

# Safeguarding Children and Young People: Roles and Competences for Health Care Staff

Intercollegiate Document

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## Foreword

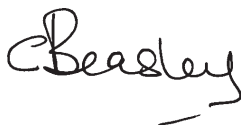
The Second Joint Chief Inspector's Report on arrangements to Safeguard Children published in July 2005 identified the need for NHS organisations to have clear guidance on role definitions and specifications for named and designated health professionals who have specific responsibility for child protection.

*Safeguarding children and young people: roles and competencies for health care staff* produced by the Royal Colleges and professional organisations will be a valuable tool for NHS organisations and others in clarifying the competencies required by these doctors, nurses and midwives as well as identifying the competency levels required by all health staff to safeguard children. It supplements the information set out in *Working Together to Safeguard Children*, 2006, and has been developed with advice from Skills for Health.

We are delighted to commend this document to you as a means of supporting Primary Care Trusts, NHS Trusts and Foundation Trusts in meeting their duty to make arrangements to safeguard children and promote their welfare set out in section 11 of the Children Act 2004.



Sir Liam Donaldson  
Chief Medical Officer



Professor Christine Beasley CBE  
Chief Nursing Officer

## Background

Following every serious case of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues - among them, poor communication and information sharing between professionals and agencies, inadequate training and support for staff, and a failure to listen to children (Ref.1).

Lord Laming's inquiry report into the care of Victoria Climbié (Ref. 2) refocused the government's attention on the needs of children and young people (Ref.3). Amongst the many recommendations Lord Laming advocated that professional bodies should be requested to develop models of continuing education/professional development for practitioners engaged in child protection work (Ref.2). In addition organisations such as the Commission for Social Care Inspectorate have recently called upon professional organisations to provide greater clarity in relation to the remit of specific child protection roles (Ref. 4).

However, all who come into contact with children and young people have a duty to safeguard and promote their welfare and should know what to do if they have any concerns. Standards for practice, assessment tools and guidelines to assist practitioners in the field of child protection have been developed across the UK (Ref. 5-35) . The aim of this document is to provide *all* health care staff with a generic framework, within which professional group training programmes can be developed, to meet the needs of specific practitioners depending upon their particular role in relation to children and young people.

The document is divided into two parts:

- section A contains a generic competency framework.
- section B contains specific role descriptions for professionals undertaking lead, named and designated roles in child protection.

## Section A: generic competency framework

*“Child protection training is essential for all health professionals engaged in services for children. It is not an optional extra.”* (Mr. Barry Capon, chair of independent inquiry into the death of Lauren Wright, 2002)

All health care organisations have a duty under the Children Act 2004 to make arrangements to safeguard and promote the welfare of children and young people. Chief Executives will need to ensure that all staff are able to meet this requirement. Staff groups will have different training needs to fulfill their duties, depending on their degree of contact with children and young people and their level of responsibility. This generic knowledge and skills framework developed by members of professional organisations <sup>1</sup> will assist health care professionals to identify, plan and deliver the training and education needs across the range of their employees <sup>2</sup>. For some employees this may require significant investment in training.

Six levels of competency have been identified, but in reality there will be a continuous spectrum of competency required, and while examples have been given, these need to be considered as guidance rather than absolute requirements <sup>3</sup>. The important issue is that people are appraised, and trained, based on their roles relating to safeguarding, and children and families.

<sup>1</sup> CPHVA, RCGP, RCM, RCN, RCPCH

<sup>2</sup> Specific documents related to individual professional groups also exist i.e. RCGP child protection competencies, NSCAN, RCN, RCPCH (NB. The NSCAN document will provide a detailed link between the generic competency framework, roles and the NHS knowledge and skills framework).

<sup>3</sup> It should be noted that the framework does not specifically identify child protection roles which may be in place to meet local circumstances and need i.e. Nurse Consultant or advisory roles.

**Level 1: all staff working in health care settings (clinical and non-clinical)**

<b>Safeguarding children and young people</b>	<b>Level 1: all staff working in a health care settings</b>	<b>National Workforce Competences*</b> [see Appendix A]
Competency	<ul style="list-style-type: none"> <li>• Understand what constitutes child abuse.</li> <li>• Know the range of physical abuse, emotional abuse, neglect and sexual abuse.</li> <li>• Know what to do when they are concerned that a child is being abused.</li> </ul>	CJ E202 Contribute to the protection of children from abuse.
Knowledge	<ul style="list-style-type: none"> <li>• Know about the range of child abuse.</li> <li>• Know about local policies/procedures.</li> <li>• Know what to do if they have concerns.</li> <li>• Understand the importance of sharing information, how it can help and the dangers of not sharing information.</li> <li>• Know what to do if they experience barriers to referring a child/family.</li> </ul>	
Skills	<ul style="list-style-type: none"> <li>• Be able to recognise signs of child abuse as this relates to their role.</li> <li>• Be able to seek advice and report concerns, ensuring that they are listened to.</li> </ul>	
Criteria for assessment	<ul style="list-style-type: none"> <li>• Demonstrates awareness of child abuse and appropriate referral mechanisms.</li> <li>• Demonstrates appropriate information sharing .</li> </ul>	
Method	<ul style="list-style-type: none"> <li>• Mandatory induction programme.</li> <li>• Update/ refresher training at regular intervals (minimum 3 yearly) with written briefing of any changes in legislation and practice from Named/ Designated professionals minimum of annually.</li> </ul>	

\* Skills for Health are in the process of developing National Workforce competencies across aspects of care to underpin all future training and education programmes. Links are provided to detailed competencies already developed in this specific area

**Level 2: clinical and non-clinical staff who have regular contact with parents, children and young people**

Safeguarding children and young people	Level 2: clinical and non-clinical staff who have infrequent contact with parents, children and young people	National Workforce Competences* [see Appendix A]
Competency	<ul style="list-style-type: none"> <li>• As level 1.</li> <li>• Be able to recognise child abuse.</li> <li>• Be able to document their concerns.</li> <li>• Know who to inform.</li> <li>• Understand the next steps in the child protection process.</li> </ul>	CJ E202 Contribute to the protection of children from abuse.
Knowledge	<ul style="list-style-type: none"> <li>• As level 1.</li> <li>• Understand which groups of children are at risk of harm or neglect .</li> <li>• Know who to inform, seek advice from and how to contact them.</li> <li>• Know how to share information – in writing, by telephone, electronically or in person.</li> <li>• Know who to share information with and when, understanding the difference between information sharing on individual, organisational and professional levels.</li> <li>• Know what to record, how long to keep it, how to dispose of records correctly, and when to feedback or follow up.</li> <li>• Aware of own (and others’) professional roles and boundaries.</li> <li>• Understand the next steps in the child protection process.</li> </ul>	
Skills	<ul style="list-style-type: none"> <li>• As level 1.</li> <li>• Be able to document child protection concerns, differentiating between fact and opinion.</li> <li>• Where further support is needed, know when to take action and when to refer to managers, supervisors or other relevant professionals.</li> </ul>	
Criteria for assessment	<ul style="list-style-type: none"> <li>• As level 1.</li> <li>• Demonstrates appropriate referral for assessment for family support to reduce risks of child maltreatment.</li> <li>• Demonstrates accurate documentation of concerns.</li> </ul>	
Method	<ul style="list-style-type: none"> <li>• Multidisciplinary training.</li> <li>• Update/refresher training at regular intervals (minimum 3 yearly) with written briefing of any changes in legislation and practice from Named/ Designated professionals minimum of annually.</li> </ul>	

