

**Safeguarding Children and Young people:  
roles and competences for health care staff**

**INTERCOLLEGIATE DOCUMENT  
September 2010**

**Published by the Royal College of Paediatrics and Child Health 2010  
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 Dentistry*

*Royal College of Surgeons of England*

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## **Key definitions**

### **Children and Young People**

We define children and young people as all those who have not yet reached their 19<sup>th</sup> birthday.

### **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.

### **Competence**

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

### **Named General Practitioner**

The GP employed by the local health care organisation sessionally with a responsibility for safeguarding (as outlined under the Named GP in the framework).

### **Named Professional**

Named professionals have a key role in promoting good professional practice within their organisation, and provide advice and expertise for fellow professionals.

### **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 Good Standing**

Refers to doctors who are on the GMC register and who are up to date with their professional CPD – <http://www.gmc-uk.org/>

### **Safeguarding (Child Protection in Scotland)**

The term safeguarding and promoting the welfare of children is defined in Working Together (2010) 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 undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully (page 34).

### **Looked After Children**

This term applies to children currently being looked after and/or accommodated by local authorities/Health and Social Care Trusts, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption.

## Foreword

To protect children and young people from harm, all health staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties.

In 2006 the Royal Colleges and professional bodies<sup>1</sup> jointly published *Safeguarding children and young people: roles and competences for health care staff* (1). The document described six levels of competences and provided model role descriptions for named and designated professionals.

Since that time, 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 2-7). A specific review of safeguarding training<sup>2</sup> by the Department of Health in England highlighted the need for greater clarity about the training that should be received by different staff groups.

In response to these issues and to recent policy developments, including the recent review by Lord Laming (2), the Royal Colleges and professional bodies have reviewed and updated the 2006 document. The updated document should continue to be used in conjunction with key statutory and non-statutory guidance<sup>3</sup>, and with competency frameworks and curricula relating to specific professional groups<sup>4</sup>.

The emphasis within this version is upon the importance of maximising flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies and serious case reviews.

We envisage that the framework will be reviewed again in 2013.

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<sup>1</sup> 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).

<sup>2</sup> Safeguarding training stocktake report (2010).

<sup>3</sup> See References section, in particular: *Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children* (36) (England); *Cooperating to Safeguard Children* (41), *Area Child Protection Committees' Regional Policies and Procedures Guide* (42), and amendments (43-46) (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).

<sup>4</sup> 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<sup>5</sup> 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 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 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, all health staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

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<sup>5</sup> In England and Wales Children Act 2004, Northern Ireland Children (Northern Ireland) Order 1995 and Scotland Children (Scotland) Act 1995.

<sup>6</sup> 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

<sup>7</sup> In England, all NHS trusts, foundation trusts, and public, third sector, independent sector, social enterprises, and primary care organisations providing health services, must have a named doctor, named nurse, and named midwife, if the organisation provides maternity services. In health care organisations that do not provide children's services, there is still a need for named professionals. All primary care organisations 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.

<sup>8</sup> 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.

<sup>9</sup> 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 nurse, named doctor and a named radiographer. Designated doctors and nurses operate on a national basis through Public Health Wales. Public Health Wales NHS Trust also has a named nurse.

Across the UK, specialist safeguarding/child protection professionals provide expertise and have specific roles and responsibilities in safeguarding children<sup>6</sup>. In England, Northern Ireland, and Wales, named and designated professionals perform this function<sup>7,8,9</sup> and in Scotland Nurse Consultants, Child Protection Advisers and lead clinicians fulfil specialist roles. All specialist professionals must be allowed sufficient time and resources, 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 (2-66).

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 staff groups, while level 4, 5 and 6 are related to specific roles.

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.

## **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.

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. In response to the Laming Report and other evidence, there has been recognition of the importance of the level of competence of some practitioner groups, for example GPs and paediatricians.

This Framework identifies six levels of competence, and gives examples of groups that fall within each of these<sup>10</sup>. The levels are as follows:

- Level 1: Non-clinical staff working in health care settings
- Level 2: Minimum level required for 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<sup>11</sup>
- Level 4: Named professionals
- Level 5: Designated professionals
- Level 6: Experts<sup>12</sup>

Those requiring competences at Levels 1 to 5 should also possess the competences at each of the preceding levels. Staff requiring competences at Level 6 should possess the competences at Levels 1 to 3 (including specialist Level 3, where appropriate).

