minimum guide to the resources required for the roles.

Designated safeguarding doctor's programmed activitites* per year

Activity	*A programmed activity (PA) is equal to approximately four hours of work		
	Meetings per annum (in PAs)	**Admin per annum (in PAs)**	**Notes**
Local Safeguarding Partnership	4-12	4-12	This may need to be increased if attending more than one LSP
Health Professionals' Advisory Group	4	4	
Updating medical components of LSP prodecedures and policies	4	24	
LSP training sub committees – planning of multidisciplinary training through LSP structures	6	6	
Assist training in and availability of child protection issues	24	12	
Multidisciplinary meetings	4	4	
Peer review	12		
Safeguarding forums/strategic clinical netwroks	4	4	
Serious case reviews	6	6	This equates to participating in one review per year
Where serious case review is required, review/supervise doctors involved	6		
Expert health advice and supervision to all professionals/organisations	24	12	
Clinical advice in complex cases or where there is a dispute between practitioners	12	6	
Effective system of audit and monitoring	6	6	
Sub total	116-128	68-80	=184-208
Total		**Total per annum (PAs) = 184-208** 4.5-5 PAs per week according to the size of districts covered by the designated doctor (calculated within 42 working weeks)	

Note

Job plans are negotiable on an annual basis and doctors should ensure they have good evidence with well structured job plan diaries if there is a need to alter the dedicated time to reflect their named duties. Designated duties should be clearly identified in the job plan as additional responsibilities and separate from clinical duties. They may also include, for example, clinical child protection work. Supporting professional activities within the job plan should also include time for CPD and development for the designated doctor role.

PAs should take into account the local team infrastructure of designated and named professionals, admin and other local support, the numbers and requirements for attendance at subgroups/committees and the numbers of SCRs and the expertise of the individual. Other factors that should be considered include the local deprivation indices, the local child population (under 18), the numbers of children subject to child protection plans, the number of provider and commissioning healthcare organisations covered by the role to include whether there are tertiary units, the number of LSPs/the safeguarding panel of the health and social care trust/the area child protection committees, staff, the number of healthcare organisations covered by the role.

Designated nurse for safeguarding children and young people

A minimum of one dedicated WTE* designated nurse for a child population of 70,000.

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

*While it is expected that there will be a team approach to safeguarding children and young people the minimum WTE designated nurse may need to be greater dependent upon the numbers of local safeguarding partnerships, sub committees, unitary authorities and clinical commissioning groups covered, the requirement to provide safeguarding supervision for other practitioners, as well as the geographical area covered, the number of children subject to child protection plans and local deprivation indices.

This outline is based on the duties and responsibilities of the designated professional described in:

In England

1. Department for Education. *Working Together to Safeguard Children*. 2018: **www.gov.uk/government/publications/working-together-to-safeguard-children--2** [accessed 20/9/18]

2. Children Act 1989: **www.legislation.gov.uk/ukpga/1989/41/contents** [accessed 20/9/18]

3. Laming. *The Victoria Climbie Inquiry: Report of an Inquiry*. 2003: **www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming** [accessed 20/9/18]

4. Female Genital Mutilation Act 2003: **www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf** [accessed 20/9/18]

5. Children Act 2004: **www.legislation.gov.uk/ukpga/2004/31/contents** [accessed 20/9/18]

6. Children and Young Persons Act 2008: **www.legislation.gov.uk/ukpga/2008/23/contents** [accessed 20/9/18]

7. Children and Families Act 2014: **www.legislation.gov.uk/ukpga/2014/6/contents/enacted** [accessed 20/9/18]

8. Children and Social Work Act 2017: **www.legislation.gov.uk/ukpga/2017/16/contents/enacted** [accessed 20/9/18]

9. Royal College of General Practice. *Safeguarding children and young people a toolkit for General Practice*. 2014: **www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx** [accessed 20/9/18]

10. NHS England. *Safeguarding Vulnerable People NHS Accountability and Assurance Framework*. 2015: **www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf** [accessed 20/9/18]

