

Safeguarding children and young people: roles and competences for health care staff

INTERCOLLEGIATE DOCUMENT

Third edition: March 2014



Published by the Royal College of Paediatrics and Child Health 2014 on behalf of the contributing organisations:

Royal College of Nursing
Royal College of Midwives
Community Practitioners and Health Visitors Association
Royal College of General Practitioners
Royal College of Paediatrics and Child Health
Child Protection Special Interest Group/British Association
of Community Child Health
British Society of Paediatric Dentistry
Royal College of Surgeons of England
Royal College of Psychiatrists
The Royal College of Anaesthetists

The Association of Paediatric Anaesthetists of
Great Britain and Ireland
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Safeguarding Children Service on behalf of the
Wales Safeguarding Children Network
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Contents

Contents	2
Key definitions	3
Foreword	5
Background	8
Section A: Competency Framework	10
The Framework	10
Level 1: All staff working in health care settings	12
Level 2: All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers	14
Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns	17
Level 4: specialist roles - named professionals	54
Level 5: Specialist roles - designated professionals	57
Board Level for Chief Executive Officers, Trust and Health Board Executive and non executive directors/members, commissioning body Directors	60
Section B: Education and training	64
Underpinning principles	64
Level 1	65
Level 2	66
Level 3	67
Level 4	69
Level 5	71
Board Level for Chief Executive Officers, Trust and Health Board Executive and non executive directors/members, commissioning body Directors	73
References	74
Appendices	80
Appendix 1: National Workforce Competences	80
Appendix 2: Role descriptions for specialist safeguarding/child protection professionals	81
Appendix 3: Designated professional for Safeguarding Children and Young People	91

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.

Care Leavers

Those children and young people formally in care

Children and Young People

We define children and young people as all those who have not yet reached their 18th birthday.ⁱ (1)

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).

Competence

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

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

Named General Practitioner

The GP employed by the local health care organisation to support them in carrying out their statutory duties and responsibilities for safeguarding (as outlined under the Named GP in the framework and cited in Working Together 2013(1).

Named Professional

In England all providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children

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). 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 2013 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.awcpp.org.uk The NSPCC website contains a helpful outline of differences in legislation across the 4 countries of the UK - http://www.nspcc.org.uk/Inform/research/questions/child_protection_legislation_in_the_uk_wda48946.html

and young people or a lead clinician if the provider does not have a doctor or nurse within its structure. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. 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). 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 have named professionals for child protection (3). In Scotland, there are lead paediatricians, consultant/lead nurses and 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).

Designated Professional

The term designated doctor or nurse denotes professionals with specific roles and responsibilities for safeguarding children, including the provision of strategic advice and guidance to organisational boards across the health community. In England all Clinical Commissioning Groups are required to have a designated doctor and designated nurse. 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 have designated professionals for child protection (3). In Scotland, there are lead paediatricians, consultant/lead nurses and 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).

In Good Standing

Refers to doctors who are on the GMC register without conditions and who are up to date with their professional CPD, annual appraisal and revalidation requirements - <http://www.gmc-uk.org/>

Safeguarding (Child Protection in Scotland)

The term safeguarding and promoting the welfare of children is defined in Working Together (2013) 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.

Looked After Children

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.

Foreword

The UN Convention on the Rights of the Child includes the requirement that children live in a safe environment and be protected from harm. Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11ⁱⁱ 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 1989ⁱⁱⁱ. 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.

To protect children and young people from harm, all healthcare staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role. 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 use of vetting and barring, staff induction, effective training and education, patient experience and feedback, critical incident analysis, risk assessments and risk registers, cyclical and other reviews and audits, annual staff appraisal (and revalidation of medical staff). It is also important to be aware of the role of external regulators such as CQC in monitoring safeguarding systems within organisations.

This Guidance sets out 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^{iv} jointly published *Safeguarding children and young people: roles and competences for health care staff* (5). The document described six levels of competences and provided model role descriptions for named and designated professionals. The framework was subsequently revised in 2010 (6) in response to policy developments, including the Laming review (7-10). 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, 10-71). For example, following publication of the Aylward report: *Safeguarding and Protecting Children in NHS Wales* (2010), 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

ii <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf> page 47

iii <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf> page 26

iv 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).

training^v 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 have resulted in a revision of Working Together (1), as well as a new accountability and assurance framework for the NHS in England (36).

In response to these issues and to recent policy developments, the Royal Colleges and professional bodies have reviewed and updated the 2010 document. The updated document should continue to be used in conjunction with key statutory and non-statutory guidance^{vi}, and with competency frameworks and curricula relating to specific professional groups^{vii}. Indeed the revised version of Working Together (1) signposts health care organisations to the intercollegiate safeguarding framework and states that 'All staff working in healthcare settings -including those who predominantly treat adults - should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance'. Similarly statutory child protection guidance in NI, Wales and Scotland emphasises the importance of staff training and competence to safeguard and protection children (2) (3) (4).

We recognise the need for a similar document for health care staff working with adults and older people however this framework remains focused on safeguarding children and young people.

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.

We envisage that the framework will be reviewed again in 2017

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Faculty of Forensic and Legal Medicine

College of Emergency Medicine

v Safeguarding training stocktake report (2010).

vi See References section, in particular: *Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children* (32) (England); *Cooperating to Safeguard Children* (42), *Area Child Protection Committees' Regional Policies and Procedures Guide* (43), and amendments (44-47 (Northern Ireland); *Protecting Children, A Shared Responsibility: Guidance on Inter-Agency Cooperation* (47), *Protecting Children and Young People, Child Protection Committees* (50) (Scotland); *Safeguarding Children, Working Together Under the Children Act 2004* (59), *All Wales Child Protection Procedures 2008* (53) (Wales).

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

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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. Over the last three decades 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.

All health care organisations have a duty outlined in legislation^{viii} 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. All providers of health services in England for example are required to be registered with the Care Quality Commission (CQC)^{ix} (see also section 4.5). 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 and voluntary sector providers.**

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 issues, including child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all health staff have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

Across the UK, specialist safeguarding/child protection professionals provide expertise and have specific roles and responsibilities in safeguarding children^x. In England, Northern Ireland, and Wales, named and designated professionals perform this function^{xi, xii, xiii} and in Scotland Nurse Consultants, Child Protection

viii In England and Wales Children Act 2004, Northern Ireland Children (Northern Ireland) Order 1995 and Scotland Children (Scotland) Act 1995.

ix See <http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

x 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

xi In England, all NHS trusts, foundation trusts, and public, voluntary, 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 health care 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.

xii 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.

xiii In Wales, each health board must have a named doctor, named nurse, and 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 who is a nurse, Velindre NHS Trust has a named doctor and a named radiographer. Designated doctors and nurses operate on a national basis through the Safeguarding Children Service Public Health Wales. Public Health Wales NHS Trust also has a named nurse

Advisers and lead clinicians fulfil specialist roles (4). Over recent years the importance of safeguarding has been recognised by sub speciality areas with the emergence of specific roles such as for example lead paediatric anaesthetists. 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.

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 -72).

Section A of this document provides a clear framework which identifies the competences required for *all* health care staff. Levels 1-3 relate to different occupational groups, while level 4 and 5 are related to specific roles. The 2013 version of the framework also includes specific detail for Chief Executives, Chairs, Board members including executives, non executives and lay members.

Section B focuses upon education and training, highlighting flexible learning opportunities to enable acquisition and maintenance of knowledge and skills.