The particular, knowledge, skills, attitudes and values that underpin the core competences at each level are provided in appendices 1-6.

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<sup>10</sup> 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.

<sup>11</sup> Level 3 has been updated to include all medical staff working with children, young people and families.

<sup>12</sup> Experts in this context could be a clinical expert (clinician with specialist skills and knowledge) and / or a court appointed expert.

## **Level 1: All non-clinical staff working in health care settings**

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, receptionists, administrative, catering, transport and maintenance staff.

### **Core competences<sup>13</sup>**

Essentially 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, emotional, and sexual abuse, and neglect
- Recognising the potential impact of a parent/carers physical and mental health on the well-being of a child or young person
- Taking appropriate action if they have concerns, including appropriately reporting concerns and seeking advice

The knowledge, skills and attitudes that relate to the Level 1 core competences can be found in Appendix 1.

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

### **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

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<sup>13</sup> National Workforce competences: ID4 Contribute to the protection of children from abuse

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

### **Staff groups**

This includes health care students, clinical laboratory staff, pharmacists, ambulance staff<sup>15</sup>, dentists, dental care practitioners, audiologists, opticians, adult physicians, surgeons<sup>16</sup>, anaesthetists<sup>17</sup>, 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<sup>18</sup>**

- 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
- Acts as an effective advocate for the child or young person<sup>19</sup>
- Recognises the potential impact of a parent's/carer's physical and mental health on the well-being of a child or young person
- Clear about own and colleagues' roles, responsibilities, and professional boundaries
- Able to refer as appropriate to role to social care if a safeguarding/child protection concern is identified
- 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

The knowledge, skills and attitudes that relate to Level 2 core competences can be found in Appendix 2.

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<sup>14</sup> See *Guidance on Child Protection* for pharmacists (68)

<sup>15</sup> Includes ambulance communication centre staff

<sup>16</sup> 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

<sup>17</sup> See *The Good Anaesthetist, Standards of Practice for Career Grade Anaesthetists* (65)

<sup>18</sup> *National Workforce competences*: ID4 Contribute to the protection of children from abuse and CS18 safeguard children and young people from abuse

<sup>19</sup> For example *Understanding the Needs of Children in Northern Ireland (UNOCINI) within Northern Ireland*

Competences 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
- 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
- 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

## **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<sup>20</sup> the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns**

### Staff groups

This includes GPs<sup>21a</sup>, forensic physicians, urgent and unscheduled care staff<sup>21b</sup>, mental health staff (adult<sup>22</sup> and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals<sup>23</sup>, sexual health staff, school nurses, health visitors, all children's nurses, midwives, child psychologists, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons<sup>24</sup>, children's/paediatric anaesthetists<sup>25</sup>, paediatric intensivists and paediatric dentists.

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<sup>20</sup> Team work underpins safeguarding children and young people – for example some professional groups may refer to others to undertake a full assessment

<sup>21a</sup> 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 RCGP Curriculum section 8) requires level 3 competences. For the purposes of being up to date and revalidated, GPs should have all the competences in level 2 and be working towards level 3.

<sup>21b</sup> 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.

<sup>22</sup> For example psychiatrists provide care to adults with a history of substance misuse or severe mental illness and where there are dependant children

<sup>23</sup> Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists

## Core competences<sup>26</sup>

- 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<sup>27</sup>
- Will have professionally relevant core and case specific clinical competencies
- Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk
- Documents concerns in a manner that is appropriate for safeguarding/child protection and legal processes
- 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, and child death review processes

## Additional specialist competences for paediatricians, paediatric intensivists, Forensic Physicians, child and adolescent psychiatrists, child psychologists, child psychotherapists, GPs, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, midwives and health visitors

- Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns
- Advises other agencies about the health management of individual children in child protection cases

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<sup>24</sup> 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.

<sup>25</sup> 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 Paediatric Anaesthetists possessing level 3 core competence at local level it is recommended that a lead Paediatric Anaesthetist is identified as outlined by role description (see the following websites RCoA [www.rcoa.ac.uk](http://www.rcoa.ac.uk), APA [www.apagbi.org.uk](http://www.apagbi.org.uk))

<sup>26</sup> *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

<sup>27</sup> 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

- Applies the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice
- Advises others on appropriate information sharing

The knowledge, skills and attitudes that relate to the Level 3 core competences can be found in Appendix 3.

Competences 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
- Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures

## **Level 4: specialist roles - named professionals<sup>28</sup>**

### **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 Primary Care Organisations.

Appendix 8 describes the key duties and responsibilities of named professionals.

