



SAFEGUARDING CHILDREN TRAINING POLICY

Policy Type	Clinical
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Named Nurse for Safeguarding Children
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Approving Body	Policy Management Sub-Committee 6 TH May 2020
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Policy Valid from date	1 st May 2020
Policy Valid to date:	31 st May 2024

‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
16 Apr 14	1.0		Executive Director of Nursing and Workforce	Ratified	Risk Management Committee
23 Apr 14	1.0	23 Apr 14	Executive Director of Nursing and Workforce	Approved at with minor changes	Policy Management Group
31 Mar 17	1.1		Executive Director of Nursing and Quality	Ratified at	Clinical Standards Group
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3 Feb 2020	2.1		Director of Nursing	Scheduled review of policy	
28 Feb 2020	2.1		Director of Nursing	Endorsed at	Clinical Standards Group
6 th May 2020	3.0	6 th May 2020	Director of Nursing	Approved via voting buttons and Chairs Action at	Policy Management Sub-Committee
29 th Jan 2021	3.0	6 th May 2020	Chief Nurse including Midwifery and Allied Health Professionals	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date	Quality & Performance Committee
21 st May 2021	3.0	6 th May 2020	Chief Nurse including Midwifery and Allied Health Professionals	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

Safeguarding children is everybody's responsibility.

To protect children and young people from harm, all health staff must have the competences to recognise child maltreatment and to take effective action appropriate to their role. They must clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties.

This training policy sets out the training requirements for every member of staff within Isle of Wight NHS Trust (hereafter referred to as 'the Trust') according to their role and level of contact with children and their parents /carers.

2 Introduction

- 2.1 All health organisations have a legal duty under Section 11 of the Children Act 2004 to ensure that their staff, and staff employed by independent services contracted by the Organisation to deliver health services, are trained to be alert to potential indicators of abuse and neglect of children and to be able to respond appropriately to their role in addressing such concerns for the care and safety of a child
- 2.2 The Intercollegiate Document, "Safeguarding Children and Young People. Roles and Competencies for Health Care Staff" [2019] provides clear guidance on the competencies required for all healthcare staff in order to safeguard children and young people.
- 2.3 The Care Quality Commission (Outcome 7 – Safeguarding people who use services from abuse) requires that all healthcare staff are compliant with the above guidance and this Training Policy identifies the levels of training required for all staff with the Organisation according to their degree of contact with children and parents / carers.
- 2.4 The requirements for safeguarding children training set out within this Training Policy is mandatory and must be followed by all personnel employed by the Trust.
- 2.5 Children and young people have a right to expect that the care they receive in any healthcare setting is safe and that health care organisations fully understand their duties in safeguarding the child in the wider context of family and community.
- 2.6 "Children [age 0-18 years] have a right to be protected from harm and all adults have a responsibility to protect children from harm" [Article 19, UN Convention on the rights of the Child].
- 2.7 Safeguarding children is **everybody's responsibility** and all Isle of Wight NHS Trust staff have a part to play in meeting these obligations and responsibilities.

- 2.8 All staff that comes into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour.
- 2.9 To fulfil these responsibilities, all health staff should have access to appropriate Safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.
- 2.10 It is essential that all staff know how to act on concerns for the care and/or safety of a child or young person and on what factors within the child's environment may pose a significant risk to the child.
- 2.11 In line with the 'Intercollegiate Document, Safeguarding Children and Young People: Roles and Responsibilities for Health Care Staff' [2019], there is an emphasis on collaborative working across agencies to promote the welfare of children. Interagency training should complement single agency training as this promotes a shared understanding of roles across agencies and supports a common language increasing the effectiveness of interagency communication.

3 Definitions

A Child

A child is anyone that has not yet reached their 18th birthday (Children Act 1989 and 2004). The fact that a child has reached the age of 16 years of age and is living independently, is in further education, member of the armed forces, is in hospital, prison or a young offenders institution does not change their status or entitlement to services or protection under the Children Act 1989. While "unborn children" are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice – Working Together to Safeguard Children (2018).

