

# Designated Doctor for Child Protection<sup>1</sup>

## Model Job Description and Competencies

In August 2019, RCPCH published *Safeguarding children and young people: roles and competencies for paediatricians* to ensure that our members fully understand the competencies that are required of them at Level 3 and 3+ (paediatricians and paediatricians in training).

The content here in this document has been taken from the full intercollegiate document *Safeguarding children and young people: roles and competencies for healthcare staff*, published by the Royal College of Nursing in January 2019. It describes the competencies for those working at Level 5 as well as setting out the model job description for these roles.

## Model Job Description

*The information contained in this section has been taken from Appendix 3 of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. Fourth Edition, 2019. RCN: London.*

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

In England, Wales and Northern Ireland: clinical commissioning groups (CCGs) (England), Public Health Wales (Wales)<sup>2</sup> and Safeguarding Board Northern Ireland (SBNI, Ireland) should employ, or have in place, a contractual agreement to secure the expertise of designated professionals. In some areas in England there will be more than one CCG per local authority and LSP area, and CCGs may develop 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement.

Designated professionals, as clinical experts and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area,<sup>3</sup> providing support to all providers and linking particularly with named child safeguarding health professionals, local authority children's services, and local safeguarding partnerships (LSPs)/the safeguarding panel of the health and social care trust, and the NHS England. In Scotland, this function is carried out by lead paediatricians, consultant/lead nurses (child protection nurse advisers in larger health boards) who are members of the Child Protection Committee.

---

<sup>1</sup> In Scotland, comparable specialist functions are performed by lead clinicians for child protection.

<sup>2</sup> Designated professionals work as an All Wales team and are employed by Public Health Wales NHS Trust.

<sup>3</sup> This means the whole health economy even if commissioned by local authority or independent contractors.

## 1. Person specification

The post holder must have an enhanced disclosure check. Designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The **designated doctor** should:

1. Hold consultant status or equivalent
2. Have undergone higher professional training in paediatrics<sup>4</sup>
3. Have substantial clinical experience in the field of safeguarding/child protection and substantial experience of the legislation relating to children and young people, and the court process
4. Be clinically active (or have held an active clinical position in the previous two years) in the field of safeguarding/child protection, as part of their clinical commitments
5. Have proven negotiating and leadership skills.

## 2. Job description

- a) At all times and in relation to the roles and responsibilities listed, work as a member of the safeguarding/child protection team across healthcare services<sup>5</sup> (In Wales the designated professionals incorporate the designated role for LAC at a strategic level).
- b) Lead and support all activities necessary to ensure that organisations within healthcare services<sup>6</sup> meet their responsibilities to safeguard
- c) Advise and support all named professionals across healthcare services.
- d) Be responsible to and accountable within the managerial framework of the employing healthcare organisation where the designated professional is employed within a provider organisation, a service level agreement (SLA) between the employing organisation and the CCG(s) should identify the key priorities for the role of DP. In Wales, a programme level agreement between the Welsh Government and the Safeguarding Children Service identifies the key priorities.

## 3. Inter-agency responsibilities

- a) Be a member/or advisor of the LSP<sup>7</sup> the safeguarding panel of the health and social care trust/the child protection committee.<sup>8</sup>
- b) Serve, as appropriate, on the sub-committees of the LSP/the safeguarding panel of the health and social care trust/the child protection committee.
- c) Provide safeguarding/child protection health advice on policy and individual cases to statutory and voluntary agencies, including the police and children's social care.

---

<sup>4</sup> While most post holders will be paediatricians, it is appreciated that doctors with dual qualifications as general practice working in other specialities such as public health, forensic medicine or psychiatry may be able to demonstrate the required competence to undertake the role.

<sup>5</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>6</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>7</sup> For LSPs the designated professionals will provide expertise to the LSP in a range of ways. Designated professionals should also have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

<sup>8</sup> In Wales the Designated Professionals of the National Safeguarding Team Public Health Wales are members of all the Regional Safeguarding Boards providing independent expertise on behalf of NHS Wales.

- d) Liaise with local education and training boards (LETBs) and local education providers to ensure appropriate expert involvement and safeguarding/child protection content within pre-registration, undergraduate, and postgraduate education and training programmes to provide students best opportunity for learning and development in the area of safeguarding children.