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^{xiv}.

xiv In Scotland for example Nurse Consultants, Child Protection Advisers and lead clinicians fulfil specialist roles

Section A: Competency Framework

The Framework

Safeguarding competences 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 health care organisations to the intercollegiate safeguarding framework and states that 'All staff working in healthcare settings - including those who predominantly treat adults - should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance'.

Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility. All staff working in a health care setting must know what to do if there is a 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. In response to the Laming Report and other evidence such as serious case reviews, 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^{xv}. The levels are as follows:

- Level 1: All staff including non-clinical managers and staff working in health care settings^{xvi, xvii}
- Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers
- Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns^{xviii}
- Level 4: Named professionals
- Level 5: Designated professionals^{xix}

In addition this version of the framework also provides specific detail for Chief Executives, Chairs, Board members including executives, non-executives and lay members^{xx}

xv 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, although many Nurse Consultant post holders may undertake designated nurse functions.

xvi This is the minimum entry level for all staff working in health care settings

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

xviii Level 3 was updated in 2010 to include all medical staff working with children, young people and families.

xix This includes lead professionals in Scotland i.e. Nurse Consultants, Child Protection Advisers and lead clinicians

xx Level 6 has been altered from the 2010 version to focus on senior managers and executive leads with Board Level responsibility for safeguarding children and young people

Those requiring competences at Levels 1 to 5 should also possess the competences at each of the preceding levels.

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 and have the necessary knowledge, skills and competence to undertake appraisals and in the case of medical or nursing staff to oversee revalidation.

Level 1: All staff working in health care settings^{xxi}

This level is equivalent to basic safeguarding/child protection training across all partner organisations working with children and young people.

Staff groups

This includes, for example, Board level Executives and non executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, community pharmacist counter staff^{xxii} and maintenance staff, including those non clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across health care settings and service provision.

Core competences^{xxiii}

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, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM)
- Understanding the potential impact of a parent/carers physical and mental health on the well-being and development of a child or young person, including the impact of domestic violence the risks associated with the internet and online social networking, an understanding of the importance of children's rights in the safeguarding/child protection context^{xxiv}, and the basic knowledge of relevant legislation (Children Acts 1989, 2004 and of Sexual Offences Act 2003)
- Taking appropriate action if they have concerns, including appropriately reporting concerns safely and seeking advice

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Knowledge, skills, attitudes and values

xxi This is the minimum entry level for all staff working in health care settings

xxii Child protection and the dental team <http://www.cpd.org.uk/>

xxiii National Workforce competences: ID4 Contribute to the protection of children from abuse

xxiv UK Core Skills Training Framework- Subject Guide [2013; page 63].

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

Knowledge

- Know about child maltreatment in its different forms (physical including Fabricated and induced illness, emotional and sexual abuse, and neglect) including child trafficking, FGM and radicalisation including prevalence and impact
- Know about relevance of parental, family and carer factors such as domestic abuse, mental and physical ill-health, substance and alcohol misuse
- 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)
- Know what to do if they feel that their concerns are not being taken seriously or they experience any other barriers to referring a child/family
- Know the risks associated with the internet and online social networking
- Know what the term 'Looked after child' means

Skills

- Able to recognise possible signs of child maltreatment as this relates to their role
- Able to seek appropriate advice and report concerns, and feel confident that they have been listened to

Attitudes and values

- Willingness to listen to children and young people and to act on issues and concerns

Criteria for assessment

- Demonstrates an awareness and understanding of child maltreatment
- Demonstrates an understanding of appropriate referral mechanisms and information sharing i.e. Knows who to contact, where to access advice and how to report

Level 2: All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers

Staff groups

This includes administrators for looked after children and safeguarding teams, health care students, clinical laboratory staff, phlebotomists, pharmacists^{xxv}, ambulance staff^{xxvi}, orthodontists, dentists^{xxvii, xxviii} dental care professionals^{xxix, xxx} audiologists, optometrists, contact lens and dispensing opticians^{xxxi}, adult physicians, surgeons^{xxxii}, anaesthetists^{xxxiii}, radiologists, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians.

Core competences^{xxxiv}

- As outlined for Level 1
- Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect^{xxxv}
- Able to identify and refer a child suspected of being a victim of trafficking^{xxxvi} or sexual exploitation; at risk of FGM or having been a victim of FGM^{xxxvii}; at risk of exploitation by radicalisers^{xxxviii}
- Acts as an effective advocate for the child or young person^{xxxix}
- Recognises the potential impact of a parent's/carer's physical and mental health on the well-

xxv See *Guidance on Child Protection* for pharmacists (68)

xxvi Includes ambulance communication centre staff

xxvii Child protection and the dental team <http://www.cpd.org.uk/>

xxviii Those with a lead role in paediatric dentistry or other clinical specialities require knowledge and skills at level 3 core and specialist

xxix Dental nurses, hygienists and therapists.

xxx Child protection and the dental team <http://www.cpd.org.uk/>

xxxi Optical Confederation (2012) *Guidance on safeguarding Children and Vulnerable Adults* <http://www.opticalconfederation.org.uk/downloads/guidance/Optical%20Confederation%20-%20Guidance%20on%20Safeguarding%20Children%20and%20Vulnerable%20Adults.pdf>

xxxii 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

xxxiii See *The Good Anaesthetist, Standards of Practice for Career Grade Anaesthetists* (65)

xxxiv *National Workforce competences: ID4* Contribute to the protection of children from abuse and CS18 safeguard children and young people from abuse

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

xxxvi Identifying and supporting victims of Human Trafficking https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/187041/A5_Human_Trafficking_Guidance_leaflet.pdf

xxxvii https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216519/dh_134369.pdf

xxxviii https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf

xxxix For example *Understanding the Needs of Children in Northern Ireland (UNOCINI) within Northern Ireland*

being of a child or young person, including possible speech, language and communication needs

- 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

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

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:

Knowledge^{xi}

- Awareness of the normal development of children and young people and the ways in which abuse and neglect may impact on this, including the short and long term impact of domestic violence on the child's behaviour and mental health, as well as maternal mental and physical health. Speech, language and communication needs could be an indication of abuse, particularly neglect.
- Understand the public health significance of child maltreatment including epidemiology and financial impact^{xii}
- Understand that certain factors may be associated with child maltreatment, such as child disability and preterm birth, and living with parental mental health problems, other long-term chronic conditions, drug and alcohol abuse, and domestic violence
- Understand the increased needs of Looked After Children, youth offenders and increased risk of further maltreatment
- Awareness of the legal, professional, and ethical responsibilities around information sharing, including the use of directories and assessment frameworks
- Know best practice in documentation, record keeping, and understand data protection issues in relation to information sharing for safeguarding purposes
- Understand the purpose and guidance around conducting serious case reviews/case management reviews/significant case reviews, individual management reviews/individual

xi *National Workforce competences: PHS10 Improve health and well-being through working collaboratively*

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

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)

Skills

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

Attitudes and values

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

Criteria for assessment

- As outlined for Level 1
- Demonstrates awareness of the need to alert primary care professionals (such as the child's GP) and universal services (such as the child's health visitor or school nurse) of concerns^{xlii}
- Demonstrates accurate documentation of concerns
- Demonstrates an ability to recognise and describe a significant event in child protection/safeguarding to the most appropriate professional or local team

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

Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating^{xliii} the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns

Staff groups

This includes GPs^{xliv, xlv}, forensic physicians, forensic nurses, paramedics, urgent and unscheduled care staff^{xlvi}, all mental health staff (adult^{xlvii} and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding, looked after children's nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals^{xlviii}, sexual health staff, school nurses, health visitors, all children's nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons^{xlix}, lead anaesthetists for safeguarding^l and child protection paediatric intensivists, paediatric orthodontists and dentists with a lead role in child protection.

