

Safeguarding children and young people: roles and competencies for paediatricians

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1. Introduction

An essential component of the RCPCH mission is to make the health and wellbeing of infants, children and young people at the core of all we do.

It is for this reason that the RCPCH is committed to the principle of having shared roles and competencies for safeguarding children applicable across the children's workforce as this sets consistent high-quality standards for healthcare workers and facilitates interdisciplinary working in order to achieve the best possible outcomes for children and young people.

The 4th edition of the Intercollegiate Document Safeguarding children and young people: roles and competencies for healthcare staff (the ICD) can be found on the Royal College of Nursing (RCN) website.^[1] Within this you can read a full background and context to the document and the competency framework.

Over time the ICD has evolved and has become more complex. The RCPCH has therefore published this guide to ensure that our members fully understand the competencies that are required of them. This document complements the full ICD and correlates with the RCPCH Progress curriculum for trainees. The curriculum is broad based whereas the ICD standards are much more detailed. Although we recommend that our members meet these standards, it is up to individual employers, health commissioners and the inspectorate to deliver and monitor them.

This document is for paediatricians and paediatricians in training only and we recommend other professionals refer directly to the full document published by the RCN.

Competencies can be met by having the appropriate knowledge and skills, and in this document we have linked the knowledge and skills required for each competency. In addition, the ICD has defined learning outcomes which we have not reiterated in this document.

In our view, the Level 3 baseline competencies apply to paediatricians in training. By certificate of completion of specialty training (CCT), the paediatric trainees who are aiming to take up roles as consultant paediatricians (hospital and community) in secondary care, and those working in a SARC who take under 18s should have obtained the additional level 3 competencies. All doctors who undertake vulnerable children work need to have obtained the additional Level 3+ competencies.

Any professional moving to a new post or a locum position must be able to demonstrate an appropriate level of safeguarding education and training for the post (individuals may use their passport as evidence of the date and level of training where deemed transferable for the post in question). All health staff should complete a mandatory session of at least 30 minutes duration in the general staff induction programme or a specific session within six weeks of taking up post within a new organisation. This should provide key safeguarding/ child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.

i Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for healthcare staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

2. Key definitions

See full version of the ICD on the RCN websiteⁱⁱ for essential definitions and terminology.

3. Attitudes and values

We recognise that attitudes and values cannot be taught, but they must be promoted and challenged when appropriate. The same overarching attitudes and values must apply to the whole of the children's workforce regardless of position or role. In particular, all paediatricians should be promoting the importance of the welfare and the voice of the child at all times.

The RCPCH promotes of the rights of the child as outlined in the UN Convention on the Rights of the Child, in particular:

- Article 19 the right to be “protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”
- Article 12 “when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.”
- Article 24 “Children have the right to good quality health care – the best health care possible.”

Paediatricians must recognise how their own beliefs, experience and attitudes might influence their professional involvement in safeguarding work and reflect on this to ensure that their practice is non-discriminatory.

Paediatricians must also recognise the importance of reflective practice in relation to child protection, including clinical supervision, peer review and emotional support/ restorative supervision.

4. Success criteria

The ICD does not define success criteria. Ultimately success would be measured with improvement in outcomes for children, which are difficult to capture. It may be possible to capture some of the aspects of acquisition of knowledge and skills through reflective notes and case-based discussions documented on RCPCH ePortfolioⁱⁱⁱ and continuing professional development (CPD) logs^{iv}.

Organisations can assess the immediate acquisition of knowledge following training courses with online testing and can audit their staff's competency using a number of methods, including online surveys and telephone audits.

ii Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019)

iii RCPCH. ePortfolio (website) Available at: [ePortfolio.rcpch.ac.uk](https://eportfolio.rcpch.ac.uk)

iv RCPCH. CPD diary (website) Available at: <https://cpd.rcpch.ac.uk>

5. Level 3:

Paediatricians in training and tertiary specialists and SAS (Staff Grade, Associate Specialist and Specialty) doctors (who are not undertaking child protection medical assessments or LAC health assessments).

By the end of ST1, Trusts require that all paediatric trainees should be meeting these Level 3 competencies. They should consolidate these competencies through the rest of their training. The below table is colour coded to show, in green, what is additional at this level. This clearly demonstrates the progression in knowledge, skills and competencies from previous levels. Text in black is also required of those at Level 1 and 2 (see Appendix).

