

CHILD PROTECTION TRAINING STRATEGY AND POLICY

Version:	2
Ratified by:	Senior Managers Operational Group
Date ratified:	December 2013
Title of originator/author:	Named Nurse Safeguarding Children
Title of responsible committee/group:	Clinical Governance Group
Date issued:	January 2013
Review date:	November 2016
Relevant Staff Groups:	All Trust Staff

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DOCUMENT CONTROL

Reference Number SA/Dec13/CPTP	Version 2	Status Final	Author Named Nurse Safeguarding Children
Amendments	1.5 – Updated following review of current training levels 23.4.2013		
Document objectives: To provide a framework for the delivery of child protection training to Somerset Partnership NHS Foundation Trust employees. To ensure that the requirements of the Care Quality Commission Outcome 7, the Children’s National Service Framework Standard 5, and Somerset Local Safeguarding Children Board are met, thus supporting Somerset Partnership NHS Foundation Trust in meeting their statutory duty laid out in Section 11 of the Children Act 2004.			
Intended recipients: All Trust staff			
Committee/Group Consulted: Safeguarding Children’s Steering Group, Safeguarding Best Practice Group, Clinical Governance Group			
Monitoring arrangements and indicators: Monthly Training Rates, CQC evidence, quarterly report to Clinical Governance Group, monthly report to Children Steering Group, Safeguarding Best Practice Group, Clinical Governance Group			
Training/resource implications: As detailed in body of Strategy			
Approving body and date	Governance Group	Date: November 2013	
Formal Impact Assessment	Impact Part 1	Date: September 2013	
Clinical Audit Standards	NO	Date: N/A	
Ratification Body and date	Senior Managers Operational Group	Date: December 2013	
Date of issue	January 2014		
Review date	November 2016		
Contact for review	Named Nurse Safeguarding Children		
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1. INTRODUCTION

1.1 The Somerset Partnership NHS Foundation Trust Child Protection Training Strategy sets out the responsibilities of Somerset Partnership NHS Foundation Trust for ensuring that all staff who work with children, young people and their families, patients and the public, receive the appropriate level of child protection training for their role.

1.2 The Child Protection Training Strategy is written in accordance with the following guidance:

- The Children Act (1989)
- The Children Act (2004)
- Working Together to Safeguard Children, (WTTSC), (HMGov, 2013)
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff, Intercollegiate Document, (RCPCH, 2010)

1.3 This Training Strategy should also be read in conjunction with the following Trust Policies:

- Clinical Record Keeping Standards and Policy
- Consent and Capacity to Consent to Treatment Guidance and Policy
- Appraisal Policy
- Mandatory Training Matrix
- Improving safety, reducing harm: children, young people and domestic violence: a practical toolkit for front-line practitioners, (DoH, 2009)
- Child Protection Policy
- Clinical Supervision in Child Protection Case Work Policy and other relevant sources of guidance and policy, including:
- South West Child Protection Procedures www.swcpp.org.uk
- Somerset Local Safeguarding Children Board
www.somersetsafeguardingchildrenboard.org.uk

2. PURPOSE AND SCOPE

2.1 The aim of this Training Strategy is to ensure that the safeguarding of children and young people in all contexts and at all times is of paramount concern to all Trust staff. This will be evident in the physical environment, the attitudes of all staff, the services provided, and the systems present in all departments and facilities at all sites across the Trust.

2.2 The purpose of child protection training at both strategic and operational levels is to achieve better outcomes for children and young people by fostering:

- a shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare
- more effective and integrated services at both the strategic and individual case level

- improved communication and information sharing between professionals, including a common understanding of key terms, definitions and thresholds for action
- effective working relationships, including an ability to work in multi-disciplinary groups or teams
- sound child-focused assessments and decision-making processes
- learning from Serious Case Reviews (SCRs), and reviews of child deaths (WTTSC, 2013).