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- xliii Team work underpins safeguarding children and young people – for example some professional groups may refer to others to undertake a full assessment
- xliv It is now recognised that the complexity of relationships with child and young people patients and their parents and carers in the primary care context (see MRCGP Curriculum Statement 8) requires level 3 competences. For the purposes of annual GP Appraisal and revalidation, GPs should have all the competences in level 2 and be at or be able to demonstrate they are working towards level 3. The GMC and RCGP state that for the purposes of revalidation, GPs need to demonstrate that they are up to date and fit to practise in all aspects of their work. Level 3 describes the scope of work of GPs in relation to safeguarding children and young people. It is the responsibility of GPs to demonstrate that they maintain their competence. A GP may keep up to date in a variety of ways, for instance completing an elearning module, attending a training session in or out of the practice or reading appropriate guidelines. There should not be a defined frequency of updates; the important point is that it is the responsibility of the GP, in their appraisal, to demonstrate they are competent and up to date. Case reviews and critical incident reviews can be used to show how knowledge and skills are used in practice.
- xlv the Committee of General Practice Education Directors(COGPED) expects GP training to Level 3 to be evidenced for purposes of the MRCGP Examination and revalidation
- xlvi This refers to medical and registered nursing staff who work in Accident and Emergency departments, urgent care centres, minor injury/illness units and walk in centres.
- xlvii All psychiatrists provide care to adults with a history of substance misuse or severe mental illness and often there are dependent children
- xlviii Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists, portage workers
- xlix 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.
- l The Royal College of Anaesthetists/Association of Paediatric Anaesthetists recommends there should be a minimum of one paediatric anaesthetist with level 3 core competence in all DGH's and Tertiary centres. The precise number of Paediatric Anaesthetists requiring level 3 core competence should be determined locally based on an assessment of need and risk. Regardless of the number of Anaesthetists possessing level 3 core competence at local level it is recommended that a lead Anaesthetist for safeguarding and child protection is identified as outlined by role description (see the following websites RCoA www.rcoa.ac.uk ,APA www.apagbi.org.uk)
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Core competences^{li iii}

- As outlined for Level 1 and 2
- Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect^{liii}
- Will have professionally relevant core and case specific clinical competencies
- Documents and reports concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes
- Contributes to inter-agency assessments, 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 refresher training)
- Contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), internal partnership and local forms of review, as well as child death review processes
- Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns

Additional specialist competences as appropriate to role for paediatricians, paediatric intensivists, dentists with a lead role in child protection, Forensic Physicians, lead anaesthetist for safeguarding and child protection, all child and adolescent psychiatrists and other child and adolescent mental health practitioners, child psychologists, child psychotherapists, GPs, forensic nurses, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, specialist nurses for safeguarding and looked after children, midwives and health visitors

- Advises other agencies about the health management of individual children in child protection cases
- Applies the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales) to improve practice
- Advises others on appropriate information sharing

li Will have professionally relevant core and case specific clinical competencies

lii *National Workforce competences:* 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

liii Clinical assessment will also ascertain the detection of serious illness. Urgent management/referral may be needed when unsure of aetiology and vital signs suggest serious illness

- Where role includes conducting detailed assessments of child abuse and neglect, demonstrates ability to assess and examine children for suspected abuse and neglect, document and provide reports with an opinion.

Knowledge, skills, attitudes and values

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

General Practitioners

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including health assessments and after-care services
- Have core knowledge (as 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
- Understand relevance of multi-agency audits and own role in multi-agency inspection processes

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental/carer behaviour and family factors on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Have an understanding of emerging evidence on child sexual exploitation and FGM
- Have an awareness that vulnerable young people may become victims of radicalisation
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment

- Understand the needs and legal position of young people, particularly 16-18 year olds^{liv}, and the transition between children's and adult legal frameworks and service provision
- 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.
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- 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)
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines

Skills^{lv}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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

^{liv} In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

^{lv} *National Workforce competences*: Danos PC4 Ensure your organisation delivers quality services; ENTO L3 Identifies individual learning aims and programmes; ENTO L10 Enable learning through presentations

- Able to give effective feedback to colleagues
- 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 assess as appropriate to the role the impact of parental, carer and family issues on children, and young people, including mental health, learning difficulties, substance misuse, and domestic abuse
- Able to challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- 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 participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- 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 FII
- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- 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 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^{lvi}
- 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
- Understand the possible lifelong impact of abuse on adult survivors

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

^{lvi} A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon

Paediatricians

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as 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

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical, and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response required
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lvii}, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies

lvii In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- 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)
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
- Understand relevant national and international policies and the implications for practice
- Understand how to manage allegations of child abuse by professionals

Skills^{lviii}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to assess, examine and manage children where there are child protection concerns appropriate to the level of training.
- Paediatricians undertaking forensic sexual assault assessments in children and young people must be trained and competent as set out in Guidelines for Paediatric Forensic examinations in relation to possible child sexual abuse (FFLM and RCPCH 2012)
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

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

- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- 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 participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- 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 FII
- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- 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
- 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 obtain support and help in situations where there are problems requiring further expertise and experience
- Understand forensic procedures^{lix} and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understands the importance of and how to ensure 'the chain of evidence'

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lx}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

lix Where appropriate according to job plan this includes, forensic testing, understanding the importance of the chain of evidence, using a colposcope, and photo documentation. Guidance is described in the documents: *The Physical Signs of Sexual Abuse, an Evidence-based Review and Guidance for Best Practice* (14), *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* (10), *Guidance for best practice for management of intimate images that may become evidence in court* (7), Current information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV (www.bashh.org)

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

Child and adolescent psychiatrist

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as 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

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxi} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment

lxi In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- 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)
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
- Understand relevant national and international policies and the implications for practice
- Understand how to manage allegations of child abuse by professionals

Skills^{lxii}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- 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 participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews

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

- Able to contribute to risk assessments
- 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 FII
- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- 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
- 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 obtain support and help in situations where there are problems requiring further expertise and experience
- Understand forensic procedures^{lxiii} and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understands the importance of 'the chain of evidence'

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lxiv}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Children's nurse, child and adolescent mental health nurse, forensic nurses, Midwife, school nurse and Health Visitor

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,

lxiii Where appropriate according to job plan this includes, forensic testing, understanding the importance of the chain of evidence, using a colposcope, and photo documentation. Guidance is described in the documents: *The Physical Signs of Sexual Abuse, an Evidence-based Review and Guidance for Best Practice* (14), *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* (10), *Guidance for best practice for management of intimate images that may become evidence in court* (7), Current information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV (www.bashh.org)

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

and related legislation

- Understand information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as 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

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxv}, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- 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

lxv In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

response teams and Child Death Overview panels)

- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
- Understand relevant national and international policies and the implications for practice
- Understand how to manage allegations of child abuse by professionals

Skills^{lxvi}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- 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 participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- 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 FII
- Able to contribute to/formulate and communicate effective management plans for children

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

and young people who have been maltreated

- 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
- 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 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^{lxvii}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Paediatric surgeons

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required

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

in child maltreatment, and how these relate to clinical and legal requirements

- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxviii} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- 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)
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies

Skills^{lxix}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health,

lxviii In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

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

when assessing a child or young person

- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Understands the importance of and how to ensure 'the chain of evidence'

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lxx} 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Lead anaesthetist for safeguarding/child protection

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-

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

agency response

- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxxi} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- 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)

Skills^{lxxii}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

lxxi In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

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

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lxxiii}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Paediatric intensivists

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as 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

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment

^{lxxiii} A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon

- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxxiv} and the transition between children's and adult legal frameworks and service provision
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- 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)
- Know what to do when there is an insufficient response from organisations or agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families

Skills^{lxxv}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews

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

- Able to contribute to risk assessments
- Able to contribute to a management plan for FII
- 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
- Able to obtain support and help in situations where there are problems requiring further expertise and experience
- Understand forensic procedures^{lxxvi} and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understands the importance of and how to ensure 'the chain of evidence'

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lxxvii}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Paediatric allied health professionals^{lxxviii}

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including

lxxvi Where appropriate according to job plan this includes, forensic testing, understanding the importance of the chain of evidence, using a colposcope, and photo documentation. Guidance is described in the documents: *The Physical Signs of Sexual Abuse, an Evidence-based Review and Guidance for Best Practice* (14), *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* (10), *Guidance for best practice for management of intimate images that may become evidence in court* (7), Current information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV (www.bashh.org)

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lxxviii Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists.

the use of relevant assessment frameworks

- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxxix} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

Skills^{lxxx}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- Able to communicate effectively with children and young people, ensuring that they have the

lxxix In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

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- opportunity to participate in decisions affecting them as appropriate to their age and ability
- Able to give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lxxxii}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Paediatric radiologists

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as 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

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required

^{lxxxii} A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon

in child maltreatment, and how these relate to clinical and legal requirements

- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxxxii} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

Skills^{lxxxiii}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- Able to identify (*as appropriate to speciality*) associated medical conditions, mental health problems and other co-morbidities in children or young people which may increase the risk of

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maltreatment, and able to take appropriate action

- Able to challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{lxxxiv}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Paediatric dentists

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment

^{lxxxiv} A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon

- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxxxv} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines

Skills^{lxxxvi}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

Attitudes and values

- Understands the importance and benefits of working in an environment that supports

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professionals^{lxxxvii}

- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Adult psychiatrists

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{lxxxviii}, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to

^{lxxxvii} A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon

^{lxxxviii} In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

a child or young person, and managing concerns

- Know about models of effective clinical supervision and peer support
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

Skills^{lxxxix}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{xc}
- 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

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

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Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Child psychologists/child psychotherapists

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 information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{xci} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

^{xci} In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

Skills^{xcii}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{xciii}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Sexual health (medical and registered nursing staff)

Knowledge

- Aware of the implications of legislation, inter-agency policy and national guidance

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

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

- Understand the importance of children's rights in the safeguarding/child protection context, and related legislation
- Understand information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{xciv}, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

Skills^{xcv}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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

xciv In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

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

and legal purposes as required (and as appropriate to role, including case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Understand forensic procedures^{xcvi} and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understands the importance of and how to ensure 'the chain of evidence'

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{xcvii}
- 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
- Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Emergency and unscheduled care (medical and registered nursing staff)^{xcviii}

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,

xcvi Where appropriate according to job plan this includes, forensic testing, understanding the importance of the chain of evidence, using a colposcope, and photo documentation. Guidance is described in the documents: *The Physical Signs of Sexual Abuse, an Evidence-based Review and Guidance for Best Practice* (14), *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* (10), *Guidance for best practice for management of intimate images that may become evidence in court* (7), Current information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV (www.bashh.org)

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

xcviii This refers to medical and registered nursing staff who work in Accident and Emergency

and related legislation

- Understand information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services

Clinical knowledge

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{xcix}, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Know what to do when there is an insufficient response from organisations or agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- 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)

Skills^c

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns

xcix In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

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

as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- 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 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^{ci}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Forensic Physicians

Knowledge

- Aware of the implications of legislation, inter-agency policy and national guidance

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

- Understand the importance of children's rights in the safeguarding/child protection context, and related legislation
- Understand information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/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, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as 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

Clinical knowledge

- Understand what constitutes forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds^{cii} and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- 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
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- Have an understanding of the management of the death of a child or young person in the

cii In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age

safeguarding context (including where appropriate structures and processes such as rapid response teams and Child Death Overview panels)

Skills^{ciii}

- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary 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 case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- 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 give effective feedback to colleagues
- 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 challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- 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 apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- 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
- 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 provide clinical support and supervision to junior colleagues and peers
- Able to obtain support and help in situations where there are problems requiring further expertise and experience

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

- Understand forensic procedures^{civ} and practice required in child maltreatment, and how these relate to clinical and legal requirements
- 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.
- Forensic Physicians undertaking forensic sexual assault assessments of children and young people must be trained and competent as set out in Guidelines on Paediatric Forensic examinations in relation to possible Child Sexual Abuse (FFLM and RCPCH 2012)

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals^{cv}
- 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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Criteria for assessment

- As outlined for Level 1 and 2
- Demonstrates knowledge of patterns and indicators of child maltreatment
- Demonstrates knowledge of the function of LSCBs/the Safeguarding Board for Northern Ireland and safeguarding panels of health and social care trusts and child protection committees in Scotland
- Demonstrates understanding of appropriate information sharing in relation to child protection and children in need
- Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions
- Where role includes conducting detailed assessments of child abuse and neglect, demonstrates ability to assess, examine children for suspected abuse and neglect, provide a report and an opinion

civ Where appropriate according to job plan this includes, forensic testing, understanding the importance of the chain of evidence, using a colposcope, and photo documentation. Guidance is described in the documents: *The Physical Signs of Sexual Abuse, an Evidence-based Review and Guidance for Best Practice* (14), *Guidelines for Paediatric Forensic Examination in relation to possible Child Sexual Abuse* (10), *Guidance for best practice for management of intimate images that may become evidence in court* (7), Current information on Sexually Transmitted Infections (STIs) is available from the British Association of Sexual Health and HIV (www.bashh.org)

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

- Where undertaking forensic examinations as part of their role, demonstrates an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements.
- Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures
- Demonstrates critical insight of personal limitations and an ability to participate in peer review

Level 4: specialist roles - named professionals^{cv i}

Staff groups

This includes named doctors, named nurses, named health visitors, 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 competences^{cv ii}

- 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 and challenge poor practice.
- 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 (including the child practice review process in Wales), 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 team.
- Works effectively with colleagues from other organisations, providing advice as appropriate
- Provides advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers
- Provides specialist advice to practitioners, both actively and reactively, including clarification

cv i In Scotland, comparable specialist functions are performed by child protection advisers and lead clinicians

cv ii *National Workforce competences:* 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

- 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 LSCB/the safeguarding panel of the health and social care trust/the child protection committee/the safeguarding committee of the Health Board or Trust in Wales
- Leads/oversees safeguarding 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:

Knowledge

- Aware of best practice in safeguarding/child protection
- Aware of latest research evidence and the implications for practice
- Advanced understanding of child-care 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
- Understand the commissioning and planning of safeguarding/child protection health services
- Know about the professional and experts' role in the court process
- 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 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/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

- 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

Attitudes and values

- As outlined in level 1, 2 and 3

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Criteria for assessment

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

cviii This programme could be provided by a professional organisation or a Higher Education Institution

Level 5: Specialist roles - designated professionals^{cix}

Staff groups

This applies to designated doctors and nurses, lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland)

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. There may be specific duties relating to the Designated/ lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland) in each nation.