Safeguarding

The term safeguarding and promoting the welfare of children is defined in Working Together (2018) as:

- Protecting children from child maltreatment
- Preventing impairment of children's health & development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm as a result of maltreatment or neglect.

Competence

The ability to perform a specific task, action or function successfully.

Safeguarding Children Competences

A set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They form a combination of skills, knowledge, attitudes and values that are required for safe and effective practice.

Named Safeguarding Children Professional

Named professionals have a key role in promoting good professional practice within their organisation, and provide advice and expertise on safeguarding children issues within the Trust.

Safeguarding Partners

A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Care Act, 2017) as:

- The local authority
- A clinical commissioning group for an area any part of which falls within the local authority area
- The chief officer of police for an area any part of which falls within the local authority area

The Isle of Wight Safeguarding Children Partnership (IOW SCP) is the key statutory arrangement for ensuring that organisations co-operate to safeguard and promote the welfare of children locally. The IOW SCP has key statutory functions defined in the Children Act 2004 and one of these is training. The statutory responsibilities have been strengthened in Working Together to Safeguard Children (2018).

4 Scope

4.1 This training policy applies to every employee of the Trust without exception.

4.2 Employees of commissioned and independent services under contract to the Trust to provide health care services must comply with the safeguarding training as outlined within the contractual agreement.

5 Purpose

5.1 The purpose of this policy is to provide a clear framework of the level and frequency of safeguarding training required for all staff dependent on their job role and the organisation's responsibility to ensure this is delivered and monitored in order to provide Trust Board and the Isle of Wight Safeguarding Children Partnership (IOW SCP) assurance.

6 Roles and Responsibilities

Chief Executive

The Chief Executive is ultimately responsible for ensuring that all Trust staff receives mandatory safeguarding children training in line with this policy.

The Trust has a responsibility to ensure that their staff are trained to recognise and respond to concerns for the care and safety of a child and that they are fully aware of their individual and corporate responsibilities for safeguarding and promoting the welfare of children.

The Trust also has a responsibility to ensure that adequate resources are in place to deliver single agency training for all staff in their organisation and contribute to the development of a IOW Safeguarding Children Partnership Interagency Training Policy and to support the delivery of interagency training.

6.2 Trust Board

The IOW NHS Trust Executive Lead for Safeguarding, (Reference: IOW NHS Trust Organisational Chart) together with the Chief Executive Officer and in conjunction with all Board Members, has a responsibility to ensure that the Trust Safeguarding Children Team are able to contribute to the development and delivery of a safeguarding children training programme and are also able to monitor the content and quality of the programme.

The Executive Lead and Board also have a responsibility to ensure that the Trust has sufficient trainers available to deliver the required training and to ensure that staff are supported to access and attend the required training for their role.

6.3 Assistant Director for Organisational Development

The Assistant Director for Organisational Development is responsible for overall coordination of the Trust's training programme and maintains an overview of the IOW SCP Multi-agency training programme.

6.4 The Mandatory Training Group

The Trust's Mandatory Training Group is responsible for discussing local requirements, provision and any funding issues arising and making recommendations thereon. The level and frequency of training will be agreed in conjunction with the subject specialist.

6.5 Development and Training Department

The Development and Training Department will:

- Ensure that sufficient activities are scheduled to enable all staff to complete the relevant training programmes identified in the training needs analysis.
- Keeps a central record of attendance of mandatory training using the learning management system? The learning management system database is centrally held. It can be accessed by all staff, Managers and Subject Leads.

- Provide reports for managers, as requested, to show their departmental levels of compliance with mandatory training requirements, and indicate when individuals' competencies are due to expire.
- Monitor course cancellations and non-attendance.
- Advise and support managers to agree further action when staff fail to attend courses or cancel repeatedly.
- Support the Training Needs Analysis (TNA), standards and evaluation methods for all learning and development.

