Safeg arding Children and Yo ng People: Role and Compe encie for Heal hcare S aff

F : Ja 2019

INTERCOLLEGIATE DOCUMENT

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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.

We

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.

This

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.

Those

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

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age, including the unborn child. It includes all types of9.803.4 (l)17 (8d-13 (r)-12.8 (s td1.2 6a.6 (a)-07 Tw r)-5.4 h)9.(d

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.

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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 p.9 (t)-35.2 (ys n)10.F (i)7.91lp2.3 (p)6.l(o)958 (rli)-12.3 (-24.8 wa)-2226.3 cCy, uof -

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 employmentFl4aet [illegible]

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 S (r)-4-12.9 (a)-18 caa

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

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

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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

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.

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, encompng nd, og3 en5 T12.3 (n)-1f.7 (r3-17.6 (f)6.2(c)-4.7 (4d)7.2 (e)2.7 ((l)8.7 (d l)10 she9l6-16.8 (s a)-18.4 (8-10.1 (d (l)12.6 (h)9.8.16-13.8 (5)-1.4 (l)11.1 (6-16.t.1 (a)-2h.2 (o)e.6 (e)-1y.5 (,3i)-12.4 (n)10

- any professional moving to a new post or a locum position must be able to demonstrate an appropriate level of

- 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

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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

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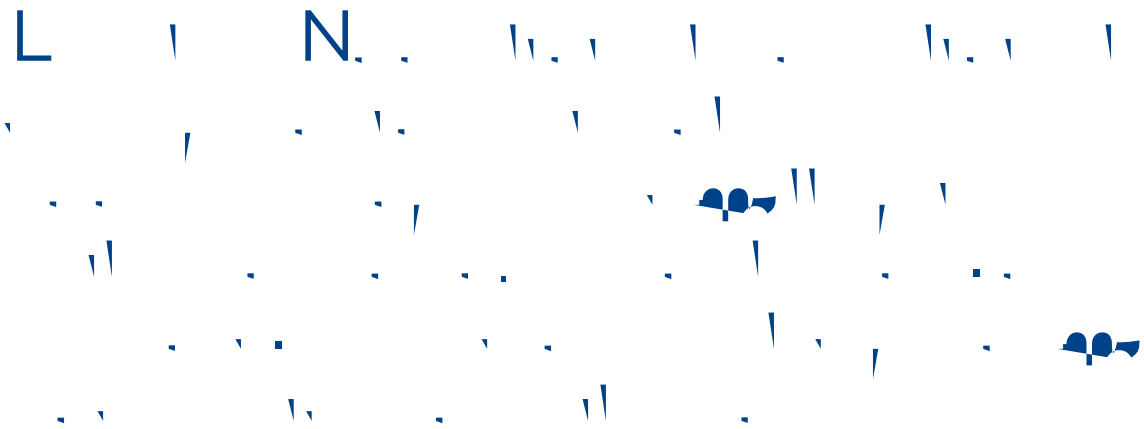
- Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation).
- Awareness of child trafficking, FGM, forced marriage, modern slavery, 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).



- 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.

A [illegible]

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

[illegible]

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.

