Model Job Description

The information contained in this section has been taken from Appendix 3 of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. 2014. RCPCH: London.

It should be noted that the Named and Designated professional are distinct roles and as such must be separate post holders

In England, Wales and Northern Ireland clinical commissioning groups (CCGs) (England), Public Health Wales (Wales) and Safeguarding Board Northern Ireland (SBNI, Ireland) should employ, or have in place, a contractual agreement to secure the expertise of designated professionals. In some areas in England there will be more than one CCG per local authority and LSCB area, and CCGs may develop ‘lead’ or ‘hosting’ arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area, providing support to all providers and linking particularly with named safeguarding health professionals, local authority children’s services, and Local Safeguarding Children’s Boards (LSCBs)/the safeguarding panel of the health and social care trust, and the NHS Commissioning Board. In Scotland, this function is carried out by lead paediatricians, consultant/lead nurses (Child Protection Nurse Advisers in larger Health Boards) who are members of the Child Protection Committee.

The child protection system in the UK is the responsibility of the government of each of the UK’s four nations: England, Northern Ireland, Scotland and Wales. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. There may be specific duties relating to the Designated/lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland) in each nation.

1. Person Specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (Named and Designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The designated doctor should:

1. Hold consultant status or equivalent
2. Have undergone higher professional training in pediatrics
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

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
4. Be clinically active (or have held an active clinical position in the previous two years) in the field of safeguarding/child protection, as part of their clinical commitments.

5. Have proven negotiating and leadership skills.

2. Job Description

   a) At all times and in relation to the roles and responsibilities listed, work as a member of the safeguarding/child protection team across the health community (In Wales the Designated Professionals incorporates the designated role for LAC at a strategic level).
   b) Lead and support all activities necessary to ensure that organisations within the health community meet their responsibilities to safeguard and protect children and young people.
   c) Advise and support all named professionals across the health community.
   d) Be responsible to and accountable within the managerial framework of the employing health care organisation. Where the Designated Professional is employed within a provider organisation, a Service level Agreement (SLA) between the employing organisation and the CCG(s) should identify the key priorities for the role of DP. In Wales, a programme level agreement between the Welsh Government and the Safeguarding Children Service identifies the key priorities.

3. Inter-agency responsibilities

   a) Be a member/or advisor of the LSCB\(^1\) the safeguarding panel of the health and social care trust/the child protection committee.
   b) Serve, as appropriate, on the sub-committees of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee.
   c) Provide safeguarding/child protection health advice on policy and individual cases to statutory and voluntary agencies, including the Police and Children's Social Care.
   d) Liaise with Local Education and Training Boards (LETBs) and local education providers to ensure appropriate safeguarding/child protection content within pre-registration, undergraduate, and postgraduate education and training programmes.

4. Leadership and advisory role

   a) Provide advice to organisations across the health community on questions of planning, strategy and commissioning with regard to safeguarding/child protection (to include services to adults who pose risks to children), including ensuring appropriate performance indicators are in place.
   b) Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited.
   c) Provide advice about safeguarding/child protection risks (including any deficiencies or vulnerable areas in service provision) to organisations across the health community via a health representatives group.
   d) Ensure expert advice from professionals with specialist experience and knowledge policy and procedures and on the day-to-day management of children, young people, and families is available to all health specialties\(^2\) in organisations delivering health services across the health community.
   e) Provide advice (direct and indirect) to colleagues on the assessment, treatment, and clinical services for all forms of child maltreatment including FII, child sexual abuse, honour-based violence, trafficking, detention and within the Prevent strategy.

---

\(^1\) For LSCBs the designated professionals will provide expertise to the LSCB in a range of ways, this may or may not be through membership.

\(^2\) Including but not limited to: GPs, A&E, orthopaedics, maternity services, gynaecology, child and adult psychiatry.
5. Clinical role (where relevant)

a) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation
b) Assess and evaluate evidence, write reports and present information to child protection conferences and related meetings
c) Provide advice and signposting to other professionals about legal processes, key research and policy documents
d) Provide clinical advice, for example in complex cases or where there is dispute between practitioners
e) Where designated doctors, in particular, are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles and the contractor will need to be able to input into the job planning, appraisal and revalidation processes.

6. Co-ordination and communication

a) Work with other designated professionals to agree team responsibilities
b) Liaise with, advise, and support named professionals across the health community
c) Lead and support the activities of any local health advisory group for safeguarding/child protection
   i
   d) Liaise with the health boards/local authority child protection and safeguarding lead and where required the NHS Commissioning Board.