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<sup>28</sup> In Scotland, comparable specialist functions are performed by child protection advisers and lead clinicians

## Core competences<sup>29</sup>

- As outlined for Level 1, 2 and 3
- Contributes as a member of the safeguarding team to the development of robust internal safeguarding/child protection policy, guidelines, and protocols
- Able to effectively communicate local safeguarding knowledge, research and findings from audits
- 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
- Ensures appraisal of the safeguarding practice of individuals and departments
- Undertakes and contributes to serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, and undertakes chronologies, and the development of action plans where appropriate
- 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 about organisational policies, legal issues and the management of child protection cases
- Provide safeguarding/child protection supervision
- Participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee
- Leads/oversees safeguarding quality assurance and improvement processes
- Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people

The knowledge, skills and attitudes that relate to the Level 4 competences can be found in Appendix 4.

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

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<sup>29</sup> *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

## Criteria for assessment

- As outlined for Level 1, 2 and 3
- Demonstrates completion of a teaching and assessment programme<sup>30</sup> 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 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/case management reviews/significant case reviews

## Level 5: Specialist roles - designated professionals<sup>32</sup>

### Staff groups

This applies to designated doctors and nurses

Appendix 8 describes the key duties and responsibilities of designated professionals.

### Core competences<sup>33</sup>

- As outlined for Level 1, 2 3 and 4
- Provides, supports and ensures safeguarding appraisal and appropriate supervision for colleagues across the health community

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<sup>30</sup> This programme could be provided by a professional organisation or a Higher Education Institution

<sup>31</sup> This programme could be provided by a professional organisation or a Higher Education Institution

<sup>32</sup> 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

<sup>33</sup> *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

- 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
- Takes a lead role in service development
- Takes a lead role in conducting the health component of serious case reviews/ case management reviews/significant case reviews
- 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 and reduce health inequalities
- Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children
- Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance

The knowledge, skills and attitudes that relate to the Level 5 competences can be found in Appendix 5.

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

## Level 6: Experts<sup>34</sup>

### Core competences<sup>35</sup>

- As outlined for Level 1, 2 and 3
- Fulfils the duties of an expert witness in Civil and Criminal Courts and in other legal proceedings<sup>36</sup>
- Gives clinical and health service policy advice in their specialist area to government or other national bodies

The knowledge, skills and attitudes that relate to the Level 6 competences can be found in Appendix 6.

### Criteria for assessment

- As outlined for Level 1, 2 and 3
- Demonstrates critical insight of personal limitations and an ability to participate in peer review
- Demonstrates effective consultancy skills
- Demonstrates regular participation in the development of practice and policy in their specialist area, on behalf of and with professional organisations at a national and international level
- Demonstrates in-depth knowledge of national and international standards and strategies to safeguard/protect children and young people with particular reference to their specialist area of knowledge

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<sup>34</sup> Experts in this context could be a clinical expert (clinician with specialist skills and knowledge) and/or a court appointed expert

<sup>35</sup> *National Workforce competences*: Police 2J3 Present information to courts or other hearings; PH06.03 Work in partnership with others to develop policies to improve health and wellbeing; CJ F301 Develop and maintain a strategic overview of developments in knowledge and practice (*also HI 81*); HI 82 Initiate, and participate in, networks and discussion groups

<sup>36</sup> As outlined in *Handbook for Expert Witnesses in Children Act Cases* (66)

## **Section B: Education and training**

This section outlines key issues related to acquiring and maintaining safeguarding 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.

### *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 and should tailor training sessions to the specific roles and needs of different professional groups.
- 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<sup>37</sup>
- E-learning can be used 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 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 including for example, the risks associated with the internet and online social networking.
- Health care organisations must ensure all staff are able to access safeguarding support and

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<sup>37</sup> Refresher training should 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.

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<sup>38</sup> and/or peer review.

### **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**

Organisations should consider including a minimum of 30 minute session focused on safeguarding in annual staff mandatory training<sup>39</sup> alongside fire, health and safety, and infection control. 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.

### **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 0.5 Programmed Activity (PA)<sup>40</sup>.
- 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 domestic violence, vulnerable adults and learning disability. Organisations should consider encompassing safeguarding learning within regular clinical updating, clinical audit, reviews of significant events and peer discussions.

