Named Doctor for Child Protection

Job Description and Competences

Model Job Description

The information contained in this section has been taken from Appendix 2 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

The job description of Named Doctor should reflect an appropriate workload, covering both roles and responsibilities for child protection and for the rest of their work. Job descriptions should be agreed by the employing organisation.

All provider organisations should have a named doctor or nurse for child protection, a named midwife (in organisations delivering maternity services), a named health professional in ambulance organisations and named GP for Organisations commissioning Primary Care. In England, GP Surgeries are expected to have a Lead GP for Safeguarding Children. In Scotland, Child Protection Advisors and lead clinicians undertake this function.

1. Person Specification

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

The named doctor should:

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

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

3. Inter-agency responsibilities

   a) Participate in multi-agency subgroups of the LSCB/the safeguarding panel of the health and social care trust/the area child protection committee, the area multidisciplinary health group and the trust/organisation safeguarding committees.
   b) Advise local police, children’s social care and other statutory and voluntary agencies on health matters with regard to safeguarding/child protection

4. Leadership and advisory role

   a) Support and advise the board of the health care organisation about safeguarding/child protection
   b) Contribute to the planning and strategic organisation of safeguarding/child protection services
   c) Work with other specialist safeguarding/child protection professionals on planning and developing a strategy for safeguarding/child protection services
   d) Ensure advice is available to the full range of specialties within the organisation\(^1\) on the day-to-day management of children and families where there are safeguarding/child protection concerns\(^2\)
   e) Provide advice (direct and indirect) to colleagues on the assessment, treatment and clinical services for all forms of child maltreatment including neglect, emotional and physical abuse, Fabricated or Induced Illness (FII), child sexual abuse, honour-based violence, trafficking, sexual exploitation, detention and within the Prevent strategy

5. Clinical role

   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

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\(^1\) Including, but not limited to, primary health care, Accident and Emergency (A&E), orthopaedics, obstetrics, gynaecology, child and adult psychiatry.

\(^2\) 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. 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

7. Governance: policies and procedures
   a) Ensure that the health care organisation has safeguarding/child protection policies and procedures in line with legislation, national guidance, and the guidance of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee
   b) Contribute to the dissemination and implementation of organisational policies and procedures
   c) Encourage case discussion, reflective practice, and the monitoring of significant events at a local level

8. Training
   a) Work with specialist safeguarding/child protection professionals across the health community and with the training sub-groups of the LSCB/ the safeguarding panel of the health and social care trust/the child protection committee to agree and promote training needs and priorities
   b) Ensure that every site of the health organisation has a training strategy in line with national and local expectations
   c) Contribute to the delivery of training for health staff and inter-agency training
   d) Evaluate training and adapt provision according to feedback from participants
   e) Tailor provision to meet the learning needs of participants

9. Monitoring
   a) Advise employers on the implementation of effective systems of audit
   b) Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards
   c) Contribute, as clinically appropriate, to serious case reviews/case management reviews/significant case reviews, and individual management reviews/ individual agency reviews/internal management reviews
   d) Disseminate lessons learnt from serious case reviews/case management reviews/significant case reviews, and advise on the implementation of recommendations

10. Supervision
   a) Provide/ensure provision of effective safeguarding/child protection appraisal, support, peer review and supervision for colleagues in the organisation
   b) Contribute to safeguarding/child protection case supervision/peer review
11. Personal development
   a) Meet the organisation’s and the professional body’s requirements for training attendance
   b) Attend relevant local, regional, and national continuing professional development activities to maintain competences
   c) Receive regular safeguarding/child protection supervision/peer review and undertake reflective practice
   d) Recognise the potential personal impact of working in safeguarding/child protection on self and others, and seek support and help when necessary

12. Appraisal and Job Planning
   a) Receive annual appraisal 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 should seek input into the process from the designated professional.
   b) Named Doctors should receive an annual job plan review to include objective setting for the safeguarding element of the post. Input from the Designated Doctor should be encouraged to ensure objectives cover the safeguarding element of the post

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

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

15. Resources required for the post
   Professionals’ roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their child safeguarding responsibilities effectively
   a) The time required to undertake the tasks outlined in this Job Description will depend on the size and needs of the population, the number of staff, the number and type of directorates/operational units covered by the health care organisation, whether the organisation provides tertiary services and the level of development of local safeguarding/child protection structures, process and function
   b) The health care organisation should supply dedicated secretarial and effective support
   c) The employing body should ensure that during a serious case review/case management review/significant case review the professional is relieved of some of their other duties. The employing body should delegate these appropriately to ensure that the work of the specialist safeguarding/child protection professional is still carried out effectively
   d) The health care organisation should supply additional support when the professional is undertaking an individual management review/individual agency review/individual management review, as part of a serious case review/case management review/significant case review
   e) Given the stressful nature of the work, the health care organisation should provide safeguarding/child protection focused support and supervision for the specialist professional
The tables below are a minimum guide to the resources required for the roles.