7. Governance: policies and procedures

a) Work with other designated professionals to ensure that the health components of the procedures of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee are current
b) Work with health care organisations ii across the health community iii to ensure that appropriate policies, procedures, training, and audit are in place and that these are consistent with the policies of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee
c) Assist and facilitate in the development of quality assurance systems across the health economy

8. Training responsibilities

a) Advise on safeguarding training needs iv and the delivery of training for all health staff within organisations across the health community v
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

---

i 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.

ii 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

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

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

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

a) Provide advice to all organisations across the health community on the implementation of an effective system of safeguarding/child protection audit, training, and supervision
b) Provide advice on monitoring of safeguarding elements of contracts, service level agreements and commissioned services
c) Provide advice on clinical governance and standards to named professionals
d) Provide advice to the chief executive of the employing health care organisation (either directly or via identified structures or designated personnel such as the medical director, nurse director or children's lead) about their responsibilities to ensure that performance indicators in relation to safeguarding/child protection are met, and that there are adequate resources for named and designated professionals to carry out their roles effectively

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

a) Work with other designated professionals to produce an overall review of the local health community that identifies gaps in commissioning arrangements and information sharing between organisations and individuals (this should incorporate the lessons learned from all SCRs, individual management reviews/individual agency reviews/internal management reviews)
b) Provide advice to all specialist safeguarding/child protection professionals working within organisations delivering health services across the health community on writing individual management reviews/individual agency reviews/internal management reviews and within the new framework of Working Together 2013.

11. Supervision

a) Provide advice on child protection case-focused support and supervision for health staff at all levels within organisations across the health community that deliver health services
b) Produce a supervision strategy for the health community which provides direction and options for supervision models, as appropriate to need
c) Provide supervision for named professionals across the health community, or ensure they are receiving appropriate supervision from elsewhere
d) To provide mentoring as required to the Named Doctors and Executive Lead in the Health Boards.

12. Personal development

a) Meet the organisation’s and the professional body’s requirements for training attendance
b) Attend relevant regional and national continuing professional development activities in order to maintain skills. This includes receiving specific training that relates to specialist activities
c) Receive regular safeguarding/child protection supervision/peer review and undertake reflective practice from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with safeguarding/child protection expertise)

13. Appraisal

a) Receive annual appraisal as per the requirement by the regulatory body, from a professional trained in effective appraisal. Where the appraiser has no specialist knowledge of safeguarding/child protection or the knowledge of the individual’s professional context and framework, they may seek input into the process from the other designated professionals.
Input from the LSCB/the safeguarding panel of the health and social care trust/the area child protection committee, the CCGs/Public Health Wales/ SBNI/Child Protection Committee should be encouraged.

14. Accountability

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

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

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

15. Authority

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

16. Resources required for post

Professional roles should be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil specialist safeguarding/child protection responsibilities effectively

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

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

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

---

1 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

2 The role of designated professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities effectively (Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013)

3 For large NHS organisations which have a number of sites, a team approach can enhance the ability to provide 24-hour advice and provide mutual support for those carrying out the designated and named professional roles
The table below is a minimum guide to the resources required for the role:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Meetings per annum (in PAs)</th>
<th>Admin per annum (in PAs)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Safeguarding Children Board</td>
<td>4-12</td>
<td>4-12</td>
<td>This may need to be increased if attending more than 1 LSCB</td>
</tr>
<tr>
<td>Health Professionals' Advisory Group</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Updating medical components of LSCB procedures and policies</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>LSCB Training sub-committee - planning of multi-disciplinary training through LSCB structures</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Assist training in and availability of child protection issues</td>
<td>24</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Multi-disciplinary meetings</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Peer review</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Forums/Strategic Clinical Networks.</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Serious Case Reviews</td>
<td>6</td>
<td>6</td>
<td>This equates to participating in one Review per year</td>
</tr>
<tr>
<td>Where Serious Case Review required, review / supervise doctors involved.</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expert health advice &amp; supervision to all professionals / organizations</td>
<td>24</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>clinical advice, in complex cases or where there is dispute between practitioners</td>
<td>12</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Effective system of audit and monitoring</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Sub-Total: 116-128 68-80 = 184-208 4.5-5 PAs per week according to size of districts covered by Designated Doctor (Calculated within 42 working weeks)

Note

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

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

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

**In England**

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

**In Scotland**

5. *Getting it right for every child – Scottish Government 2009*
6. *How well do we protect children and meet their needs – HMIE 2009*
7. *Child Protection guidance for health professionals – Scottish Government 2013*

**In Northern Ireland**

2. *Children (Northern Ireland) Order 1995*

**In Wales**


Competency Framework (Levels 1-5)

The information contained in this section has been adapted from Section A of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. 2014. RCPCH: London.