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<sup>38</sup>Supervision is a process of professional support 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

<sup>39</sup> As a mechanism to deliver refresher safeguarding training for these groups of staff

<sup>40</sup> One Programmed Activity/session is equivalent to four hours

### Level 3

*For those individuals moving into a permanent senior level post such as substantive career grade, consultant, GP or team leader who have 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 two Programmed Activities (PA)s/sessions<sup>41</sup> of education and learning<sup>42</sup> related to safeguarding/child protection, and those requiring specialist-level competences should complete four PAs/sessions<sup>43</sup>.*

- Over a three-year period, professionals should receive refresher training equivalent to 1-1½ PAs/sessions (for those at Level 3 core this equates to 0.5 PA per annum) and three to four PAs/sessions (for those at Level 3 requiring specialist knowledge and skill)
- 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 and lessons from research and audit. This should be appropriate to the speciality and roles of the participants. Organisations should consider encompassing safeguarding/child protection learning within regular clinical updating, clinical audit, reviews of significant events, and peer discussions

### Level 4

- Named professionals should attend six PAs/sessions<sup>44</sup> of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training
- 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<sup>45</sup> within three years of taking up their post

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<sup>41</sup> One Programmed Activity/session is equivalent to four hours

<sup>42</sup> 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

<sup>43</sup> 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

<sup>44</sup> One Programmed Activity/session is equivalent to four hours

<sup>45</sup> This could be delivered by Health Boards/Authorities, in house or external organisations

## **Level 5**

- Designated professionals should attend six PAs/sessions<sup>46</sup> of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work
- 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<sup>47</sup> should be completed within three years of taking up the post

## **Level 6**

- As outlined for Level 3
- Experts should undertake specific training on the role of the expert witness in the courts<sup>48</sup>

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<sup>46</sup> One Programmed Activity/session is equivalent to four hours

<sup>47</sup> This could be delivered by Health Boards/Authorities, in house or external organisations

<sup>48</sup> Training may be obtained from professional organisations (e.g. the Royal College of Psychiatrists (RPsych) and RCPCH) or accredited independent providers

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# Appendix 1

## Level 1: Knowledge, skills, attitudes and values

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

### *Knowledge*

- Know about child maltreatment in its different forms (physical, emotional and sexual abuse, and neglect) including prevalence and impact
- Know what to do if there are concerns about child maltreatment, including local policies and procedures around who to contact and where to obtain further advice and support
- 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

## Appendix 2

### Level 2: 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*<sup>49</sup>

- Awareness of the normal development of children and young people and the ways in which abuse and neglect may impact on this
- Understand the public health significance of child maltreatment including epidemiology and impact<sup>50</sup>
- Understand that certain factors may be associated with child maltreatment, such as child disability and preterm birth, and living with parental mental health problems, drug and alcohol abuse, and domestic violence
- Understand the increased needs of Looked After Children 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
- Understand the purpose and guidance around conducting serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, and child death review processes
- 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

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<sup>49</sup> *National Workforce competences*: PHS10 Improve health and well-being through working collaboratively

<sup>50</sup> Understands how common and damaging to society the problem is, and which groups are at highest risk

- 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

## Appendix 3

### Level 3: 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:

Highlighted areas apply to all professionals at Level 3. \*Applies to those nurses requiring specialist competence at level 3

Knowledge	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>51a</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff) <sup>51b</sup>	Fo-rensic Physi-cians
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

<sup>51a</sup> Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists.

<sup>51b</sup> 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.

Knowledge	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physicians
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	✓	✓	✓*											

Knowledge	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physi-cians
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	✓	✓	✓/*			✓		✓						✓
<b>Clinical knowledge</b>														
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Knowledge	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>51</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physicians
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

<sup>52</sup> In Scotland, there are no special legal considerations in this age group. The age of legal capacity is 16 years of age

Knowledge	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo- rensic Physi- cians
Understand the needs and legal position of young people, particularly 16-18 year olds <sup>62</sup> , 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Knowledge	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo- rensic Physi- cians
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	✓	✓	✓*											

Knowledge	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physi-cians
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	✓	✓	✓/*						✓					

<b>Knowledge</b>	<b>GP</b>	<b>Paediatrician/ Child and Adolescent Psychiatrist</b>	<b>Children's Nurse, CAMHS Nurse, Midwife, Health Visitor</b>	<b>Paediatric surgeon</b>	<b>Paediatric anaesthetists</b>	<b>Paediatric intensivist</b>	<b>Paediatric AHPs<sup>61</sup></b>	<b>Paediatric Radiologists</b>	<b>Paediatric dentists</b>	<b>Adult Psychiatrist</b>	<b>Child psychologists/ child psychotherapists</b>	<b>Sexual Health (Medical and Registered Nursing staff)</b>	<b>Emergency and unscheduled care (Medical and Registered Nursing Staff)</b>	<b>Fo- rensic Physi- cians</b>
Understand relevant national and international policies and the implications for practice		√	√*			√								
Understand how to manage allegations of child abuse by professionals		√											√	√