2.3 The Trust needs to be confident that all staff who come into contact with children and young people and parents/carers know how to recognise the existence of predisposing factors, signs and indicators of child abuse. They should:

- know who to contact for advice and support and
- be able to share information effectively and in a timely way within the organisation and with other agencies in order to safeguard the welfare of children and young people

2.4 Different staff groups will require different competencies in order to fulfil the safeguarding children aspects of their role. This training strategy aims to result in an increase in the knowledge and skills of all staff, at all levels, working within the organisation, in how to safeguard children. The competences will range from equipping staff with knowledge and skills to deal with child protection at a basic level, to ensuring that staff involved in child protection work on a regular basis, develop a higher level of skill. Well trained, competent and motivated staff will be able to maintain standards, continually improve services, and ultimately, safeguard and promote the welfare of children and young people.

3. DUTIES AND RESPONSIBILITIES

3.1 Everyone working in a health care setting is likely to come into contact with children, young people and their families either directly or indirectly during their work as Somerset Partnership employees. Each member of staff has an individual duty to safeguard children and promote their welfare.

3.2 As stated in Working Together to Safeguard Children (HMGov, 2013), all health professionals who work with children and families should be able to:

- understand risk factors and recognise children in need of support and/or safeguarding
- recognise the needs of parents who may need extra help in bringing up their children, and know where to refer them for that extra help
- recognise the risks of abuse to the unborn child
- contribute to enquiries from other professionals about children and their family or carers
- liaise closely with other agencies, including other health professionals
- assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviour

- plan and respond to the needs of children and their families particularly those who are vulnerable
- contribute to child protection Case Conferences, Family Group Conferences and strategy discussions
- contribute to planning support for children at risk of significant harm, such as children living in households with domestic violence or parental substance misuse
- help ensure that children who have been abused and parents under stress, (e.g. those who have mental health problems) have access to services to support them
- play an active part through child protection processes, in safeguarding children from significant harm
- as part of Safeguarding children and young people, provide ongoing promotional and preventative support, through proactive work with children, families and expectant parents
- contribute to Serious Case Reviews and their implementation.

4 EXPLANATIONS OF TERMS USED

4.1 **Child:** is anyone who has not yet reached his or her 18th birthday.

4.2 **Safeguarding Children:** Global term referring to systems in place to protect children from abuse. All agencies working with children, young people and their families take measures to ensure the risks of harm to a child's welfare are minimised and that appropriate steps are taken to address any concerns.

4.3 **Child Protection:** A term relating to activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm

4.4 **Child and Adolescent Mental Health Services (CAMHS):** specialist multi-disciplinary team to provide assessment and treatment for children and young people with emotional/mental health issues.

4.5 **Local Safeguarding Children Board (LSCB):** A multi-agency forum for developing, monitoring and reviewing local child protection policies and procedures and where necessary conducting Serious Case Reviews.

4.6 **Regular:** For the purposes of this document the definition of regular relates to staff who may see children as little as once a week whilst carrying out their normal role and , (in terms of clinical staff), provide clinical/therapeutic interventions to children even if their main role is with adults

5. BACKGROUND

5.1 Section 11 of the Children Act 2004 places a duty on all health organisations to have regard to the need to safeguard and promote the welfare of children. Standard 5 of The National Service Framework for Children, Young People and Maternity Services, deals specifically with safeguarding and promoting the welfare of children.

5.2 Working Together to Safeguard Children (HM Government, 2013), clearly outlines the responsibilities of individual agencies, as employers, to ensure that

all staff are competent and confident in carrying out their responsibilities for safeguarding children.

- 5.3 Safeguarding and promoting the welfare of children is one of the six Common Core of Skills and Knowledge for the Children's Workforce (Children's Workforce Development Council supported by DCSF, 2010), which were developed to form the foundations of a multi-agency workforce, working within the Every Child Matters agenda.
- 5.4 Somerset Partnership is also responsible for ensuring that all services meet the safeguarding standards set out in the Care Quality Commission Core Outcomes including Outcome 7 *Safeguarding Vulnerable People*. This includes ensuring service providers:
- take action to identify and prevent abuse from happening in a service
 - respond appropriately when it is suspected that abuse has occurred or is at risk of occurring
 - ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice

Somerset Partnership must have systems in place to monitor against Outcome 7; including ensuring that all staff have access to high quality training in safeguarding children