Appendix 3 describes the key duties and responsibilities of designated professionals including lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland).

Core competences^{cx}

- As outlined for Level 1, 2 3 and 4
- Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community
- Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across the health community
- Leads/oversees safeguarding/child protection quality assurance and improvement across the health community
- Leading innovation and change to improve safeguarding across the health economy
- Takes a lead role in conducting the health component of serious case reviews/ case management reviews/significant case reviews across whole health community
- Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies
- Takes a strategic and professional lead across the health community on all aspects of safeguarding/child protection
- Provides expert advice to increase quality, productivity, and 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

cix In Scotland, comparable specialist functions are performed by Nurse Consultants and lead clinicians. 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

cx *National Workforce competences*: 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

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 LSCB procedures and recommendations (England, Wales and Northern Ireland), and area child protection committees (Scotland)
 - provide specialist advice and guidance to the Board and Executives of commissioner organisations on all matters relating to safeguarding children including regulation and inspection,
 - be involved 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.
- Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance

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:

Knowledge^{cx1}

- Advanced and in-depth knowledge of relevant national and international policies and implications for practice
- 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 the health community against quality standards
- 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/case management review/significant case review, drawing conclusions and developing an agreed action plan to address lessons learnt

cx1 *National Workforce Competences: 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*

- Able to plan, design, deliver and evaluate inter-agency safeguarding/child protection training for staff across the health community, in partnership with colleagues in other organisations and agencies
- Able to oversee safeguarding/child protection quality assurance processes across the whole health community
- Able to influence improvements in safeguarding/child protection services across the health community
- Able to provide clinical supervision, appraisal, and support for named professionals
- Able to lead multi-disciplinary 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 proactively deal with strategic communications and the media on safeguarding/child protection across the health community
- 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 the health community
- 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

Attitudes and values

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

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Criteria for assessment

- As outlined for Level 1, 2 3 and 4
- Demonstrates advanced knowledge of national safeguarding practice and an insight into international perspectives
- Demonstrates contribution to enhancing safeguarding practice and the development of knowledge among staff
- Demonstrates knowledge of strategies for safeguarding management across the health community
- Demonstrates an ability to conduct rigorous and auditable safeguarding/child protection

- support and peer review, as well as appraisal and supervision where provided directly
- Demonstrates critical insight of personal limitations and an ability to participate in peer review
- Designated professionals working within commissioning organisations in England also
- Demonstrate knowledge of relevance of safeguarding to commissioning processes
- Ensure a safeguarding focus is maintained within strategic organisational plans and service delivery

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 with additional leadership being provided at board level by the executive director with the lead for safeguarding. All board 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 roles of Chair, CEOs, Executive Board Leads and Board members will be described separately:

Chair

The Chair of acute, mental health and community Trusts, Health Boards and commissioning bodies (and equivalent health care 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 NHS 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; whistle blowing; 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 good information from and between the organisation board or board of directors, committees, council of governors where applicable, the membership and senior management on safeguarding and child protection'

Chief Executive Officer (CEO)

The CEO of acute, mental health and community Trusts, Health Boards and commissioning bodies (and equivalent health care 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 collaborative working with other agencies.

Key Responsibilities of CEOs

- To ensure that the role and responsibilities of the NHS 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^{cxii}; whistle blowing; appropriate policies for safeguarding and child protection (including regular updating); 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 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
- 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, multiagency//interagency partnership working practices and information sharing practices operate within the organisation

Executive Director Lead

There should be a nominated Executive Director board member who takes responsibility for child protection/safeguarding issues. The Executive Director lead will report to the NHS 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

cxii <http://www.nhsemployers.org/RECRUITMENTANDRETENTION/EMPLOYMENT-CHECKS/Pages/Employment-checks.aspx>

safeguarding

- Within commissioning organisations to 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 health care (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

Key Responsibilities of the Non Executive Director Board lead

- To ensure appropriate scrutiny of the Organisation's safeguarding performance
- To provide assurance to the Board of the Organisation's safeguarding performance

Core competences

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 health care 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.

Competences should be reviewed annually as part of appraisal.

Knowledge, skills, attitudes and values

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

Knowledge

- Knowledge of public health consequences and financial cost to the health economy of child maltreatment, care of survivors into adulthood and Looked after Children
- 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) and other review processes
- Knowledge about the principles and responsibilities of the organisation's/staff's participation with the Child Death Review Process.
- 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
- Knowledge 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.

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.

Section B: Education and training

This section outlines key issues related to acquiring and maintaining safeguarding children and young people knowledge and skills. It is appreciated that practitioners work and study in a variety of settings. The following text is intended to provide an indication of the indicative content and time needed by practitioners, particularly in light of the seriousness of loss of life and chronic disability suffered by children and young people who have experienced child maltreatment. Regulatory bodies such as the GMC and NMC will in future require evidence of completion of key refreshing and updating for revalidation purposes^{cxiii},^{cxiv}

Ultimately employing organisations are responsible for assuring that their employees have the knowledge, skills and competence to undertake their roles. Organisations can if they wish seek accreditation from a professional body for any programme of study, however they must assure themselves that any 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.

Underpinning principles

- 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.
- Training needs to be flexible, encompassing different learning styles and opportunities
- Those leading and providing multi-disciplinary 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, delivered by a registered health care worker, who has qualifications and/or experience relevant to safeguarding/child protection and delivery of education and training and should 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, e-learning tests (following training and at regular intervals), and auditing implementation, as well as staff knowledge and understanding.
- Staff should receive refresher training every three years as a **minimum**^{cxv} and training should be tailored to the roles of individuals
- 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.
- Education and training passports will prevent the need to repeat learning where individuals are

cxiii <http://www.gmc-uk.org/doctors/revalidation.asp> and <http://www.nmc-uk.org/Registration/Revalidation/>

cxiv http://www.gmc-uk.org/Protecting_children_and_young_people_English_0513.pdf_48978248.pdf

cxv 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

able to demonstrate up to date competence, knowledge and skills, except where individuals have been working outside of the area of practice or have had a career break and are unable to do so.

- In addition to training programmes, named professionals should circulate written update briefings and literature as appropriate to all staff at least annually to include for example, changes in legislation, changes in local policies and procedures, the risks associated with the internet and online social networking or lessons from serious case reviews.
- Health care organisations must ensure all staff are able to access safeguarding support and expert advice.
- 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 (NSF, NICE, SIGN), analysis of complaints and other patient feedback, and systems of safeguarding supervision^{cxvi} and/or peer review.

Information about accredited training and education programmes can be found at [_](http://www.e-lfh.org.uk/projects/safeguarding-children/), including links to elearning <http://www.e-lfh.org.uk/projects/safeguarding-children/>

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

All health staff

- A mandatory session of at least 30 minutes duration should be included in the general staff induction programme or 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

Level 1

Over a three-year period, staff at level 1 should receive refresher training equivalent to a **minimum** of 2 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

- To be able to recognise potential indicators of child maltreatment – physical, emotional, sexual abuse, and neglect including radicalisation, child trafficking and FGM.
- To be able to understand the impact a parent/carers physical and mental health can have on

cxvi Supervision is a process of professional support, peer support, peer review and learning, enabling staff to develop competences, 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

the well-being of a child or young person, including the impact of domestic violence

- 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 demonstrate an understanding of the risks associated with the internet and online social networking.
- To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004 and the Sexual Offences Act 2003)

Level 2

It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional education programmes.