No	Competencies	Knowledge	Skills
1	Understanding children's rights and statutory context within which we work and legislation including the UN Convention on the Rights of the Child and Human Rights Act	<p>Awareness of the main features of the UN Convention on the Rights of the Child, Human Rights Act 1998, Children Acts 1989 and 2004, Children and Social Work Act 2017, Mental Capacity Act 2005 and relevant criminal law and national statutory guidance. There may be different legislation across the devolved nations. The full list is in the ICD (version 4).^v</p> <p>Understanding who has parental responsibility and what this means.</p> <p>Understanding of the impact of culture and religion, and other protected characteristics as outlined by the Equalities Act 2010.</p> <p>Understanding the local strategic safeguarding partnership arrangements for the area in which the professional works.</p>	

^v Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

2	<p>Recognising potential indicators of child maltreatment and ability to make an appropriate referral appropriate to role</p>	<p>Awareness of the indicators of: physical abuse, sexual abuse, emotional abuse and neglect (including what to do when children are not brought to health appointments or there are “no-access health visits”), fabricated and induced illness and FGM.</p> <p>Knowledge about: child sexual exploitation, missing children, child trafficking (including across county lines), forced marriage, modern slavery, gangs, radicalisation and dangers of the internet and social media.</p> <p>Awareness of normal child development and how abuse and neglect may impact on it is central to the ability to recognise concerns about a child.</p> <p>Knowledge of the long-term effects of maltreatment and how these can be detected and prevented.</p> <p>Knowledge of forensic medical assessment procedures and practice and how these relate to clinical need and legal requirements.</p>	<p>Be able to document appropriately when a child is not brought to an appointment and identify patterns of non-attendance and act on them appropriately according to local policy to ensure that child's health needs are met.</p>
3	<p>Recognising that particular groups of children are more vulnerable and having an understanding of the impact of adverse childhood experiences (ACEs)</p>	<p>Understanding the vulnerability of children with disability, looked-after children, children living in poverty, asylum seekers and refugees, children who are not fluent in English, home-educated, not in education or training, young carers and care leavers, youth offenders and missing children. All these groups of children and young people are highly likely to have increased health needs. This will include basic understanding the concept of adverse childhood events and a knowledge of transition of young people from child to adult services and their increased vulnerability at this time.</p>	<p>Proactively attempting to engage vulnerable young people in identifying and addressing their additional health needs</p>

<p>4</p>	<p>Understanding the impact of parents/ carers mental/physical health on the wellbeing of children including “thinking family” when the parents/carers are the patient.</p>	<p>Awareness of how parental, family and carer factors impact on the unborn child and children’s welfare and the inter-agency response. This includes: domestic abuse and violence, mental and physical ill health (including perinatal mental health), substance and alcohol misuse, learning disability.</p> <p>Knowledge of what to do when parents miss key appointments that may impact on their parenting ability.</p>	
<p>5</p>	<p>Understanding what to do about concerns about children including how and when to share information according to Caldicott principles and how to escalate concerns when the response is not appropriate.</p>	<p>Understanding local policies and procedures about when and how to seek advice when there are safeguarding children concerns, when and how to share information (including knowledge of General Data Protection Regulations (GDPR) principles), and have an awareness of the process of referral to children’s social care and the police.</p> <p>Understanding the principles of confidentiality and consent as it relates to children and young people.</p> <p>An understanding of how health professionals can contribute to the multi-disciplinary assessment framework is required. Know how to escalate concerns when there is inappropriate response from both within and outside the health organisation.</p>	<p>Able to identify and act appropriately and proactively on safeguarding children concerns including:</p> <ul style="list-style-type: none"> • keeping appropriate records, and differentiating fact from opinion • communicate safeguarding/child protection concerns both verbally and in a written report to a variety of multi-disciplinary for and within court proceedings. This will be supervised by the consultant in charge of the child’s care. • intervening early and proactively to reduce risk, including contributing to risk assessments. • sharing information (in person, by phone and in writing) • seek further advice and help when necessary • make appropriate referrals • contributing to multi-disciplinary assessment framework • working as part of a multi-disciplinary team, including contributing to and formulating effective management plans • escalate concerns if concerns are not taken seriously
<p>6</p>	<p>Awareness of professional abuse and how to raise concerns</p>	<p>Understanding how professionals may abuse children and how to report concerns of this nature. This will include an understanding of the role of a chaperone whilst undertaking a medical examination, and when one might be required. Knowledge of how to manage allegations of child abuse perpetrated by professionals.</p>	<p>Able to act on concerns or suspicions about colleagues in relation to their actions or behaviours with children</p>