#### **4. Leadership and advisory role**

- a) Provide advice to organisations across healthcare services<sup>9</sup> on questions of planning, strategy and commissioning with regard to safeguarding/child protection (to include services to adults who pose risks to children), including ensuring appropriate performance indicators are in place.
- b) Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited.
- c) Provide advice about safeguarding/child protection risks (including any deficiencies or vulnerable areas in service provision) to organisations across healthcare services<sup>10</sup> via a health representatives group.
- d) Ensure expert advice from professionals with specialist experience and knowledge policy and procedures and on the day-to-day management of children, young people, and families is available to all health specialties<sup>11</sup> in organisations delivering health services across all healthcare services.<sup>12</sup>
- e) Provide advice (direct and indirect) to colleagues on the assessment, treatment, and clinical services for all forms of child maltreatment including FII, child sexual abuse, honour-based violence, trafficking, detention and within the Prevent strategy

#### **5. Clinical role (where relevant)**

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

#### **6. Co-ordination and communication**

- a) Work with other designated professionals to agree team responsibilities.
- b) Liaise with, advise, and support named professionals across all healthcare services.<sup>13</sup>

---

<sup>9</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>10</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>11</sup> Including but not limited to: GPs, A&E, orthopaedics, maternity services, gynaecology, child and adult psychiatry

<sup>12</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>13</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

- c) Lead and support the activities of any local health advisory group for safeguarding/child protection.<sup>14</sup>
- d) Liaise with the health boards/ local authority child protection and safeguarding lead and where required the NHS commissioning board.

## 7. Governance: policies and procedures

- a) Work with other designated professionals to ensure that the health components of the procedures of the LSP/the safeguarding panel of the health and social care trust/the child protection committee are current.
- b) Work with healthcare organisations<sup>15</sup> across all healthcare services<sup>16</sup> to ensure that appropriate policies, procedures, training, and audit are in place and that these are consistent with the policies of the LSP/the safeguarding panel of the health and social care trust/the child protection committee.
- c) Assist and facilitate in the development of quality assurance systems across the health economy.<sup>17</sup>

## 8. Training responsibilities

- a) Advise on safeguarding training needs<sup>18</sup> and the delivery of training for all health staff within organisations across healthcare services.<sup>19</sup>
- b) Play an active part in the planning and delivery of inter-agency training through LSPs/the safeguarding panel of the health and social care trust/the child protection committee.

## 9. Monitoring

- a) Provide advice to all organisations across healthcare services<sup>20</sup> on the implementation of an effective system of safeguarding/child protection audit, training, and supervision.
- b) Provide advice on monitoring of safeguarding elements of contracts, service level agreements and commissioned services.
- c) Provide advice on clinical governance and standards to named professionals.
- d) Provide advice to the chief executive of the employing healthcare organisation (either directly or via identified structures or designated personnel such as the medical director, nurse director or children's lead) about their responsibilities to ensure that performance indicators in relation to safeguarding/child protection are

<sup>14</sup> Such groups should also include named professionals (or in Scotland child protection advisers and lead clinicians) and representatives from midwifery services (including the named midwife for Safeguarding), child and family psychiatry, psychology, general practice, NHS 111/NHS 24/NHS Direct Wales, out-of-hours medical services, ambulance services, and the safeguarding/child protection leads of any independent health providers.

<sup>15</sup> In relation to Wales – Assist NHS LHBs and Trusts in developing robust integrated governance mechanisms to align their arrangements with their wider stakeholders where their activities inter-relate with regard to safeguarding children.

<sup>16</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers, as well as for example walk-in centres, dentist surgeries and pharmacies.

<sup>17</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>18</sup> It is the responsibility of the employer to identify individuals' training needs through appraisal, supervision and audit.

<sup>19</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>20</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers; and includes nurses, health visitors, midwives, paediatricians, GPs, other doctors and health staff in regular contact with children and families, (e.g. dentists, pharmacists, optometrists, contact lens and dispensing opticians). The professionals should also ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability.

met, and that there are adequate resources for named and designated professionals to carry out their roles effectively.

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

- a) Work with other designated professionals to produce an overall review of the local healthcare services<sup>21</sup> that identifies gaps in commissioning arrangements and information sharing between organisations and individuals (this should incorporate the lessons learned from all SCRs, individual management reviews/individual agency reviews/internal management reviews).
- b) Provide advice to all specialist safeguarding/ child protection professionals working within organisations delivering health services across the health economy<sup>22</sup> on writing individual management reviews/individual agency reviews/internal management reviews and within the new framework of Working Together 2018.

