Paediatrician with a Special Interest in Child Protection
Job Description and Competences

Model Job Description (SCOTLAND)

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.

All paediatricians have a duty to identify child abuse and neglect and must therefore maintain their skills in this area and make sure they are familiar with the procedures to be followed where abuse or neglect is suspected.

Each Health Board in Scotland must ensure they provide services, processes and policies to ensure a high quality, safe and effective child protection service (National CP guidance for Health Professionals, 2013). The Scottish Government requires NHS Boards to have a Director at Board level with responsibility for child protection, a Lead Paediatrician for child protection and a Nurse Consultant/ Lead Nurse for child protection/vulnerable children. In some larger Health Boards there will be one or more Child Protection Nurse Advisers and Paediatricians with a Special Interest in Child Protection.

It should be noted that the Paediatrician with a Special Interest in Child Protection and Lead Paediatrician in Child Protection are distinct roles and as such should be separate post holders. It is acknowledged that in some Health Boards in Scotland there will be only one level of clinician with expertise in Child Protection (a consultant or equivalent with a special interest) while some bigger Health Boards will require more than one paediatrician with a special interest in child protection.

The job description of the Paediatrician with a Special Interest in Child Protection (PSICP) 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. Given the stressful nature of the work, the Health Board should provide child protection focused support and supervision for the specialist professional.

Person Specification
The post holder must have an Enhanced Disclosure from Disclosure Scotland.

The Paediatrician with a Special Interest in Child Protection 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 PSICP should be a practising clinician, who has status within the organisation, have evidenced child protection training to at least level 3, and who has regular supervision from the Lead Paediatrician in Child Protection who works across the Region/Managed Clinical Network.
3. Have considerable clinical experience of assessing and examining children and young people as appropriate, to include child protection (or risk assessment of adult mental health patients in relation to safeguarding).
4. Be currently practising in the field of safeguarding/child protection (or have held an active clinical position in medical paediatrics in the previous two years) and be of good professional standing.
5. Have an understanding of legal and forensic medicine as it relates to child protection.
1. Clinical role

These are paediatricians who have had further training and experience in child protection and are competent in the provision of paediatric/forensic examination including the interpretation of injury. They work within the structure of local and regional services and with support and advice from tertiary specialists. They should:

a) Participate in daytime and out-of-hours child protection rotas as required. The paediatrician may have their training origins in Acute or Community Child Health and are likely to be combining their posts with other community and/or acute responsibilities. Their contribution to rotas can be very variable, depending on local needs. It is essential that these duties are explicit and protected within job plans.

b) Deliver clinical assessment and care of children and young people where there are child protection concerns, either as part of their own clinical role, or when asked for a specialist opinion whilst being clear about personal, clinical and professional accountability.

c) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation. Their duties will include giving advice to non-specialist colleagues for example GPs, health visitors and adult physicians.

d) Assess and evaluate evidence, write reports and present information to child protection case conferences and related meetings.

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

f) Be able to give advice to social work, police and education through regular contribution to IRD/tripartite/strategy discussions.

2. Leadership and advisory role

Paediatricians with a Special Interest in Child Protection are advised to complete an appropriate management course within three years of taking up their post. They should have the authority to carry out all of the duties listed below, on behalf of the Health Board and should be supported in so doing by the organisation and by colleagues. They should:

a) Support and advise the local paediatric services and Health Board about child protection.

b) Contribute to the planning and strategic organisation of child protection services across the Health Board area.

c) Work with other specialist child protection professionals on planning and developing a strategy for child protection services.

d) Together with Health Board directors, ensure that child protection advice is available to the full range of primary, secondary and tertiary health care professionals on the day-to-day management of children and families where there are child protection concerns.

e) Provide advice (direct and indirect, including signposting referrals to appropriate services) to colleagues on the assessment, treatment and clinical services for all forms of child maltreatment including neglect, emotional and physical abuse, Fabricated or Induced Illness (FII), child sexual abuse, honour-based violence, trafficking, sexual exploitation and detention.