Skills <sup>53</sup>	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>54</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physicians
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 multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Able to present safeguarding/child protection concerns verbally and in writing for professional and	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

<sup>53</sup> *National Workforce competences*: Danos PC4 Ensure your organisation delivers quality services; ENTO L.3 Identifies individual learning aims and programmes; ENTO L10 Enable learning through presentations

<sup>54</sup> Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists

Skills <sup>53</sup>	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>51</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physicians
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 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Skills <sup>53</sup>	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>51</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physi-cians
Able to identify (as appropriate to speciality) associated medical conditions, mental health problems and other comorbidities 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	✓	✓	✓*		✓									✓

Skills <sup>s3</sup>	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>s1</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physi-cians
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	✓	✓	✓/*			✓								✓

Skills <sup>63</sup>	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo-rensic Physicians
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	✓	✓	✓/*			✓								✓

Skills <sup>53</sup>	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>51</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Forensic Physicians
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 <sup>55</sup> 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	GP	Paediatrician/Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>51</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Forensic Physicians
Understand the importance and benefits of working in an environment that supports professionals <sup>57</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

<sup>55</sup> 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](http://www.bashh.org))

<sup>56</sup> Includes amongst others paediatric dieticians, paediatric physiotherapists, paediatric occupational therapists, speech and language therapists

<sup>57</sup> A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon

Attitudes and values	GP	Paediatrician/ Child and Adolescent Psychiatrist	Children's Nurse, CAMHS Nurse, Midwife, Health Visitor	Paediatric surgeon	Paediatric anaesthetists	Paediatric intensivist	Paediatric AHPs <sup>61</sup>	Paediatric Radiologists	Paediatric dentists	Adult Psychiatrist	Child psychologists/ child psychotherapists	Sexual Health (Medical and Registered Nursing staff)	Emergency and unscheduled care (Medical and Registered Nursing Staff)	Fo- rensic Physi- cians
(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	✓	✓	✓*											✓

## Appendix 4

### Level 4: 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
- 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 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 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

## Appendix 5

### Level 5: 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*<sup>58</sup>

- 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
- 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

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<sup>58</sup> *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 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

## Appendix 6

### Level 6: Knowledge, skills, attitudes and values

Level 6 professionals should have the knowledge, skills and attitudes outlined for Levels 1, 2, 3 (core and specialist where appropriate) and be able to demonstrate the following:

#### *Knowledge*

- Advanced and in-depth understanding of the evidence base (related to the specific area of expertise)
- Advanced understanding of safeguarding/child protection issues and service provision relating to the area of expertise
- In-depth understanding of research methodologies
- Advanced understanding of the legal system (civil and criminal law) and the role and powers of the courts, the standard and the burden of proof
- Advanced understanding of an expert's role throughout the different stages of the court process from instructions to judicial decision

#### *Skills*

- Able to analyse information, present a well-documented assessment of evidence, and communicate recommendations in writing and verbally
- Able to respond appropriately to court examination
- Able to provide a balanced and independent opinion
- Able to undertake an evidence-based review
- Able to undertake high quality assessments, investigations and forensic practice when relevant.

#### *Attitudes and values*

- As outlined in Level 1, 2 and 3

## **Appendix 7**

### **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 [www.skillsforhealth.org.uk/frameworks.php#frameworks](http://www.skillsforhealth.org.uk/frameworks.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 [www.skillsforjustice.net/nos/home.htm](http://www.skillsforjustice.net/nos/home.htm)

#### **ENTO L1 (pages 6 & 7) is available able at:**

[www.ukstandards.co.uk/Find\\_Occupational\\_Standards.aspx](http://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 8

### 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

### Named professional<sup>59</sup> 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

#### Person Specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (Named professional posts comprise a registered activity under the Independent Safeguarding Authority in England, Wales and Northern Ireland. In Scotland, post-holders are required to have an enhanced disclosure).