In Scotland

1. Scottish Government. *Child Protection Guidance for Health Professionals*. 2013: **www.gov.scot/Resource/0041/00411543.pdf** [accessed 20/9/18]

2. Children (Scotland) Act 1995: **www.legislation.gov.uk/ukpga/1995/36/contents** [accessed 20/9/18]

3. The Age of Legal Capacity (Scotland) Act 1991: **www.legislation.gov.uk/ukpga/1991/50/contents** [accessed 20/9/18]

4. Protecting children and young people Framework of Standards 2004: **www.gov.scot/Publications/2004/03/19102/34603** [accessed 20/9/18]

5. Scottish Government. *Getting it right for every child*. 2017: **www.gov.scot/Topics/People/Young-People/gettingitright/publications** [accessed 20/9/18]

6. Scottish Government. Children and Young People's (Scotland) Act 2014: **www.legislation.gov.uk/asp/2014/8/contents** [accessed 20/9/18]

In Northern Ireland

1. Department of Health. *Co-operating to Safeguard Children*. 2017: **www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland** [accessed 20/9/18]

2. Children (Northern Ireland) Order 1995: **www.legislation.gov.uk/nisi/1995/755/contents/made** [accessed 20/9/18]

3. Department of Health. *Safeguarding Board for Northern Ireland Procedures Manual*. 2018: **www.proceduresonline.com/sbni** [accessed 20/9/18]

4. Protection of Children & Vulnerable Adults (NI) Order (2003): **www.legislation.gov.uk/nisi/2003/417/contents/made** [accessed 20/9/18]

5. Laming. *The Victoria Climbie Inquiry: Report of an Inquiry*. 2003: **www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming** [accessed 20/9/18]

6. Department of Health. *Standards for Child Protection Services*. 2008: **www.health-ni.gov.uk/publications/standards-child-protection-services** [accessed 20/9/18]

7. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007: **www.legislation.gov.uk/nisi/2007/1351/contents** [accessed 20/9/18]

8. Safeguarding Board Act (Northern Ireland) 2011: **www.legislation.gov.uk/nia/2011/7/contents** [accessed 20/9/18]

In Wales

1. Welsh Assembly Government. *Safeguarding Children – Working Together Under the Children Act 2004*. 2007: **https://gov.wales/topics/health/publications/socialcare/circular/nafwc1207/?lang=en** [accessed 20/9/18]

2. National Assembly for Wales. The review of safeguards for children and young people treated and cared for by the NHS in Wales. Too serious a thing. *Carlile Review*. **www.wales.nhs.uk/publications/English_text.pdf** [accessed 20/9/18]

3. Welsh Assembly Government. *Response to the Victoria Climbie Inquiry*. 2003: **www.assembly.wales/7882ab83c56dce6467f09d29bed126b6.pdf** [accessed 20/9/18]

4. All Local Safeguarding Children Boards in Wales. *All Wales Child Protection Procedures*: **www.childreninwales.org.uk/policy-document/wales-child-protection-procedures-2008/** [accessed 20/9/18]

5. Protecting Children in Wales. *Guidance for Arrangements for Multi-Agency Child Practice Reviews*. Jan 2013: **www.wales.nhs.uk/governance-emanual/child-practice-reviews** [accessed 20/9/18]

6. The Social Services and Wellbeing Act (Wales) 2014: **www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf** [accessed 20/9/18]

7. Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015: **www.legislation.gov.uk/anaw/2015/3/contents/enacted** [accessed 20/9/18]

8. Wales Wellbeing Future Generations Act 2015: **www.legislation.gov.uk/anaw/2015/2/contents/enacted** [accessed 20/9/18]

Appendix 4: 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 *Safeguarding Children and Young People; Roles and Competencies for 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	Tick those that apply
Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)	
Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)	
To be able to demonstrate an understanding of the risks associated with the internet and online social networking	
Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children	
To be able to understand the impact a parent carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse	
To be able to understand the importance of children's rights in the safeguarding/child protection context	
To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice	
To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)	