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**Level 3: all staff working predominately with children, young people and parents**

Safeguarding children and young people	Level 3: all staff working predominantly with children, young people and parents	National Workforce Competences* [see Appendix A]
Competency	<ul style="list-style-type: none"> <li>• As level 2.</li> <li>• Knowledge of the implications of key national document/reports.</li> <li>• Understand the assessment of risk and harm.</li> <li>• Understand multiagency framework/ assessment/ investigation/working.</li> <li>• Be able to present child protection concerns in a child protection conference.</li> <li>• Demonstrate ability to work with families where there are child protection concerns.</li> <li>• Puts into practice knowledge of how to improve child resilience and reduce risks of harm.</li> <li>• Understand forensic procedures/practice.</li> <li>• Where appropriate, be able to undertake forensic procedures <sup>4</sup>.</li> <li>• Be able to advise other agencies regarding the health management of child protection concerns.</li> <li>• Ability to contribute to serious case reviews or equivalent process.</li> </ul>	<p>HSC325 Contribute to protecting children and young people from danger, harm and abuse.</p> <p>CS10 Safeguard children and young people from abuse.</p> <p>CJ F406 Provide and obtain information at courts and formal hearings (<i>also HSC448</i>).</p> <p>PH04.00 Improve health and well-being through working collaboratively.</p> <p>Cont...</p>
Knowledge	<ul style="list-style-type: none"> <li>• As level 2.</li> <li>• Aware of implications of recent legislation/ national documents.</li> <li>• Understand multi-agency frameworks and child protection assessment processes, including the use of the Common Assessment Framework.</li> <li>• Understand child protection investigation and the basics of forensic procedures.</li> <li>• Aware of ACPC/Local Safeguarding Children’s Board [or equivalents] and it’s remit.</li> <li>• Know how to access the child index register.</li> <li>• Aware of resources that may be available within health and other agencies, including the voluntary sector, to support families in need.</li> </ul>	

<sup>4</sup> Competence in the use of a colposcope and obtaining photo documentation ensuring that the latter properly reflects the clinical findings and documenting if it does not; an understanding of what forensic samples may be appropriate to the investigation and how these samples should be obtained and packaged according to the current Association Chief Police Officers, Forensic Science Service and Association of Forensic Physicians guidance; the aptitude to present the evidence, and be cross-examined, in subsequent civil and criminal proceedings [RCPCH and the Association of Forensic Physicians September (2000) Guidance on paediatric forensic examinations in relation to possible sexual abuse]

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**Continued...Level 3: all staff working predominately with children, young people and parents**

Knowledge cont..	<ul style="list-style-type: none"> <li>• Be aware of how own beliefs, experience and attitudes might influence professional involvement in child protection work.</li> <li>• Know what to do when there is an insufficient response from other organisations or agencies, while maintaining the focus on what is in the child or young person's best interests.</li> </ul>	
Skills	<ul style="list-style-type: none"> <li>• As level 2.</li> <li>• Be able to undertake an assessment of risk.</li> <li>• Be able to work [as part of the multi-disciplinary team] with children, young people and their families where there are child protection concerns.</li> <li>• Be able to present child protection concerns verbally and in writing for case conferences/ court proceedings, core groups, strategy meetings and family group conferences.</li> <li>• Be able to identify and outline the management of children in need.</li> <li>• Be able to instigate measures to reduce the risk of child abuse occurring.</li> <li>• Be able to make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.</li> <li>• Be able to make considered judgements about how to act to safeguard and promote a child or young person's welfare.</li> </ul>	
Criteria for assessment	<ul style="list-style-type: none"> <li>• As level 2.</li> <li>• Demonstrates advanced knowledge of patterns and indicators of child maltreatment.</li> <li>• Demonstrates knowledge of the structure and functioning of ACPC/LCSBs [or equivalents].</li> <li>• Demonstrates understanding of information sharing issues related to child protection and children in need.</li> <li>• Demonstrates in-depth knowledge of each agency's role and responsibilities within local policies and procedures.</li> </ul>	
Method	<ul style="list-style-type: none"> <li>• Multidisciplinary/multi-agency training: report reviews, report writing, understanding roles and responsibilities of other agencies, signs and symptoms-interpretation of borderline signs and symptoms.</li> <li>• Annual refresher update training or equivalent i.e. distance learning, reflective practice, shadowing a colleague or participation in child protection quality assurance processes.</li> </ul>	HSC33 Reflect on and develop your practice

### Level 4: specialist roles - named professionals

Safeguarding children and young people	Level 4: named child protection professionals	National Workforce Competences * [see Appendix A]
<i>Competency</i>	<ul style="list-style-type: none"> <li>• As Level 3.</li> <li>• Be able to give sound policy advice.</li> <li>• Able to cascade information, and an appropriate level, throughout the health service.</li> <li>• Be able to teach/train, and assure the competence of health service personnel.</li> <li>• Be able to undertake/contribute to the ACPC serious case review/overview, including action plans.</li> <li>• Be able to develop robust internal child protection policy/guidelines/protocols.</li> <li>• Undertake child protection training needs analysis and plan, design, deliver and evaluate multi-agency and in-house child protection training in partnership with others.</li> <li>• Advise and inform the Board, Directors, Senior Managers and practitioners regarding child protection/safeguarding (specialist/expert advice, both proactive and reactive).</li> <li>• To be able to chair ACPC/LSCB [or equivalent] subgroups.</li> <li>• To lead/oversee child protection quality assurance and improvement processes.</li> <li>• Undertake risk assessment of organisational ability to safeguard the welfare of children.</li> <li>• Give appropriate advice to external agencies/organisations.</li> </ul>	<p>PH02.06 Work in partnership with others to protect the public's health and well-being from specific risks.</p> <p>HI 127 Develop evidence-based clinical guidelines.</p> <p>PH03.00 Develop quality and risk management within an evaluative culture.</p> <p>MSC B8 Ensure compliance with legal, regulatory, ethical and social requirements.</p> <p>DANOS BC4 Assure your organisation delivers quality services.</p>
<i>Knowledge</i>	<ul style="list-style-type: none"> <li>• As level 3.</li> <li>• Aware of latest guidelines/best practice.</li> <li>• Aware of latest research perspectives and implications for practice.</li> <li>• Advanced understanding of child care law, confidentiality and consent.</li> <li>• Good understanding of forensic procedures.</li> </ul>	<p>Cont...</p>
<i>Skills</i>	<ul style="list-style-type: none"> <li>• As level 3.</li> <li>• Be able to give child protection policy advice.</li> <li>• Be able to confidently challenge practice and support colleagues in challenging perceived views offered by other professionals.</li> <li>• Be able to advise other agencies about the health management of child protection concerns.</li> <li>• Be able to analyse and evaluate information and evidence to inform inter-agency decision-making.</li> <li>• Be able to participate in a serious case review, undertaking internal management reviews as part of serious case reviews.</li> <li>• Be able to lead improvements in child protection services.</li> <li>• Be able to establish child protection quality assurance measures/processes.</li> </ul>	