## 11. Supervision

- a) Provide advice on child protection case focused support and supervision for health staff at all levels within organisations across healthcare services<sup>23</sup> that deliver health services.
- b) Monitor compliance of organisational safeguarding supervision strategies, providing advice and direction to healthcare services<sup>24</sup> in the development of their safeguarding supervision strategy.
- c) Provide supervision for named professionals across healthcare services,<sup>25</sup> or ensure they are receiving appropriate supervision from elsewhere.
- d) To provide mentoring as required to the named doctors and executive lead in the health boards.

## 12. Personal development

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

## 13. Appraisal

- a) Receive annual appraisal<sup>26</sup> as per the requirement by the regulatory body, from a professional trained in effective appraisal. Where the appraiser has no specialist

---

<sup>21</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>22</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>23</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>24</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>25</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>26</sup> For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework (67).

knowledge of safeguarding/child protection or the knowledge of the individual's professional context and framework, they may seek input into the process from the other designated professionals. Input from the LSP/the safeguarding panel of the health and social care trust/the area child protection committee, the CCGs/ Public Health Wales/SBNI/Child Protection Committee should be encouraged.

#### 14. Accountability

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

- a) Be accountable to the chief executive of their employing body (In Wales, Director of Public Health Services (Executive Director lead for Safeguarding Children, Public Health Wales)
- b) Report to the medical director, nurse director or board lead with primary responsibility for children's services and safeguarding within the organisation.<sup>27</sup>

#### 15. Authority

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

#### 16. Resources required for post

Professional roles should be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil specialist safeguarding/child protection responsibilities effectively<sup>28</sup>

- a) The time required to undertake the tasks in this job description will depend on the size and needs of the population, the number of provider and commissioning healthcare organisations covered by the role, the number of LSPs/the safeguarding panel of the health and social care trust/the area child protection committees, staff, the number of healthcare organisations covered by the role to include whether there are tertiary units, and the level of development of local safeguarding structures, process and functions.<sup>29, 30</sup>
- b) The employing body should ensure there is dedicated and effective secretarial support either through direct employment or where a provider organisation employs through the SLA.

---

<sup>27</sup> Designated professionals should be performance managed in relation to their designated functions by a board level director who has a clinical background and executive responsibility for safeguarding children as part of their portfolio of responsibilities.

<sup>28</sup> The need for protected time is affirmed in the revised guidance on Working Together to Safeguard Children. "CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSP area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement

<sup>29</sup> The role of designated professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities effectively (Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2015).

<sup>30</sup> For large NHS organisations which have a number of sites, a team approach can enhance the ability to provide 24-hour advice and provide mutual support for those carrying out the designated and named professional roles.

- c) The employing body should ensure that during a serious case review/case management review/significant case review, the professional is relieved of some of their other duties. The employing body should delegate these appropriately to ensure that their specialist safeguarding/child protection work is still carried out effectively. This includes ensuring adequate resources to deliver training.
- d) Given the stressful nature of the work, the employing body must ensure that safeguarding focused supervision and support is provided.

The table below is a minimum guide to the resources required for the role.

## Designated safeguarding doctor's programmed activities\* per year

Activity	*A programmed activity (PA) is equal to approximately four hours of work		
	Meetings per annum (in PAs)	Admin per annum (in PAs)	Notes
Local Safeguarding Partnership	4-12	4-12	This may need to be increased if attending more than one LSP
Health Professionals' Advisory Group	4	4	
Updating medical components of LSP procedures and policies	4	24	
LSP training sub committees - planning of multidisciplinary training through LSP structures	6	6	
Assist training in and availability of child protection issues	24	12	
Multidisciplinary meetings	4	4	
Peer review	12		
Safeguarding forums/strategic clinical networks	4	4	
Serious case reviews	6	6	This equates to participating in one review per year
Where serious case review is required, review/supervise doctors involved	6		
Expert health advice and supervision to all professionals/organisations	24	12	
Clinical advice in complex cases or where there is a dispute between practitioners	12	6	
Effective system of audit and monitoring	6	6	
Sub total	116-128	68-80	=184-208
Total		<b>Total per annum (PAs) = 184-208</b> 4.5-5 PAs per week according to the size of districts covered by the designated doctor (calculated within 42 working weeks)	