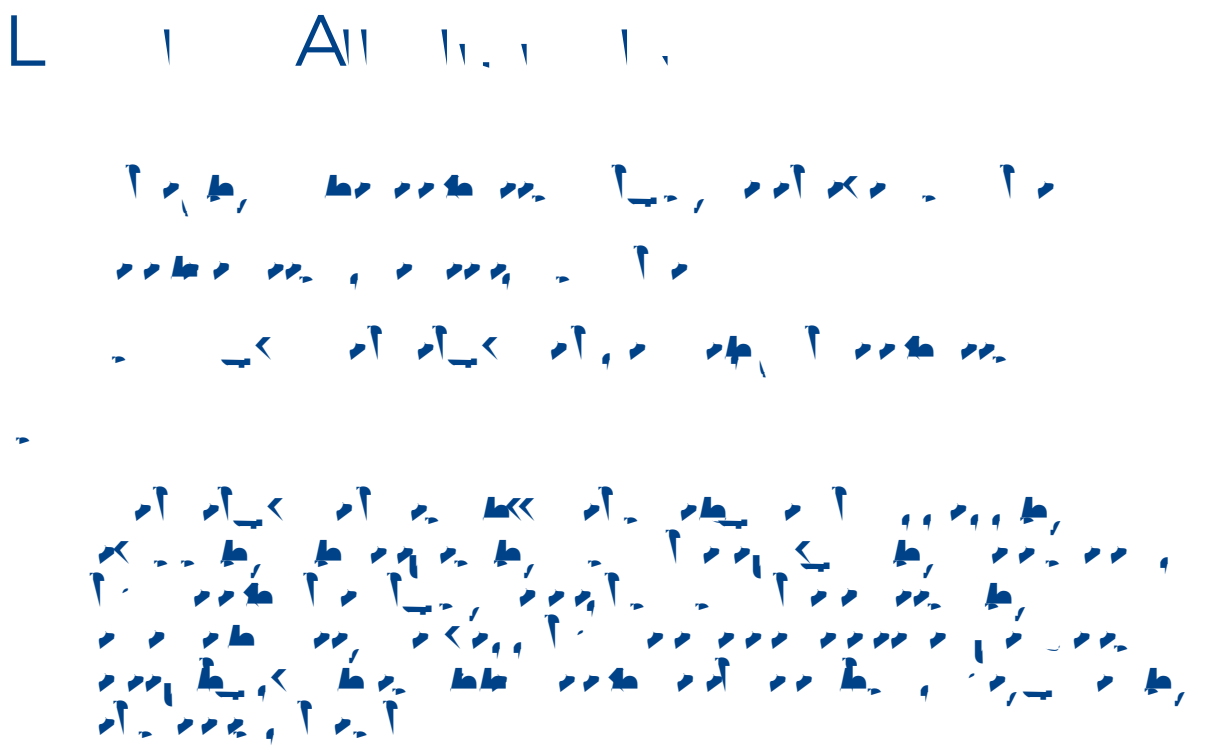
- While each individual organisation determines the appropriate time commitment to ensure staff have the required up to date knowledge and skills, as a guide we recommend that over a three-year period, professionals at level 2 should receive refresher training equivalent to a **minimum** of four hours.[lxxxi,lxxxii]
- 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.

[illegible]

- 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 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.



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

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).

- 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 expw hnmh.003 Tw 0 812.6 (a)12.4 (t)-18.7-6n-18.3 (i)-1-18.5 (n)10.8t

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'.

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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.

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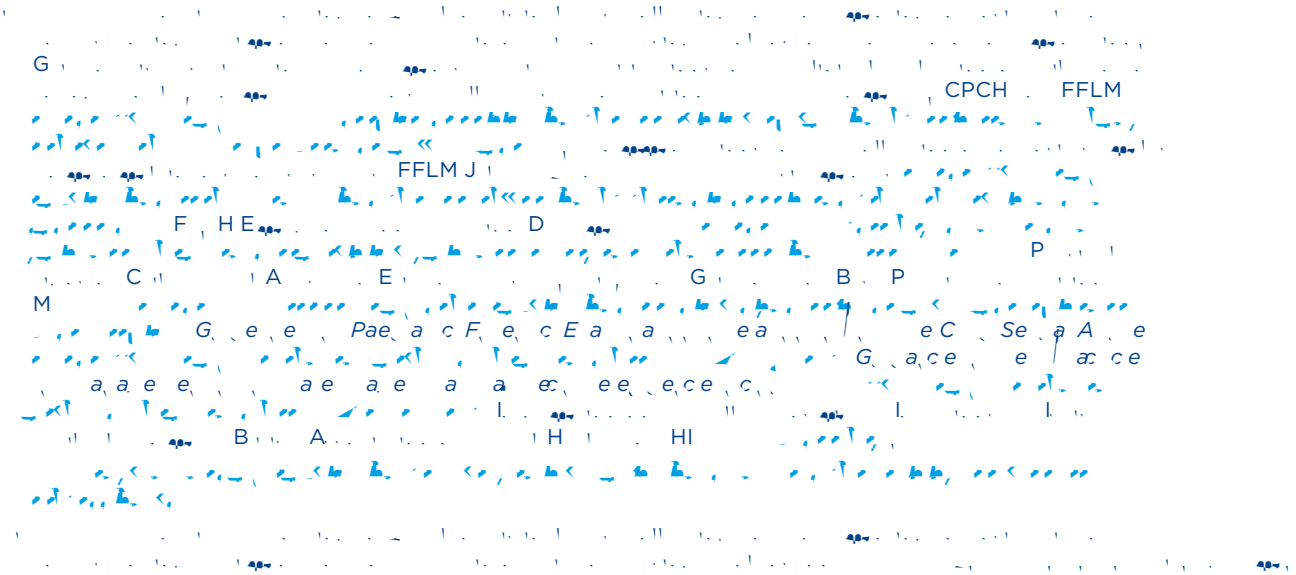
- Training, education and learning

- 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.

and examine children for suspected abuse and neglectbuse

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



- Able to recognise that severe postnatal depression might adversely affect maternal attunement to her infant that, without specific intervention will give rise to

- 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]

[illegible]

- 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.