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**Continued...Level 4: specialist roles - named professionals**

Skills cont..	<ul style="list-style-type: none"> <li>• Be able to undertake training needs analysis, teach and educate health service professionals.</li> <li>• Be able to review, evaluate and update local guidance in light of research findings.</li> </ul>	<p>ENTO L3 Identify individual learning aims and programmes (<i>also HI 37</i>).</p>
Criteria for assessment	<ul style="list-style-type: none"> <li>• As level 3.</li> <li>• Demonstrates appropriate and effective learning strategies to enable competence development for staff at different levels.</li> <li>• Demonstrates development of evidence based clinical guidance.</li> <li>• Demonstrates effective consultation with other health care professionals and participation in interdisciplinary discussions.</li> <li>• Demonstrates participation in audit, design and evaluation of service provision, including formulation of action plans and strategies to address issues raised by audit and serious case reviews.</li> </ul>	<p>ENTO L1 Develop a strategy and plan for learning and development.</p> <p>ENTO L4 Design learning programmes (<i>also HI 39</i>).</p> <p>ENTO L6 Develop training sessions (<i>also HI 40</i>).</p> <p>ENTO L10 Enable able learning through presentations (<i>also HI 42</i>).</p>
Method	<ul style="list-style-type: none"> <li>• Five sessions [or equivalent on-going learning equating to 2 ½-3 days] a year CPD to cover quality assurance, chairing meetings, supervision and appraisal, teaching training.</li> <li>• Participation in specialist professionals/support groups or peer support networks at local and national level..</li> </ul>	<p>MSC A3 Develop your personal networks.</p>

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**Level 5: designated roles**

Safeguarding children and young people	Level 5: Designated child protection professionals	National Workforce Competences * [see Appendix A]
<i>Competency</i>	<ul style="list-style-type: none"> <li>• As level 4</li> <li>• Child protection supervision and provision of sound policy advice and support.</li> <li>• Facilitation of training (and a training needs analysis).</li> <li>• Be able to lead/oversee child protection quality assurance/improvement.</li> <li>• Facilitate practice development.</li> <li>• Undertake/lead serious case reviews.</li> <li>• Give appropriate advice to external agencies/organisations.</li> <li>• Be able to chair child protection subgroups for example practice/procedures/ training committees.</li> </ul>	<p>CJ F309 Support and challenge workers on specific aspects of their practice (<i>also PH03.03</i>).</p> <p>ENTO L1 Develop a strategy and plan for learning and development.</p> <p>PH03.00 Develop quality and risk management within an evaluative culture</p>

**Continued...Level 5: designated roles**

<i>Knowledge</i>	<ul style="list-style-type: none"> <li>As level 4.</li> <li>Advanced awareness of relevant national and international issues/policies and implications for practice.</li> <li>Advanced understanding of court and criminal justice systems.</li> </ul>	<p>DANOS BC4 Assure your organisation delivers quality services</p> <p>PH08.01 Use leadership skills to improve health and well-being</p>
<i>Skills</i>	<ul style="list-style-type: none"> <li>As level 4.</li> <li>Be able to undertake/lead the health contribution to a serious case review.</li> <li>Be able to chair internal child protection forums and sub-committees of ACPC/LCSBs [or equivalent].</li> <li>Be able to plan, design, deliver and evaluate multi-agency child protection training in partnership with others.</li> <li>Be able to oversee child protection quality assurance processes.</li> <li>Be able to influence improvements in child protection services across StHA [or equivalent].</li> <li>Be able to provide clinical supervision for named professionals.</li> <li>Be able to lead multi-disciplinary team review, evaluation and updating of local procedures and policies in light of relevant national and international issues.</li> <li>Be able to reconcile inter and intra professional differences of opinion.</li> </ul>	<p>PH02.06 Work in partnership with others to protect the public's health and well-being from specific risks</p> <p>ENTO L4 Design learning programmes (<i>also HI 39</i>)</p> <p>ENTO L6 Develop training sessions (<i>also HI 40</i>)</p> <p>ENTO L10 Enable able learning through presentations (<i>also HI 42</i>)</p> <p>PH 06.01 Work in partnership with others to plan, implement, monitor and review strategies to improve health and well-being</p>
<i>Criteria for assessment</i>	<ul style="list-style-type: none"> <li>As level 4.</li> <li>Demonstrates advanced knowledge of national and international perspectives within practice.</li> <li>Demonstrates contribution to enhancement of practice and the development of new knowledge.</li> <li>Demonstrates knowledge of strategies for child protection management across StHA [or equivalent].</li> <li>Demonstrates ability to conduct rigorous and auditable child protection supervision.</li> </ul>	<p>MSC A3 Develop your personal networks</p>
<i>Method</i>	<ul style="list-style-type: none"> <li>Five sessions [or equivalent on-going learning equating to 2 ½-3 days] a year CPD to cover quality assurance, chairing meetings, supervision and appraisal, teaching training.</li> <li>Participation in specialist professionals/support groups or peer support networks at local and national level.</li> </ul>	