- Over a three-year period, professionals at level 2 should receive refresher training equivalent to a **minimum** of 3-4 hours ^{cxvii cxviii cxix}
- Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2
- 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 violence, vulnerable adults, learning disability, and communicating with children and young people. Organisations should consider encompassing safeguarding learning within regular, multi-agency or vulnerable family meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

Learning outcomes

- To be able to understand what constitutes child maltreatment and be able to identify any signs of child abuse or neglect.
- To be able to act as an effective advocate for the child or young person
- To be able 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 professional role, responsibilities, and professional boundaries and 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.

cxvii 0.5 Programmed Activity (PA)

cxviii 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

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

- 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.
- Practice will be informed by an understanding of key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.
- 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, 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
- To be aware of the risk factors for radicalisation and will 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

*For those individuals moving into a permanent senior level post such as substantive career grade, consultant, GP or team leader who have as yet not attained the relevant knowledge, skills and competence required at level 3 it is expected that within a year of appointment additional education will be completed equivalent to a **minimum** of 8 hours^{cxx} of education and learning^{cxxi} related to safeguarding/child protection, and those requiring specialist-level competences should complete a **minimum** of 16 hours^{cxxii cxxiii}.*

- Over a three-year period, professionals should receive refresher training equivalent to a **minimum** of 6 hours (for those at Level 3 core this equates to a **minimum** of 2 hours per annum) and a **minimum** of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill) ^{cxxiv}
- 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
- Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening. This should be appropriate to the speciality and roles of the

cxx Two Programmed Activities (PA)s/sessions

cxxi 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

cxxii For those professional groups who may have previously been placed at Level 2, transitional arrangements should be put in place to enable attainment of core Level 3 education and training over an 18-month period

cxxiii 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

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

participants. At level 3 this could also for example include attendance at a HealthWRAP/prevent^{cxxv} workshop where appropriate. 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 possible signs of sexual, physical, or emotional abuse or neglect using child and family-focused approach.
- To be able to know what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people.
- To be able to demonstrate a clear understanding, as appropriate to role, of forensic procedures in child maltreatment, and knowing 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 be able to know how to undertake, where appropriate, a risk and harm assessment.
- To be able 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 be able to know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person.
- To be able to know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated.
- To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection and to know how to effectively manage diagnostic uncertainty and risk.
- To be able to know how to appropriately contribute to inter-agency assessments by gathering and sharing information.
- To be able to document concerns in a manner that is appropriate for safeguarding/child protection and legal processes.
- To be able to know how to undertake documented reviews of your own (and/or team) safeguarding/child protection practice as appropriate 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 be able to know how to deliver and receive supervision within effective models of supervision and /or peer review, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals.

cxxv Department of Health (2011) Building Partnerships, Staying Safe, [A Guide for Healthcare Organisations](#) and [A Guide for Healthcare Workers](#)

Additional specialist learning outcomes for paediatricians, paediatric intensivists, dentists with a lead role in child protection, forensic physicians, child and adolescent psychiatrists, child psychologists, child psychotherapists, GPs, children’s nurses, forensic nurses, school nurses, child and adolescent mental health nurses, children’s learning disability nurses, specialist nurses for safeguarding and looked after children, midwives and health visitors depending on role.

- To be able 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 be able to know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken.
- To be able to know how to advise other agencies about the health management of individual children in child protection cases.
- To be able to know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice.
- To be able to know how to advise others on appropriate information sharing.
- To be able to know how to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and child death review processes.
- To be able 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 be able to know how to obtain support and help in situations where there are problems requiring further expertise and experience.
- To be able to know how to participate in and chair multi-disciplinary meetings as required.

Level 4

- Named professionals should attend a **minimum** of 24 hours^{cxxvi} of education, training and learning over a three-year period^{cxxvii}. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training ^{cxxviii}
- 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^{cxxix} within three years of taking up their post
- Named Professionals responsible for training of doctors are expected to have appropriate education

cxxvi Equivalent to six PAs/sessions

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

cxxviii 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

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

for this role^{cxxx}

- Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 1 year of taking up the post
- Training at level 4 will include the 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
 - An advanced understanding of child-care 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 be able 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 be able 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 be able to know how to undertake and contribute to serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, this will include the undertaking 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 provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.
- To be able to know how to provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.

cxxx http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf http://www.gmc-uk.org/Standards_for_Curricula_Assessment_Systems.pdf_31300458.pdf_p13

- 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 be able to know how to lead service reviews.
- To be able to know how to deal with the media and organisational public relations concerning safeguarding/child protection.

Level 5

- Designated professionals including lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland) should attend a **minimum** of 24 hours^{cxxxix} of education, training and learning over a three-year period^{cxxxix}. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work^{cxxxix}
- 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 their attendance should be recorded)
- An executive level management programme with a focus on leadership and change management^{cxxxix} should be completed within three years of taking up the post
- Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 3 years 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 be able 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 the health community.
- To be able to know how to take a lead role in:
 - Leading /overseeing safeguarding/child protection quality assurance and improvement across the health community.
 - The implementation of national guidelines and auditing the effectiveness and quality of services across the health community against quality standards.
 - Service development conducting the health component of serious case reviews/ case

cxxxix Equivalent to six PAs/sessions

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

cxxxix 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

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

- management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt.
- Strategic and professional leadership across the health community on all aspects of safeguarding/ child protection.
- Multi-disciplinary team reviews.
- Regional and national safeguarding/child protection clinical networks (where appropriate).
- To be able to know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
- To be able 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 health community.
- To be able 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 be able to know how to influence improvements in safeguarding/child protection services across the health community.
- To be able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
- To be able to apply in practice:
 - Advanced and in-depth 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 be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.
- 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 the health community.
- To be able 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 the health community.
- 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.

Board Level for Chief Executive Officers, Trust and Health Board Executive and non executive directors/members, commissioning body Directors

Learning outcomes

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

- a) Demonstrates an awareness and understanding of child maltreatment
- b) Demonstrates an understanding of appropriate referral mechanisms and information sharing
- c) 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
- d) Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements
- e) Demonstrates an awareness and understanding of arrangements to share relevant information
- f) Demonstrates an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as safe whistle blowing
- g) Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training
- h) Demonstrates collaborative working with lead and nominated professionals across Agencies

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Appendices

Appendix 1: National Workforce Competences

National Workforce Competences are referenced to both their source, e.g. National Occupational Standards for Drugs and Alcohol (DANOS), and their reference within this source, e.g. DANOS BC4. The abbreviations used for different sources of competences are shown below. With three exceptions all of the National Workforce Competences listed on the following tables can be accessed from the Skills for Health website at <http://www.skillsforhealth.org.uk/framework.php#frameworks>

Where competences 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 Competences ID4 (pages 2 & 3) and Police 2J3 (page 8) were developed by Skills for Justice. Details of these competences can be accessed from <http://www.skillsforjustice.net/nos/home.html>

ENTO L1 (pages 6 & 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 Competences 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 Learning 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 health care 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

Named professional^{CXXXV} 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 Advisors and lead clinicians undertake this function.

1. Person Specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (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

CXXXV This includes Named Nurse, Named Midwife, Named Doctor and Named GP. In Scotland Child Protection Advisors and lead clinicians undertake this function.

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^{cxxxvi}.