The *named nurse* should:

1. Hold a senior level post (no less than two steps below board level). It is expected that the post would be within the Band 8 range (the role would be subject to the usual 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), Part 2 as a registered midwife, or

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<sup>59</sup> This includes Named Nurse, Named Midwife, Named Doctor and Named GP. In Scotland Child Protection Advisors and lead clinicians undertake this function.

Part 3 as a specialist community public health nurse having completed a specific programme with a child and family focus

3. Have completed specific post-registration training in safeguarding children and young people/child protection prior to commencement in the post (including law, policy, and practice at Level 2 or Post Graduate Diploma (PGDip))
4. Have a minimum of three-years experience related to caring for babies/children and young people (or in the case of mental health relevant experience), be currently practising in the field of safeguarding/child protection, and have an understanding (and experience where appropriate) of forensic matters<sup>60</sup>.

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.
3. Have considerable clinical experience of assessing and examining children and young people as appropriate to the role (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* should:

1. Be an experienced GP of good professional standing with considerable experience in the care of children and young people
2. Be a member of the RCGP<sup>61</sup>
3. Be able to demonstrate excellent communication skills
4. Be developing or already be acknowledged to have safeguarding/child protection expertise
5. 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

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<sup>60</sup> This applies to the named nurse and named midwife, as well as to medical staff

<sup>61</sup> Except where special circumstances exist

## Job description for all named professionals

1. Support all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children and young people
2. Be responsible to and accountable within the managerial framework of the employing organisation
3. **At all times and in relation to the roles and responsibilities listed, work as a member of the organisation's safeguarding/child protection team**

### 4. Inter-agency responsibilities

- a) Participate in the health group and other subcommittees of the LSCB /the safeguarding panel of the health and social care trust/the child protection committee
- b) Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to safeguarding/child protection

### 5. Leadership and advisory role

- a) Support and advise the board of the 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<sup>62</sup> on the day-to-day management of children and families where there are safeguarding/child protection concerns<sup>63</sup>
- 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 and detention

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<sup>62</sup> Including, but not limited to, primary health care, Accident and Emergency (A&E), orthopaedics, obstetrics, gynaecology, child and adult psychiatry

<sup>63</sup> 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

## **6. Clinical role (where relevant)**

- a) Support and advise colleagues in the clinical assessment and care of children and young people where there are safeguarding/child protection concerns, as part of own clinical role, whilst being clear about others personal clinical professional accountability
- b) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation
- c) Assess and evaluate evidence, write reports and present information to child protection conferences and related meetings
- d) Provide advice and signposting to other professionals about legal processes, key research and policy documents

## **7. Co-ordination and communication**

- a) Work closely with other specialist safeguarding/child protection professionals across the health community
- b) 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
- c) Work closely with the board-level executive lead for safeguarding/child protection within the health care organisation
- d) Liaise with professional leads from other agencies, such as Education and Children's Social Care

## **8. 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

## **9. 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

## **10. Monitoring**

- a) Advise employers on the implementation of effective systems of audit<sup>64</sup>
- b) Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards<sup>65</sup>
- 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
- e) Disseminate lessons learnt from serious case reviews/case management reviews/significant case reviews, and advise on the implementation of recommendations

## **11. Supervision**

- a) Provide/ensure provision of effective safeguarding/child protection appraisal, support and supervision for colleagues in the organisation
- b) Contribute to safeguarding/child protection case supervision

## **12. Personal development**

- a) Meet the organisation'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 and undertake reflective practice
- d) Recognise the potential personal impact of working in safeguarding/child protection on self and others, and seek support and help when necessary

## **13. Appraisal**

- a) Receive annual appraisal<sup>66</sup> from a professional with specialist knowledge of safeguarding/child protection and with knowledge of the individual's professional context and framework<sup>67</sup>

## **14. Accountability**

- a) Be accountable to the chief executive of the employing body
- b) Report to the medical director, nurse director or board lead with primary responsibility for children's services and safeguarding within the organisation

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<sup>64</sup> An example is included in the RCGP Safeguarding Toolkit (11)

<sup>65</sup> Examples of standards for GP practices are included in the RCGP Safeguarding Toolkit (11)

<sup>66</sup> For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework (67)

<sup>67</sup> The appraiser should consult with someone with specialist child protection knowledge and experience

## 15. Authority

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

## 16. Resources required for the post

**Professionals' roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their child safeguarding responsibilities effectively<sup>68</sup>**

- 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, and the level of development of local safeguarding/child protection structures, process and function<sup>69, 70</sup>
- b) The health care organisation should supply dedicated secretarial and effective support
- d) 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
- e) 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
- f) Given the stressful nature of the work, the health care organisation should provide safeguarding/child protection focused support and supervision for the specialist professional

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<sup>68</sup> 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.