3. Inter-agency responsibilities

a) Participate in relevant multi-agency working groups for child protection including the local authority child protection committee and related subcommittees (eg Training, Quality Assurance), and relevant child protection committees within the Health Board.

b) As part of a team, advise local police, children’s social work services and other statutory and voluntary agencies on health matters with regard to child protection.

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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 PSICP 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.
4. Co-ordination and communication
   a) Work with and communicate effectively with colleagues in the team and organisation and with other professionals and agencies. This includes health visitors, other nurses, social workers and the police.
   b) Understand and respect the child protection roles, responsibilities, policies and practices of other agencies and professionals and cooperate with them. The paediatrician must be clear about their own role and responsibilities in protecting children and young people, and be ready to explain this to colleagues and other professionals.
   c) Together with Health Board directors, ensure there are effective systems for communicating with health visitors, child protection leads and other statutory agencies, either on a regular basis or as the need arises. The paediatrician must know who to contact and how to contact them.
   d) Work closely with other specialist child protection professionals across the health board area.
   e) Ensure the outcomes of health advisory group discussions at the Health Board level are communicated to the child protection team and other staff, as appropriate.
   f) Work closely with the Lead Paediatrician and Executive Director for child protection within the Health Board.
   g) Liaise with professional leads from other agencies, such as Education, Children’s Social Work services, Scottish Children’s Reporters Association and Police Scotland.

5. Accountability and Governance

   • Accountability
     The clinical and managerial responsibilities of the post must be separated.
     a) The overall accountability is to the chief executive of the Health Board.
     b) Managerial aspects of the post – the paediatrician is accountable to the Executive Director at the NHS Board with Responsibility for Child Protection (Public Protection).
     c) Clinical aspects – the paediatrician should report to the clinical director / medical director.

   • Policies and procedures
     The paediatrician should be able to contribute to the development of robust internal child protection policy, guidelines, and protocols as a member of the child protection team.
     a) Together with the child protection team and MCNs, develop appropriate clinical protocols for medical investigation and management of child abuse cases.
     b) Contribute to the local child protection policies developed by the Health Board, in line with legislation, national guidance, and the guidance of the child protection committee and together with the Health Board, ensure the systems for their dissemination are robust.
     c) With the child protection team, develop appropriate methods for supervision including case discussion, reflective practice at local and national level.
     d) Contribute to the delivery of robust monitoring of significant case reviews at a local level.

   • Personal development
     The current RCPCH curriculum may be inadequate for these enhanced posts. It is recommended that Paediatricians with a Special Interest in Child Protection should be aiming for skills and competencies at level 4, in relation to all forms of abuse, including physical abuse and neglect.

     It is recognised that competences in child sexual abuse will vary across health board regions. The 3 regional MCNs have implemented arrangements for CSA examinations to be carried out by appropriately-trained paediatricians. For further personal development, it is advised that post-graduate qualifications can be identified with options such as DFCASA, DMJ or Membership of the Faculty of Forensic and Legal Medicine, or a post-graduate qualification through RCPCH or modular credentialing. For paediatricians the preference is for RCPCH training programmes because these can be linked to ST training and to RCPCH standards and guidelines. The paediatrician should:
     a) Meet the Health Board’s and the RCPCH’s requirements for training attendance.
b) Attend relevant local, regional, and national continuing professional development activities to maintain competences.
c) Attend and present cases at child protection peer review and undertake reflective practice. There is a requirement for regular attendance at peer review at least 5 times per year, a need to undertake regular CPD and to keep abreast of the child protection literature.
d) Be a member of regional/ national working groups on child protection, or at least aim to get exposure to committees at a regional/ national level.
e) Recognise the potential personal impact of working in child protection on self and others, and seek support and help when necessary.

