

# Safeguarding children — understanding the roles of Named and Designated Professionals

Alison Steele

Neela Shabde

## Abstract

Safeguarding is everyone's responsibility. To be able to discharge these responsibilities there needs to be a robust and supportive multi-agency safeguarding system to ensure children and young people reach their optimum potential and best outcomes. Designated and Named Professionals are key parts of such a system. This paper describes the roles and responsibilities of Designated and Named Professionals, how they support the system and safeguarding as well as the key attributes they require to undertake these roles. It describes the challenges they face but also the rewarding aspects of their involvement. The readers are urged to reflect on why a career in this field is intellectually stimulating and worth considering. Both authors have enjoyed their roles as Designated Doctors in Safeguarding Children.

**Keywords** child protection; Designated and Named Professionals; Designated Doctor; Designated Nurse; multi-agency working; Named Doctor; Named GP; Named Nurse; peer review in child protection; safeguarding

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing the impairment of children's health and 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. A child is anyone who has not yet reached their 18th birthday. The UK Government guidance makes it clear that everyone who comes into contact with children and families has a role to play in safeguarding children — it's everyone's responsibility.

## Context

There have been a number of high profile child deaths from abuse over the years often resulting in Public Inquiry and public outcry. In recent years the most publicised deaths have been those of Victoria Climbié, Peter Connelly and Daniel Pelka. Lord

Laming conducted a Public Inquiry into the death of Victoria Climbié in 2002. The recommendations from this inquiry still stand. One of the most important recommendations for health services is that 'the investigation and management of a case of possible deliberate harm to a child must be approached in the same systematic and rigorous manner as would be appropriate to the investigation and management of any other potentially fatal disease'. The death of Peter Connelly in 2007 resulted in a further review of the child protection system in England by Lord Laming, which consolidated his previous opinion that the safeguarding accountability must remain at the highest level in the health organisation. The report also recommended that the health organisations should address wariness of health staff to engage with child protection.

Professor Eileen Munro's recent review of the English Child Protection System was published in 2011. Munro emphasised the importance of having a workforce which is skilled and competent in working with children and families and is well supported both professionally and managerially. Munro also emphasised the importance of early intervention to reduce the number of children coming into the child protection system and she felt that undue importance had previously been given to procedures and performance indicators. Munro believed that professionals needed to become more aware of the voice of the child and that the focus of any intervention should always be on the outcome for the child.

The prevalence of child abuse and neglect is exceedingly difficult to determine with any degree of accuracy. The NSPCC and other sources estimate that between one and three children die every week in England from child abuse and neglect. There were 50 573 children with Child Protection Plans or on Child Protection Registers in the United Kingdom as of 31st March 2012. These are children where there are ongoing concerns about child abuse and neglect. It is recognised that for every child that dies or has a Child Protection Plan, there are many more living lives of misery where abuse has been unrecognised. This has long term significant sequelae for the child and consequently for wider society.

## Guidance

Healthcare professionals are required to make decisions on a daily basis which can be difficult and the consequences of getting it wrong can be devastating for all concerned, particularly the child. Current government legislation and guidance in all nations of the UK complements the duties placed on the UK to safeguard children's welfare by virtue of being signatories to the United Nations Declaration of the Rights of the Child. This is reinforced by the Human Rights Act 1998. Each nation has legislation which deals with children's rights and welfare and lays down the thresholds for the state to intervene in family life, when children need to be protected specifically from harmful acts by their parents or carers, who have parental responsibility for them.

Safeguarding children has a wide spectrum of activity. Although it self-evidently includes child protection, it also includes early intervention, assessment and support for families and 'children in need' and a wide range of beneficial health interventions such as accident prevention and immunisation. Health professionals from many different disciplines work with

**Alison Steele** *BM MRCPCH* is a Consultant Paediatrician and the Designated Doctor for Safeguarding Children and Looked After Children, Newcastle upon Tyne, UK. Conflict of interest: none declared.

**Neela Shabde** *MBBS FRCPC FRCP DCCH DCH* is a Consultant Paediatrician and formerly Designated Doctor for Safeguarding Children North Tyneside, and Clinical Director for Children and Families in the NHS Cumbria Clinical Commissioning Group, Penrith, UK. Conflict of interest: none declared.

children and families, providing them with healthcare, general help and support. Sometimes these professionals have to make difficult decisions about when to share confidential information with children's social care and or the police because of concerns about a child's welfare. Children's social care and the police have the statutory duty to investigate any potential concerns about child maltreatment.