[illegible]

- Know the issues surrounding early identification of vulnerable children and families in a primary care setting.
- Know the issues surrounding misdiagnosis

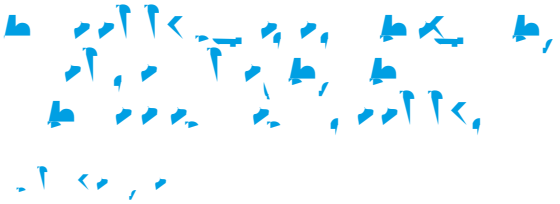
- Able to recognise that severe postnatal depression and other mental health difficulties might be the result of adverse childhood experiences and ongoing domestic violence and abuse.
- Able to recognise that adult mental health conditions such as depression, self-harm, attempted suicide and psychosis 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 disengage.3 (o)9.7 0Fdn

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.

- 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.

- 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 asoig444.7 (h)-132 (r) rae10.2 (y b)-19.5 (tTTJ0()3

- 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.



- 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.

- 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

- Able to adopt a 'Think parent, think child, think family'

- 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.

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

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

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

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- Be aware of the evidence base for the radiological estimate of timing of an injury.
- Documents and reports radiological

- 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 Are Ai3eir sr16-0.01-1so(e)5 (t)1.epm0.4(g)-20.7 (n7 42.4 s)-4.4 (o)3 (s w)-2.2 (h)9.8 (e)6 (s3 (m) (i 0 T) (r s)-J0 -1.2
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- 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.

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

- 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.

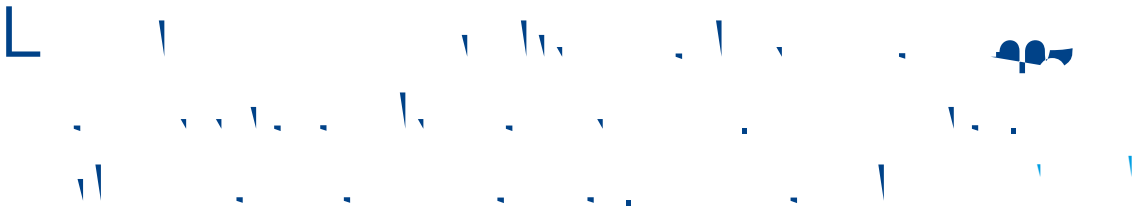
- Able to assess the impact of parental issues on the unborn child, children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse and violence.
- Able to contribute to and make considered decisions on whether concerns can be addressed by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

- 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 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.

- 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.

- To be aware of the need for chain of evidence procedures when taking forensic samples in



- 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

- 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.

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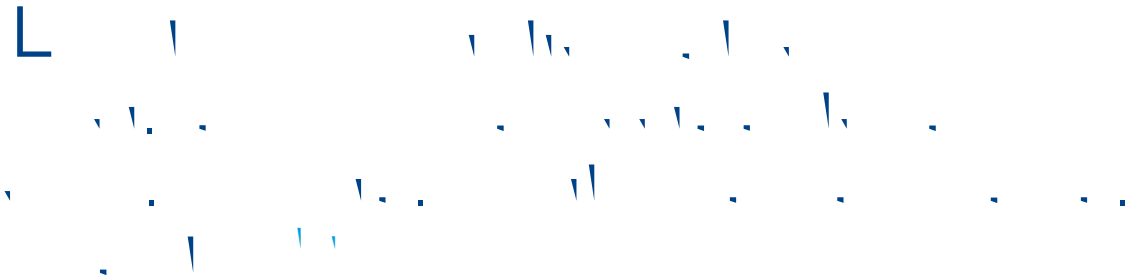
- As outlined in level 1, 2 and 3.

- 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



- 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

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

- To know how to provide expert advice to service planners and commissioners, to ensure all sero

B.

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.

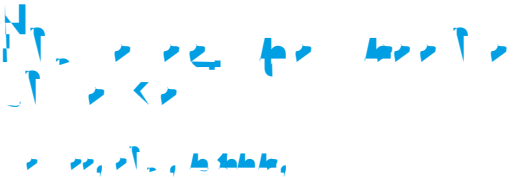
The specific roles of chair, chief executive officers, executive board leads and key board members will be described separately.

