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.

The child protection system in the UK is the responsibility of the government of each of the UK’s four nations: England, Northern Ireland, Scotland and Wales. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. There are specific duties relating to the lead paediatricians, consultant/lead nurses, child protection nurse advisers in Scotland.

Each Health Board in Scotland must ensure they provide services, processes and policies to ensure a high quality, safe and effective child protection service. The National Child Protection guidance for Health Professionals (2013) requires NHS Boards to have an Executive 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. The future development of Health and Social Care Partnerships (HSCPs) will mean that the Lead Paediatrician in Child Protection will need to link appropriately with all HSCPs, their respective chief officers and child protection committees by redesigned organisational structures.

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

Lead Paediatricians in Child Protection, as clinical specialists and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area, providing support to all providers and linking particularly with other health professionals, local authority children’s services, and Child Protection Committees. These paediatricians should hold consultant status (or a senior post with equivalent training and experience), usually delivering tertiary child protection services, or working within regional managed clinical networks (MCNs). It is important to note that in larger Health Boards these post holders alone cannot deliver the services without the support of a team of Paediatricians with a Special Interest and junior staff.

The job description of the Lead Paediatrician in Child Protection (Lead Paed, CP) 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 with Disclosure Scotland.

The **Lead Paediatrician in Child Protection (Lead Paed, CP)** should:

1. Hold consultant status or a senior post with equivalent training and experience.
2. Have undergone higher professional training in paediatrics.
3. Have substantial clinical experience in the field of child protection and substantial experience of the legislation relating to children and young people, and the court process ie have evidence of child protection training to at least level 4 competency.
4. Be currently practising and clinically active in the field of child protection, as part of their clinical commitments (or have held an active clinical position in medical paediatrics in the previous two years) and be of good professional standing.
5. Show evidence of negotiating and leadership skills.

### 1. Clinical role

The Lead Paed, CP is a paediatrician who has had substantial training and experience in child protection and is 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 other paediatric tertiary specialists in other disciplines. As part of their clinical role, they are expected to:

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) Provide specialist advice (direct and indirect) to colleagues on the assessment, treatment, and clinical services for all forms of child maltreatment including FII, child sexual abuse, child sexual exploitation, honour-based violence, trafficking.

c) Provide specialist opinion by assessing and evaluating evidence, writing reports and presenting information to child protection conferences and related meetings.

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

e) Provide clinical advice, for example in complex cases of child maltreatment or where there is dispute between practitioners.

f) Where lead paediatricians undertake clinical duties in addition to their clinical advice role in child protection, it is important that there is clarity about the two roles in the job planning, appraisal and revalidation processes.

### 2. Leadership and advisory role

The Lead Paed, CP should provide competent and skilled leadership in the field of child protection, including leading regional MCNs and participating at a national level. They should complete an appropriate course in medical management within three years of taking up their post. They should have the competence to carry out all of the duties listed below, on behalf of the Health Board and should be supported in so doing by colleagues. They should:

a) At all times and in relation to the roles and responsibilities listed, work with others in the child protection team to deliver safe clinical services across the Health Board area.

b) Work jointly with the Nurse Consultant / Lead Nurse to develop and undertake the evaluation and quality assurance of the child protection services provided by the Health Board.

c) Provide advice to services across the Health Board area on questions of planning, strategy and to safeguarding / child protection (to include services to adults who pose risks to children).

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1. While most post holders will be paediatricians, it is appreciated that doctors with dual qualifications eg general practice working in other specialities such as public health, forensic medicine or psychiatry may be able to demonstrate the required competence to undertake the role

2. Including but not limited to: GPs, A&E, orthopaedics, maternity services, gynaecology, child and adult psychiatry
d) Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited.

e) Provide advice about safeguarding / child protection risks (including any deficiencies or vulnerable areas in service provision) to services across the Health Board area working with other senior health advisers from nursing, AHPs and other disciplines via a health representatives group.

f) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation.

3. Inter-agency responsibilities

The Lead Paed, CP should:

a) Be a member of the inter-agency Child Protection Committee.

b) Be a member of the Health Board Child Protection Strategic Group.

c) Serve, as appropriate, on any sub-groups of the Health Board Child Protection Strategic Group (eg Training, Quality Assurance).

d) Provide child protection health advice to local authority services (Children’s Social Work and Education services), Police Scotland, Crown Office Procurator Fiscal Service, Reporters to the Children’s Panel and the third sector.