NB. Those organisations with maternity services should 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**^{cxxxvii} should:

1. Be an experienced GP of good professional standing with extended knowledge and skills in the care of Children and young people as evidenced by a higher qualification in Child Health such as DCH or MSc, and/ or experience working in delivery of child health services within community paediatrics, schools or secondary care. GPs may also have developed expertise through a range of other post-vocational training activities, including education, research, involvement with service development and management.
2. Be a member of the RCGP^{cxxxviii} and the PCCSF (Primary Care Children's Safeguarding Forum)
3. Be developing or already be acknowledged to have safeguarding/child protection expertise
4. Have a qualification related to the nature of the post, for example: a GP trainer accreditation or similar level qualification for a post with mostly educational activities; or membership of the Faculty of Forensic and Legal Medicine (FFLM) for posts involving forensic work

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

cxxxvii 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 2013* 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."

cxxxviii Except where special circumstances exist

2. Duties for all named professionals

The **Named professionals** will:

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**

3. Inter-agency responsibilities

- a) Participate in multi-agency subgroups of the LSCB/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.
- b) Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to safeguarding/child protection

4. Leadership and advisory role

- a) Support and advise the board of the health care 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^{cxxxix} on the day-to-day management of children and families where there are safeguarding/child protection concerns^{cxl}
- 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

5. 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

^{cxxxix} Including, but not limited to, primary health care, Accident and Emergency (A&E), orthopaedics, obstetrics, gynaecology, child and adult psychiatry

^{cxl} 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

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

6. Co-ordination and communication

- e) Work closely with other specialist safeguarding/child protection professionals across the health community
- 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 health care organisation
- h) Liaise with professional leads from other agencies, such as Education and Children's Social Care

7. Governance: policies and procedures

- a) Ensure that the health care organisation has safeguarding/child protection policies and procedures in line with legislation, national guidance, and the guidance of the LSCB/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
- c) Encourage case discussion, reflective practice, and the monitoring of significant events at a local level

8. Training

- a) Work with specialist safeguarding/child protection professionals across the health community and with the training sub-groups of the LSCB/ 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

9. Monitoring

- a) Advise employers on the implementation of effective systems of audit^{cxli}
- b) Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards^{cxlii}
- 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

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

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

10. 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

11. 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 competences
- 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

12. Appraisal and Job Planning

- a) Receive annual appraisal^{cxliii} 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^{cxliv} 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 objectives cover the safeguarding element of the post

13. 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

14. 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

15. Resources required for the post

Professionals' roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their child safeguarding responsibilities effectively^{cxlv}

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

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

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

- 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 health care organisation, whether the organisation provides tertiary services and the level of development of local safeguarding/child protection structures, process and function^{cxlvi} (For Named Doctors, Named GPs and Named Nurses see table below)
- b) The health care organisation should supply dedicated secretarial and effective support
- 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 health care 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 health care organisation should provide safeguarding/child protection focused support and supervision for the specialist professional

^{cxlvi} 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 are a minimum guide to the resources required for the roles.

NAMED SAFEGUARDING DOCTOR'S PROGRAMMED ACTIVITIES* PER YEAR

Activity	* A 'Programmed Activity' (PA) is equal to approximately 4 hours of work.		
	Meetings per annum (in PAs)	Admin per annum (in PAs)	Notes
LSCB subcommittees	4	2	
Health Professionals' Advisory Group	4	2	
Trust/Organisation safeguarding committee	4	2	
Serious Case Reviews	6	6	This equates to participating in one Review per year
Training	12	12	
Quality Assurance; e.g. 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 structure 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 that may also include for example clinical child protection work. Supporting professional activities within the job plan should also include time for CPD and development of 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 population of 220,000, dependent on contract but may consist of the following

Activity (one PA equivalent to 4 hours' work)	Planned Meetings per Annum	Admin per Annum	Notes
LSCB Subcommittees	4 PAs	2PAs	
GP Training	22 PAs	6 PAs	
Forum for Practice Leads	8 PAs		
Informal GP Support	4 PAs		
Audit	4 PAs	2PAs	
Learning including personal development, shared learning and peer review	6PAs	2PAs	
Meetings with Safeguarding Team	4PAs	2PAs	
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	10PAs		
Appraisal	1PA	1PA	
Preparation for regulation and assessment	4PAs		

NAMED NURSE FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE

For acute health care organisations

A minimum of 1 dedicated WTE* Named Nurse for safeguarding children and young people for each health care organisation with dedicated clinical nurse safeguarding specialists for each additional site

A minimum of 0.5WTE dedicated administrative support

For community health care organisations

A minimum of 1 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. Carpenter J et al. *Organisation, outcomes and costs of inter-agency training for safeguarding and promoting the welfare of children* DSCF Nov 2009.
2. Dept for Education and Skills. *Common Core Skills and Knowledge for the Children's Workforce*.

2004: www.cwdcouncil.org.uk/commoncore (accessed 22/3/10)

3. HM Gov. *Working Together to Safeguard Children*. 2013 <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>
4. Laming. *The Protection of Children in England: A Progress Report*. March 2009: www.publications.everychildmatter.gov.uk (accessed 18/4/10)
5. RCGP. *Safeguarding children and young people a toolkit for General Practice*. 2009: www.rcgp.org.uk/clinical_and_research/circ/safeguarding_children_toolkit
6. Royal College of Paediatrics and Child Health. *Model Job Description Named Doctor for Child Protection* 2005: www.rcpch.ac.uk/doc.aspx?id_Resource=1860

In Scotland

1. *Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland*. Scottish Executive 2000.
2. *Children (Scotland) Act 1995*. London: HMSO
3. *The Age of Legal Capacity (Scotland) Act 1991*. London: HMSO
4. *Protecting children and young people Framework of Standards* – Scottish Executive 2004
5. *Getting it right for every child* – Scottish Government 2009
6. *How well do we protect children and meet their needs* – HMIE 2009

In Northern Ireland

1. *Co-operating to Safeguard Children, Belfast, DHSSPS*. Department of Health, Social Services and Public Safety 2003.
2. *Children (Northern Ireland) Order 1995*.
3. *Regional Child Protection Policies and Procedures*. Department of Health, Social Services & Public Safety 2005.
4. *Protection of Children & Vulnerable Adults (NI) Order (2003)*. Department of Health, Social Services & Public Safety 2004.
5. Laming. *The Victoria Climbié Inquiry: Report of an Inquiry*. London: HMSO 2003
6. Standards for Child Protection Services, DHSSPSNI 2008

In Wales

1. Welsh Assembly Government. *Working Together to safeguard children - a guide to inter-agency working to safeguard and promote the welfare of children*. Cardiff: WAG 2000.
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*. Cardiff: NAFW 2002
3. Welsh Assembly Government. *Response to the Victoria Climbié Inquiry*. Cardiff: WAG 2003
4. Welsh Assembly Government. *Safeguarding Children: Working Together under the Children Act 2004*. Cardiff, WAG 2006
5. *All Local Safeguarding Children Boards in Wales. All Wales Child Protection Procedures*. Cardiff: WAG 2008

Appendix 3: Designated professional^{cxlvii} 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

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)^{cxlviii} 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 LSCB 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, providing support to all providers and linking particularly with named safeguarding health professionals, local authority children's services, and Local Safeguarding Children's Boards (LSCBs)/the safeguarding panel of the health and social care trust, and the NHS Commissioning Board. 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 Criminal Records Bureau Check/Enhanced Disclosure. (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

cxlvii 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.