### Note

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

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

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

## In England

1. Department for Education. Working Together to Safeguard Children. 2018: [www.gov.uk/government/publications/workingtogether-to-safeguard-children--2](http://www.gov.uk/government/publications/workingtogether-to-safeguard-children--2) [accessed 20/9/18]
2. Children Act 1989: [www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents) [accessed 20/9/18]
3. Laming. The Victoria Climbié Inquiry: Report of an Inquiry. 2003: [www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming](http://www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming) [accessed 20/9/18]
4. Female Genital Mutilation Act 2003: [www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga\\_20030031\\_en.pdf](http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf) [accessed 20/9/18]
5. Children Act 2004: [www.legislation.gov.uk/ukpga/2004/31/contents](http://www.legislation.gov.uk/ukpga/2004/31/contents) [accessed 20/9/18]
6. Children and Young Persons Act 2008: [www.legislation.gov.uk/ukpga/2008/23/contents](http://www.legislation.gov.uk/ukpga/2008/23/contents) [accessed 20/9/18]
7. Children and Families Act 2014: [www.legislation.gov.uk/ukpga/2014/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted) [accessed 20/9/18]
8. Children and Social Work Act 2017: [www.legislation.gov.uk/ukpga/2017/16/contents/enacted](http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted) [accessed 20/9/18]
9. Royal College of General Practice. Safeguarding children and young people a toolkit for General Practice. 2014: [www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguardingchildren-toolkit-for-general-practice.aspx](http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguardingchildren-toolkit-for-general-practice.aspx) [accessed 20/9/18]
10. NHS England. Safeguarding Vulnerable People NHS Accountability and Assurance Framework. 2015: [www.england.nhs.uk/wpcontent/uploads/2015/07/safeguardingaccountability-assurance-framework.pdf](http://www.england.nhs.uk/wpcontent/uploads/2015/07/safeguardingaccountability-assurance-framework.pdf) [accessed 20/9/18]

## In Scotland

1. Scottish Government. Child Protection Guidance for Health Professionals. 2013: [www.gov.scot/Resource/0041/00411543.pdf](http://www.gov.scot/Resource/0041/00411543.pdf) [accessed 20/9/18]
2. Children (Scotland) Act 1995: [www.legislation.gov.uk/ukpga/1995/36/contents](http://www.legislation.gov.uk/ukpga/1995/36/contents) [accessed 20/9/18]
3. The Age of Legal Capacity (Scotland) Act 1991: [www.legislation.gov.uk/ukpga/1991/50/contents](http://www.legislation.gov.uk/ukpga/1991/50/contents) [accessed 20/9/18]
4. Protecting children and young people Framework of Standards 2004: [www.gov.scot/Publications/2004/03/19102/34603](http://www.gov.scot/Publications/2004/03/19102/34603) [accessed 20/9/18]
5. Scottish Government. Getting it right for every child. 2017: [www.gov.scot/Topics/People/Young-People/gettingitright/publications](http://www.gov.scot/Topics/People/Young-People/gettingitright/publications) [accessed 20/9/18]
6. Scottish Government. Children and Young People's (Scotland) Act 2014: [www.legislation.gov.uk/asp/2014/8/contents](http://www.legislation.gov.uk/asp/2014/8/contents) [accessed 20/9/18]

## In Northern Ireland

1. Department of Health. Co-operating to Safeguard Children. 2017: [www.health-ni.gov.uk/publications/co-operating-safeguardchildren-and-young-people-northernireland](http://www.health-ni.gov.uk/publications/co-operating-safeguardchildren-and-young-people-northernireland) [accessed 20/9/18]
2. Children (Northern Ireland) Order 1995: [www.legislation.gov.uk/nisi/1995/755/contents/made](http://www.legislation.gov.uk/nisi/1995/755/contents/made) [accessed 20/9/18]
3. Department of Health. Safeguarding Board for Northern Ireland Procedures Manual. 2018: [www.proceduresonline.com/sbni](http://www.proceduresonline.com/sbni) [accessed 20/9/18]
4. Protection of Children & Vulnerable Adults (NI) Order (2003): [www.legislation.gov.uk/nisi/2003/417/contents/made](http://www.legislation.gov.uk/nisi/2003/417/contents/made) [accessed 20/9/18]
5. Laming. The Victoria Climbié Inquiry: Report of an Inquiry. 2003: [www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming](http://www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming) [accessed 20/9/18]
6. Department of Health. Standards for Child Protection Services. 2008: [www.health-ni.gov.uk/publications/standards-childprotection-services](http://www.health-ni.gov.uk/publications/standards-childprotection-services) [accessed 20/9/18]
7. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007: [www.legislation.gov.uk/nisi/2007/1351/contents](http://www.legislation.gov.uk/nisi/2007/1351/contents) [accessed 20/9/18]
8. Safeguarding Board Act (Northern Ireland) 2011: [www.legislation.gov.uk/nia/2011/7/contents](http://www.legislation.gov.uk/nia/2011/7/contents) [accessed 20/9/18]