4. Co-ordination and communication

The Lead Paed, CP should:

a) Work with and communicate effectively with all members of the multi-disciplinary Child Protection health team and with other professionals and agencies.

b) Liaise with, advise and support other child protection professionals across the Health Board area.

c) Lead and support the activities of any local health advisory group for child protection1.

d) Liaise with the health boards / local authority child protection executive lead

e) Work closely with the Health Board executive director for child protection and lead nurse / nurse consultant for vulnerable children.

f) Work with professional leads from other agencies, such as Education, Children’s Social Work services, Scottish Children’s Reporters Association, Police Scotland, Crown Office Procurator Fiscal Service and the third sector.

g) Understand and respect the child protection roles, responsibilities, policies and practices of other agencies and professionals and cooperate with them. The Lead Paed, CP 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.

5. Accountability and Governance

- Accountability

The clinical and strategic responsibilities of the post must be separated.

a) The overall accountability for the clinical child protection service is to the chief executive of the Health Board.

b) The accountability for the strategic aspects of the post is to the executive director at the NHS Board with responsibility for child protection / public protection.

c) The accountability for clinical management and care is through normal governance structures to the clinical director / medical director.

d) The Lead Paed, CP should ensure her / his colleagues know what help she / he can offer and how to contact her / him for advice and support.

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1 Such groups should also include paediatricians with a special interest in child protection, nurse consultants, child protection advisers and representatives from midwifery services, child and family psychiatry, psychology, general practice, NHS 24, out-of-hours medical services, ambulance services, and the safeguarding / child protection leads of any independent health providers.
• Policies and procedures

With executive directors and others within the Health Board, the Lead Paed, CP should advise on the development of robust internal child protection policy, guidelines, protocols and procedures as a member of the child protection team. These include:

a) The health components of the interagency child protection procedures.

b) Appropriate policies and procedures for child protection training and audit.

c) Development of quality assurance systems for child protection across the Health Board.

d) Development of appropriate methods for clinical supervision including case discussion, reflective practice at local and national level.

e) Robust monitoring of significant case reviews at a local level.

• Personal development

It is recommended that Lead Paediatricians in Child Protection should be aiming for skills and competences at level 5, in relation to all forms of abuse, including child sexual abuse. The Lead Paed, CP should have an active role in RCPCH child protection activities.

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 Lead Paed, CP should:

a) Meet the Health Board’s and the professional body’s requirements for revalidation.

b) Attend relevant regional and national continuing professional development activities in order to maintain skills. This includes receiving specific training that relates to specialist activities.

c) Organise, 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.

e) Recognise the potential personal impact of working in child protection on self and others, and seek support and help when necessary.

f) Participate in regular child protection clinical case review at local and national level (eg peer review sessions and National Complex Case Forum).

g) Undertake reflective practice with support from an outside agency (this should be funded by the employing organisation and be provided by someone with experience in child protection work).

6. Appraisal and Job Planning

a) Where the lead paediatrician in child protection is new to the role, a period of mentoring from a paediatrician experienced in child protection is recommended. This may be another Lead Paediatrician in Child Protection from another Health Board area.

b) The Lead Paed, CP should receive annual appraisal as per the requirement by the regulatory body, from a professional trained in effective appraisal.

c) The Lead Paed, CP should receive an annual job plan review to include objective setting for the child protection element of the post. Input from another Lead Paediatrician in Child Protection should be encouraged to ensure objectives cover the safeguarding element of the post.

7. Delivery of Training and Education

The Lead Paed, CP should:
a) Advise on child protection training needs\(^1\) and the delivery of training for all health staff across the Health Board area.

b) Contribute to the Health Board’s programme of education and training for all health staff and other agencies as appropriate. In addition, help to deliver a programme of effective medical education at undergraduate and postgraduate level.

c) Play an active part in the planning and delivery of inter-agency training through the child protection committee.

d) Provide leadership and ensure there are clear accountability and governance arrangements at local, regional and national peer review meetings.

e) Lead local and national peer review meetings.

f) Provide leadership and supervision of post-graduate training at all levels within the community and hospital services.

g) Provide advice to all specialist child protection professionals working within the Health Board area on writing reports, including internal management reviews.

8. Monitoring of Service

The Lead Paed, CP should:

a) Advise the Health Board Child Protection Strategic Group on the implementation of an effective system of child protection audit, training, and supervision.

b) Advise medical directors on clinical governance relating to paediatricians, especially those with a special interest in child protection.

c) Provide an overview of systems for clinical governance of child protection (including contributing to multiagency IRD reviews, significant case reviews, audit and research).

d) Advise the chief executive of the Health Board (either directly or via identified structures or designated personnel such as the medical director, nurse director or children’s lead) about their responsibilities to ensure that performance indicators in relation to protecting children are met, and that there are adequate resources for professionals to carry out their roles effectively.