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**Level 6: expert**

<b>Safeguarding children and young people</b>	<b>Level 6: expert</b>	<b>National Workforce Competences *</b> [see Appendix A]
Competency	<ul style="list-style-type: none"> <li>• As level 5</li> <li>• Be able to act in the expert witness role within the family and criminal justice system, as well as civil proceedings and judicial reviews.</li> <li>• Be able to give health service child protection policy advice to government or other national bodies.</li> </ul>	Police 2J3 Present information to courts or other hearings.  PH06.03 Work in partnership with others to develop policies to improve health and well-being.
Knowledge	<ul style="list-style-type: none"> <li>• As level 5.</li> <li>• In-depth knowledge of child protection issues and service provision.</li> <li>• Understanding of research methodologies.</li> <li>• The role and powers of the different courts, the standard and the burden of proof.</li> <li>• The expert's role in key stages of the court process.</li> <li>• How to interpret and influence solicitors' instructions.</li> <li>• Understand the outcomes of the court's decision and the expert's potential contribution.</li> </ul>	CJ F301 Develop and maintain a strategic overview of developments in knowledge and practice ( <i>also HI 81</i> ).  HI 82 Initiate, and participate in, networks and discussion groups.
Skills	<ul style="list-style-type: none"> <li>• As level 5.</li> <li>• Be able to analyse information, presenting a well-documented assessment of evidence and communication of recommendations in writing and verbally.</li> <li>• Be able to respond to cross-examination.</li> <li>• Be able to provide an honest and balanced presentation of opinions on causation.</li> <li>• Be able to review research literature.</li> <li>• Be able to undertake high quality forensic practice when relevant.</li> </ul>	
Criteria for assessment	<ul style="list-style-type: none"> <li>• As level 5.</li> <li>• Demonstrates critical insight of personal limitations and ability to participate in critical peer review.</li> <li>• Demonstrates effective consultancy skills.</li> <li>• Demonstrates participation in development of practice through professional organisations at national and international level.</li> <li>• Demonstrates in-depth knowledge of national and international standards and strategies to safeguard children and young people.</li> <li>• Participates in accreditation process (when available).</li> </ul>	

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## **Section B: Role descriptions**

These role descriptions are appended to the competency framework for guidance and to aid interpretation of the competency statements. They have been developed independently and collaboratively by a number of professional organisations. The information contained in these role descriptions has been updated during the production of the competency element of this document. These role descriptions are generic and NHS organisation terminology will vary slightly between the four UK nations. Further work will be undertaken by professional bodies to define the time commitments for these roles.

### **Royal College of General Practitioners GP PCT lead for child protection ([www.rcgp.org.uk](http://www.rcgp.org.uk))**

#### **Purpose of the post**

- To promote the care of children in need of child protection and other vulnerable children, such as those in special circumstances, within the primary care setting in general, and within general practice in particular.

GPs have an important role to play at all stages of the child protection process. They also have an important role to play in identifying families and children early in the course of their difficulties and providing timely support of a preventative nature. They need education and support to fulfil these tasks.(Ref. 5,6,7)

#### **Scope of the post:**

The post should respond primarily to the needs of the PCT and its population. GP Child Protection Leads will therefore perform a variety of tasks; no two PCT GP leads will do exactly the same.

Tasks will include:

- a) Some or all of the tasks, according to the experience of the GP and the needs of the PCT, of a Named Doctor as described in 'Working Together' (Ref.8) and as described in the RCPCH job description for Named Doctors (Ref. 9). It is expected that such GPs will work along side other named and designated staff.
- b) Specific clinical roles, for example, working with other named or designated staff to provide care to looked after children.
- c) Audit, for example audit conducted on behalf of the PCT and supporting in practice audit.
- d) Educational roles, for example, working with other named or designated staff, supporting GP education in child protection.
- e) Liaison roles, for example, working along side LCSBs, LMCs, SHAs.
- f) Leadership roles, for example, working with other named and designated staff and the PCT on the strategic planning of services for child protection.
- g) Other roles as may be specifically identified and agreed to meet local PCT needs, such as research.

## **Person specification**

### **Essential:**

- Experienced GP of good professional standing with considerable experience in the care of children and young people.
- Fully registered, vocationally trained (or equivalent).
- Be able to demonstrate excellent communication skills.
- Be able to demonstrate effective participation in continuing medical education.
- Enhanced CRB check.

### **Desirable:**

- Additional paediatric qualification (for example DCH) or experience (for example, attachment to community paediatrics).
- Qualification specific to the nature of the post, for example, GP trainer accreditation for a post with mostly educational activities, or registration with Council for the Registration of Forensic Practitioners for those undertaking forensic work.
- RCGP membership.

### **Training/education:**

Many GPs appointed to post will need training/education before they can fully occupy their post. Training needs should be identified and met within the context of the GPs PDP. Protected and financially supported time must be allocated by the PCT and must be proportionate to educational need and the nature of the role occupied by the PCT GP lead.

National standards will be developed and Lead GPs should work towards these.

### **Appraisal**

The GP Child Protection Lead should be appraised on an annual basis.

### **Supervision and support:**

GP Child Protection Leads must be supervised and supported. Protected time must be allowed for this proportionate to role; no GP should be expected to provide support to colleagues or occupy a clinical role without supervision.

### **Accountability:**

PCT GP leads in child protection will be accountable to the PCT Chief Executive

### **Administration time and support:**

The Trust will supply appropriate secretarial support for GP Child Protection Leads when this is necessary, paying particular attention to training activity and serious case reviews.

### **GPSI:**

Some GPs with a special interest and expertise may be appointed as GPSI. Such appointments should be made with reference to existing DH guidelines (Ref.10) and with reference to guidelines being developed by RCGP on behalf of DH.

Such GPSI may be appointed as PCT GP leads in child protection.

## **Named professional for Child Protection Model Job Description**

RCN- [www.rcn.org.uk/](http://www.rcn.org.uk/)

CPHVA - [www.msfcphva.org/](http://www.msfcphva.org/)

RCM - [www.rcm.org.uk/](http://www.rcm.org.uk/)

RCPCH- [www.rcpch.ac.uk/](http://www.rcpch.ac.uk/)

All NHS organisations providing services for children should identify a named doctor and a named nurse/midwife for safeguarding .

Some Trusts do not provide any children's services. There is still a need for a Named Professional for Child Protection. There should also be an identified Named Midwife for Child Protection within all Maternity units. The job description of this professional will need to reflect the appropriate workload, both for child protection and for the rest of their work.

This job description should be agreed by the Health Trust that will be covered by the Named Professional. This outline is based on the duties and responsibilities of the Named professional described in:

- ♦ This includes Named Nurse, Named Health Visitor, Named Midwife and Named Doctor

### **In England**

1. *Safeguarding Children*. This document is based on *Working Together to Safeguard Children': A guide to inter-agency working to safeguard and promote the welfare of children*.(Department of Health et al, 1999).
2. *Child Protection Responsibilities of Primary Care Trusts*. A letter to Chief Executives of Primary Care Trusts (PCTs), Shadow PCTs and Primary Care Groups (PCGs), from Jacqui Smith, Department of Health ( 28 January 2002).
3. *Working Together*. (DfES, DoH, HO 2006) and based on Children Act 2004.
4. Recommendations of *The Victoria Climbié Inquiry – Report of an Inquiry by Lord Laming*. (January 2003).
5. *Self Assessment Tool for Child Protection for Clinical Teams*. Commission for Health Improvement (2004).