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 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 *Safeguarding Children and Young People; Roles and Competencies for 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	Tick those that apply
Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)	
Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)	
To be able to demonstrate an understanding of the risks associated with the internet and online social networking	
Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children	
To be able to understand the impact a parent carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse	
To be able to understand the importance of children's rights in the safeguarding/child protection context	
To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice	
To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)	
Level 2	
To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect	
To be able to act as an effective advocate for the child or young person	
To demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk	
To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your colleagues in a multidisciplinary team and in multi-agency setting	
To know how and when to refer to social care if you have identified a safeguarding/child protection concern	
To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately	
To know how to maintain appropriate records including being able differentiate between fact and opinion	
To be able to identify the appropriate and relevant information and how to share it with other teams	
To be aware of the risk of Female Genital Mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation	
To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity	
To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation	

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 *Safeguarding Children and Young People; Roles and Competencies for 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	Tick those that apply
Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)	
Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)	
To be able to demonstrate an understanding of the risks associated with the internet and online social networking	
Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children	
To be able to understand the impact a parent carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse	
To be able to understand the importance of children's rights in the safeguarding/child protection context	
To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice	
To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)	
Level 2	
To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect	
To be able to act as an effective advocate for the child or young person	
To demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk	
To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your colleagues in a multidisciplinary team and in multi-agency setting	
To know how and when to refer to social care if you have identified a safeguarding/child protection concern	
To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately	
To know how to maintain appropriate records including being able differentiate between fact and opinion	
To be able to identify the appropriate and relevant information and how to share it with other teams	
To be aware of the risk of female genital mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation	
To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity	
To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation	

Level 3	
CORE	
To be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach	
To understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people	
To have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (eg, where role involves includes forensics teams/working alongside forensics teams)	
To know how to undertake, where appropriate, a risk and harm assessment	
To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability	
To know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process	
To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and related to role	
To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection	
To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role	
To know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required	
To know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)	
To know how to deliver and receive supervision within effective models of supervision and /or peer review as appropriate to role, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals	
To be able to identify risk to the unborn child in the antenatal period as appropriate to role	
To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice	
To know, as per role, how to advise others on appropriate information sharing	
To know how to (where relevant to role) appropriately contribute to serious case reviews (in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children/case management reviews/significant case reviews, and child death review processes, and seeks appropriate advice and guidance for this role	
To know how to obtain support and help in situations where there are problems requiring further expertise and experience	
To know how to participate in and chair peer review and multidisciplinary meetings as required	
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 *Safeguarding Children and Young People; Roles and Competencies for 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	Tick those that apply
Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)	
Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)	
To be able to demonstrate an understanding of the risks associated with the internet and online social networking	
Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children	
To be able to understand the impact a parent carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse	
To be able to understand the importance of children's rights in the safeguarding/child protection context	
To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice	
To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)	
Level 2	
To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect	
To be able to act as an effective advocate for the child or young person	
To demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk	
To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your colleagues in a multidisciplinary team and in multi-agency setting	
To know how and when to refer to social care if you have identified a safeguarding/child protection concern	
To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately	
To know how to maintain appropriate records including being able differentiate between fact and opinion	
To be able to identify the appropriate and relevant information and how to share it with other teams	
To be aware of the risk of female genital mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation	
To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity	
To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation	