7	Awareness of risk flagging systems (including coding where appropriate) within health organisations and how to use them.	Understanding what it means for a child to be on a child protection register or plan and what Child in Need or child at risk means and the associated increased frequency of health needs which must be met. Understanding both national and local risk flagging systems.	Proactively attempting to engage vulnerable young people in identifying and addressing their additional health needs
8	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 and seeks appropriate guidance from consultant in charge of the child's care in doing this. Senior trainees at Level 2 and 3 may well become involved in writing child protection reports and attending strategy meetings and child protection conferences under the supervision of consultant staff.	Knowledge of best practice in documentation and record keeping. Awareness of the need to seek guidance from consultant medical staff	Able to identify and act appropriately and proactively on safeguarding children concerns including: <ul style="list-style-type: none"> • keeping appropriate records, and differentiating fact from opinion • communicate safeguarding/child protection concerns both verbally and in a written report to a variety of multi-disciplinary for and within court proceedings. This will be supervised by the consultant in charge of the child's care. • intervening early and proactively to reduce risk, including contributing to risk assessments. • sharing information (in person, by phone and in writing) • seek further advice and help when necessary • make appropriate referrals • contributing to multi-disciplinary assessment framework • working as part of a multi-disciplinary team, including contributing to and formulating effective management plans • escalate concerns if concerns are not taken seriously
9	Acts as an effective advocate for the child or young person whilst balancing children's rights and wishes with a professionals' responsibility to keep children safe from harm and the duty to the court to remain balanced and evidence-based.	Know how to proactively seek a child's views and understand what is meant by the child's voice. Knowledge of issues around consent and capacity, including understanding Gillick competence and the Fraser guidelines.	Ensure the voice and needs of the child are central to clinical practice by seeking and recording children's views and has an ability to assess capacity and take consent for health procedures and referrals from young people
10	Works with other agencies and contributes to inter-agency assessments according to role and experience, including giving advice about health conditions, guided by consultant in charge of child's care.	Knowledge of inter-disciplinary and inter-agency frameworks for safeguarding children. This ranges from early help and intervention through to Child in Need and child protection assessment processes. This includes the thresholds for legal intervention, the role of family and criminal courts, and the role of the professional witness within the legal process.	Able to contribute to multi-agency assessments, including assessment of risk, and ability to participate in peer review and multi-disciplinary team meetings, working towards ability to chair them.

11	<p>Reflects on own safeguarding practice as appropriate to experience through audit, case discussion, peer review and supervision. This can be documented on ePortfolio. Use of the relevant training log at Appendix 4^[vi] may be useful and could be uploaded to the ePortfolio</p>	<p>Knowledge about the model of effective clinical supervision and peer support as appropriate to role.</p> <p>Knowledge of auditing the effectiveness and quality of safeguarding services including audits against national guidelines.</p>	<p>Able to provide support and effective feedback for colleagues and more junior staff, and ability to challenge other professionals when required with supporting evidence.</p>
12	<p>Awareness of the various types of interagency child protection reviews (including serious case reviews/ case reviews/ significant case reviews/ child protection practice reviews) and contributes to them, and understands the lessons learnt, where necessary with guidance from clinical supervisor.</p>	<p>Awareness of the various types of inter-agency child protection reviews (including serious case reviews/case reviews/ significant case reviews/ child protection practice reviews) and contributes to them, and understands the lessons learnt, where necessary with guidance from clinical supervisor.</p>	<p>Able to apply lessons learnt from serious case reviews, and other reviews.</p>
13	<p>Understanding and contributing to the child death process with guidance from consultant in charge of child's care.</p>	<p>Knowledge of the management of the death of a child or young person in a safeguarding context.</p>	
14	<p>Understanding the processes and legislation for looked-after children</p>	<p>Knowledge of the processes and legislation for looked-after children, in particular who can consent for a looked after child for a medical procedure/ treatment.</p>	

vi Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Appendix 4: Education, training and learning logs. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

5.1 Education and training requirements

It is expected that the level 3 competencies will be obtained within the first 12 months (ie at the end of ST1). It is recommended that the minimum amount of education, training and learning required to achieve this within the first year would be 8 hours. Thereafter the requirement is 8 hours of training every 3 years.

