

# TRAINING, COMPETENCIES AND DEVELOPMENT

## INTERCOLLEGIATE DOCUMENT January 2019

### Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

<https://drive.google.com/open?id=1NaLiVUagZVAsqlr8RFj9Xb0jxS3HCJeA>

Safeguarding/child protection competencies are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. 'Working Together' signposts healthcare organisations to the intercollegiate safeguarding framework and states that 'All staff working in healthcare services – including those who predominantly treat adults – should receive training to ensure they attain the competencies appropriate to their role and follow the relevant professional guidance'. Similarly the GMC signposts to this document for all doctors.

### Training Summary

| Level | Staff group  | Training/<br>Development Duration  | Mode of training   | Refresher<br>timeframe     |
|-------|--|--|--|----------------------------|
| 1     | <b>Non-clinical staff</b><br><i>E.g. Administrators, maintenance and cleaning team</i>   | 2 hours  | E-learning acceptable  | Every 3 years as a minimum |
| 2     | <b>Non-clinical staff who have contact (however small) with children and young people</b><br><i>E.g. GP reception staff, GP practice managers, GP practice safeguarding administrators, healthcare students.</i> | 3-4 hours  | E-learning acceptable  | Every 3 years as a minimum |
| 3     | <b>Clinical Staff</b><br>GPs, Practice Nurses, Healthcare Assistants, GP Pharmacists, Physician's Associates, Paramedics, Phlebotomists, Doctors in training (GP trainees and Foundation doctors).               | GPs and Practice Nurses:<br>12-16 hours<br><br>Pharmacists, Physician's Assistants, Healthcare Assistants, Paramedics, Phlebotomists, Doctors in training (GP trainees and Foundation doctors):<br>8 hours | 50% should be participatory i.e. face to face<br><br>Blended learning approach | Every 3 years as a minimum |
| 4     | Named Professionals  |  |  |                            |
| 5     | Designated Professionals   |  |  |                            |

There should be at least one whole practice meeting per annum on safeguarding of children which needs to ensure all members of staff are fully aware of the practice policy and know what to do if they are worried a child is being abused or neglected. The meeting should also review any significant events in safeguarding and review the practice policy. The practice should discuss and record at least one clinical incident

involving safeguarding children. Staff should be encouraged to keep a log for their appraisal / personal development.

The Practice Safeguarding Children's Lead should cascade any information received about Safeguarding Children to all relevant practice staff.

## Level 1 Knowledge, Skills and Competencies

All staff including commissioning board members, non-clinical managers and staff working in healthcare services Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of two hours. This can be e-learning.

**Level 1** provides key safeguarding / child protection information, including about vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.

Essentially competence at this level is about individuals knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns. It comprises of:

- *Recognising potential indicators of child maltreatment – physical, emotional, and sexual abuse, and neglect*
- *Recognising the potential impact of a parent's/carer's physical and mental health on the well-being of a child or young person*
- *Taking appropriate action if they have concerns, including appropriately reporting concerns and seeking advice*

## Level 2 Knowledge, Skills and Competencies

Nonclinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children.

This includes: GP Practice Managers, GP reception staff, GP practice safeguarding administrators★, healthcare students including medical, relevant allied health professional students and nursing students, patient advocates, phlebotomists.

★ A GP practice safeguarding administrator is a member of the practice administrative team who, depending on size of practice and structure, either manages or oversees, the recording and coding of safeguarding information coming in and out of the practice e.g. safeguarding/child protection case conference reports, MARAC notifications, summarising safeguarding information in new patient records. The safeguarding administrator will work closely with the GP Practice Safeguarding Lead.

Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of four hours. This can be e-learning.

**Level 2** should consider encompassing safeguarding learning within regular, multi-agency or vulnerable family meetings, clinical updating, and clinical audit, reviews of critical incidents and significant unexpected events and peer discussions. Use multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit and should cover areas including the importance of early help, domestic violence, vulnerable adults, learning disability, and communicating with children and young people.

As for Level 1 plus:

Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect

- *Acts as an effective advocate for the child or young person*
- *Recognises the potential impact of a parent's/carer's physical and mental health on the well-being of a child or young*

person

- Clear about own and colleagues' roles, responsibilities, and professional boundaries
- Able to refer as appropriate to role to social care if a safeguarding/child protection concern is identified
- Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion
- Shares appropriate and relevant information with other teams
- Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act

### Level 3 Knowledge, Skills and Competencies

All clinical staff working with children, young people; and/or their parents/carers; and/or any adult who could pose a risk to children; who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).

This includes GPs, practice nurses (including nurse practitioners within primary care), urgent and unscheduled care staff, physician's assistants working in any level 3 speciality, pharmacists working in GP practices, care homes and out of hours services.

It is expected that doctors in training (Including foundation level doctors) who have posts in these level 3-affiliated specialties/with significant children/young person contact, will also require level 3 training.

Refresher training every 3 years at a minimum. 50% should be participatory i.e. face to face.

For GPs and Practice Nurses: 12-16 hours over 3 years

For Pharmacists and Physician's Assistants: 8 hours over 3 years

Individuals should be encouraged to maintain their education, training and learning log to capture all education, training and learning opportunities to demonstrate acquisition and up to date knowledge, skills and competencies. E-learning can also be used at level 3 and above as preparation for reflective team-based learning, and contribute to appraisals and revalidation when linked to case studies and changes in practice.

While e-learning is important it should not be the only form of learning undertaken at level 3. It is expected that around 50% of indicative education, training and learning time will be of a participatory nature, interactive and involve the multi-professional team wherever possible. This includes for example formal teaching/education, conference attendance and group case discussion.

**Level 3** should include personal reflection and scenario-based discussion, drawing on case studies and lessons learned from research and audit. Learning should be multi-disciplinary and inter-agency and be delivered both internally and externally and can be tailored by organisations for an annual update or once every three years encompassing a blended learning approach that could best include learning and clinical updating through clinical audit, significant event reviews and peer discussions as well as communicating with children about what is happening.

As for Level 1 and 2, plus:

- Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect
- Will have professionally relevant core and case specific clinical competencies
- Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of

risk

- Documents concerns in a manner that is appropriate for safeguarding/child protection and legal processes
- Undertakes regular documented reviews of own (and/or team) safeguarding / child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)
- Contributes to serious case reviews/case management reviews/significant case reviews, and child death review processes
- Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns
- Advises other agencies about the health management of individual children in child protection cases
- Applies the lessons learnt from audit and serious case reviews/case management reviews/ significant case reviews to improve practice
- Advises others on appropriate information sharing

### **Appraisal for all Staff**

Annual appraisal is crucial to determine individuals' attainment and maintenance of the required knowledge, skills and competence. Employers and responsible officers should assure themselves that appraisers have the necessary knowledge, skills and competence to undertake appraisals, and in the case of medical or nursing staff to oversee revalidation.