6.6 **Named Doctor, Nurse and Midwife and Head of Safeguarding Children**

Named Safeguarding Children Professionals have a responsibility to contribute to and support the planning, delivery and reshaping of both single agency and interagency training according to evaluation and feedback to meet identified needs of the staff within the Trust. Named Professionals also have a responsibility to respond to any additional training needs identified via professional practice and supervision. The Head of Safeguarding Children will also hold responsibility for the collation of all training data in liaison with the Child Protection Administrator and the Development and Training Dept. within the Trust

6.7 **Managers**

Managers will be responsible for ensuring that their staff are released to attend or complete the appropriate level of safeguarding children training (dependent on their role and detailed in the Training Needs Analysis / Online training record) during their normal working hours. Where required, agreement to attend out of normal working hours may be needed. All training must be undertaken within the timescales prescribed in this document. It is the responsibility of managers to review attendance data and hold team members to account if they have not attended. Managers will ensure that each role's requirements for safeguarding training links to the Knowledge and Skills Framework and is incorporated into the job description for the role.

6.8 **Staff**

Every member of staff in the Trust must be familiar with the Safeguarding Children Training Policy and identify, in discussion with their manager, their training needs in relation to Safeguarding Children. This is supported by the Training Needs Analysis and individual staff competences recorded on the Learning Management System. This will depend on their:-

- Degree of contact with children / young people and / or adults who are parents or carers
- Level of responsibility
- The autonomy of their practice. Those requiring competences at Levels 1 to 4 should also possess the competences at each of the preceding levels. The Safeguarding Children Framework (Appendix C) provides guidance on the standard training opportunities available to staff, the frequency required and booking arrangements. Attendance to safeguarding children training will be required within contracted hours of work; however some staff may need (by prior agreement) to attend outside of usual hours worked or shifts may need to be changed. Having attended training, it is the responsibility of individuals to ensure that their attendance at that course is recorded by the Organisation.

This will involve signing an attendance sheet, informing their manager and checking their compliance on the Learning Management System. Failure to attend training may lead to disciplinary action in line with the Trust's Disciplinary Policy (Mandatory Training Policy refers).

6.9 Isle of Wight Safeguarding Children Partnership (IOW SCP)

The IOW SCP has a duty to oversee and challenge partner agencies' compliance with safeguarding children training as part of its IOW SCP role and will receive regular reports from the IOW NHS Trust to the IOW SCP Quality and Assurance Sub Group. The IOW SCP also has a duty to commission multi agency Level 3 training which Trust staff who requires this level of training can access. There is an expectation that the Named Safeguarding Professional Team will contribute time and expertise to this partnership training if required. The IOW SCP will hold an annual safeguarding children conference and attendance will also contribute towards level three training compliance. The IOW SCP will support multi agency learning from Local/National Safeguarding Practice Reviews and Child Death reviews. The IOW NHS Trust will be responsible for ensuring that learning from Local/National Safeguarding Practice Reviews & Child Death Reviews is rapidly disseminated across the organisation as part of single agency training, including the delivery of Local/National Safeguarding Practice Review specific training as required.

7 Policy detail/Course of Action

- 7.1 The level and frequency of training is defined within the Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, 2019: Intercollegiate Document – The Royal College of Paediatrics and Child Health (RCPCH).
- 7.2 Staff should refer to their online training record to identify which level of training is required for their role. The Safeguarding Children Framework (Appendix C) provides further details as to the requirements for each level, content of training and frequency.

8 Consultation

- 8.1 This policy will be disseminated for consultation in line with the Trust's Document Control Policy.

9 Training

- 9.1 Details of safeguarding training requirements, frequency, mode of delivery and the competencies to be delivered for each level are described in the Safeguarding Children Training Framework (Appendix C).
- 9.2 Those requiring competencies at levels 1-4 must also possess the competencies at each of the preceding levels.
- 9.3 The Safeguarding Children Training Policy has a mandatory training requirement which is detailed in the Trust's mandatory training matrix and is reviewed on a yearly basis.

