

# Safeguarding and Protecting Children: The Role of Designated Professionals

## Implications of:

- *The Health and Social Care Bill*<sup>1</sup> (England, January 2011)
- *The Munro Review of Child Protection*<sup>2</sup> (February 2011)
- The Public Health White paper; *Health Lives, Healthy People*<sup>3</sup> (November 2010)

## Update and request for comment

March 2011

*A clinical statement produced jointly by RCN and RCPCH.*

## 1. Background

- 1.1 This paper is for information and discussion to inform the above national developments. It has been agreed by the signatories below on behalf of their organisations but does not have the formal agreement of the organisations, in view of the time scales attached to the above papers.
- 1.2 The paper will be circulated to SHA Leads for Safeguarding, Designated Professionals for Safeguarding (both doctors and nurses), the Munro review team and contacts from the RCN and RCPCH.

## 2. Statutory Guidance

- 2.1 *Working Together to Safeguard Children 2010*<sup>4</sup> remains the statutory guidance covering safeguarding and protecting children.
- 2.2 It says:  
*The terms 'designated professionals' and 'named professionals' denote professionals with specific roles and responsibilities for safeguarding children. As commissioners, all PCTs should have a designated doctor and nurse to take a strategic, professional lead in all aspects of the health service contribution to safeguarding children across the PCT area..'*
- 2.3 The functions of the Named Professionals (nurse, doctor and midwife) remains clear and are not affected by the proposed changes – each provider of services for children will need to nominate a professional to act in this role and this will also be a requirement for compliance under Outcome 7 of the *Essential Standards*<sup>5</sup>, which is the basis of licensing of providers with CQC. Named GPs are not identified as a specific role within *Working Together*, although many PCTs have encouraged their appointment to facilitate training and development amongst GP colleagues.

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<sup>1</sup><http://www.publications.parliament.uk/pa/cm201011/cmbills/132/11132.i-v.html>

<sup>2</sup><http://www.education.gov.uk/munroreview/downloads/Munrointerimreport.pdf>

<sup>3</sup>[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122347.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf)

<sup>4</sup><http://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN-v3.pdf>

<sup>5</sup>[http://www.cqc.org.uk/\\_db/\\_documents/Essential\\_standards\\_of\\_quality\\_and\\_safety\\_March\\_2010\\_FINAL.pdf](http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf)

### **3. Designated professionals**

3.1 The current national developments of the Health and Social Care Bill, the Public Health White Paper consultation and the Munro Review of Child Protection present a number of significant issues in relation to the role of designated professionals in England. The RCN and RCPCH continue to be engaged with discussions around the importance of maintaining, protecting and developing these roles during this organisational transition and in supporting and influencing the emerging national guidance and legislation.

3.2 The roles and responsibilities of the Designated Professionals are described in *Working Together to Safeguard Children* and in detail in *Safeguarding Children and Young People: Roles and Competences for Health Care Staff*<sup>6</sup> (2010). This document was produced by a wide and diverse stakeholder group, including, but not limited to, the Royal Colleges of Paediatrics and Child Health, Nursing, Midwives, General Practitioners, Surgeons, Psychiatrists and Anaesthetists. This document built on, revised and enhanced the previous publication in 2006<sup>7</sup> and replaced the 2008 publication<sup>8</sup> by RCPCH outlining model job descriptions for named and designated doctors for child protection.

3.3 The recently published Operating Framework<sup>9</sup> sets out clearly on page 41, section 4.42, that all requirements of “*Working together*” continue to apply.

3.4 Whilst PCTs remain, they must retain their lead role in safeguarding and will continue to have responsibility for the designated professionals. As the new commissioning arrangements are established there will be questions about where and how designated professionals will continue to fulfil their duties.

3.5 It is not for the professional organisations to prescribe an employment solution; however we are concerned that these key strategic roles and experienced professional leaders will not be seen as priority during these times of change and therefore the risk and harm for children, young people and families will increase.

### **4. Key functions**

There are 5 areas of importance and strategic influence for designated professionals:

#### **4.1 Local Authority Public Health teams**

- Work closely to ensure an integrated local approach to safeguarding children, taking account of factors such as early intervention, domestic violence, substance misuse and parental mental health problems.
- Engagement is critical to progress the needs assessment agenda and to explore population issues. Given the enhanced and broadened remit in public health teams within local authorities, encompassing many of the critical factors affecting child health and protection, it is pivotal that DPHs and designated professionals work closely together.

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<sup>6</sup> <http://www.rcpch.ac.uk/Policy/Child-Protection/Child-Protection-Publications>; 2010

<sup>7</sup> <http://www.rcpch.ac.uk/Policy/Child-Protection/Child-Protection-Publications>; 2006

<sup>8</sup> <http://www.rcpch.ac.uk/Policy/Child-Protection/Named-and-Designated-Doctors>; 2008

<sup>9</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122736.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf)

#### **4.2 Provider Organisations**

- To provide advice and support to PCT Board leads for safeguarding and named professionals including GPs and midwives.
- Ensure supervision and support for named professionals.
- Identify gaps between provider services to improve commissioning.

#### **4.3 LSCBs**

- Provide advice on NHS systems.
- Advise on and support multiagency working and policy development.
- Coordinate health partners' contribution to the LSCBs.
- Work with LSCBs on Serious Case Reviews, including production of composite IMRs.
- It is likely that the role of the LSCB will be both protected and advanced, and designated professionals should continue and strengthen their involvement in this area.

#### **4.4 Commissioning Consortia (GP-led)**

- To help develop understanding of child protection arrangements and systems.
- Advise and support in setting up systems.
- Advise on quality of service and provide specialist commissioning advice.

#### **4.5 NHS Commissioning Board**

- To consider how the Board (and any regionally based outposts) will receive advice about child protection and the potential role of the designated professionals.

### **5. Next Steps and feedback**

#### 5.1 Further work is required to consider:

- Which body/bodies designated professionals may be best employed by;
- The inter-relationship between designated professionals and named GPs for safeguarding / child protection;
- How designated professionals can assist in implementing new ways of working, including the establishment of child protection clinical networks;
- What strengthening is required of legislation or statutory guidance to ensure that commissioning arrangements formally take into account advice for designated professionals and that their function and accountabilities are absolutely clear.

5.2 We would appreciate feedback from all designated professionals following their discussions at a local level to enable the professional bodies and Royal Colleges to explore nationally, on your behalf, the potential options and models.

- Designated doctors should send any comments to Nick Libell at [health.policy@rcpch.ac.uk](mailto:health.policy@rcpch.ac.uk)
- Designated nurses should send any comments to [cypadmin@rcn.org.uk](mailto:cypadmin@rcn.org.uk)

Please respond with any comments which can inform and shape our thinking as soon as possible, but ideally by Friday 15<sup>th</sup> April 2011.

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