9. Significant case reviews (SCRs)

The Lead Paed, CP should:

a) Participate in the interagency child protection committee SCR process when required and as appropriate, including gathering information, leading or advising on medical aspects of Initial Case Reviews. This may lead to being an active member of the SCR team unless there is a conflict of interest.

b) Work with professionals in other disciplines within the Health Board and other agencies to produce an overall review that identifies gaps in service delivery and information sharing between organisations and individuals. This should incorporate the lessons learned from all SCRs, individual agency reviews and internal management reviews.

10. Resources required for post

Professional roles should be explicitly defined in job descriptions, and job plans should allow sufficient time (with funding) to fulfil specialist 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 /

\(^1\) It is the responsibility of the employer to identify individuals’ training needs through appraisal, supervision, and audit

\(^1\) This includes nurses, health visitors, midwives, paediatricians, GPs, other doctors and health staff in regular contact with children and families, (e.g. dentists, pharmacists, optometrists, contact lens and dispensing opticians). The Lead Paed, CP should also ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability
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 and effective professional support. Compared to any other consultant post, the Lead Paed, CP requires more than the average secretarial support. The multi-agency nature of the work and high demand from partner agencies with the need for rapid turnaround times for reports should be recognised and reflected in increased administrative and secretarial support. It is recommended that the person providing administrative and secretarial support should be experienced in multi-agency and inter-regional working, and should be at least a Band 4.

c) The line manager for the Lead Paed, CP should ensure that during Significant Case Reviews (run by local authority Child Protection Committees), the Lead Paed, CP is relieved of some of their other duties (eg clinical commitments). The line manager should delegate these appropriately to ensure that the work of the Lead Paed, CP is still carried out effectively.

d) The line manager should also supply additional support when the Lead Paed, CP 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 Lead Paed, CP.
The table below is suggested by the RCPCH, as a minimum guide to the resources required for the role.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Meetings per annum (in PAs)</th>
<th>Admin per annum (in PAs)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Committees</td>
<td>4-12</td>
<td>4-12</td>
<td>This may need to be increased if attending more than 1 CPC</td>
</tr>
<tr>
<td>Work within Managed Clinical Networks</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>RCPCH committees and working groups</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Attendance at Complex Case Forum</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>24</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Multi-disciplinary meetings</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Organising / attending peer review meetings</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Child Protection Forums / Strategic Clinical Networks.</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Significant Case Reviews</td>
<td>6</td>
<td>6</td>
<td>This equates to participating in one Review per year</td>
</tr>
<tr>
<td>Where SCR required, review / supervise doctors involved</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expert health advice &amp; supervision to all professionals / organizations</td>
<td>24</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Clinical advice, in complex cases or where there is dispute between practitioners</td>
<td>12</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Meetings / clinical supervision with child protection clinical team</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>116-128</td>
<td>68-80</td>
<td>Total per annum (PAs) = 184-208; 4.5-5 PAs per week according to size of districts covered by LPCP (Calculated within 42 working weeks)</td>
</tr>
</tbody>
</table>

**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. Specialist 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 role of the Lead Paediatrician in Child Protection.

PAs should take into account the local team infrastructure of designated and named professionals, admin and other local support, the numbers and requirements for attendance at subgroups/committees and the numbers of SCRs and the expertise of the individual. Other factors that should be considered include the local deprivation indices, the local child population (under 18), the numbers of children subject to child protection plans, the number of provider and commissioning health care organisations covered by the role to include whether there are tertiary units, the number of child protection committees, staff, the number of health care organisations covered by the role.
This outline is based on the duties and responsibilities of the Lead Paediatrician in Child Protection described in:

6. The Children and Young People (Scotland) Act 2014
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 1-5)

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

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

Competence

**Level 1**
- Recognising potential indicators of child maltreatment – physical abuse including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM)
- Understanding the potential impact of a parent/carers physical and mental health on the well-being and development of a child or young person, including the impact of domestic violence and 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
- Will have professionally relevant core and case specific clinical competencies
- Documents and reports concerns, history taking and physical examination in a manner that is