10 Monitoring Compliance and Effectiveness

- 10.1 All staff will have the level of their safeguarding children training needs recorded on the Trust Training Needs Analysis (TNA) and competences required recorded on the Learning Management System.
- 10.2 All internal safeguarding children training sessions will be uploaded onto Management System and staff will use this platform to book their training places.
- 10.2 All completed safeguarding training (both internal and external) will be recorded on the Learning Management System
- 10.3 Line Managers are responsible for monitoring compliance of safeguarding children training using the Learning Management System and ensuring staff meet their training requirements as part of the supervision / appraisal process.
- 10.4 Organisational and Directorate Compliance will be monitored quarterly at the organisation's Joint Safeguarding Steering Group and reported to Trust Board via the Quality and Clinical Performance Committee.
- 10.5 Directorate compliance will be monitored at monthly Quality, Risk and Patient Safety Groups.
- 10.6 Overall, compliance will be monitored by the Trust Executive Committee at Performance Review meetings.
- 10.7 Details of safeguarding children training will be included in the Annual Safeguarding Report presented to Trust Board.
- 10.8 Should any individual persistently not meet their training requirements having been provided with every opportunity to do so in terms of guidance of what is required, time to attend etc. then the manager may take disciplinary action in line with the Trust's Disciplinary and Dismissal Policy as stated in the Statutory and Mandatory Training Policy.

- 10.10 Equally managers who regularly and consistently fail to release staff to attend Statutory / Mandatory events may be subject to disciplinary action in line with the Trust's Disciplinary and Dismissal Policy.
- 10.11 Significant compliance issues in relation to safeguarding children training will be added to the Trust Risk Register and a monitored action plan generated for review by Joint Safeguarding Steering Group.

11 Links to other Organisational Documents

This policy should be read in conjunction with –

- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, 2019: Intercollegiate Document - Published by The Royal College of Paediatrics and Child Health
- The Core Skills Training Framework, 2020, NHS Health Education
- Isle of Wight NHS Trust Statutory and Mandatory Training Policy
- Isle of Wight NHS Trust Appraisal Policy
- Isle of Wight NHS Trust Child Protection Policy
- 4LSCB Safeguarding Children on Line Procedures
- Isle of Wight SCP Training Policy
- Section 11; Children Act 2004: Department for Education and Skills
- Working Together to Safeguard Children [2018]: Department for Education and Skills
- UN Convention on the Rights of the Child
- IOW NHS Trust Induction Policy
- A Family Approach Protocol- Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Partnerships and Boards (2018)

12 References

- Section 11 of the Children Act 2004
- IOW NHS Trust Organisational Chart
- The Intercollegiate Document, "Safeguarding Children and Young People: Roles and Competencies for Health Care Staff" [2019]
- The Care Quality Commission (Outcome 7 – Safeguarding people who use services from abuse)
- Article 19, UN Convention on the rights of the Child
- Working Together to Safeguard Children 2018.

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equity Impact Assessment (EIA) Screening tool.

Appendix C Core Skills Training Framework

Uncontrolled when printed

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Safeguarding Children Training Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

No additional impact beyond the mandatory training requirements currently in place and working within the IOW NHS Trust

Risk Management Issues:

Failure to ensure the full implementation of this policy and failure to effectively performance manage safeguarding children training would constitute a significant risk for the Trust.

Benefits / Savings to the organisation:

Full implementation of, and compliance with this safeguarding children training policy would help to protect the Trust from enforcement and/or improvement notices or other penalties which could be imposed by the IOW SCP, Ofsted, CQC or other enforcement agencies.

Equality Impact Assessment

- | | |
|--|-----|
| ▪ Has this been appropriately carried out? | YES |
| ▪ Are there any reported equality issues? | NO |

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure

you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Safeguarding Children Training Policy
Purpose of document	The purpose of this policy is to provide a clear framework of the level and frequency of safeguarding training required for all staff dependant on their job role and the organisations responsibility to ensure this is delivered and monitored in order to provide Trust Board and Local Safeguarding Children Board (LSCB) assurance.
Target Audience	This training policy applies to every employee of the Trust without exception.
Person or Committee undertaken the Equality Impact Assessment	Named Nurse for Safeguarding Children

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	yes		
	Women	yes		
Race	Asian or Asian British People	yes		

	Black or Black British People	yes		
	Chinese people	yes		
	People of Mixed Race	yes		
	White people (including Irish people)	yes		
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	yes		
Sexual Orientation	Transgender	yes		
	Lesbian, Gay men and bisexual	yes		
Age	Children	yes		
	Older People (60+)	yes		
	Younger People (17 to 25 yrs)	yes		
Faith Group		yes		
Pregnancy & Maternity		yes		
Equal Opportunities and/or improved relations		yes		

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

Target Audience

The target audience and levels given here are those that have been stated in the Intercollegiate Document, Safeguarding Children and Young People: Roles and Competences for Healthcare Staff, Royal College of Nursing (2019).