### **In Scotland**

1. *Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland*. Scottish Executive (2000).
2. *Children (Scotland) Act 1995*. London: HMSO
3. *It's Everyone's Job to Make Sure I'm Alright*. Scottish Executive (2002) The Stationery Office/Edinburgh
4. *Growing Support*. Scottish Executive (Continued...Level 4: Specialist roles - named professionals (2002) The Stationery Office/Edinburgh
5. *Getting Our Priorities Right*. Scottish Executive (2003) The Stationery Office/Edinburgh
6. *The Age of Legal Capacity (Scotland) Act 1991*. London:HMSO

### **In Northern Ireland**

1. *Co-operating to Safeguard Children, Belfast, DHSSPS*. Department of Health, Social Services and Public Safety (2003)
2. *Children (Northern Ireland) Order (1995)*
3. *Regional Child Protection Policies and Procedures*. Department of Health, Social Services & Public Safety (2005)
4. *Protection of Children & Vulnerable Adults (NI) Order (2003)*. Department of Health, Social Services & Public Safety (2004)
5. *The Victoria Climbié Inquiry: Report of an Inquiry*. Laming. (2003) London: HMSO

### **In Wales**

1. *Working Together to safeguard and promote the welfare of children - a guide to interagency working*. National Assembly for Wales (2000) London: HMSO
2. *Carlile Review. Too Serious A Thing*. National Assembly for Wales (2002) Cardiff: NAW
3. *Response to the Victoria Climbié Inquiry*. Welsh Assembly Government (2003) Cardiff: WAG
4. *Safeguarding Children: Working together for positive outcomes*. Welsh Assembly Government (2003) Cardiff, WAG
5. *All Wales Child Protection Procedures*. Welsh Assembly Government (2004) Cardiff: WAG

## **Person Specification**

Have a Criminal Records Bureau/Disclosure enhanced check.

The Named Nurse for child protection within the NHS Trust should:

1. Hold a senior level post. The local role would be subject to the usual Job Evaluation process. It is the normal expectation that it would be at a senior level within the Band 8 range.

2. Have completed specific training in the care of babies or children and be registered on either Part 1 of the NMC register as a registered children's nurse, Part 2 as a registered midwife or Part 3 as a Specialist Community Public Health Nurse having completed a specific programme with a child and family focus. In respect of posts in Mental Health Trusts to be registered on Part 1 of the NMC register as a registered mental health nurse.
3. Prior to commencement in post must have completed specific post-registration training in child protection/safeguarding children: law, policy and practice at level 2 or PGDip.
4. Have a minimum of 3 years experience related to caring for babies/children and currently practising in the field of child protection. Such Professionals ♦ should have an awareness and/or experience in forensic matters

♦ This includes Named Nurse, Named Health Visitor and Named Midwife.

The Named Doctor for child protection within the NHS Trust should:

1. Hold consultant status or the post of associate specialist/senior clinical medical officer within an NHS Trust.
2. Ideally have undergone higher professional training in paediatrics. Alternatively, by virtue of experience and practice, have gained the professional respect of the consultant body and those of primary health care.
3. Have considerable clinical experience in caring for children and currently practising in the field of child protection, including gathering and interpretation of evidence.
4. Such Doctors should have an awareness and/ or experience in forensic matters.

## **Duties**

The Named Professional in child protection will:

1. Work closely with other Named Professionals and Designated Professionals in supporting all activities necessary to ensure that the Trust meets its responsibilities in safeguarding children.
2. Be responsible to and accountable within the managerial framework of their employing trust.
3. Inter-Agency Responsibilities:
  - a) Participate in Area Child Protection Committee Local Safeguarding Children Boards (LSCBs) activities, which may include sitting on LSCBs or sub-committees as appropriate. These responsibilities should be shared with other Named and Designated Professionals.

- b) Advise police, social care and other agencies on health matters with regard to safeguarding children in the community / hospital.

#### 4. Advisory Role

- a) Support and advise the Trust Board on child protection matters (this should be done in conjunction with other Named and Designated Professionals).
- b) Contribute to the planning and strategic organisation of child protection services.
- c) Support, advise and work with Designated Professionals on all questions of planning and strategy regarding child protection services.
- d) Ensure advice is available on day-to-day management of children and families where there are child protection concerns to *all* specialties (including, but not limited to, primary health care, Accident and Emergency, orthopaedics, obstetrics, gynaecology, child and adult psychiatry). This advice may be specific to the hospital in which the Named Professional works, for example, ophthalmology.
- e) The Named Professional in conjunction with other Named Professionals should advise the Trust Board whether there is an appropriate service for children who may experience all forms of child abuse and neglect, including Child Sexual Abuse and the taking of forensic specimens.

#### 5. Clinical Role

- a) The Named Professional will take an active role, together with colleagues within the Trust, in seeing children where there are child protection concerns (this does not mean that the Named Professional alone should see all child protection cases, but be part of a team of Nurses/Doctors who do). This should include all aspects of child abuse, including sexual abuse and neglect.
- b) The Named Professional should support and advise other professionals on the management of all types of child maltreatment.
- c) The Named Professional should have skills in the gathering and evaluation of evidence in order to safeguard children and young people.
- d) The Named Professional should have appropriate skills in writing reports and presenting information to case conferences and related meetings.
- e) The Named Professional should disseminate court craft skills, where needed, through accessing trust legal services and facilities.

6. Coordination and Communication

- a) The Named Professional should work closely with the Designated Professionals and other Named professionals within the geographical area
- b) Be a member of the local Health Professionals' Advisory group
- c) Be represented at the Strategic Health Authority (SHA) (usually via a health representative group)
- d) Liase with the executive lead for Child Protection on the Trust Board.

6. Policy and Procedures

- a) In conjunction with other named and designated professionals ensure that the Trust has appropriate child protection policies and procedures in line with national guidance and with ACPC (local Safeguarding Children Board, LSCB) guidance.
- b) Play a part in ensuring that procedures are distributed, understood and implemented by alerting professionals of any changes made in the light of new developments (local and national)

7. Training

- a) Liase with Designated Professionals about assessment and priorities for training
- b) Together with other Named Professionals, ensure that the Trust has in accordance with national policy an appropriate training strategy for safeguarding children (protecting children)
- c) Will play an active role in the delivery of training to health personnel and multi-agency and disciplinary groups

8. Monitoring

- a) Advise employers on the implementation of effective systems of audit in order to monitor the agreed local child protection policies and procedures
- b) Assist with the collection of data in serious case reviews and developing the chronology of such children and families (unless directly involved with the case, when it should be the responsibility of someone else)
- c) Assist with monitoring the quality, acceptability and effectiveness of service provision and training
- d) Advise on the implementation and recommendations from Serious Case Reviews

- e) Advise the Chief Executive of the Trust Board (via designated personnel i.e. Medical Director or Nurse Director or children's lead) of their responsibilities to ensure that the performance indicators in relation to child protection are met.

#### 9. Supervision

- a) Together with other Named Professionals, advise on appropriate systems for child protection case supervision in addition to normal clinical supervision and support of all health employees
- b) The Named Professional should support other professionals in their skills where child protection matters are concerned
- c) The Named Professional should be trained to provide child protection supervision.