<sup>69</sup> The need for protected time is affirmed in both the revised guidance on *Working Together to Safeguard Children*. "PCTs should ensure establishment levels of designated and named professionals are proportionate to the local resident populations following any mergers, and the complexity of provider arrangements. For large PCTs, NHS Trusts and Foundation Trusts which may 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. If this approach is taken, it is important to ensure that the leadership and accountability arrangements are clear (Para 2.115). Designated and named professional roles should always be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil their child safeguarding responsibilities effectively (Para 2.116)" and in Standard 5 of the National Service Framework for Children, Young People and Maternity Services – where Primary Care Trusts (PCTs) need to demonstrate that they are meeting their responsibilities by "ensuring that funding is available to enable the named and designated professionals to fulfil their roles and responsibilities effectively" (Para 5.2)

<sup>70</sup> 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'.

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](http://www.cwdcouncil.org.uk/commoncore) (accessed 22/3/10)
3. HM Gov *Working Together to Safeguard Children* March 2010 [www.publications.dcsf.gov.uk](http://www.publications.dcsf.gov.uk) (accessed 18/4/10)
4. Laming *The Protection of Children in England: A Progress Report* March 2009 [www.publications.everychildmatter.gov.uk](http://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](http://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](http://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. *The Victoria Climbié Inquiry: Report of an Inquiry*. Laming. (2003) London: HMSO
6. Standards for Child Protection Services, DHSSPSNI (2008)

## **In Wales**

1. *Working Together to safeguard and promote the welfare of children - a guide to interagency working*. National Assembly for Wales (2000) London: HMSO
2. *Carlile Review. Too Serious A Thing*. National Assembly for Wales (2002) Cardiff: NAW
3. *Response to the Victoria Climbié Inquiry*. Welsh Assembly Government (2003) Cardiff: WAG
4. *Safeguarding Children: Working Together under the Children Act 2004*. Welsh Assembly Government (2006) Cardiff, WAG
5. *All Wales Child Protection Procedures*. Welsh Assembly Government (2008) Cardiff: WAG

## Designated professional<sup>71</sup> for Safeguarding Children and Young People

### Model Job Description

All primary care trusts (PCTs)<sup>72</sup> must have a designated doctor and nurse to 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) .

Working Together (4) states that the designated professional may be a full-time role employed as part of the PCT commissioning arm or the person may be employed by a provider organisation with certain time dedicated to the designated role. If the person is not employed by the PCT commissioning arm a clear service level agreement should be in place.

### Person Specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (Named professional posts comprise a registered activity under the Independent Safeguarding Authority in England, Wales and Northern Ireland. In Scotland, post-holders are required to join the Protecting Vulnerable Groups Scheme, delivered by Disclosure Scotland).

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 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

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<sup>71</sup> 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, although policies around the number and location of these posts are under development in light of recent health service restructuring.

<sup>72</sup> There are no PCTs in Wales. Designated Professionals work as an All Wales team and are employed by Public Health Wales NHS Trust.

4. Have substantial clinical professional training and experience relating to the care of babies/children and young people, be currently practising in the field of safeguarding/child protection, have an understanding of legislation relating to children and young people, and have an understanding of forensic medicine
5. Have proven negotiating and leadership skills

The *designated doctor* should:

1. Hold consultant status or equivalent
2. Have undergone higher professional training in paediatrics<sup>73</sup>
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

## Job Description

1. 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
2. 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
3. Advise and support all named professionals across the health community
4. Be responsible to and accountable within the managerial framework of the employing health care organisation

## 5. Inter-agency responsibilities

- a) Be a member of the LSCB<sup>74</sup>/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

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<sup>73</sup> 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

<sup>74</sup> For LSCBs the designated professionals will provide expertise to the LSCB in a range of ways, this may or may not be through membership.