- 5.5 In April 2006, an Intercollegiate Document (see 1.2), produced by the Royal Colleges and professional organisations, was published by the Royal College of Paediatrics and Child Health. It identified the necessary competency levels required by all healthcare workers and provided a generic competency, knowledge and skills framework to assist in the identification, planning and delivery of training and education needs across the range of employees in a healthcare organisation.
- 5.6 Since that time, reviews across the UK have reinforced the need to further improve the safeguarding skills and understanding of health staff, and to improve access to safeguarding training. A specific review of safeguarding training by the Department of Health in England highlighted the need for greater clarity about the training that should be received by different staff groups.
- 5.7 As a result the Intercollegiate Document was reviewed and an updated version was published in September 2010. This document has an emphasis on the importance of maximising flexible learning opportunities, to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies and serious case reviews
- 5.8 The Generic Competency Framework contained within the Intercollegiate Document recognises that staff groups will have different training needs depending upon their degree of contact with children and families, the nature of their work, and their level of responsibility. Although it is acknowledged that in reality there is a continuous spectrum of competency, six levels of competency have been identified, and these levels are referred to within the Trust Training Strategy to define the training needs of different staff groups.

6. TRAINING STRATEGY

Underpinning Training Principles

- 6.1 All child protection training must be child-centred and reflect the rights of children as outlined in Every Child Matters (DfES, 2003).
 - 6.1.1 Training should promote the principles of collaborative working with parents, carers and both statutory and voluntary agencies.
 - 6.1.2 Training should always be informed by equal opportunities, anti-oppressive practice and reflect diversity.
 - 6.1.3 To protect children from harm, training must promote the ethos of Working Together (as outlined in Working Together to Safeguard Children (HMGov, 2013).
 - 6.1.4 Training must also be informed by recent and relevant research practice and underpinned by national and local policies and procedures.
 - 6.1.5 Any training materials used should be clear, accurate and relevant, with consideration given to the differing ways that adults learn, the diversity of participants, and their various needs.
 - 6.1.6 All child protection/safeguarding training must be delivered by trainers who themselves are trained and suitably experienced with up-to-date knowledge and skills. Trainers should be able to access support from the organisation with their own professional development, which should include evaluation of practice and clinical supervision. In line with good practice it is expected that each course will be co-facilitated by two trainers.
 - 6.1.7 In order to meet the training requirements of the wide range of Somerset Partnership staff a number of training initiatives must be provided including traditional classroom style sessions, e-learning courses and audio DVD's.

Evaluation

- 6.2 All training activity should be evaluated. In most cases, other than very short sessions where detailed written evaluation would be unrealistic, this should be by a standard written questionnaire that assesses the relevance, acceptability and benefit of the session. Where the session is included as part of an induction or mandatory training programme, some participant feedback should be included in the overall course evaluation.
 - 6.2.1 Participants on courses will be encouraged to reflect on their learning and discuss practice implications with managers and colleagues, during both regular clinical supervision and child protection clinical supervision.

- 6.2.2 Trainers should have their training skills evaluated annually either by peer review or by a child protection specialist, such as the Designated Nurse. The feedback from this evaluation will be presented as evidence at the individual's annual appraisal.

Identification of Individual Training Need

- 6.3 Individual training requirements, in line with the Competency Framework, will be identified by managers as part of the appraisal process in accordance with The Trust Appraisal Policy, Trust Mandatory Training Matrix and Trust Child Protection Training Guidance for Managers, (Appendix 1). Training need may also be identified through monthly management supervision within the Mental Health Directorate. Individuals also have a responsibility to identify their own training and development needs as part of their appraisal process.
- 6.3.1 Managers are responsible for ensuring that their staff are able to access information about available training, and for ensuring that staff are given the opportunity to access the appropriate level of training commensurate with their role and responsibilities.
- 5.3.2 Any Trust manager or member of staff should contact the Named Nurse or a member of the Safeguarding Children Team if they remain unclear about their training responsibilities and the level / interval of training required.