#### 10. Personal Development

The Named Professional will attend the relevant local, regional and national continuing professional development activities in order to maintain up to date skills in the area. This includes meeting professional organisation requirements as a minimum in addition to specific training related to specialist activities.

#### 11. Appraisal

The Named Professional must be appraised on an annual basis\*. Reference must be made to someone with specialist knowledge on child protection in order to ensure the appraisal of the child protection role is appropriate.

\* For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework

#### 12. Accountability

- a) The Named Professional is accountable to the Chief Executive of the employing bodies, i.e.
  - England & Wales: Chief Executive of Employing Trust
  - Scotland: Chief Executive of the NHS Health Board
  - Northern Ireland: Chief Executive of Employing Trust
- b) The Medical Director or Nurse Director within the organisation with primary responsibility for children's services will relate directly to and supervise the Named Professionals.

13. Authority

The Named Professional should have the authority to carry out all of the above duties on behalf of the employing body and be supported in so doing by others.

14. Resources Required for the Post

Designated and named professional roles should always be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil their child safeguarding responsibilities effectively.

- a) There should be a named doctor and named nurse in every NHS Trust. [NB. There should also be a named midwife for child protection within all Maternity Units]
- b) The amount of time required to undertake the tasks in the role description, will depend on the size and needs of the population, the number of staff, the number of directorates covered by the Trust and the degree of development of local safeguarding structures, process and function\*.
- c) The Trust will supply dedicated secretarial and effective support for the Named Professional.
- d) At the time of a serious case review the Named Professional must be relieved of some of their duties.
- e) There must be child protection safeguarding focused support and supervision for the individual. This is an acknowledgement of the stressful nature of this work.

\* Further work will be undertaken by professional bodies to clarify and quantify the time requirements for the individual's undertaking these roles.

The need for protected time is being affirmed in both the revised guidance on *Working Together to Safeguard Children*. "PCTs should ensure establishment levels of designated and named professionals are proportionate to the resident populations following any mergers, and the complexity of provider arrangements..... 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" (Para 32), and in Standard 5 of the National Service Framework for Children, Young People and Maternity Services – where Primary Care Trusts (PCTs) need to demonstrate that they are meeting their responsibilities by "ensuring that funding is available to enable the named and designated professionals to fulfil their roles and responsibilities effectively" (Para 5.2)

## Designated professional for Child Protection Model Job Description

RCN- [www.rcn.org.uk/](http://www.rcn.org.uk/)

CPHVA- [www.msfcphva.org/](http://www.msfcphva.org/)

RCM - [www.rcm.org.uk/](http://www.rcm.org.uk/)

RCPCH - [www.rcpch.ac.uk/](http://www.rcpch.ac.uk/)

All primary care organisations should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area they serve, and should cover all providers. This job description should be jointly agreed by the Health Trusts that will be covered by the designated professional\*. This outline is based on the duties and responsibilities of the designated professional described in:

### In England

1. *Safeguarding Children*. This document is based on *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Department of Health et al (1999).
2. *Child Protection Responsibilities of Primary Care Trusts* – A letter to Chief Executives of Primary Care Trusts (PCTs), Shadow PCTs and Primary Care Groups (PCGs), from Jacqui Smith, Department of Health (28 January 2002).
3. *Working Together*. DfES, DoH, HO (2006). Based on *Children Act 2004*.
4. Recommendations of *The Victoria Climbié Inquiry – Report of an Inquiry by Lord Laming* HMSO (January 2003).
5. *Self Assessment Tool for Child Protection for Clinical Teams*. Commission for Health Improvement (2004).

\* This includes Designated Nurse and Designated Doctor

### In Scotland

1. *Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland*. Scottish Executive (January 2000).
2. *Children (Scotland) Act 1995*. London: HMSO
3. *It's Everyone's Job to Make Sure I'm Alright*. Scottish Executive (2002) Edinburgh: The Stationery Office
4. *Growing Support*. Scottish Executive (2002) Edinburgh: The Stationery Office
5. *Getting Our Priorities Right*. Scottish Executive (2003) Edinburgh: The Stationery Office
6. *The Age of Legal Capacity (Scotland) Act 1991*. London: HMSO

### **In Northern Ireland**

1. *Co-operating to Safeguard Children, Belfast, DHSSPS.* Department of Health, Social Services and Public Safety (2003)
2. *Children (Northern Ireland) Order (1995)*
3. *Regional Child Protection Policies and Procedures.* Department of Health, Social Services & Public Safety (2005)
4. *Protection of Children & Vulnerable Adults (NI) Order (2003).* Department of Health, Social Services & Public Safety (2004)
5. *The Victoria Climbié Inquiry: Report of an Inquiry.* Laming (2003) London: HMSO

### **In Wales**

1. *Working Together to safeguard and promote the welfare of children - a guide to interagency working.* National Assembly for Wales (2000) London: HMSO
2. *Carlile Review. Too Serious A Thing.* National Assembly for Wales (2002) Cardiff: NAW
3. *Response to the Victoria Climbié Inquiry* Welsh Assembly Government (2003) Cardiff: WAG
4. *Safeguarding Children: Working together for positive outcomes.* Welsh Assembly Government (2003) Cardiff: WAG
5. *All Wales Child Protection Procedures.* Welsh Assembly Government (2004) Cardiff :WAG

## **Person Specification**

Have enhanced CRB check.

The designated nurse in child protection should:

1. Hold a senior level post. The local role would be subject to the usual Job Evaluation process. It is the normal expectation that it would be at a senior level within the Band 8 range.
2. Have completed specific training in the care of babies or children and be registered on either Part 1 of the NMC register as a registered children's nurse, Part 2 as a registered midwife or Part 3 as a Specialist Community Public Health Nurse having completed a specific programme with a child and family focus.
3. Have completed specific post-registration training at Masters level in child protection studies or equivalent.
4. Have considerable experience in caring for babies/children and currently practising in the field of child protection. Such nurses should have an awareness and/or experience in forensic matters.
5. Should have proven negotiating and leadership skills.
6. Have enhanced Criminal Records Bureau/Disclosure check.

The designated doctor in child protection should:

1. Hold senior consultant status or equivalent, in a Trust hosting children's services.
2. Have undergone higher professional training in paediatrics.
3. Have substantial clinical experience as a consultant in the field of child protection and substantial experience of the law applying to children and in the court process.
4. Still be clinically active in the field of child protection as part of their clinical commitments.
5. Should have good negotiating and leadership skills.