6. Appraisal and Job Planning

a) Where the paediatrician with a special interest in child protection is new to the role, a period of mentoring from a paediatrician experienced in child protection is recommended.
b) The PSICP should receive annual appraisal as per the requirement by the regulatory body, from a professional trained in effective appraisal.
c) The PSICP should receive an annual job plan review to include objective setting for the child protection element of the post. Input from the Lead Paediatrician in Child Protection should be encouraged to ensure objectives cover the safeguarding element of the post.

7. Delivery of Training and Education

a) Work with specialist child protection professionals across the health board area, managed clinical networks and with the training sub-group of the child protection committee to agree and promote training needs and priorities.
b) Together with Health Board directors, 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) Contribute to the evaluation of training and adapt provision according to feedback from participants.
e) Tailor provision to meet the learning needs of participants.

8. Monitoring of service

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 significant case reviews, and internal management reviews.
d) Together with the child protection committee and Health Board directors, disseminate lessons learnt from significant case reviews, and advise on the implementation of recommendations.

9. 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 protection 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 in the clinical child protection team, the number and type of directorates/ operational units covered by the Health Board, whether the organisation provides tertiary services and the level of development of local child protection structures, process and function.
b) The Health Board should supply dedicated secretarial and effective support. The multi-agency nature of the work should be recognised and reflected in increased administrative and secretarial support.
c) The Health Board should ensure that during Significant Case Reviews (run by local Child Protection Committees), the PSICP is relieved of some of their other duties. The Health Board should delegate these appropriately to ensure that the work of the PSICP is still carried out effectively.
d) The Health Board should supply additional support when the professional is undertaking an internal management review, as part of a significant case review.
e) Given the stressful nature of the work, the Health Board should provide child protection focused support and supervision for the specialist professional.

The table below is suggested by the RCPCH, as a minimum guide to the resources required for the role.

### PAEDIATRICIAN WITH A SPECIAL INTEREST IN CHILD PROTECTION: PROGRAMMED ACTIVITIES* PER YEAR

<table>
<thead>
<tr>
<th>Activity</th>
<th>Meetings per annum (in PAs)</th>
<th>Preparation and other work from meetings per annum (in PAs)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC committees</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Work within Managed Clinical Networks</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Board child protection committees</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Significant Case Reviews</td>
<td>6</td>
<td>6</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Meetings within clinical child protection team</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>60</strong></td>
<td><strong>30</strong></td>
<td><strong>= 90</strong></td>
</tr>
</tbody>
</table>

**Total per annum (PAs) = 90; 2-2.5 Programme Activities (PAs) per week (Calculated within 42 working weeks)**

**Note**

Job plans are negotiable on an annual basis and doctors should ensure they have good evidence with well structure job plan diaries if there is a need to alter the dedicated time to reflect their duties. Child protection duties specific to the Paediatrician with a Special Interest in Child Protection 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 role of Paediatrician with a Special Interest in Child Protection.

PAs should take into account the local team infrastructure of 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 Paediatrician with a Special Interest in Child Protection described in:

1. **Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document.** 2014. RCPCH: London
2. **Protecting children and young people: the responsibilities of all doctors.** General Medical Council 2012.
3. **Child Protection Guidance for Health Professionals.** The Scottish Government 2013
5. **Children (Scotland) Act 1995.** London: HMSO
6. **The Children and Young People (Scotland) Act 2014**
8. **Protecting children and young people Framework of Standards – Scottish Executive 2004**
9. **Getting it right for every child – Scottish Government 2009**
10. **How well do we protect children and meet their needs – HMIE 2009**
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/carer’s 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 emotional abuse or neglect

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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
7. 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
Will have professionally relevant core and case specific clinical competencies

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

**Additional specialist competences**

- 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
- 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 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

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1 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

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\(^{1}\) 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

\(^{1}\) In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age
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
- 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’

Level 4

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

Criteria for assessment

Level 1

Demonstrates an awareness and understanding of child maltreatment

Demonstrates an understanding of appropriate referral mechanisms and information sharing

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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 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)

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

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