

Interim Guidance

Safeguarding Children: Safeguarding Care

A core competency framework

For

Allied Health Professions

ACKNOWLEDGEMENT

This interim guidance for AHPs has been adapted from *Safeguarding children and young people: A core competency framework for nurses and midwives*. This was developed in partnership by the DHSSPS, the PHA, the five Trusts and the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), and published by NIPEC in 2012.

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SECTION 1

1.1 INTRODUCTION

Although parents/carers have the primary responsibility for safeguarding their children, statutory and voluntary agencies, relatives, friends and neighbours also have responsibilities. All professionals and agencies, including those in the voluntary and community sectors, play an essential part in ensuring that children and families receive the care, support and services they need to promote children's health and development.

Safeguarding incorporates all preventable harm that impacts on the lives of children, including children in need, with a clear focus on children's personal development and well-being and making children's lives better (OFMDFM, 2006).

Reviews and enquiries into child abuse and neglect across the UK, over the last three decades, often identify the same issues - among them, supervision, poor communication and information sharing between professionals and agencies, inadequate training and support for staff, and a failure to listen to children (DoH, 2010).

This core competency framework was primarily developed to support the allied health professions who, come into contact with children and young people. They have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about child safeguarding (DoH 2010).

This competency framework aims to enable the allied health professions to identify their learning and development needs in relation to the prevention of harm and promotion of safeguarding children and the provision of accessible, safe and effective services.

It is however recognised that all staff working within the Health and Social Care sector either through delegation of duties or in the course of their work come into contact with children and these competencies could equally apply. Further development to this work however needs to be conducted regionally to be inclusive of the multi-agency input into safeguarding.

The ways in which this core competency framework is used will differ between professionals, depending on their area of practice and what level of responsibility/role they have in safeguarding children. Allied Health

Professionals should determine, in line with their role, and through discussion with line managers their appropriate level of responsibility in safeguarding children and any appropriate learning and development activities to meet their needs. In particular if they:

- Are in contact with children, young people and their families/carers
- Have contact with parents/carers who care for children who are subject to Looked after Children Reviews, have been identified as Children in Need or whose names have been placed on the child Protection Register
- Have contact with adults who may pose a risk to children or young people

1.2 DEVELOPMENT OF THE CORE COMPETENCY FRAMEWORK

This core competency framework has been developed through:

- A review of the literature on competency frameworks related to Safeguarding Children (Appendix 2)
- Review of current practices in relation to level 1-3 and training opportunities
- Consideration of Best Practice Guidelines and the recommendations of Enquiries, Case Managements Reviews and Serious Case Reviews

1.3 PURPOSE OF THE CORE COMPETENCY FRAMEWORK

The purpose of this framework is to ensure that all staff, those in direct contact with children and families, and those in supervisory and management positions across member organisations, have a clear understanding of their safeguarding and child protection responsibilities.

This framework outlines the core competencies that the allied health professions are required to have in order to address the safeguarding needs of children during their contact within a health and social care setting. These core competencies outline the integrated knowledge and skills, required to practice safely and ethically in a health and social care setting, regardless of patient/children populations or practice environments. It also supports ongoing learning and development.

The core competency framework can be used to:

- Identify the relevant expertise and skills needed, when in contact or working directly with children and families
- Assist them, employers and their managers, to identify gaps in knowledge and skills, assisting with planning of ongoing training and development needs and preparing for career progression
- Assist them in understanding the value and expertise they bring to a team
- Assist them to understand different factors that may cause particular risks for children and young people, and that it may be appropriate to seek support from other colleagues and agencies to intervene early.

In addition this core competency framework can inform the commissioners, and those developing and providing appropriate continuing education and training programmes.

This core competency framework is designed to be read and used in conjunction with other relevant health and social care documents, including legislation, code of practice, other competency frameworks, action plans, and strategies.

It is important to note that this document is designed for use for the interim as the DHSSPS (2003) Cooperating to Safeguard Children, is currently being updated.

2. WHO IS THIS CORE COMPETENCY FRAMEWORK FOR?

In acknowledging that safeguarding children and young people is everybody's responsibility, the audience for training across Northern Ireland is large and diverse. It not only includes the children's services workforce but those working with adults who are parents or carers. It includes paid and volunteer staff working across the community, independent, statutory and voluntary sectors.