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8 For example Understanding the Needs of Children in Northern Ireland (UNOCINI) within Northern Ireland
9 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.
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
- Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases
- Provide safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- Participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee/the safeguarding committee of the Health Board or Trust in Wales
- Leads/oversees safeguarding quality assurance and improvement processes
- Undertakes risk assessments of the organisation’s ability to safeguard/protect children and young people

**Level 5**

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

Knowledge

**Level 1**
- Know about child maltreatment in its different forms (physical including Fabricated and induced illness, emotional and sexual abuse, and neglect) including child trafficking, FGM and radicalisation including prevalence and impact
- Know about relevance of parental, family and carer factors such as domestic abuse, mental and physical ill-health, substance and alcohol misuse
- Know what to do if there are concerns about child maltreatment, including local policies and procedures around who to contact, where to obtain further advice and support, and have awareness of the referral process
- Know about the importance of sharing information (including the consequences of failing to do so)
- Know what to do if they feel that their concerns are not being taken seriously or they experience any other barriers to referring a child/family
- Know the risks associated with the internet and online social networking
- Know what the term ‘Looked after child’ means

**Level 2**
- Awareness of the normal development of children and young people and the ways in which abuse and neglect may impact on this, including the short and long term impact of domestic violence on the child’s behaviour and mental health, as well as maternal mental and physical health. Speech, language and communication needs could be an indication of abuse, particularly neglect.
- Understand the public health significance of child maltreatment including epidemiology and financial impact

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

Level 5
• Advanced and in-depth knowledge of relevant national and international policies and
implications for practice
• Advanced understanding of court and criminal justice systems, the role of the different courts,
the burden of proof, and the role of professional witnesses and expert witnesses in the different
stages of the court process
• Know how to lead the implementation of national guidelines and audit the effectiveness and
quality of services across the health community against quality standards
• Advanced awareness of different specialties and professional roles
• Advanced understanding of curriculum and training

Clinical knowledge

Level 3
• Understand what constitutes, as appropriate to role, forensic procedures and practice required
in child maltreatment, and how these relate to clinical and legal requirements
• Understand the assessment of risk and harm
Understand the effects of parental behaviour on children and young people, and the inter-agency response required

Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk

Have an understanding of Fabricated or Induced Illness (FII)

Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment

Understand the needs and legal position of young people, particularly 16-18 year olds, and the transition between children’s and adult legal frameworks and service provision

Know how to share information appropriately, taking into consideration confidentiality and data-protection issues

Understand the impact of a family’s cultural and religious background when assessing risk to a child or young person, and managing concerns

Know about models of effective clinical supervision and peer support

Understand processes for identifying whether a child or young person is known to professionals in Children’s Social Care and other agencies

Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families

Know what to do when there is an insufficient response from organisations or agencies

Know the long-term effects of maltreatment and how these can be detected and 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)
- 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,

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11 In Scotland there are no special considerations in this age group. The age of legal capacity is 16 years of age
when assessing a child or young person
- Able to present safeguarding/child protection concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role, including case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- Able to communicate effectively with children and young people, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability
- Able to give effective feedback to colleagues
- Able to identify (as appropriate to specialty) associated medical conditions, mental health problems and other co-morbidities in children or young people which may increase the risk of maltreatment, and able to take appropriate action
- Able to challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice
- Able to participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources
- Able to contribute to a management plan for FII
- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- Able to assess as appropriate to the role the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse
- Able to complete the audit cycle and/or research related to safeguarding/child protection as part of appropriate clinical governance and quality assurance processes
- Able to obtain support and help in situations where there are problems requiring further expertise and experience
- Understand forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understands the importance of and how to ensure ‘the chain of evidence’
- Able to give advice about safeguarding/child protection policy and legal frameworks
- Able to support colleagues in challenging views offered by other professionals, as appropriate
- Able to advise other agencies about the health management of child protection concerns
- Able to analyse and evaluate information and evidence to inform inter-agency decision-making across the organisation
- Able to participate in a serious case review/case management review/significant case or other

Level 4

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)
RCPCH Scotland - Lead Paediatrician in Child Protection. Model Job Description and Competences