Training, education and learning opportunities should be multi-disciplinary with some inter-agency input desirable, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, and lessons from research and audit. This should be appropriate to the speciality and roles of participants. Organisations should consider including safeguarding/child protection learning obtained within regular multi-professional and/or multi-agency staff meetings, vulnerable child and family meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

In reality, knowledge, skills and competencies are reinforced by experience and built upon over time. There are many opportunities to do this in addition to formal training sessions, and use of the RCPCH ePortfolio^[vii] and the ICD^[viii] training log are helpful to capture this.

6 Level 3+:

Consultant paediatricians (hospital and community), paediatricians undertaking child protection medical assessments or LAC health assessments in secondary and tertiary care, and paediatricians working in a SARC who assess under 18s.

All trainees who will be filling the above roles need to have obtained these competencies by their CCT. The below table is colour coded to show, in blue, what is additional at this level. This clearly demonstrates the progression in knowledge, skills and competencies from previous levels. Text in black is also required of those at Level 1 and 2 (see Appendix) and Level 3.

vii RCPCH. ePortfolio (website) Available at: ePortfolio.rcpch.ac.uk

viii Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health-care staff. Appendix 4: Education, training and learning logs. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

No	Competencies	Knowledge	Skills
1	Understanding children's rights and statutory context within which we work and legislation including the UN Convention on the Rights of the Child and Human Rights Act	<p>Awareness of the main features of the UN Convention on the Rights of the Child, Human Rights Act 1998, Children Acts 1989 and 2004, Children and Social Work Act 2017, Mental Capacity Act 2005 and relevant criminal law and national statutory guidance. There may be different legislation across the devolved nations. The full list is in the ICD (version 4).^[ix] Understanding who has parental responsibility and what this means.</p> <p>Understanding of the impact of culture and religion, and other protected characteristics as outlined by the Equalities Act 2010.</p> <p>Understanding the local strategic safeguarding partnership arrangements for the area in which the professional works.</p>	
2	Recognising potential indicators of child maltreatment and ability to make an appropriate referral appropriate to role	<p>Awareness of the indicators of: physical abuse, sexual abuse, emotional abuse and neglect (including what to do when children are not brought to health appointments or there are "no-access health visits"), fabricated and induced illness and FGM & other harmful cultural practices.</p> <p>Knowledge about: child sexual exploitation, missing children, child trafficking (including across county lines), forced marriage, modern slavery, gangs, radicalisation and dangers of the internet and social media, including knowledge of the long-term effects of bullying and cyber bullying. Recognising that persistent or relapsing enuresis or soiling may be a manifestation of abuse or neglect. Recognition that a morbidly obese child whose parents or carers persistently refuse to engage may meet threshold for a safeguarding referral.</p> <p>Awareness of normal child development and how abuse and neglect may impact on it is central to the ability to recognise concerns about a child. Knowledge of the long-term effects of maltreatment and how these can be detected and prevented.</p> <p>Knowledge of forensic medical assessment procedures and practice and how these relate to clinical need and legal requirements. Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk.</p>	Be able to document appropriately when a child is not brought to an appointment and identify patterns of non-attendance and act on them appropriately according to local policy to ensure that child's health needs are met.

ix Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

3	Recognising that particular groups of children are more vulnerable and having an understanding of the impact of adverse childhood experiences (ACEs)	Understanding the vulnerability of children with disability, looked-after children, children living in poverty, asylum seekers and refugees, children who are not fluent in English, home-educated, not in education or training, young carers and care leavers, youth offenders and missing children. All these groups of children and young people are highly likely to have increased health needs. This will include basic understanding the concept of adverse childhood events and a knowledge of transition of young people from child to adult services and their increased vulnerability at this time.	Proactively attempting to engage vulnerable young people in identifying and addressing their additional health needs
4	Understanding the impact of parents/carers mental/physical health on the wellbeing of children including “thinking family” when the parents/carers are the patient.	Awareness of how parental, family and carer factors impact on the unborn child and children’s welfare and the inter-agency response. This includes: domestic abuse and violence, mental and physical ill health (including perinatal mental health), substance and alcohol misuse, learning disability. Knowledge of what to do when parents miss key appointments that may impact on their parenting ability.	Able to recognise severe mental health difficulties in pregnancy and post-partum, the factors that may contribute to this and the effects on the infant.
5	Understanding what to do about concerns about children including how and when to share information according to Caldicott principles and how to escalate concerns when the response is not appropriate.	<p>Understanding local policies and procedures about when and how to seek advice when there are safeguarding children concerns, when and how to share information (including knowledge of General Data Protection Regulations (GDPR principles), and have an awareness of the process of referral to children’s social care and the police.</p> <p>Understanding the principles of confidentiality and consent as it relates to children and young people.</p> <p>Understanding of how health professionals can contribute to the multi-disciplinary assessment framework is required. Know how to escalate concerns when there is inappropriate response from both within and outside the health organisation.</p>	<p>Able to identify and act appropriately and proactively on safeguarding children concerns including:</p> <ul style="list-style-type: none"> • keeping appropriate records, and differentiating fact from opinion • communicate safeguarding / child protection concerns both verbally and in a written report to a variety of multi-disciplinary for and within court proceedings. This will be supervised by the consultant in charge of the child’s care. • intervening early and proactively to reduce risk, including contributing to risk assessments. • sharing information (in person, by phone and in writing) • seek further advice and help when necessary • make appropriate referrals • contributing to multi-disciplinary assessment framework • working as part of a multi-disciplinary team, including contributing to and formulating effective management plans • escalate concerns if concerns are not taken seriously