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.

- To ensure that the role and response r525/-12.6 (a)-22.9 (l)8.8 otd c13.9 (a)t17 (r)-7.23 (s n a)9 (a)-7.7org(e r)we b.7 3lmne rt ooltt((a9(n)]a18.3 (i)10.8 (d)]9.6 (r)-5.3 (o)9.-6 6i)c13.9 (a)t

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.



- To ensure appropriate scrutiny of the organisation's safeguarding performance.
- To provide assurance to the board of the organisation's safeguarding performance.

All board members/commissioning leads should have level 1 core compeoiod m l174o.5a

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.

- 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 challout the (s125)Tj79 (i)-17.2 (aofTc 0 Tw -p)9.7porle to cxt EFF0n.

- 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 approren-9.7 (p5.3 (n)10.8(n)5i m (m)9.3.7 (e n(o)9.7 (rc-6.2 (t)-13.9728-Am)9.3.7 (
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18. RCPCH. *Understanding Parents' Information Needs and Experiences Where Professional Concerns Regarding Non-Accidental Injury Were Not Substantiated, Research Report*. London: RCPCH. 2009: **www.rcpch.ac.uk/sites/default/files/Understanding_Parents__Information_Needs_and_Experiences_Where_Professional_Concerns_Regarding_NAI_Were_Not_Substantiated.pdf** [accessed 19/9/18]

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43. Kennedy report.

60. Welsh Assembly Government. *Keeping Us Safe, report of the Safeguarding Vulnerable Children Review*. Welsh Assembly Government. 2006: **www.assemblywales.org/7882ab83c56dce6467f09d29bed126b6.pdf** [accessed 19/9/18]

61. Public Health Wales. *Procedural Response to Unexpected Deaths in Childhood (PRUDiC)*, National Safeguarding Team, Public Health Wales. 2010: **Rr3-15.64.7 (es (s)1.5 p5 (a).8 (e-6s)-10.32 (iC)s (s)1 (R)49 (6)1%) (i)-20e45s6:**

75. Home Office. Criminal Exploitation of

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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

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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

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)

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 y y e.q.19d (o (/)]TJ48.2 (i)-1.7 (J0 -1.2 (e)-12.4 (i)10.8 (d)10.5 (s)-070 0.622 070 (g)]TJ-0

objectives cover the safeguarding element of the post.

14. Accountability

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

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]

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

2. Children (SC11.7 Pn25.8 ((p)81 (/)-1 (g)13(e o)8.c)-11.7 (e f)7.9

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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.

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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.

P

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

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.

development in the area of safeguarding children.

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 organn oir r 31 (d)-1809.7 (n r-1w-pPe8 (e)2.7-24.4 (s a)7.6 (v)-4.3 (32 Td2.6(s a)-18 -1.2 Td[(v)-37

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

d)

safeguarding/child protection are met, and

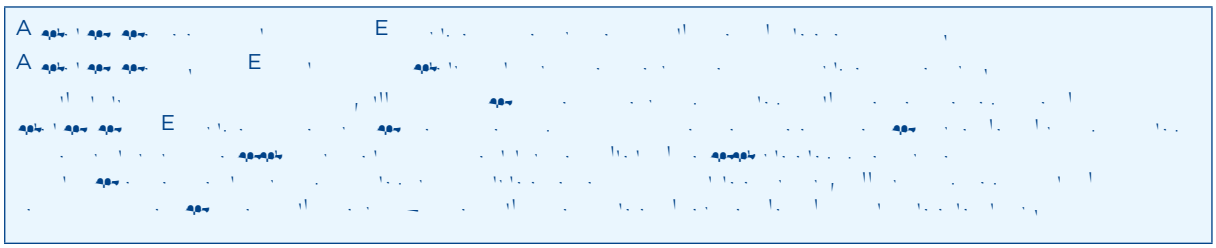
professional context and framework, they may seek input into the process from the other designated professionals. Input from the LSP/the safeguarding panel of the health and social care trust/the area child protection committee, the CCGs/ Public Health Wales/SBNI/Child Protection Committee should be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

Designated professionals should be performance

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.



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

Notes

1. Department of Health. *Co-operating to Safeguard Children*. 2011n. ( )]Tw7 (( )]Tw75(t)1.8 ( )5.8e.7 (m)-22.932-6.2 (-)-26.7 5ld)4h4 (l6-28 3p)-9.1 (3)5.i9 (l)-

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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.

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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.

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[illegible]

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.

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