Level 3	
CORE	
To be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach	
To understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people	
To have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (e.g. where role involves includes forensics teams/ working alongside forensics teams)	
To know how to undertake, where appropriate, a risk and harm assessment	
To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability	
To know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process	
To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and related to role	
To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection	
To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role	
To know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required	
To know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)	
To know how to deliver and receive supervision within effective models of supervision and /or peer review as appropriate to role, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals	
To be able to identify risk to the unborn child in the antenatal period as appropriate to role	
To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice	
To know, as per role, how to advise others on appropriate information sharing	
To know how to (where relevant to role) appropriately contribute to serious case reviews (in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children/case management reviews/significant case reviews, and child death review processes, and seeks appropriate advice and guidance for this role	
To know how to obtain support and help in situations where there are problems requiring further expertise and experience	
To know how to participate in and chair peer review and multidisciplinary meetings as required	
ADDITIONAL LEARNING OUTCOMES TO BE ADDED BY INDIVIDUAL AS STATED IN LEVEL 3	

Level 4	
To be able to contribute to the development of robust internal safeguarding/child protection policy, guidelines, and protocols as a member of the safeguarding team	
To be able to discuss, share and apply the best practice and knowledge in safeguarding/child protection including: • the latest research evidence and the implications for practice • learning lessons and cascading and sharing information with others • an advanced understanding of childcare legislation, information sharing, information governance, confidentiality and consent • a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people • an advanced knowledge of relevant national and international issues, policies and their implications for practice • understanding the professional and experts' role in the court process.	
To know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards	
To be able to effectively communicate local safeguarding knowledge, research and findings from audits	
To know how to conduct a safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of a safeguarding/child protection team which may include partners in other agencies	
To know how to undertake and contribute to serious case reviews (in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children/case management reviews/ significant case reviews, individual management reviews/individual agency reviews/internal management reviews, this will include the undertaking and analysis of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this	
To be able to work effectively with colleagues from other organisations, providing advice as appropriate eg, concerning safeguarding/child protection policy and legal frameworks, the health management of child protection concerns	
To be able to work effectively with colleagues in regional safeguarding/child protection clinical networks	
To be able to work effectively with adult safeguarding colleagues both locally and regionally	
To be able to provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers	
To know how to provide specialist advice to practitioners, both proactively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases	
To be able to support colleagues in challenging views offered by other professionals, as appropriate	
To be able to be a trained provider of safeguarding/child protection supervision and/or support	
To be able to lead/oversee safeguarding quality assurance and improvement processes	
To be able to undertake risk assessments of organisational ability to safeguard/protect children and young people	
To know how to lead service reviews of individual cases and processes	
To know how to deal with the media and organisational public relations concerning safeguarding/child protection	

Education, training and learning activity log – template for level 5 designated professionals/lead professionals in Scotland

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 *Safeguarding Children and Young People; Roles and Competencies for 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	Tick those that apply
Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)	
Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)	
To be able to demonstrate an understanding of the risks associated with the internet and online social networking	
Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children	
To be able to understand the impact a parent carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse	
To be able to understand the importance of children's rights in the safeguarding/child protection context	
To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice	
To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)	
Level 2	
To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect	
To be able to act as an effective advocate for the child or young person	
To demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk	
To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your colleagues in a multidisciplinary team and in multi-agency setting	
To know how and when to refer to social care if you have identified a safeguarding/child protection concern	
To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately	
To know how to maintain appropriate records including being able differentiate between fact and opinion	
To be able to identify the appropriate and relevant information and how to share it with other teams	
To be aware of the risk of female genital mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation	
To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity	
To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation	

Level 3	
CORE	
To be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach	
To understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people	
To have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (eg, where role involves includes forensics teams/ working alongside forensics teams)	
To know how to undertake, where appropriate, a risk and harm assessment	
To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability	
To know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process	
To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and related to role	
To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection	
To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role	
To know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required	
To know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)	
To know how to deliver and receive supervision within effective models of supervision and /or peer review as appropriate to role, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals	
To be able to identify risk to the unborn child in the antenatal period as appropriate to role	
To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice	
To know, as per role, how to advise others on appropriate information sharing	
To know how to (where relevant to role) appropriately contribute to serious case reviews (in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children/case management reviews/significant case reviews, and child death review processes, and seeks appropriate advice and guidance for this role	
To know how to obtain support and help in situations where there are problems requiring further expertise and experience	
To know how to participate in and chair peer review and multidisciplinary meetings as required	
ADDITIONAL LEARNING OUTCOMES TO BE ADDED BY INDIVIDUAL AS STATED IN LEVEL 3	