### NAMED SAFEGUARDING DOCTOR’S PROGRAMMED ACTIVITIES* PER YEAR

<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>LSCB subcommittees</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Professionals’ Advisory Group</td>
<td>4</td>
<td>2</td>
<td></td>
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<tr>
<td>Trust/Organisation safeguarding</td>
<td>4</td>
<td>2</td>
<td></td>
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<tr>
<td>committee</td>
<td></td>
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</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>Training</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance; e.g. Audit etc.</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Peer review</td>
<td>12</td>
<td></td>
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</tr>
<tr>
<td>Meeting with designated personnel</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>60</td>
<td>30</td>
<td>= 90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>30</strong></td>
<td><strong>Total per annum (PAs) = 90</strong></td>
</tr>
</tbody>
</table>

2-2.5 Programme Activities (PAs) per week (Calculated within 42 working weeks)

**Note**

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

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

**In Northern Ireland**


**In Wales**

Competency Framework (Levels 1-4)

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.

Named Doctors should have core competencies, knowledge, skills and attitudes as outlined for Levels 1-3, in addition to Level 4

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 context¹, 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 neglect²
- Able to identify and refer a child suspected of being a victim of trafficking³ or sexual exploitation; at risk of FGM or having been a victim of FGM⁴; at risk of exploitation by radicalisers⁵
- Acts as an effective advocate for the child or young person⁶
- 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

¹ UK Core Skills Training Framework- Subject Guide [2013; page 63]
⁶ For example Understanding the Needs of Children in Northern Ireland (UNOCINI) within Northern Ireland
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 emotional abuse or neglect
- 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.

Level 4
- 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

1 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
Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases

Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.

Participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee/the safeguarding committee of the Health Board or Trust in Wales

Leads/oversees safeguarding quality assurance and improvement processes

Undertakes risk assessments of the organisation’s ability to safeguard/protect children and young people

Knowledge

**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

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

**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 prevented
- Know the range and efficacy of interventions for child maltreatment
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- Have an understanding of the management of the death of a child or young person in the safeguarding context (including where appropriate structures and processes such as rapid response teams and Child Death Overview panels)
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
- Understand relevant national and international policies and the implications for practice
- Understand how to manage allegations of child abuse by professionals

Skills

**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)

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1 In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age.
- 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\(^1\) and practice required in child maltreatment, and how these relate to clinical and legal requirements

\(^1\) 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
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

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**

**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

**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**

- As outlined in level 1, 2 and 3

*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))

1 A supportive environment is one in which clinicians expertise and experience is recognised, and in which problems and concerns are heard and acted upon
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 education within 12 months of appointment
- Demonstrates understanding of professional body registration requirements for practitioners
- Demonstrates an understanding and experience of developing evidence-based clinical guidance
- Demonstrates effective consultation with other health care professionals and participation in multi-disciplinary discussions
- Demonstrates participation in audit, and in the design and evaluation of service provision, including the development of action plans and strategies to address any issues raised by audit and serious case reviews/internal management reviews/significant case reviews/other locally determined reviews
- Demonstrates critical insight of personal limitations and an ability to participate in peer review
- Demonstrates practice change from learning, peer review or audit.

² This programme could be provided by a professional organisation or a Higher Education Institution
- Demonstrates contributions to reviews have been effective and of good quality.
- Demonstrates use of feedback and evaluation to improve teaching in safeguarding

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.
Education and Training (Level 4)

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.

- Named doctors 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, and supervision training.
- Named doctors 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 doctors should complete a management programme with a focus on leadership and change management within three years of taking up their post.
- Named doctors responsible for training of doctors are expected to have appropriate education for this role.
- Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 1 year of taking up the post.
- Training at level 4 will include the training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4.

Learning outcomes from education and training

- To be able to contribute to the development of robust internal safeguarding/child protection policy, guidelines, and protocols as a member of the safeguarding team.
- To be able to discuss, share and apply the best practice and knowledge in safeguarding/child protection including:
  - The latest research evidence and the implications for practice.
  - An advanced understanding of child-care legislation, information sharing, information governance, confidentiality and consent.
  - A sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people.
  - An advanced knowledge of relevant national and international issues, policies and their implications for practice.
  - Understanding the professional and experts’ role in the court process.
- To be able to know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards.
- To be able to effectively communicate local safeguarding knowledge, research and findings from audits.
- To be able to know how to conduct a safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of a safeguarding/child protection team which may include partners in other agencies.
- To be able to know how to undertake and contribute to serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, this will include the undertaking of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this.
To be able to work effectively with colleagues from other organisations, providing advice as appropriate e.g. concerning safeguarding/child protection policy and legal frameworks, the health management of child protection concerns.

To be able to work effectively with colleagues in regional safeguarding/child protection clinical networks.

To be able to provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.

To be able to know how to provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.

To be able to support colleagues in challenging views offered by other professionals, as appropriate.

To be able to be a trained provider of safeguarding/child protection supervision and/or support.

To be able to lead/oversee safeguarding quality assurance and improvement processes.

To be able to undertake risk assessments of organisational ability to safeguard/protect children and young people.

To be able to know how to lead service reviews.

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