Designated Doctors should have core competencies, knowledge, skills and attitudes as outlined for Levels 1-4, in addition to Level 5

Competence

Level 1
- Recognising potential indicators of child maltreatment – physical abuse including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM)
- Understanding the potential impact of a parent/carers physical and mental health on the well-being and development of a child or young person, including the impact of domestic violence the risks associated with the internet and online social networking, an understanding of the importance of children's rights in the safeguarding/child protection context, and the basic knowledge of relevant legislation (Children Acts 1989, 2004 and the Sexual Offences Act 2003)
- Taking appropriate action if they have concerns, including appropriately reporting concerns safely and seeking advice

Level 2
- Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect
- Able to identify and refer a child suspected of being a victim of trafficking or sexual exploitation; at risk of FGM or having been a victim of FGM; at risk of exploitation by radicalisers
- Acts as an effective advocate for the child or young person
- Recognises the potential impact of a parent’s/carer’s physical and mental health on the well-being of a child or young person, including possible speech, language and communication needs
- Clear about own and colleagues’ roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues
- As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals)
- Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion
- Shares appropriate and relevant information with other teams
- Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act

Level 3
- Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or

---

* For example Understanding the Needs of Children in Northern Ireland (UNOCINI) within Northern Ireland
emotional abuse or neglect\textsuperscript{17}

- Will have professionally relevant core and case specific clinical competencies
- Documents and reports concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes
- Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk
- Undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)
- Contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), internal partnership and local forms of review, as well as child death review processes
- Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns

**Additional specialist competencies**

- Advises other agencies about the health management of individual children in child protection cases
- Applies the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales) to improve practice
- Advises others on appropriate information sharing
- Where role includes conducting detailed assessments of child abuse and neglect, demonstrates ability to assess and examine children for suspected abuse and neglect, document and provide reports with an opinion.
- Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols
- Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice.
- Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections
- Works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered
- Undertakes and contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies
- Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding team.
- Works effectively with colleagues from other organisations, providing advice as appropriate
- Provides advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers
- Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases
- Provide safeguarding/child protection supervision and leads or ensures appropriate

\textsuperscript{17} 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.
reflective practice is embedded in the organisation to include peer review.
• Participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee/the safeguarding committee of the Health Board or Trust in Wales
• Leads/oversees safeguarding quality assurance and improvement processes
• Undertakes risk assessments of the organisation’s ability to safeguard/protect children and young people

**Level 5**
• Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community
• Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across the health community
• Leads/oversees safeguarding/child protection quality assurance and improvement across the health community
• Leading innovation and change to improve safeguarding across the health economy
• Takes a lead role in conducting the health component of serious case reviews/case management reviews/significant case reviews across whole health community
• Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies
• Takes a strategic and professional lead across the health community on all aspects of safeguarding/child protection
• Provides expert advice to increase quality, productivity, and to improve health outcomes for vulnerable children and those identified with safeguarding concerns.
• Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children to include:
  • taking a strategic professional lead across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the commissioners within each nation,
  • ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned by the commissioners within each nation, in keeping with LSCB procedures and recommendations (England, Wales and Northern Ireland,) and area child protection committees (Scotland)
  • provide specialist advice and guidance to the Board and Executives of commissioner organisations on all matters relating to safeguarding children including regulation and inspection,
  • be involved with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications.
• Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance

**Knowledge**

**Level 1**
• Know about child maltreatment in its different forms (physical including Fabricated and induced illness, emotional and sexual abuse, and neglect) including child trafficking, FGM and radicalisation including prevalence and impact
• Know about relevance of parental, family and carer factors such as domestic abuse, mental and physical ill-health, substance and alcohol misuse
• Know what to do if there are concerns about child maltreatment, including local
policies and procedures around who to contact, where to obtain further advice and support, and have awareness of the referral process

- Know about the importance of sharing information (including the consequences of failing to do so)
- Know what to do if they feel that their concerns are not being taken seriously or they experience any other barriers to referring a child/family
- Know the risks associated with the internet and online social networking
- Know what the term ‘Looked after child’ means