6	Awareness of professional abuse and how to raise concerns	Understanding how professionals may abuse children and how to report concerns of this nature. This will include an understanding of the role of a chaperone whilst undertaking a medical examination, and when one might be required. Knowledge of how to manage allegations of child abuse perpetrated by professionals.	Able to act on concerns or suspicions about colleagues in relation to their actions or behaviours with children
7	Awareness of risk flagging systems (including coding where appropriate) within health organisations and how to use them	<p>Understanding what it means for a child to be on a child protection register or plan and what Child in Need or child at risk means and the associated increased frequency of health needs which must be met.</p> <p>Understanding both national and local risk flagging systems.</p>	Proactively attempting to engage vulnerable young people in identifying and addressing their additional health needs
8	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 and seeks appropriate guidance from the named doctor when necessary.	Knowledge of best practice in documentation and record keeping. Awareness of the need to seek guidance from consultant medical staff	<p>Able to identify and act appropriately and proactively on safeguarding children concerns including:</p> <ul style="list-style-type: none"> • keeping appropriate records, and differentiating fact from opinion • communicate safeguarding/child protection concerns both verbally and in a written report to a variety of multi-disciplinary for and within court proceedings. This will be supervised by the consultant in charge of the child's care. • intervening early and proactively to reduce risk, including contributing to risk assessments. • sharing information (in person, by phone and in writing) • seek further advice and help when necessary • make appropriate referrals • contributing to multi-disciplinary assessment framework • working as part of a multi-disciplinary team, including contributing to and formulating effective management plans • escalate concerns if concerns are not taken seriously

9	Acts as an effective advocate for the child or young person whilst balancing children's rights and wishes with a professionals' responsibility to keep children safe from harm.	<p>Know how to proactively seek a child's views and understand what is meant by the child's voice.</p> <p>Knowledge of issues around consent and capacity, including understanding Gillick competence and the Fraser guidelines.</p>	<p>Ensures the voice and needs of the child are central to clinical practice by seeking and recording children's views. Able to talk to children and a knowledge of how to ask enabling questions when there is concern about a troubling presentation with due regard for the child's welfare and potential court proceedings.</p> <p>Able to assess capacity and take consent for health procedures and referrals from young people</p>
10	Works with other agencies and contributes to inter-agency assessments according to role and experience, including giving advice about health conditions, seeking advice from the named doctor when necessary.	Knowledge of inter-disciplinary and inter-agency frameworks for safeguarding children. This ranges from early help and intervention through to Child in Need and child protection assessment processes. This includes the thresholds for legal intervention, the role of family and criminal courts, and the role of the professional witness within the legal process.	<p>Able to contribute to multi-agency assessments, including assessment of risk, and ability to participate in peer review and multi-disciplinary team meetings, working towards ability to chair them</p> <p>Able to refer or signpost to information and advice and early help services</p>
11	Reflects on own safeguarding practice as appropriate to experience through audit, case discussion, peer review and supervision. This can be documented on RCPCH CPD log . Use of the relevant training log at Appendix 4 ^x may be useful and could be uploaded to the RCPCH CPD log .	<p>Knowledge about the model of effective clinical supervision and peer support as appropriate to role.</p> <p>Knowledge of auditing the effectiveness and quality of safeguarding services including audits against national guidelines.</p>	<p>Able to provide support and effective feedback for colleagues and more junior staff, and ability to challenge other professionals when required with supporting evidence</p> <p>Able to complete an audit cycle and/or research as part of appropriate clinical governance and quality assurance processes.</p>
12	Awareness of the various types of interagency child protection reviews (including serious case reviews/ case reviews/ significant case reviews/ child protection practice reviews) and contributes to them, and understands the lessons learnt.	Awareness of the various types of interagency child protection reviews (including serious case reviews/case reviews/significant case reviews/child protection practice reviews) and contributes to them, and understands the lessons learnt, where necessary with guidance from clinical supervisor.	Able to apply lessons learnt from serious case reviews, and other reviews

x Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Appendix 4: Education, training and learning logs. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