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
Level 5
 Able to lead the health contribution to a serious case review/case management review/significant case review, drawing conclusions and developing an agreed action plan to address lessons learnt
 Able to plan, design, deliver and evaluate inter-agency safeguarding/child protection training for staff across the health community, in partnership with colleagues in other organisations and agencies
 Able to oversee safeguarding/child protection quality assurance processes across the whole health community
 Able to influence improvements in safeguarding/child protection services across the health community
 Able to provide clinical supervision, appraisal, and support for named professionals
 Able to lead multi-disciplinary team reviews
 Able to evaluate and update local procedures and policies in light of relevant national and international issues and developments
 Able to reconcile differences of opinion among colleagues from different organisations and agencies
 Able to proactively deal with strategic communications and the media on safeguarding/child protection across the health community
 Able to work with public health officers to undertake robust safeguarding/child protection population-based needs assessments that establish current and future health needs and service requirements across the health community
 Able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children and young people, and articulate these decisions to executive officers
 Able to work effectively with, and lead where appropriate, colleagues in regional and national safeguarding/child protection clinical networks
 Able to deliver high-level strategic presentations to influence organisational development
 Able to work in partnership on strategic projects with executive officers at local, regional, and national bodies, as appropriate

Attitudes and Values

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

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

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

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

**Criteria for assessment**

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

**Level 2**
- Demonstrates awareness of the need to alert primary care professionals (such as the child’s GP) and universal services (such as the child’s health visitor or school nurse) of concerns
- Demonstrates accurate documentation of concerns
- Demonstrates an ability to recognise and describe a significant event in child protection/safeguarding to the most appropriate professional or local team

**Level 3**
- Demonstrates knowledge of patterns and indicators of child maltreatment
- Demonstrates knowledge of the function of LSCBs/the Safeguarding Board for Northern Ireland and safeguarding panels of health and social care trusts and child protection committees in Scotland
- Demonstrates understanding of appropriate information sharing in relation to child protection and children in need
- Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions
- Where role includes conducting detailed assessments of child abuse and neglect, demonstrates ability to assess, examine children for suspected abuse and neglect, provide a report and an opinion
- Where undertaking forensic examinations as part of their role, demonstrates an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements.
- Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures
- Demonstrates critical insight of personal limitations and an ability to participate in peer review

**Level 4**
- Demonstrates completion of a teaching and assessment programme within 12 months of appointment
- Demonstrates an understanding of appropriate and effective training strategies to meet the competency development needs of different staff groups
- Demonstrates completion of relevant specialist child protection/safeguarding 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,

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


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

**Level 5**

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

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

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

- Designated doctors including Lead Paediatricians should attend a minimum of 24 hours (equivalent of 6PAs) of education, training and learning over a three-year period (this can be tailored by organisations and encompass a blended learning approach). This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals’ work.
- Designated Doctors should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded)
- An executive level management programme with a focus on leadership and change management should be completed within three years of taking up the post
- Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 3 years of taking up the post.
- Training at level 5 will include the training required at levels 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5

Learning outcomes from education and training

- To be able to know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding/child protection single and inter-agency training and teaching for staff across the health community.
- To be able to know how to take a lead role in:
  - Leading /overseeing safeguarding/child protection quality assurance and improvement across the health community.
  - The implementation of national guidelines and auditing the effectiveness and quality of services across the health community against quality standards.
  - Service development conducting the health component of serious case reviews/ case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt.
  - Strategic and professional leadership across the health community on all aspects of safeguarding/child protection.
  - Multi-disciplinary team reviews.
  - Regional and national safeguarding/child protection clinical networks (where appropriate).
- To be able to know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
- To be able to know how to provide expert advice on increasing quality, productivity, and improving health outcomes for vulnerable children and those where there are safeguarding concerns
- To be able to oversee safeguarding/child protection quality assurance processes across the whole health community.
- To be able to know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.
- To be able to know how to influence improvements in safeguarding/child protection services across the health community.
- To be able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
- To be able to apply in practice:
  - Advanced and in-depth knowledge of relevant national and international policies and implications.
  - Advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process.
  - Advanced awareness of different specialties and professional roles.
• Advanced understanding of curriculum and training.
  ▪ To be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.
  ▪ To be able to provide clinical supervision, appraisal, and support for named professionals.
  ▪ To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.
  ▪ To be able to reconcile differences of opinion among colleagues from different organisations and agencies.
  ▪ To be able to proactively deal with strategic communications and the media on safeguarding/child protection across the health community.
  ▪ To be able to know how to work with public health officers to undertake robust safeguarding/child protection population-based needs assessments that establish current and future health needs and service requirements across the health community.
  ▪ To be able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children and young people, and articulate these decisions to executive officers.
  ▪ To be able to deliver high-level strategic presentations to influence organisational development.
  ▪ To be able to work in partnership on strategic projects with executive officers at local, regional and national bodies, as appropriate.