This framework is for those allied health professions who, come into contact with children and young people. It is important that they clearly understand their responsibilities in safeguarding children and are able to recognise and take effective action where there might be a need for protection. The universal nature of health provision means that healthcare professionals have an important role to play in recognising and supporting children and families in need and are often the first to be aware that families are experiencing difficulties looking after their children.

The following pages will assist in identifying the different levels of responsibility in relation to safeguarding children. Each level has an identified set of core competencies and suggested learning and development guidance which should be discussed with line manager in planning any personal development.

3.1 COMPETENCY FRAMEWORK

This competency framework describes the core competencies relating to the promotion of safeguarding children, of which the allied health professions will need to be aware.

By reviewing the competencies set for each level, the allied health professions can identify their learning and development needs. This should facilitate them in preparing for their annual appraisal and discussing with their line manager in terms of their personal development plan. Training will be defined by needs identified both locally and nationally. These needs will be translated into clear practice and learning outcomes. Training needs are identified from grass roots through appraisal, clinical supervision, course evaluations, internal agency reviews as well as regionally through case management reviews and taking account of significant local and national developments.

3.2 Level 0 Cooperating to Safeguard Children

Knowledge/Skill/Values	Outcomes	Target Audience
<p>Basic knowledge of:</p> <ul style="list-style-type: none">• Signs of symptoms of child abuse & contributory factors.• Own role and that of others.• Own Agency/staff group policy & guidance.• Reporting procedures.• Record Keeping.• Maintain a child focus• Limits of Confidentiality/necessity to report	<p>Ability to:</p> <ul style="list-style-type: none">• Recognise & respond to safeguarding children issues.• Understand own role & role of others• Seek appropriate support and guidance	<p>All Staff (paid & unpaid) who require Safeguarding training.</p>

3.3 Level 1 Cooperating to Safeguard Children

Knowledge/Skill/Values	Outcomes	Target Audience
<p>More in-depth knowledge of:</p> <ul style="list-style-type: none">• Signs of symptoms of child abuse & contributory factors.• Threshold for significant harm.• Own role & that of others.• Reporting procedures.• Relevant Legislation, policies & guidance.• Information sharing, confidentiality.• Record keeping.• UNOCINI Framework.• Local services available to protect children.• Importance of early intervention & family support.• Maintain a child focus	<p>Ability to:</p> <ul style="list-style-type: none">• Recognise & respond to safeguarding children issues.• Understand own role & role of others.• Assist in safeguarding & promoting the welfare of children.• Contribute to safeguarding children plans.	<p>All registered AHP and their supervisors, who have regular contact with</p> <ul style="list-style-type: none">• Children, young people.• Adult carers/parents/those who have regular contact with children.• Adults known/suspected of posing a risk to children.

3.4 Level 2 Cooperating to Safeguard Children

Knowledge/Skill/Values	Outcomes	Target Audience
<p>Knowledge of:</p> <ul style="list-style-type: none"> • Key tasks to safeguard Children • Threshold for Significant Harm • Legislation, policies & guidance • Child Protection processes and procedures • Joint Protocol Procedures • Models of Assessment • Impact of Parental Issues such as: Mental Health, Substance Misuse and Domestic Abuse • Relevant Research, Enquiries and case Management Review Findings • Information Sharing & Confidentiality • Child Centred Working • Understanding of Safeguarding for children in specific circumstances e.g. Children with a disability • Bullying • Sexual Exploitation 	<p>Ability to:</p> <ul style="list-style-type: none"> • Develop Working Relationships with other professionals • Understanding of own role and role of others • Working together to meet the needs of children where there are Safeguarding concerns • Work Collaboratively • Identify learning from CMR's • Refer concerns to others 	<p>All registered AHPs and their supervisors, who are predominantly working with Children & Families and who have regular contact with:</p> <ul style="list-style-type: none"> • Children & young people. • Adult carers/parents & those who have regular contact with children. • Adults known/suspected of posing a risk to children.