## In Wales

1. Welsh Assembly Government. Safeguarding Children - Working Together Under the Children Act 2004. 2007: <https://gov.wales/topics/health/publications/socialcare/circular/nafwc1207/?lang=en> [accessed 20/9/18]
2. National Assembly for Wales. The review of safeguards for children and young people treated and cared for by the NHS in Wales. Too serious a thing. Carlile Review. [www.wales.nhs.uk/publications/English\\_text.pdf](http://www.wales.nhs.uk/publications/English_text.pdf) [accessed 20/9/18]
3. Welsh Assembly Government. Response to the Victoria Climbié Inquiry. 2003: [www.assembly.wales/7882ab83c56dce6467f09d29bed126b6.pdf](http://www.assembly.wales/7882ab83c56dce6467f09d29bed126b6.pdf) [accessed 20/9/18]
4. All Local Safeguarding Children Boards in Wales. All Wales Child Protection Procedures: [www.childreninwales.org.uk/policydocument/wales-child-protectionprocedures-2008/](http://www.childreninwales.org.uk/policydocument/wales-child-protectionprocedures-2008/) [accessed 20/9/18]
5. Protecting Children in Wales. Guidance for Arrangements for Multi-Agency Child Practice Reviews. Jan 2013: [www.wales.nhs.uk/governance-emanual/child-practicereviews](http://www.wales.nhs.uk/governance-emanual/child-practicereviews) [accessed 20/9/18]
6. The Social Services and Wellbeing Act (Wales) 2014: [www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf) [accessed 20/9/18]
7. Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015: [www.legislation.gov.uk/anaw/2015/3/contents/enacted](http://www.legislation.gov.uk/anaw/2015/3/contents/enacted) [accessed 20/9/18]
8. Wales Wellbeing Future Generations Act 2015: [www.legislation.gov.uk/anaw/2015/2/contents/enacted](http://www.legislation.gov.uk/anaw/2015/2/contents/enacted) [accessed 20/9/18]

# Competency Framework

*The information contained in this section has been taken from pages 54-58 of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. Fourth Edition, 2019. RCN: London.*

This applies to designated doctors and nurses/ lead paediatricians and nurses in Scotland and equivalent roles in Wales and Northern Ireland.<sup>31,32</sup> As highlighted earlier 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. There may be specific duties relating to the designated/ lead paediatricians and nurses in Scotland.

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

## Core competencies<sup>33</sup>

- As outlined for Level 1, 2 3 and 4.
- Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across healthcare services, including public health services commissioned by local authorities, and provided by independent/ private healthcare providers.
- Leads/oversees safeguarding/child protection quality assurance and improvement across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Leads innovation and change to improve safeguarding across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Takes a lead role in ensuring robust processes are in place across healthcare services to learn lessons from cases where children and young people die or are seriously harmed and maltreatment or neglect is suspected.
- Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.

---

<sup>31</sup> In Scotland, comparable specialist functions are performed by lead paediatricians in child protection. There are designated doctor and nurse roles in Northern Ireland, although policies around the number and location of these posts are under development in light of recent health service restructuring.

<sup>32</sup> Designated professionals should have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

<sup>33</sup> National Workforce competencies: CJ F309 Support and challenge workers on specific aspects of their practice (also PH03.03); ENTO L1 Develop a strategy and plan for learning and development; PH03.00 Develop quality and risk management within an evaluative culture; MSC A3 Develop your personal networks.

- Takes a strategic and professional lead across healthcare services<sup>34</sup> on all aspects of safeguarding/child protection, working closely with adult safeguarding colleagues.
- Provides expert advice and guidance, aiming to continually improve the quality of safeguarding activity in order 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 local safeguarding children partnership/local safeguarding children's board procedures and recommendations (England, Wales and Northern Ireland), and area child protection committees (Scotland)
  - providing specialist advice and guidance to the board and executives of commissioner organisations on all matters relating to safeguarding children including regulation and inspection
  - ensuring involvement 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
  - monitoring services across healthcare services<sup>35</sup> to ensure adherence to legislation, policy and key statutory and non-statutory guidance by supporting quality assurance teams.

