



## Royal College of Paediatrics and Child Health

### MODEL JOB DESCRIPTION NAMED DOCTOR FOR CHILD PROTECTION

#### ***All Trusts should have a Named Doctor for Child Protection.***

Some Trusts do not provide any children's services. There is still a need for a named doctor for child protection. The job description of this doctor 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 doctor. This outline is based on the duties and responsibilities of the named professional described in **APPENDIX 1**.

For those GPs working as named GPs within primary health care, there is a separate job description.

**The college recognises that terminology referred to throughout this document is based on English Law and practice. Those working in Scotland, Wales and Northern Ireland should refer to their country specific legal terminology and legislation.**

#### **Person Specification**

#### **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 the 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 that of primary health care.

3. Have considerable clinical experience in caring for children and currently practising in the field of child protection.
4. Have good negotiating and effective leadership skills.
5. Have an enhanced CRB check.

**1. Duties**

- a) Work closely with other named and designated professionals in supporting all activities necessary to ensure that the Trust meets its responsibilities in safeguarding children.
- b) Be responsible to, and accountable within, the managerial framework of their employing trust.

**2. Inter-Agency Responsibilities**

- a) Participate in Local Safeguarding Children Board (LSCB) activities, which may include sitting on the LSCB or sub-committees as appropriate. These responsibilities should be shared with other named and designated professionals.
- b) Advise police and social care and other agencies on health matters with regard to safeguarding children in the community / hospital.

**3. Advisory Role**

- a) Support and advise the Trust Board on child protection matters (this should be done in conjunction with the named and designated professionals).
- b) Contribute to the planning and strategic organisation of child protection services in conjunction with the designated professionals.
- c) 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, A & E, orthopaedics, obstetrics, gynaecology, child and adult mental health services). This advice may be specific to the hospital in which the named doctor works, for example, ophthalmology.
- d) In conjunction with other named professionals, 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.

**4. Clinical Role**

- a) Have appropriate competencies and skills referred to in **APPENDIX 2**.
- b) 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 doctor 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.

- c) Support and advise other professionals on the management of all types of child maltreatment.
- d) Advise on the gathering and evaluation of evidence in order to safeguard children and young people.
- e) Disseminate court craft skills, where needed, through accessing trust legal services and facilities.

#### **5. Coordination and Communication**

- a) Work closely with the designated professionals and other named professionals within the geographical area in which they work.
- 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) Liaise 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 LSCB guidance.
- b) Together with the designated professionals, 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) Liaise with the designated professionals about assessment and priorities for training.
- b) Together with the named professionals, ensure that the Trust has an appropriate training strategy for safeguarding children (protecting children).
- c) Play an active role in the delivery of training to health personnel and multi-agency and disciplinary groups.
- d) Together with the named and designated professionals, ensure that the child protection workforce is kept up to date with recent legislation, national documentation, latest guidelines/best practice and research evidence base.

#### **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 of recommendations from Serious Case Reviews.
- e) Advise the Chief Executive of the Trust Board (via designated personnel i.e. the board director who has executive responsibility for safeguarding children) of their responsibilities to ensure that the performance indicators in relation to child protection are met.

## **9. Supervision**

- a) Together with the named and designated professionals, advise on appropriate systems for child protection case supervision in addition to normal clinical supervision and support of all health employees.
- b) Support other professionals in their skills where child protection matters are concerned.
- c) Participate in and in conjunction with the Designated Doctor lead peer review.

## **10. Personal Development**

- a) The named doctor will attend the relevant local, regional and national continuing medical educational (CME) activities in order to maintain up to date skills in the area, equivalent to 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 and leadership.

## **11. Appraisal**

- a) The named doctor should 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.

## **12. Accountability**

- a) The named doctor 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 within the organisation with primary responsibility for children's Services will relate directly to and supervise the named doctor.