3.5 Level 3 Cooperating to Safeguard Children

Knowledge/Skill/Values	Outcomes	Target Audience
<p>Knowledge of:</p> <ul style="list-style-type: none"> • Investigative interviewing skills • Child Development • Legislation & Court Process • Complex Assessments • Written Reports for Conference and Court • Thresholds and Risk Assessment Models • Child Centred Working • Working directly with Children 	<p>Outcomes should include:</p> <ul style="list-style-type: none"> • Devise & Implement Safeguarding Plans • Maintain working partnerships • Investigate Safeguarding Concerns • Use professional judgement • Manage Investigations in co-operation with other key practitioners • Decision Making Skills • Key Work Responsibilities • Provide Verbal and Written Reports/Evidence 	<p>Those staff who are the expert practitioners and supervisors directly involved in the investigation, assessment and intervention to safeguard and protect children</p>

4. Conclusion

This training strategy and any further associated training guidance, reflect a dynamic process, which, through continuous evaluation, will ensure the learning needs of staff are met. It will be updated at least annually, in response to audit and evaluation and it will take account of any significant emerging national or local policy initiatives.

The ultimate aim is to ensure that staff involved in the lives of children and young people in Northern Ireland are able to access high quality relevant and appropriate training in safeguarding and protecting our children.

In conclusion, by being appropriately trained and enabled to explore and understand the contribution they make to safeguarding and promoting the welfare of children and young people, allied health professionals, can make a significant difference to outcomes for vulnerable children and children at risk of significant harm.

GLOSSARY OF TERMS

This Glossary of terms is taken from Co-operating to Safeguard children (May 2003) and should be read in conjunction with definitions and as this document is currently being updated, please note these definitions are subject to change.

Definition of a Child

For the purpose of this guidance a child is a person under the age of 18

TYPES OF ABUSE

Physical

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional Abuse

Emotional Abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material

or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failure to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

Significant Harm

The legislation defining the circumstances in which compulsory intervention in family life is justified in the best interests of children is based on the concept of "significant harm". The relevant articles in the Children Order are Articles 2(2) and 50(3). Where a trust has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm it is under a duty (Article 66) to make enquiries, or cause enquiries to be made. A court may only make a care order (committing the child to the care of the trust) or supervision order (putting the child under the supervision of the trust) in respect of a child if it satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- that the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Article 50)

UNOCINI – Understanding the Needs Of Children In Northern Ireland.

UNOCINI has three assessment areas which are divided into four domains.

- The needs of the child or young person.
- The capacity of parents "or carers" to meet these needs.
- Wider family and environmental factors that impact on parental capacity and children's needs.

References

Department of Health (2010) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* Intercollegiate Document .London

HMSO (2004) *Protection of Children & Vulnerable Adults (NI) Order (2003)* Belfast.

Area Child Protection Committees' (2005) *Regional Policy and Procedures* Belfast.

Department of Health, Social Services and Public Safety (2003) *Co-operating to Safeguard Children*, Belfast.

Office of the First Minister and Deputy First Minister (OFMDFM 2008) *Safeguarding Children A cross-departmental statement on the protection of children and young people* Belfast.

HPC Standards of conduct, performance and ethics (2008)

Appendix 1

KEY POLICY DRIVERS

- OFMDFM Children's Strategy – 'Our Children and Young People – Our Pledge (2006)
- Healthy Futures (2010 – 2015)
- Healthy Child, Healthy Futures (2010)
- Families Matter: Supporting Families in Northern Ireland - Regional Family and Parenting Strategy (2008)
- Children(Northern Ireland) Order (1995)
- Co-operating to Safeguard Children (2003)
- National Institute for Clinical Excellence Guidance (2009) When to Suspect Child Maltreatment
- Tackling Violence at Home – Review Report (March 2011)
- Hidden Harm Strategy (2008)
- National Institute for Clinical Excellence Guidance (2007) Antenatal and Postnatal Mental Health Clinical Management and Service Guidance
- Think child, think parent, think family: a guide to parental mental health and child welfare - SCIE (2009)

Appendix 2

List of Competency Documents Reviewed

<p>Safeguarding children and young people: A core competency framework for nurses and midwives</p> <p>NIPEC Document Supported by DHSSPSNI</p>
<p>The children and young people's workforce, The common core of skills and knowledge at the Heart of what you do. The Children's Workforce Development Council 2010. Leeds</p>
<p>Safeguarding Children and Young People: Roles and Competences for Health Care Staff</p> <p>Intercollegiate Document September 2010 Supported by the Department of Health</p>
<p>NHS Education for Scotland Core Competency Framework for the Protection of Children – January 2011 Edinburgh</p>
<p>RCPC Education, Training and Audit Sub Group: Child Protection Training Scoping Exercise</p>