Level 4	
To be able to contribute to the development of robust internal safeguarding/child protection policy, guidelines, and protocols as a member of the safeguarding team	
To be able to discuss, share and apply the best practice and knowledge in safeguarding/child protection including: • the latest research evidence and the implications for practice • learning lessons and cascading and sharing information with others • an advanced understanding of childcare legislation, information sharing, information governance, confidentiality and consent • a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people • an advanced knowledge of relevant national and international issues, policies and their implications for practice • understanding the professional and experts' role in the court process.	
To know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards	
To be able to effectively communicate local safeguarding knowledge, research and findings from audits	
To know how to conduct a safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of a safeguarding/child protection team which may include partners in other agencies	
To know how to undertake and contribute to serious case reviews (in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children/case management reviews/ significant case reviews, individual management reviews/individual agency reviews/internal management reviews, this will include the undertaking and analysis of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this	
To be able to work effectively with colleagues from other organisations, providing advice as appropriate e.g. concerning safeguarding/child protection policy and legal frameworks, the health management of child protection concerns	
To be able to work effectively with colleagues in regional safeguarding/child protection clinical networks	
To be able to work effectively with adult safeguarding colleagues both locally and regionally	
To be able to provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers	
To know how to provide specialist advice to practitioners, both proactively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases	
To be able to support colleagues in challenging views offered by other professionals, as appropriate	
To be able to be a trained provider of safeguarding/child protection supervision and/or support	
To be able to lead/oversee safeguarding quality assurance and improvement processes	
To be able to undertake risk assessments of organisational ability to safeguard/protect children and young people	
To know how to lead service reviews of individual cases and processes	
To know how to deal with the media and organisational public relations concerning safeguarding/child protection	

Level 5	
To know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding/child protection single and inter-agency training and teaching for staff across healthcare services*	
To be able to know how to take a lead role in: • leading/overseeing safeguarding/child protection quality assurance and improvement across healthcare services* • the implementation of national guidelines and auditing the effectiveness and quality of services across the health care services* against quality standards • service development conducting the health component of serious case reviews(in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children / case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt • strategic and professional leadership across healthcare services* on all aspects of safeguarding/child protection • multidisciplinary team reviews • regional and national safeguarding/child protection clinical networks (where appropriate).	
To know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies	
To know how to provide expert advice on increasing quality, productivity, and improving health outcomes for vulnerable children and those where there are safeguarding concerns	
To be able to oversee safeguarding/child protection quality assurance processes across healthcare services*	
To know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children	
To know how to influence improvements in safeguarding/child protection services across healthcare services*	
To be able to monitor services across healthcare services* to ensure adherence to legislation, policy and key statutory and non-statutory guidance	
To be able to apply in practice: • advanced and indepth knowledge of relevant national and international policies and implications • advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process • advanced awareness of different specialties and professional roles • advanced understanding of curriculum and training.	
To know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across healthcare services*	
To be able to provide clinical supervision, appraisal, and support for named professionals	
To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments	
To be able to reconcile differences of opinion among colleagues from different organisations and agencies	
To be able to proactively deal with strategic communications and the media on safeguarding/child protection across healthcare services*	
To know how to work with public health officers to undertake robust safeguarding/child protection population-based needs assessments that establish current and future health needs and service requirements across healthcare services*	
To be able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children and young people, and articulate these decisions to executive officers	

To be able to deliver high-level strategic presentations to influence organisational development	
To be able to work in partnership on strategic projects with executive officers at local, regional and national bodies, as appropriate	
To be able to work in partnership with adult safeguarding colleagues locally, regionally and nationally	

• This also includes public health and LA commissioning, private healthcare and independent providers.

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