## **Duties**

1. Work closely with other Designated and Named Professionals in supporting all activities necessary to ensure that the Trusts within the Strategic Health Authority remit meet their responsibilities in safeguarding children.
2. Be responsible to and accountable within the managerial framework of their employing trust.
3. Inter-agency Responsibilities
  - a) Be a member of the relevant LSCB (Local Safeguarding Children Board) or negotiate an appropriate deputy.
  - b) Usually serve on one or more LSCB sub-committees, particularly those concerned with health professionals, policy and strategy, governance/improvement training and serious case reviews.
  - c) Advise other statutory and voluntary agencies (particularly social services and police) on health matters relevant to safeguarding children (to include policy as well as individual case difficulties).
  - d) Liaise with local education providers to ensure appropriate child protection content within pre-registration/undergraduate/postgraduate training programmes.
4. Advisory Role
  - a) Advise the Chief Executive of the StHA, PCT and all other Trusts on questions of planning and strategy with regard to safeguarding children (including ensuring performance indicators are in place where child protection is concerned)
  - b) Advise and input into practice guidance development and policies for all those working within Health and ensure that they are appropriately audited.
  - c) Advise the Strategic Health Authority via a health representatives' group on deficiencies and vulnerable areas across the area.
  - d) Ensure that expert health advice on child protection is available to other agencies.
  - e) Ensure expert advice is available on policy and procedures and on day to day management of children and families, to all specialties of health (including, but not limited to, GPs, A and E, orthopaedics, maternity services, gynaecology, child and adult psychiatry).

- f) Advise on appropriate training for all health personnel.
  - g) Advise on the need for an appropriate service for children who may have experience of all forms of child abuse and neglect, including Child Sexual Abuse and the taking of forensic specimens.
5. Co-ordination and communication
- a) Will liaise with other designated professionals for child protection and decide with him/her an appropriate division of responsibilities.
  - b) Will liaise with, advise and support the named professionals within the relevant trust, health district(s), and acute hospital trusts.
  - c) Will liaise with any other designated professionals working within the area covered by the strategic health authority.
  - d) Will either convene the local health advisory group for Child Protection or attend it and support its activities. This group should include, as well as the designated professionals, the named professionals for each constituent trust and representatives from midwifery services [including the Named Midwife for Child Protection], child and family psychiatry, psychology and general practice.
  - e) Liaise with SHA child protection lead.
6. Policy and procedures
- a) Will be responsible with other Designated Professionals for ensuring that the medical/nursing components of LSCB procedures are updated at appropriate intervals and for ensuring that each provider Trust has policies and procedures in keeping with local LSCB procedures .
  - b) The designated professional in conjunction with other designated professionals should be advising that all policies, procedures and training and audit are in place within all privately funded establishments as well as Foundation Hospitals, Walk-In Centres, dentists' surgeries and pharmacies for example.
7. Training responsibilities
- It is the responsibility of the employer to identify training needs through appraisal, supervision and audit.
- a) Will advise (together with others, e.g. other designated and named professionals) on training needs and delivery in child protection for nurses, health visitors, midwives, paediatricians, GPs, other doctors and health personnel in regular contact with children and families, (e.g.

dentists, opticians). Also to ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability.

- b) Will play an active part in the planning of multi-agency training through LSCB structures.

## 8. Monitoring

- a) Advise employers on the implementation of an effective system of audit to monitor agreed local child protection policies and procedures.
- b) Should advise on audit and monitoring the quality, acceptability and effectiveness of training.
- c) In conjunction with other Designated Professionals advise on clinical governance and standards for Named professionals for child protection.
- d) Where a serious case review is required, the designated professional will either participate in it or supervise and advise the health professionals involved (there may need to be an agreed sharing of personnel between trusts in order to provide independent views in serious case reviews).
- e) Advise the Chief Executive of the Trust Board (via designated personnel i.e. Medical Director or Nurse Director or children's lead) in their responsibilities to ensure that the performance indicators in relation to child protection are met.

## 9. Supervision

Advising on the need for appropriate child protection case focused supervision at all levels within the health service. Designated Professionals should seek their own supervision.

## 10. Personal Development

The designated professional will attend relevant regional and national continuing professional development activities in order to maintain up-to-date skills in the area. This includes meeting professional organisation requirements as a minimum in addition to specific training related to specialist activities

## 11. Appraisal

The Designated Professional must be appraised on an annual basis\*. Reference must be made to someone with specialist knowledge on child protection in order to ensure the appraisal of the child protection role is appropriate. Appraisal of the Designated Professional should be undertaken by the Director of Public Health with the PCT or via an equivalent arrangement at the Strategic Health Authority.

\* For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework

## 12. Accountability

Designated professionals should be performance managed in relation to their designated functions, at the level of Board Level Director who has executive responsibility for safeguarding children as part of their portfolio of responsibilities.

- a) The Designated Nurse is accountable to the employing bodies, i.e.

England:	Chief Executive of the employing Trust/StHA
Scotland:	Chief Executive of the NHS Health Board
Wales:	Chief Executive of the NHS Health Board
Northern Ireland:	Chief Executive of the NHS Health Board
  
- b) The Director of Public Health within the organisation with primary responsibility for children's services will relate directly to and supervise the designated professionals.

## 13. Authority

The Designated Professional should have the authority to carry out all the above duties on behalf of the employing trusts, and be supported in so doing by others (e.g. doctors, nurses, administration).

## 14. Resources required for post

Designated and named professional roles should always be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil their child safeguarding responsibilities effectively.

The Employing Body should:

- a) There should be a designated doctor and designated nurse for every PCT.
- b) The amount of time required to undertake the tasks in the role description, will depend on the size and needs of the population, the number of staff, the number of trusts covered by the LSCB and the degree of development of local safeguarding structures process and function\*. For large NHS organisations which may 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 role.
- c) Supply dedicated and effective secretarial support for the designated professional.
- d) At the time of a serious case review the Designated Professional must be relieved of some of their duties.

- e) Should ensure that adequate resources are available able to deliver training, and at times of additional work e.g. serious case review.
- f) Should ensure there is safeguarding focused supervision and support for the individual. This is an acknowledgement of the stressful nature of this work.

\*Further work will be undertaken by professional bodies to clarify and quantify the time requirements for the individual's undertaking these roles.

The need for protected time is being affirmed in both the revised guidance on *Working Together to Safeguard Children*. "PCTs should ensure establishment levels of designated and named professionals are proportionate to the resident populations following any mergers, and the complexity of provider arrangements..... 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" (Para 32), and in Standard 5 of the National Service Framework for Children, Young People and Maternity Services – where Primary Care Trusts (PCTs) need to demonstrate that they are meeting their responsibilities by "ensuring that funding is available to enable the named and designated professionals to fulfil their roles and responsibilities effectively" (Para 5.2)

## **Appendix A: National Workforce Competences**

National Workforce Competences are referenced to both their source, e.g. National Occupational Standards for Drugs and Alcohol (DANOS), and their reference within this source, e.g. DANOS BC4. The abbreviations used for different sources of competences are shown below.

With three exceptions all of the National Workforce Competences listed on the following tables can be accessed from the Skills for Health website at [www.skillsforhealth.org.uk/frameworks.php#frameworks](http://www.skillsforhealth.org.uk/frameworks.php#frameworks). Where competences have been imported from other sectors, a health framework reference is provided to facilitate access to the relevant competence from the Skills for Health website.