## **13. Authority**

The named doctor 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**

- a) The employing trust should explicitly define the named doctor role within the appointed doctor's job description, and ensure sufficient time and funding is provided to enable him/her to fulfil his/her child safeguarding responsibilities effectively.
- b) The Trust will agree Programmed Activities (PAs) and time commitment for the post and will agree a corresponding adjustment of the named doctor's other clinical duties. This should comprise a minimum of 4 PAs per week, based on a child population of 50,000.
- c) The Trust will supply dedicated secretarial and effective support for the named doctor, paying particular attention to the training requirements and at a time when the named doctor may be involved in a serious case review.
- d) There must be child protection safeguarding focused support and supervision for the named doctor. This is an acknowledgement of the stressful nature of this work.

**Appointment as named doctor does not in itself signify responsibility for providing all clinical care for child protection, which should be the subject of separate negotiated agreements with relevant trusts. The named doctor should however continue to have a clinical workload in child protection.**

**NB: All employed personnel should have an enhanced CRB check.**

The named doctors job plan must be negotiated to take account of:

1. The population covered.
2. The assessment of need of the population.
3. The safeguarding team of which the named doctor is a member.

As a guide, the named doctor should have 4 PAs to carry out the duties for a child population of approximately 50,000 with a moderate to high level of need.

If the named doctor is part of a well resourced Safeguarding Team then it may be possible to modify the number of sessions.

If the team is under-resourced and the consultant workforce is inexperienced, then the named doctor may need more time.

## Appendix 1

### Competencies

It is acknowledged that a doctor may not have all the following competencies at appointment. Employing Trusts will need to ensure that the appointed doctor receives appropriate training and supervision within their Personal Development Plan (PDP) to work towards developing these competencies, skills and knowledge. Trusts should ensure that competencies can be met within the team of Named and Designated Professionals.

<b>Safeguarding children and young people</b>	
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>• Be able to recognise child abuse.</li><li>• Be able to document their concerns.</li><li>• Know what to do when they are concerned that a child is being abused and who to inform.</li><li>• Understand the next steps in the child protection process.</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>• Have experience and understanding and where appropriate, be able to undertake forensic procedures.</li><li>• Be able to give sound policy advice.</li><li>• Able to cascade information, at 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 LSCB serious case review/overview, including action plans.</li><li>• Be able to develop robust internal child protection</li></ul>

	<ul style="list-style-type: none"> <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 LSCB 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>
Knowledge	<ul style="list-style-type: none"> <li>• Know about the range of child abuse.</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> <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> <li>• Understand multi-agency frameworks and child protection assessment processes, including the use of the Common Assessment Framework.</li> <li>• Good understanding of child protection investigations.</li> <li>• Good understanding of forensic procedures.</li> <li>• Aware of LSCB (or equivalents) and its remit.</li> <li>• Know how to enquire if a child has a child protection plan.</li> <li>• Aware of resources that may be available within health and other agencies, including the voluntary sector, to support families in need.</li> <li>• Be aware of how own beliefs, experience and attitudes might</li> </ul>

	<p>influence professional involvement in child protection work.</p> <ul style="list-style-type: none"> <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> <li>• Aware of recent legislation/ national documents, latest national and local guidelines/best practice, latest research perspectives and implications for practice.</li> <li>• Advanced understanding of child care law, confidentiality and consent.</li> </ul>
Skills	<ul style="list-style-type: none"> <li>• Be able to recognise signs of child abuse.</li> <li>• Be able to seek advice and report concerns, ensuring that they are listened to.</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> <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> <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 and undertake a serious case review.</li> <li>• Be able to lead improvements in child protection services.</li> </ul>

	<ul style="list-style-type: none"> <li>• Be able to establish child protection quality assurance measures/processes.</li> <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>
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> <li>• Demonstrates appropriate referral for assessment for family support to reduce risks of child maltreatment.</li> <li>• Demonstrates accurate documentation of concerns.</li> <li>• Demonstrates advanced knowledge of patterns and indicators of child maltreatment.</li> <li>• Demonstrates knowledge of the structure and functioning of 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> <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>
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>

## APPENDIX 2

### **Documentation describing duties and responsibilities of the named professional 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).
6. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health

### **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
7. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health

### **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

6. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health

### **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. *Safeguarding Children: Working together under the Children Act 2004*. Draft
6. *All Wales Child Protection Procedures*. Welsh Assembly Government (2004) Cardiff: WAG
7. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health