**Level 2**

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

**Level 3**

- Aware of the implications of legislation, inter-agency policy and national guidance
- Understand the importance of children’s rights in the safeguarding/child protection context, and related legislation
- Understand information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/the Safeguarding Board for Northern Ireland and the safeguarding panel of the health and social care trust/child protection committee
- Understand inter-agency frameworks and child protection assessment processes, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked After Children including after-care services
- Have core knowledge (as appropriate to one’s role) of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process

**Level 4**

- Aware of best practice in safeguarding/child protection
- Aware of latest research evidence and the implications for practice
- Advanced understanding of child-care legislation, information sharing, information governance, confidentiality and consent including guidance from professional bodies

---

18 Understands how common and damaging to society the problem is, and which groups are at highest risk
- Have a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people
- Have an advanced knowledge of relevant national and international issues, policies and implications for practice
- Understand the commissioning and planning of safeguarding/child protection health services
- Know about the professional and experts' role in the court process
- Know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards

**Level 5**
- 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

**Clinical knowledge**

**Level 3**
- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response required
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year olds, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns
- Know about models of effective clinical supervision and peer support
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and

---

19 In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age.
Know the range and efficacy of interventions for child maltreatment
Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
Have an understanding of the management of the death of a child or young person in the safeguarding context (including where appropriate structures and processes such as rapid response teams and Child Death Overview panels)
Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
Understand relevant national and international policies and the implications for practice
Understand how to manage allegations of child abuse by professionals

Skills

**Level 1**
- 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

**Level 2**
- Able to document safeguarding/child protection concerns, and maintain appropriate record keeping, differentiating between fact and opinion
- Able to share appropriate and relevant information between teams – in writing, by telephone, electronically, and in person
- Able to identify where further support is needed, when to take action, and when to refer to managers, supervisors or other relevant professionals, including referral to social services

**Level 3**
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to assess, examine and manage children where there are child protection concerns appropriate to the level of training.
- Paediatricians undertaking forensic sexual assault assessments in children and young people must be trained and competent as set out in Guidelines for Paediatric Forensic examinations in relation to possible child sexual abuse (FFLM and RCPCH 2012)
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- Able to present safeguarding/child protection concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role, including case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- Able to communicate effectively with children and young people, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability
- Able to give effective feedback to colleagues
- Able to identify (as appropriate to specialty) associated medical conditions, mental
health problems and other co-morbidities in children or young people which may increase the risk of maltreatment, and able to take appropriate action

- Able to challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice
- Able to participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources
- Able to contribute to a management plan for FII
- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- Able to assess as appropriate to the role the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse
- Able to complete the audit cycle and/or research related to safeguarding/child protection as part of appropriate clinical governance and quality assurance processes
- Able to obtain support and help in situations where there are problems requiring further expertise and experience
- Understand forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understands the importance of and how to ensure ‘the chain of evidence’
- Able to give advice about safeguarding/child protection policy and legal frameworks
- Able to support colleagues in challenging views offered by other professionals, as appropriate
- Able to advise other agencies about the health management of child protection concerns
- Able to analyse and evaluate information and evidence to inform inter-agency decision-making across the organisation
- Able to participate in a serious case review/case management review/significant case or other locally determined review, leading internal management reviews as part of this
- Able to support others across the organisation in writing a chronology and review about individual children/young people, and in summarising and interpreting information from a range of sources
- Able to develop a management plan for Fabricated and Induced Illness (FII) and to support colleagues involved in individual cases
- Able to lead service reviews

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)
- 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
  
  **Level 5**
  - 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
  - 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**

**Level 1**
- Willingness to listen to children and young people and to act on issues and concerns

**Level 2**
- Recognises how own beliefs, experience and attitudes might influence professional involvement in safeguarding work
- Understand the importance and benefits of working in an environment that supports
professionals

Level 3
- Understands the potential personal impact of safeguarding/child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience
- Recognises the impact of a family’s cultural and religious background when assessing risk to a child or young person, and managing concerns
- Recognises ethical considerations in assessing and managing children and young people

Level 4 & 5
- As outlined in level 1, 2 and 3

Criteria for assessment

Level 1
- Demonstrates an awareness and understanding of child maltreatment
- Demonstrates an understanding of appropriate referral mechanisms and information sharing i.e. knows who to contact, where to access advice and how to report