In 2012 the General Medical Council (GMC) issued guidance on the responsibilities of all doctors in relation to protecting children and young people. This guidance adds to previous guidance published in 2007 by the GMC on doctors' duties towards 0–18 year olds, which includes advice on communication, consent and confidentiality. This new guidance makes it clear that all doctors working with children and young people must have the knowledge and skills to recognise signs and symptoms of abuse and neglect and to take appropriate and prompt action if necessary.

### Named Professionals

In England every healthcare provider is required to have a Named Doctor and a Named Nurse (and a Named midwife if the organization provides maternity services) for safeguarding children. In the case of NHS Direct, ambulance trusts and independent providers, this should be a Named Professional. Although guidance does differ between the nations of the UK, the fundamental role of the Named Professionals or their equivalent is similar.

These Named Professionals have a duty to support staff in their organisation in making the right decisions relating to safeguarding children and to ensure the right systems are in place to achieve these goals. The Named Professionals work together as a team. In large organisations this team may well include Safeguarding Children Nurse Advisors and a dedicated Safeguarding Children Trainer. The Named Professionals for safeguarding children will work closely with the adult safeguarding team. Named Professionals are required to have an in depth and up to date knowledge of the evidence base in child protection and the wider safeguarding children system including all the relevant legislation, guidance and court processes.

### Training

Named Professionals have to ensure that the professionals within their organisations are appropriately trained and work within a helpful and supportive system for Safeguarding Children. Named Professionals, are experienced children's health professionals. This enables them to advise professionals in both the frontline and in management from a position of knowledge and experience. A Named Doctor continues to be a practising paediatrician or child psychiatrist and their named status only forms part of their job. It is vital that these doctors continue to be part of the wider clinical team in order to have credibility in this key advisory and supportive role, in addition to some managerial responsibilities.

Named Professionals are required to work with their organisation's training departments to undertake a training needs assessment and to devise a portfolio of training that meets the requirements as outlined in the Safeguarding Children and Young people: roles and competences for healthcare staff, (known as

the Intercollegiate Document). This document covers the knowledge, skills and approach that various healthcare staff groups require to practise competently in the safeguarding children arena and the type of training they require in order to do this. There are six different competency levels identified. Broadly, the whole of the healthcare workforce requires the first level, all staff in contact with children and their families require the second level, and all staff working primarily with children and their carers require the third level of competences.

Although the Named Professionals would not be expected to deliver all the training themselves, they would be expected to carry out some face to face delivery which gives staff the opportunity to get to know the Safeguarding Professionals, who should impress them as being both knowledgeable and approachable. The Named Doctor needs to become a skilled trainer to be able to respond constructively to challenge during these training sessions.

The Named Doctor should also become involved in teaching medical students and doctors in training. The Named Doctor is an invaluable resource in training experienced senior consultants, particularly those in specialities where children are a minority of their patients. It is advisable for the Named Doctors to use case scenarios as well as describing the lessons learnt from high profile national or local cases in order to engage this staff group. The Named Professionals must not forget their own training needs and professional development. They should also be involved in peer support and local clinical networks.

### Supervision

Another important factor in ensuring a competent, confident children's workforce is the provision of clinical supervision for which the Named Professionals are responsible. This allows healthcare professionals to reflect on their practice and gives them the opportunity to discuss challenging or upsetting cases. The Named Professionals are responsible for ensuring robust clinical supervision arrangements and documentation of this in the child's health records. They must receive their own supervision from the Designated Professionals.

A recent development with regard to the supervision of consultant medical staff and their trainees is peer review. This gives medical staff an opportunity to discuss their own cases in a safe and supportive environment. Peer review would normally be facilitated by the Named Doctor for the organisation.

### Protocols, procedures and guidance

The Named Professionals are also responsible for writing protocols, procedures and guidance with regard to safeguarding children within their organisation. These provide the necessary framework for health professionals to work within, although this can never replace personal advice from a Named Professional. This framework needs to be up to date, relevant and concordant with the Local Safeguarding Children Board's policies and procedures and national guidance.

### Case management

The Named Professionals spend a substantial amount of time in giving advice and directing the safeguarding aspects of case management, tracking cases and regularly discussing individual cases of concern providing a safety net. They can provide

Download English Version:

<https://daneshyari.com/en/article/4172325>

Download Persian Version:

<https://daneshyari.com/article/4172325>

[Daneshyari.com](https://daneshyari.com)