National Workforce Competences CJ E202 (pages 2 & 3) and Police 2J3 (page 8) were developed by Skills for Justice. Details of these competences can be accessed from [www.skillsforjustice.net/nos/home.htm](http://www.skillsforjustice.net/nos/home.htm).

**ENTO L1 (pages 6 & 7) is available at:**

**[www.ukstandards.co.uk/Find\\_Occupational\\_Standards.aspx](http://www.ukstandards.co.uk/Find_Occupational_Standards.aspx)  
in the Learning and Development suite of standards.**

### **Key:**

CS	National Workforce Competences for Children's Services
CJ	National Occupational Standards for Community Justice
DANOS	National Occupational Standards for Drugs and Alcohol
ENTO	Employment NTO – National Occupational Standards for Learning and Development
HI	National Occupational Standards for Health Informatics
HSC	National Occupational Standards for Health and Social Care
MSC	Management Standards Centre – National Occupational Standards for Management and Leadership
PH	National Occupational Standards for the Practice of Public Health
Police	National Occupational Standards for Policing and Law Enforcement

## References

- 1 *Childhood Matters: a report of the National Commission into the prevention of child abuse*. National Commission of Inquiry into the Prevention of Child Abuse (1996) London: The Stationery Office.
- 2 *The Victoria Climbié Inquiry: report of an inquiry by Lord Laming*. (2003) London: The Stationery Office
- 3 *The Victoria Climbié Inquiry Report*. Sixth Report of session 2002-03. House of Commons Health Committee (2003) London: The Stationery Office
- 4 *Safeguarding Children: The second joint Chief Inspectors' report on arrangements to safeguard children*. Commission for Social Care Inspection, HM Inspectorate of Court Administration, The Healthcare Commission, HM Inspectorate of Constabulary, HM Inspectorate of Probation, HM Inspectorate of Prisons, HM Crown Prosecution Service Inspectorate and the Office for Standards in Education (2005)  
[www.safeguardingchildren.org.uk](http://www.safeguardingchildren.org.uk)
5. *The Role of Primary Care in the Protection of Children from Abuse and Neglect*. Position Paper for the Royal College of General Practitioners. October 2002. [www.rcgp.org](http://www.rcgp.org)
6. *Keep Me Safe The RCGP strategy for child protection* [www.rcgp.org.uk/corporate/ position/ childprotectionstrategy.pdf](http://www.rcgp.org.uk/corporate/position/childprotectionstrategy.pdf)
7. *The National Service Framework for Children, Young People and Maternity Services (NSF)* <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en>
8. *Model Job Description. Named Doctor for Child Protection* March 2005 [http://www.rcpch.ac.uk/publications/recent\\_publications/Named\\_doctor\\_JD.pdf](http://www.rcpch.ac.uk/publications/recent_publications/Named_doctor_JD.pdf)
9. Guidelines for the appointment of General Practitioner with a Special Interest in the Delivery of Clinical Services. *Child Protection*. April 2003 <http://www.dh.gov.uk/assetRoot/04/06/82/22/04068222.pdf>
10. *Every Child Matters*. DfES/DH (2004) London: The Stationery Office
11. *It's Everyone's Job to Make Sure I'm Alright*. Scottish Executive 2002 Edinburgh: The Stationery Office
12. *Working Together*. DfES, DoH, HO (2006) based on *Children Act 2004*. [http://www.everychildmatters.gov.uk/\\_files/CCE39E361D6AD840F7EAC9DA47A3D2C8.pdf](http://www.everychildmatters.gov.uk/_files/CCE39E361D6AD840F7EAC9DA47A3D2C8.pdf)
13. *Self Assessment Tool for Child Protection for Clinical Teams* Commission for Health Improvement (2004).
14. Common core of skills and knowledge for the Children's Workforce. DfES, December 2004 <http://www.dfes.gov.uk/commoncore/back.shtml>

15. *Child Protection Responsibilities of Primary Care Trusts*. A letter to Chief Executives of Primary Care Trusts (PCTs), Shadow PCTs and Primary Care Groups (PCGs), from Jacqui Smith, Department of Health, 28 January 2002.
16. *What To Do If You're Worried a Child is Being Abused*. Department of Health (2003) London: Department of Health Publications [www.doh.gov.uk/safeguardingchildren/index.htm](http://www.doh.gov.uk/safeguardingchildren/index.htm)
17. *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Department of Health (1999) London: Stationery Office.
18. *Protecting Children, A Shared Responsibility: Guidance on Inter-agency co-operation*. The Scottish Office (1998) Edinburgh: Stationery Office
19. *Safeguarding Children in Whom Illness is Fabricated or Induced*. Department of Health (2002) London: Stationery Office
20. Safeguarding children involved in prostitution: supplementary guidance to *Working Together to Safeguard Children*. Department of Health (2000) London: Department of Health.
21. *Protecting children and young people: Framework for Standards*. Scottish Executive (2004) , Edinburgh: Stationery Office
22. *Too Serious a Thing – The Carlisle Review – The Review of Safeguards for Children and Young People Treated and Cared for by the NHS in Wales*. National Assembly for Wales (2002)
23. *National Service Framework for Children in Wales* (2005)
24. *Co-operating to safeguard Children*, Department of Health, Social Services and Public Safety (2003) Belfast, DHSSPS Children (Northern Ireland) Order (1995)
25. *Regional Child Protection Policies and Procedures* Department of Health, Social Services & Public Safety (2005) Department of Health, Social Services & Public Safety (2004)
26. *Protection of Children & Vulnerable Adults* (NI) Order (2003)
27. *Working Together to safeguard and promote the welfare of children - a guide to interagency working* National Assembly for Wales (2000) London: HMSO
28. *Response to the Victoria Climbié Inquiry* Welsh Assembly Government (2003) Cardiff, WAG
29. *Safeguarding Children: Working together for positive outcomes* Welsh Assembly Government (2003) Cardiff, WAG
30. *All Wales Child Protection Procedures* Welsh Assembly Government (2004) Cardiff WAG

### **Additional references:**

31. *The New GMS Contract 2003* (annex B, section 20) [http://www.bma.org.uk/ap.nsf/Content/investing\\_gp](http://www.bma.org.uk/ap.nsf/Content/investing_gp)
32. Summary Report of the Independent Health Review into the death of Lauren Wright. Norfolk Health Authority March 2002. [http://www.nscha.nhs.uk/scripts/default.asp?site\\_id=117&id=5327](http://www.nscha.nhs.uk/scripts/default.asp?site_id=117&id=5327)
33. *Child Protection Performance Indicator 2004/5* Health Care Commission
34. *Standards for Better Health* DH 2004 <http://www.dh.gov.uk/assetRoot/04/08/66/66/04086666.pdf>