Level 1: All staff working in health care settings.

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

Level 3: 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).

Those healthcare staff who undertake specialist safeguarding roles and responsibilities including named professionals, designated professionals, experts and board members will need to receive higher levels of training and opportunities to promote acquisition of skills to ensure they can develop the desired level of competence for their role and thus contribute to effective safeguarding. The training standards and learning outcomes at Level 4 (Named professionals) and Level 5 (Designated professionals) and requirements for Health Board Executives and non-executive directors/members are beyond the scope of this core skills framework but are set out in the Intercollegiate Document (2019).

Key Learning Outcomes

The following section reflects the level and core learning outcomes in accordance with the Intercollegiate Document (2019). However, it needs to be emphasised that dependent upon role/speciality there may be additional learning needs which will need to be addressed. While some of these needs can be addressed through training, some will be achieved through clinical experience and supervision.

Level 1

The learner will:

- a) know potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)
- b) be aware of child trafficking, female genital mutilation (FGM), forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county

lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)

- c) understand the risks associated with the internet and online social networking
- d) be aware of the vulnerability of; looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children
- e) understand the impact a parent/carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse
- f) understand the importance of children's rights in the safeguarding/child protection context
- g) know what action to take if they have concerns, including to whom concerns should be reported and from whom to seek advice
- h) be aware of relevant legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003)

Level 2 (Level 1 Outcomes plus the following)

The learner will:

- a) understand what constitutes child maltreatment and be able to identify signs of child abuse or neglect
- b) be able to act as an effective advocate for the child or young person
- c) understand the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk
- d) be able to identify one's own professional role, responsibilities, and professional boundaries, and understand those of colleagues in a multidisciplinary team and in multi-agency setting
- e) know how and when to refer to social care if a safeguarding/child protection concern is identified
- f) be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately

- g) know how to maintain appropriate records including being able to differentiate between fact and opinion
- h) be able to identify the appropriate and relevant information and how to share it with other teams
- i) be aware of the risk of FGM in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate to role, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation
- j) be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity
- k) be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation

Level 3 (Level 1 & 2 Outcomes plus the following)

The learner will:

- a) be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach
- b) understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people
- c) have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (e.g. where role involves/includes forensics teams/working alongside forensics teams)
- d) know how to undertake, where appropriate, a risk and harm assessment
- e) know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability

- f) know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process
- g) know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and as related to role
- h) understand the issues surrounding misdiagnosis in safeguarding/child protection
- i) know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role
- j) know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required
- k) know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training
- l) know how to deliver and receive supervision within effective models of supervision and/or peer review as appropriate to role, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals
- m) be able to identify risk to the unborn child in the antenatal period as appropriate to role
- n) know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice
- o) know, as per role, how to advise others on appropriate information sharing
- p) know how to (where relevant to role) appropriately contribute to serious case reviews /domestic homicide reviews which include children/case management reviews/significant case reviews, and child death review processes, and seek appropriate advice and guidance for this role

- q) know how to obtain support and help in situations where there are problems requiring further expertise and experience
- r) know how to participate in and chair peer review and multidisciplinary meetings as required.

Required Frequency of Refresher Training

It is recommended that education, training and competence are reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and that refresher training should take place at:

Level 1 – every 3 years (minimum of 2 hours)

Level 2 – every 3 years (minimum of 4 hours)

Level 3 – every 3 years (minimum of 8 hours)

Organisational Implications: Each healthcare organisation will need to ensure awareness of local procedures and that the required training schedule is incorporated into local policy.

Refresher training will be indicated for all staff if there is a change in Safeguarding Children and Young People legislation nationally, or an organisation has amended its policy locally.