13	Understanding and contributing to the child death process with guidance from consultant in charge of child's care.	Knowledge of the management of the death of a child or young person in a safeguarding context.	
14	Understanding the processes and legislation for looked-after children	Knowledge of the processes and legislation for looked-after children	
15	<p>Able to conduct detailed safeguarding children assessments of child abuse and neglect, including basic understanding of forensic early evidence sampling and role of SARCS.</p> <p>Demonstrates ability to assess and examine children for suspected abuse and neglect, demonstrates knowledge of use of assessment framework in determining child's needs, document and provide reports with an opinion, using the best evidence.</p>	<p>Knowing how to distinguish, as accurately as possible, inflicted from non-inflicted injury, and the ability to utilise and access best evidence and best practice advice to formulate an opinion. Ability to assess a child presenting with genital bleeding, injury and/or sexually transmitted infections, and know when to seek advice from or refer to an expert in child sexual abuse assessment/ children's SARC.</p> <p>Know how to assess and refer children who display developmentally-inappropriate and harmful sexualised behaviours. Have an understanding of perplexing presentations, fabricated and induced illness, and how to best manage. Knowledge of referral pathways for children at risk of or who have experienced FGM or other harmful cultural practices. Knowledge of the referral pathways for child sexual exploitation.</p>	<p>Able to undertake a holistic safeguarding children assessment, including instigating appropriate investigations and management of injury. For paediatricians who are undertaking sexual abuse assessments or assessments of children who may have experienced FGM they additionally need to be trained and competent in this field.</p> <p>These competencies are set out in the RCPCH Service Specification for SARCS and joint documents with the FFLM. [xi, xii]</p> <p>Able to recognise 'disguised compliance' in relation to abuse and neglect.</p> <p>Able to contribute to a management plan when there is concern about possible FII which will include writing chronologies from a range of sources to review, summarise and interpret information in an understandable way for other professionals.</p>
16	<p>Seeking additional advice from experts when necessary (e.g. radiology, orthopaedics, neurology, ophthalmology, forensic odontology, medical advisor for adoption, designated and named doctors for looked-after children)</p>	<p>Knowledge of the range of experts that are available locally to ask for advice, and how to obtain expert advice at a national level if necessary</p>	

xi RCPCH-FFLM (2015). Service specification for the clinical evaluation of children and young people who may have been sexually abused. Available online at: <https://www.rcpch.ac.uk/resources/service-specification-clinical-evaluation-children-young-people-who-may-have-been> (accessed April 2019).

xii Faculty of Forensic and Legal Medicine guidance (various). Available online at: <https://www.rcpch.ac.uk/resources/faculty-forensic-legal-medicine-fflm-guidance> (accessed April 2019).

17	Provide input and appropriate reports for strategy discussions, child protection conferences, criminal and family court.	Knowledge of best practice with regard to report writing and presenting a case or evidence.	
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6.1 Paediatricians with specialist roles

Some groups of paediatricians will have specialist roles. It is imperative that they have the appropriate competencies relevant to the role that they undertake, and be aware of how children and young people may present with safeguarding concerns in their specialty. In particular, the following specialties will require additional competencies:

- a. Paediatricians undertaking forensic medical assessments for sexual abuse will require the relevant core and case specific clinical competencies as outlined in the dedicated service specification.^[xiii]
- b. Neonatologists must have an in depth understanding of how factors such as maternal drug and alcohol misuse, parental mental health, parental learning disability and domestic abuse impact on neonatal welfare. In particular, the ability to recognise severe mental health difficulties in pregnancy and post-partum, the factors that may contribute to this and the effects on the infant. They also need to be aware of the risk factors involved in maternal concealment of pregnancy.
- c. Paediatric Intensivists need to have the same skills as paediatricians. The nature of paediatric intensive care is that inevitably they will be responsible for children with severe inflicted injuries. They must understand the importance of transfer of both medical and social information about their patients as they transfer into and out of intensive care units.
- d. Community paediatricians must have particular knowledge and understanding of attachment, adverse childhood experiences (ACEs) and trauma in childhood, with awareness that these can present as social communication difficulties and behavioural difficulties.