- 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 providers to ensure appropriate safeguarding/child protection content within pre-registration, undergraduate, and postgraduate education and training programmes

## **6. Leadership and advisory role**

- a) Provide advice to organisations across the health community on questions of planning, strategy and commissioning with regard to safeguarding/child protection, 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<sup>75</sup> 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, and detention

## **7. 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<sup>76</sup>
- d) Liaise with the health boards/authority child protection and safeguarding lead

## **8. Governance: policies and procedures**

- a) Work with other designated professionals to ensure that the health components of the procedures

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<sup>75</sup> Including but not limited to: GPs, A&E, orthopaedics, maternity services, gynaecology, child and adult psychiatry

<sup>76</sup> 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

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<sup>77</sup> across the health community<sup>78</sup> 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

## **9. Training responsibilities**

- a) Advise on safeguarding training needs<sup>79</sup> and the delivery of training for all health staff within organisations across the health community<sup>80</sup>
- 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

## **10. 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

## **11. Serious case reviews/case management reviews /significant case reviews**

- 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

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<sup>77</sup> 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

<sup>78</sup> Including but not exclusively: independent organisations, walk-in centres, dentist surgeries and pharmacies

<sup>79</sup> It is the responsibility of the employer to identify individuals' training needs through appraisal, supervision, and audit

<sup>80</sup> This includes nurses, health visitors, midwives, paediatricians, GPs, other doctors and health staff in regular contact with children and families, (e.g. dentists, pharmacists and opticians). The professionals should also ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability

organisations and individuals (this should incorporate the lessons learned from all individual management reviews/individual agency reviews/internal management reviews)

- b) Provide advice to all specialist safeguarding/child protection professionals working within organisations delivering health services across the health community on writing individual management reviews/individual agency reviews/internal management reviews

## **12. 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

## **13. Personal development**

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

## **14. Appraisal**

- a) Receive annual appraisal<sup>81</sup>. Appraisal should be undertaken by someone of appropriate seniority such as the director of public health in the primary care organisation, the board level director with responsibility for safeguarding/child protection, and/or via an equivalent arrangement at the health board or health authority

## **15. 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

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<sup>81</sup> For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework (67).

- a) Be accountable to the chief executive of their employing body
- b) Report to the director of public health or nominated director within the organisation with primary responsibility for children's services<sup>82</sup>

## 16. 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

## 17. 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<sup>83</sup>

- 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 staff, the number of health care organisations covered by the role, and the level of development of local safeguarding structures, process and functions<sup>83,84</sup>.
- b) The employing body should supply dedicated and effective secretarial support
- c) The employing body should ensure that during a serious case review/case management review/

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<sup>82</sup> 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

<sup>83</sup> The need for protected time is affirmed in the revised guidance on *Working Together to Safeguard Children*. "PCTs should ensure establishment levels of designated and named professionals are proportionate to the local resident populations following any mergers, and the complexity of provider arrangements. For large PCTs, NHS Trusts and Foundation Trusts which may 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. If this approach is taken, it is important to ensure that the leadership and accountability arrangements are clear (Para 2.115). Designated and named professional roles should always be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil their child safeguarding responsibilities effectively (Para 2.116)" and in Standard 5 of the National Service Framework for Children, Young People and Maternity Services – where Primary Care Trusts (PCTs) need to demonstrate that they are meeting their responsibilities by "ensuring that funding is available to enable the named and designated professionals to fulfil their roles and responsibilities effectively" (Para 5.2)

<sup>84</sup> 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

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.

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

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

### **In England**

1. Carpenter J et al. (2009) *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](http://www.cwdcouncil.org.uk/commoncore) (accessed 22/3/10)
3. HM Gov *Working Together to Safeguard Children* March 2010 [www.publications.dcsf.gov.uk](http://www.publications.dcsf.gov.uk) (accessed 18/4/10)
4. Laming *The Protection of Children in England: A Progress Report* March 2009 [www.publications.everychildmatter.gov.uk](http://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](http://www.rcgp.org.uk/clinical_and_research/circ/safeguarding_children_toolkit)
6. 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](http://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 and [www.scotland.gov.uk/childrenscharter](http://www.scotland.gov.uk/childrenscharter)
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. *The Victoria Climbié Inquiry: Report of an Inquiry*. Laming (2003) London: HMSO

## **In Wales**

1. *Working Together to safeguard and promote the welfare of children – a guide to interagency working*. National Assembly for Wales (2000) London: HMSO
2. *Carlile Review. Too Serious A Thing*. National Assembly for Wales (2002) Cardiff: NAW
3. *Response to the Victoria Climbié Inquiry*. Welsh Assembly Government (2003) Cardiff: WAG
4. *Safeguarding Children: Working Together under the Children Act 2004*. Welsh Assembly Government (2006) Cardiff: WAG
5. *All Wales Child Protection Procedures*. Welsh Assembly Government (2008) Cardiff: WAG