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

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^{cxlix}
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 the health community (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 the health community meet their responsibilities to safeguard and protect children and young people
- c) Advise and support all named professionals across the health community
- d) Be responsible to and accountable within the managerial framework of the employing health care 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 LSCB^{cl} the safeguarding panel of the health and social care trust/the child protection committee
- b) Serve, as appropriate, on the sub-committees of the LSCB/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 safeguarding/child protection content within pre-registration, undergraduate, and postgraduate education and training programmes

4. Leadership and advisory role

- a) Provide advice to organisations across the health community on questions of planning,

cxlix 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

cl For LSCBs the designated professionals will provide expertise to the LSCB in a range of ways, this may or may not be through membership.

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 the health community 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^{cli} in organisations delivering health services across the health community
- 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 the health community
- c) Lead and support the activities of any local health advisory group for safeguarding/child protection^{clii}
- d) Liaise with the health boards/ local authority child protection and safeguarding lead and where required the NHS Commissioning Board.

cli Including but not limited to: GPs, A&E, orthopaedics, maternity services, gynaecology, child and adult psychiatry
clii 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 Direct/NHS 24/NHS Direct Wales, out-of-hours medical services, ambulance services, and the safeguarding/child protection leads of any independent health providers.

7. Governance: policies and procedures

- a) Work with other designated professionals to ensure that the health components of the procedures of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee are current
- b) Work with health care organisations^{cliii} across the health community^{cliv} to ensure that appropriate policies, procedures, training, and audit are in place and that these are consistent with the policies of the LSCB/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

8. Training responsibilities

- a) Advise on safeguarding training needs^{clv} and the delivery of training for all health staff within organisations across the health community^{clvi}
- b) Play an active part in the planning and delivery of inter-agency training through LSCBs/the safeguarding panel of the health and social care trust/the child protection committee

9. Monitoring

- a) Provide advice to all organisations across the health community 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 health care 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 safeguarding/child protection are met, and that there are adequate resources for named and designated professionals to carry out their roles effectively

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 health community 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)

cliii 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

cliv Including but not exclusively: independent organisations, walk-in centres, dentist surgeries and pharmacies

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

clvi This 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

- b) Provide advice to all specialist safeguarding/child protection professionals working within organisations delivering health services across the health community on writing individual management reviews/individual agency reviews/internal management reviews and within the new framework of Working Together 2013.

10. Supervision

- a) Provide advice on child protection case-focused support and supervision for health staff at all levels within organisations across the health community that deliver health services
- b) Produce a supervision strategy for the health community which provides direction and options for supervision models, as appropriate to need
- c) Provide supervision for named professionals across the health community, 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.

11. Personal development

- a) Meet the organisation's 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)

12. Appraisal

- a) Receive annual appraisal^{clvii} 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, they may seek input into the process from the other designated professionals. Input from the LSCB/ 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.

13. 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^{clviii}

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

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

14. 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

15. 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^{clix}

(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 health care organisations covered by the role, the number of LSCBs/the safeguarding panel of the health and social care trust/the area child protection committees, staff, the number of health care organisations covered by the role to include whether there are tertiary units, and the level of development of local safeguarding structures, process and functions^{clix, clxi}.
- 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/
- d) 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 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

clix 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 LSCB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement.

clx 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 2013)

clxi 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

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

DESIGNATED SAFEGUARDING DOCTOR'S PROGRAMMED ACTIVITIES* PER YEAR

Activity	* A 'Programmed Activity' (PA) is equal to approximately 4 hours of work.		
	Meetings per annum (in PAs)	Admin per annum (in PAs)	Notes
Local Safeguarding Children Board	4-12	4-12	This may need to be increased if attending more than 1 LSCB
Health Professionals' Advisory Group	4	4	
Updating medical components of LSCB procedures and policies	4	4	
LSCB Training sub-committee - planning of multi-disciplinary training through LSCB structures	6	6	
Assist training in and availability of child protection issues	24	12	
Multi-disciplinary meetings	4	4	
Peer review	12		
Safeguarding Forums/Strategic Clinical Networks.	4	4	
Serious Case Reviews	6	6	This equates to participating in one Review per year
Where Serious Case Review required, review / supervise doctors involved.	6		
Expert health advice & supervision to all professionals / organizations	24	12	
clinical advice, in complex cases or where there is 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 size of districts covered by 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 structure 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 that may also include for example clinical child protection work. Supporting professional activities within the job plan should also include time for CPD and development of 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 health care organisations covered by the role to include whether there are tertiary units, the number of LSCBs/ the safeguarding panel of the health and social care trust/the area child protection committees, staff, the number of health care organisations covered by the role.

DESIGNATED NURSE FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE

A minimum of 1 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 number of Local Safeguarding Children's Boards, sub group 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 numbers 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

Carpenter J et al. *Organisation, outcomes and costs of inter-agency training for safeguarding and promoting the welfare of children*, DSCF Nov 2009

Dept for Education and Skills. *Common Core Skills and Knowledge for the Children's Workforce*. 2004: www.cwdcouncil.org.uk/commoncore (accessed 22/3/10)

HM Gov. *Working Together to Safeguard Children*. <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

Laming. *The Protection of Children in England: A Progress Report*. March 2009: <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/HC-330.pdf> (accessed 18/4/10)

RCGP. *Safeguarding children and young people a toolkit for General Practice*. 2009: www.rcgp.org.uk/clinical_and_research/circ/safeguarding_children_toolkit

Royal College of Paediatrics and Child Health. *Model Job Description Designated Doctor for Child Protection* 2005: www.rcpch.ac.uk/doc.aspx?id_Resource=1860

In Scotland

Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland. Scottish

Executive 2000

Children (Scotland) Act 1995. London: HMSO

The Age of Legal Capacity (Scotland) Act 1991. London: HMSO

Protecting children and young people Framework of Standards – Scottish Executive 2004 and www.scotland.gov.uk/childrenscharter

Getting it right for every child – Scottish Government 2009

How well do we protect children and meet their needs – HMIE 2009

Child Protection guidance for health professionals – Scottish Government 2013

In Northern Ireland

1. *Co-operating to Safeguard Children, Belfast, DHSSPS*. Department of Health, Social Services and Public Safety 2003.
2. *Children (Northern Ireland) Order 1995*
3. *Regional Child Protection Policies and Procedures*. Department of Health, Social Services & Public Safety 2005.
4. *Protection of Children & Vulnerable Adults (NI) Order (2003)*. Department of Health, Social Services & Public Safety 2004
5. Laming. *The Victoria Climbié Inquiry: Report of an Inquiry*. London: HMSO 2003

In Wales

1. Welsh Assembly Government. *Working Together to safeguard children - a guide to inter-agency working to safeguard and promote the welfare of children*. Cardiff: WAG 2000.
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. Cardiff: NAW 2002.
3. Welsh Assembly Government. *Response to the Victoria Climbié Inquiry*. Cardiff: WAG 2003
4. Welsh Assembly Government. *Safeguarding Children: Working Together under the Children Act 2004*. Cardiff, WAG 2006.
5. *All Local Safeguarding Children Boards in Wales. All Wales Child Protection Procedures*. Cardiff: WAG 2008.
6. *Protecting Children in Wales. Guidance for Arrangements for Multi-Agency Child Practice Reviews*. Jan 2013: <http://www.cymru.gov.uk>



Royal College of
**Paediatrics and
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Royal College of Paediatrics and Child Health
5-11 Theobalds Road, London, WC1X 8SH

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