6.2 Education and training requirements

It is expected that the specialised level 3 competencies required of a trained paediatrician will have been obtained by CCT. Following completion of baseline competencies at ST1 and consolidation of them through ST1-3, trainees should be working towards achieving the specialised level 3 competencies because they will be expected to meet them in any substantive consultant post. In some circumstances, specialised skills such as those required for undertaking forensic sexual abuse assessments may be achieved during consultant posts. It is recommended that the minimum amount of learning required to achieve this will be between 12 and 16 hours every three-years.

Training, education and learning opportunities should be multi-disciplinary with some inter- agency input desirable, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, and

xiii RCPCH-FFLM (2015). Service specification for the clinical evaluation of children and young people who may have been sexually abused. Available online at: <https://www.rcpch.ac.uk/resources/service-specification-clinical-evaluation-children-young-people-who-may-have-been> (accessed April 2019).

lessons from research and audit. This should be appropriate to the speciality and roles of participants. Organisations should consider encompassing safeguarding/child protection learning within regular multi-professional and/or multi-agency staff meetings, vulnerable child and family meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

In reality, knowledge, skills and competencies are reinforced by experience and built upon over time. There are many opportunities to do this in addition to formal training sessions, and use of the RCPCH ePortfolio ^[xiv] and the ICD training log ^[xv] are helpful to capture this.

7. Named and Designated doctors (Level 4 and Level 5)

Named and Designated doctors need to follow the competencies as outlined in the intercollegiate document 4th edition (pages 50-58). ^{xvi}

8. Appendix

8.1 Level 1: All staff working in health care services

The enumerated knowledge and skills correlate to achieving the corresponding competencies

No	Competencies	Knowledge and skills
1	Understanding children's rights and statutory context within which we work and legislation including the UN Convention on the Rights of the Child and Human Rights Act	Awareness of the main features of the UN Convention on the Rights of the Child, Human Rights Act 1998, Children Acts 1989 and 2004, Children and Social Work Act 2017, Mental Capacity Act 2005 and relevant criminal law and national statutory guidance. There may be different legislation across the devolved nations. The full list is in the ICD (version 4). ^[xvii] Understanding who has parental responsibility and what this means.
2	Recognising potential indicators of child maltreatment and ability to make an appropriate referral appropriate to role	Awareness of the indicators of: physical abuse, sexual abuse, emotional abuse and neglect (including what to do when children are not brought to health appointments or there are "no-access health visits"), fabricated and induced illness and FGM. Knowledge about: child sexual exploitation, missing children, child trafficking (including across county lines), forced marriage, modern slavery, gangs, radicalisation and dangers of the internet and social media.

xiv RCPCH. ePortfolio (website) Available at: ePortfolio.rcpch.ac.uk

xv Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Appendix 4: Education, training and learning logs. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

xvi Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

xvii Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for health care staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

3	Recognising that particular groups of children are more vulnerable	Understanding the vulnerability of children with disability, looked-after children, children living in poverty, asylum seekers and refugees, children who are not fluent in English, home-educated, not in education or training, young carers and care leavers, and missing children.
4	Understanding the impact of parents/carers mental/physical health on the wellbeing of children	Awareness of how parental, family and carer factors impact on the unborn child and children's welfare. This includes: domestic abuse and violence, mental and physical ill health, substance and alcohol misuse, learning disability.
5	Understanding what to do about concerns about children	Understanding local policies and procedures about when and how to seek advice when there are safeguarding children concerns, when and how to share information, and have an awareness of the process of referral to children's social care and the police ^[xviii] Awareness of how to escalate concerns when necessary.
6	Awareness of professional abuse and how to raise concerns	Understanding how professionals may abuse children and how to report concerns of this nature.
7	Awareness of risk flagging systems within health organisations	Understanding what it means for a child to be on a child protection register or plan and what Child in Need or child at risk means. Understanding both national and local risk flagging systems.

8.2 Education and training requirements

Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 2 hours.

8.3 Level 2: All non-clinical and clinical staff who have any contact (however small) with children, young people and/or parents/carers or any adult who may pose a risk to children

The below table is colour coded to show, in blue, what is additional at this level. This clearly demonstrates the progression in knowledge, skills and competencies from previous levels. Text in black is also required of those at Level 1.