## Knowledge, skills, attitudes and values

Level 5 professionals should have the knowledge, skills, attitudes and values outlined for Levels 1, 2, 3 (core and specialist where appropriate) and 4, and be able to demonstrate the following areas.

### Knowledge<sup>36</sup>

- Advanced and indepth knowledge of relevant national and international policies and implications for practice.<sup>37</sup>
- 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.

<sup>34</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>35</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers

<sup>36</sup> National Workforce Competencies: DANOS BC4 Assure your organisation delivers quality services; PH08.01 Use leadership skills to improve health and well-being; PH02.06 Work in partnership with others to protect the public's health and wellbeing from specific risks; ENTO L4 Design learning programmes (also HI 39); ENTO L6 Develop training sessions (also HI 40); ENTO L10 Enable able learning through presentations (also HI 42); PH 06.01 Work in partnership with others to plan, implement, monitor and review strategies to improve health and well-being.

<sup>37</sup> Designated professionals should have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.

- Know how to lead the implementation of national guidelines and audit the effectiveness and quality of services across all healthcare services<sup>38</sup> against quality standards.
- Advanced awareness of different specialties and professional roles.
- Advanced understanding of curriculum and training.

### **Skills**

- Able to lead the health contribution to a serious case review (in Wales - child practice reviews)/domestic homicide reviews which include children/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 healthcare services,<sup>39</sup> in partnership with colleagues in other organisations and agencies.
- Able to oversee safeguarding/child protection quality assurance processes across the whole of healthcare services.
- Able to influence improvements in safeguarding/child protection services across healthcare services.<sup>40</sup>
- Able to provide clinical supervision, appraisal, and support for named professionals.
- Able to lead multidisciplinary 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 work with communications teams to proactively deal with strategic communications and the media (if necessitated by their role) on safeguarding/child protection across healthcare services.<sup>41</sup>
- 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 all healthcare services.
- 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.
- Able to work in partnership with adult safeguarding colleagues locally, regionally and nationally.

### **Attitudes and values**

As outlined in levels 1, 2, 3 and 4.

---

<sup>38</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>39</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>40</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

<sup>41</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent providers.

## Education and training requirements

- Designated professionals including lead paediatricians, consultant/lead nurses, child protection nurse advisers (Scotland) should attend a minimum of 24 hours of education, training and learning over a three-year period.<sup>42</sup> This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work.<sup>43</sup>
- Designated professionals 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 have the option of accessing individual external reflective and restorative supervision (and their attendance/participation should be recorded as part of continuing professional development record).
- An executive level management programme with a focus on leadership and change management<sup>44</sup> should be completed within three years of taking up the post.
- Additional training programmes such as the Royal College of Paediatrics and Child Health level 4/5 training for paediatricians should be undertaken within one year 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

- 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 healthcare services.<sup>45</sup>
- To be able to know how to take a lead role in:
  - leading/overseeing safeguarding/ child protection quality assurance and improvement across healthcare services
  - the implementation of national guidelines and auditing the effectiveness and quality of services across healthcare services against quality standards
  - service development conducting the health component of serious case reviews (in Wales –child practice reviews)/ domestic homicide reviews which include children/case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt
  - strategic and professional leadership across healthcare services on all aspects of safeguarding/child protection
  - multidisciplinary team reviews
  - regional and national safeguarding/ child protection clinical networks (where appropriate).
- To know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.

---

<sup>42</sup> Training can be tailored by organisations to be delivered annually or once every three years and encompass a blended learning approach.

<sup>43</sup> Those undertaking level 5 training do not need to repeat level 1, 2, 3 or 4 training as it is anticipated that an update will be encompassed in level 5 training.

<sup>44</sup> This could be delivered by health boards/authorities, in house or external organisations.

<sup>45</sup> This also includes public health and LA commissioning, and private healthcare and independent provider (applies to all further mentions of healthcare services).

- 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 of healthcare services.
- 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 know how to influence improvements in safeguarding/child protection services across healthcare services.
- To be able to monitor services across healthcare services to ensure adherence to legislation, policy and key statutory and nonstatutory guidance
- To be able to apply in practice:
  - advanced and indepth 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 know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across healthcare services.
- 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 healthcare services.
- 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 healthcare services.
- 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.
- To be able to work in partnership with adult safeguarding colleagues locally, regionally and nationally.