Level 2
- 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
- Demonstrates knowledge of patterns and indicators of child maltreatment
- Demonstrates knowledge of the function of LSCBs/the Safeguarding Board for Northern Ireland and safeguarding panels of health and social care trusts and child protection committees in Scotland
- Demonstrates understanding of appropriate information sharing in relation to child protection and children in need
- Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions
- Where role includes conducting detailed assessments of child abuse and neglect, demonstrates ability to assess, examine children for suspected abuse and neglect, provide a report and an opinion
- Where undertaking forensic examinations as part of their role, demonstrates an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements.
- Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures
- Demonstrates critical insight of personal limitations and an ability to participate in peer review

Level 4
- Demonstrates completion of a teaching and assessment programme 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

---

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


23 This programme could be provided by a professional organisation or a Higher Education Institution
education within 12 months of appointment

- Demonstrates understanding of professional body registration requirements for practitioners
- Demonstrates an understanding and experience of developing evidence-based clinical guidance
- Demonstrates effective consultation with other health care professionals and participation in multi-disciplinary discussions
- Demonstrates participation in audit, and in the design and evaluation of service provision, including the development of action plans and strategies to address any issues raised by audit and serious case reviews/other locally determined reviews
- Demonstrates critical insight of personal limitations and an ability to participate in peer review
- Demonstrates practice change from learning, peer review or audit.
- Demonstrates contributions to reviews have been effective and of good quality.
- Demonstrates use of feedback and evaluation to improve teaching in safeguarding

**Level 5**

- Demonstrates advanced knowledge of national safeguarding practice and an insight into international perspectives
- Demonstrates contribution to enhancing safeguarding practice and the development of knowledge among staff
- Demonstrates knowledge of strategies for safeguarding management across the health community
- Demonstrates an ability to conduct rigorous and auditable safeguarding/child protection support and peer review, as well as appraisal and supervision where provided directly
- Demonstrates critical insight of personal limitations and an ability to participate in peer review
- Designated professionals working within commissioning organisations in England also
- Demonstrate knowledge of relevance of safeguarding to commissioning processes
- Ensure a safeguarding focus is maintained within strategic organisational plans and service delivery

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.
Education and Training (Level 5)

The information contained in this section has been taken from Section B of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. 2014. RCPCH: London.

- Designated doctors including Lead Paediatricians should attend a minimum of 24 hours (equivalent of 6PAs) of education, training and learning over a three-year period (this can be tailored by organisations and encompass a blended learning approach). This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work.
- Designated Doctors 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 should be completed within three years of taking up the post
- Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 3 years of taking up the post.
- Training at level 5 will include the training required at levels 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5

Learning outcomes from education and training

- To be able to know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding/child protection single and inter-agency training and teaching for staff across the health community.
- To be able to know how to take a lead role in:
  - Leading /overseeing safeguarding/child protection quality assurance and improvement across the health community.
  - The implementation of national guidelines and auditing the effectiveness and quality of services across the health community against quality standards.
  - Service development conducting the health component of serious case reviews/ case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt.
  - Strategic and professional leadership across the health community on all aspects of safeguarding/ child protection.
  - Multi-disciplinary team reviews.
  - Regional and national safeguarding/child protection clinical networks (where appropriate).
- To be able to know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
- To be able to know how to provide expert advice on increasing quality, productivity, and improving health outcomes for vulnerable children and those where there are safeguarding concerns
- To be able to oversee safeguarding/child protection quality assurance processes across the whole health community.
- To be able to know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.
- To be able to know how to influence improvements in safeguarding/child protection services across the health community.
- To be able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
- To be able to apply in practice:
• Advanced and in-depth knowledge of relevant national and international policies and implications.
• Advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process.
• Advanced awareness of different specialties and professional roles.
• Advanced understanding of curriculum and training.

- To be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.
  • To be able to provide clinical supervision, appraisal, and support for named professionals.
  • To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.
- To be able to reconcile differences of opinion among colleagues from different organisations and agencies.
- To be able to proactively deal with strategic communications and the media on safeguarding/child protection across the health community.
- To be able to know how to work with public health officers to undertake robust safeguarding/child protection population-based needs assessments that establish current and future health needs and service requirements across the health community.
- To be able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children and young people, and articulate these decisions to executive officers.
- To be able to deliver high-level strategic presentations to influence organisational development.
- To be able to work in partnership on strategic projects with executive officers at local, regional and national bodies, as appropriate.