No	Competencies	Knowledge	Skills
1	Understanding children's rights and statutory context within which we work and legislation including the UN Convention on the Rights of the Child and Human Rights Act	Awareness of the main features of the UN Convention on the Rights of the Child, Human Rights Act 1998, Children Acts 1989 and 2004, Children and Social Work Act 2017, Mental Capacity Act 2005 and relevant criminal law. There may be different legislation across the devolved nations. The full list is in the ICD (version 4). ^[xix] Understanding who has parental responsibility and what this means.	

xviii Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for healthcare staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

xix Royal College of Nursing (2019). Safeguarding children and young people: roles and competencies for healthcare staff. Available online at: <https://www.rcn.org.uk/professional-development/publications/007-366> (accessed April 2019).

2	<p>Recognising potential indicators of child maltreatment and ability to make an appropriate referral appropriate to role</p>	<p>Awareness of the indicators of: physical abuse, sexual abuse, emotional abuse and neglect (including what to do when children are not brought to health appointments or there are “no-access health visits”), fabricated and induced illness and FGM.</p> <p>Knowledge about: child sexual exploitation, missing children, child trafficking (including across county lines), forced marriage, modern slavery, gangs, radicalisation and dangers of the internet and social media.</p> <p>Awareness of normal child development and how abuse and neglect may impact on it is central to the ability to recognise concerns about a child</p>	<p>Be able to document appropriately when a child is not brought to an appointment and identify patterns of non-attendance and act on them appropriately according to local policy.</p>
3	<p>Recognising that particular groups of children are more vulnerable</p>	<p>Understanding the vulnerability of children with disability, looked-after children, children living in poverty, asylum seekers and refugees, children who are not fluent in English, home-educated, not in education or training, young carers and care leavers, youth offenders and missing children. All these groups of children and young people are highly likely to have increased health needs.</p> <p>This will include basic understanding the concept of adverse childhood events and a knowledge of transition of young people from child to adult services and their increased vulnerability at this time.</p>	<p>Proactively attempting to engage vulnerable young people in addressing their additional health needs</p>
4	<p>Understanding the impact of parents/ carers mental/ physical health on the wellbeing of children</p>	<p>Awareness of how parental, family and carer factors impact on the unborn child and children’s welfare. This includes: domestic abuse and violence, mental and physical ill health, substance and alcohol misuse, learning disability.</p>	
5	<p>Understanding what to do about concerns about children including how and when to share information according to Caldicott principles</p>	<p>Understanding local policies and procedures about when and how to seek advice when there are safeguarding children concerns, when and how to share information, and have an awareness of the process of referral to children’s social care and the police.</p> <p>An understanding of how health professionals can contribute to the multi-disciplinary assessment framework is required. Awareness of how to escalate concerns when necessary.</p>	<p>Able to identify and act appropriately on safeguarding children concerns including:</p> <ul style="list-style-type: none"> • keeping appropriate records, and differentiating fact from opinion • sharing information (in person, by phone and in writing) • seek further advice • make appropriate referrals • contributing to multi-disciplinary assessment framework • escalate concerns if concerns are not taken seriously
6	<p>Awareness of professional abuse and how to raise concerns</p>	<p>Understanding how professionals may abuse children and how to report concerns of this nature.</p>	<p>Able to act on concerns or suspicions about colleagues in relation to their actions or behaviours with children</p>

7	Awareness of risk flagging systems within health organisations	Understanding what it means for a child to be on a child protection register or plan and what Child in Need or child at risk means and the associated increased frequency of health needs which must be met. Understanding both national and local risk flagging systems.	Proactively attempting to engage vulnerable young people in addressing their additional health needs
8	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	Knowledge of best practice in documentation and record keeping.	Able to identify and act appropriately on safeguarding children concerns including: <ul style="list-style-type: none"> • keeping appropriate records, and differentiating fact from opinion • sharing information (in person, by phone and in writing) • seek further advice • make appropriate referrals • contributing to multi-disciplinary assessment framework • escalate concerns if concerns are not taken seriously
9	Acts as an effective advocate for the child or young person whilst balancing children's rights and wishes with a professionals' responsibility to keep children safe from harm.	Know how to proactively seek a child's views and understand what is meant by the child's voice. Knowledge of issues around consent and capacity, including understanding Gillick competence and the Fraser guidelines.	Seeks and records children's views and has an ability to assess capacity and take consent for health procedures and referrals from young people

8.4 Education & training requirements

Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 4 hours.

The training will include knowledge-based training and learning from other opportunities, which should include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit.