Training Database

- 6.4 A database of all child protection training accessed by staff will be maintained by the Trust. Trainers will be responsible for ensuring that registers of participants are taken, and for ensuring that relevant managers are informed of attendance and non-attendance on courses. It is the responsibility of the individual to ensure that they have signed the attendance sheet. It is also the responsibility of the individual to inform the training department of an inability to attend a booked session.
- 6.4.1 The Local Safeguarding Children Board inter-agency trainers will maintain participant registers and will provide feedback to Somerset Partnership about attendance by their staff at LSCB training events.

Competency Levels by Staff Group

Level 1: All staff (clinical and non-clinical) volunteers and contractors

- 6.5 At Level 1 competency is about individuals knowing what to look for which may indicate possible harm, and knowing who to contact and seek advice from if they have concerns. All staff must be able to:
- recognise potential indicators of child maltreatment – physical, emotional, sexual abuse and neglect
 - recognise the potential impact of a parent / carers physical and mental health on the well-being of a child or young person
 - take appropriate action if they have concerns, including appropriately reporting concerns and seeking advice

- 6.5.1 All staff working within Somerset Partnership must be able to demonstrate Level 1 competencies. This includes staff working in both clinical and non-clinical areas; those employed by Somerset Partnership and independent contractors.
- 6.5.2 This level of training should be delivered by members of the Safeguarding Children Team as a taught session, incorporated into Induction training and undertaken within a maximum interval of **three months** of joining Somerset Partnership to ensure that staff who are new to the organisation meet this basic competency.
- 6.5.3 Update/ refresher training must be accessed at a minimum of **three yearly** intervals by all non-clinical staff and those clinical staff with no contact with children in their role. An audio DVD is also available for staff requiring refresher training. Following Induction training, clinical staff who have contact with children will normally access Level 2 or Level 3 safeguarding children training dependent on their role.

Level 2: All clinical staff who have any contact with children, young people and/or parents/carers

- 6.6 Core competences for Level 2 are as outlined for Level 1 with the addition of the following:
- uses professional and clinical knowledge and understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect
 - acts as an effective advocate for the child or young person
 - recognises the potential impact of a parent's/carer's physical and mental health, on the well-being of a child or young person
 - clear about own and colleagues' roles, responsibilities, and professional boundaries
 - able to refer as appropriate to own role, to social care if a safeguarding/child protection concern is identified
 - able to document safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate records, and differentiates between fact and opinion
 - shares appropriate and relevant information with other teams
 - acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.
- 6.6.1 All staff groups employed within Somerset Partnership who have regular contact with children, young people and their families must achieve Level 2 competences. This includes the following staff:
- all clinical managers who line manage staff who have regular contact with children, young people and their families
 - administrative, clerical and support staff in direct contact with children, young people and parents, such as Health Visiting Assistants, Reception

and Outpatient staff, working in areas of children's services, and Support Staff working on the Wessex House Inpatient CAMHS Unit.

- community dentists and dental nurses
- primary mental health workers i.e. Somerset Partnership RightSteps Emotional Health and Wellbeing Service
- Minor Injury Unit staff, including Reception staff
- employed Doctors
- Contraception and Sexual Health staff (CASH)

- student health visitors and student school nurses during the first six months of training
- Band 4 Nursery Nurses and Band 5 Staff Nurses working in Health Visiting teams, in their first year of service
- newly employed Integrated Therapy Service Clinical Staff
- allied health professionals who work predominantly with adults, in their first year of service
- ND CAMHS Translators.

6.6.2 Training will be delivered in the form of either a half day in-house session led by members of the Safeguarding Children Team, an e-learning module, a DVD with accompanying workbook or a multi-agency taught session provided by the Local Safeguarding Children Board. Training must be accessed at a minimum of **three yearly** intervals.

6.6.3 Level 2 taught modules will be delivered on a monthly basis at a variety of venues across the organisation. The modules will all use a variety of teaching techniques including small group and case study-based activities as well as didactic presentation for the delivery of knowledge-based material. There will be a maximum of 25 participants per session for all of the modules.

6.6.4 An additional four half day modules will be delivered every year in venues across the Trust for Adult Service clinical staff who wish to gain a greater understanding of child protection processes as part of their ongoing Professional Development Plan.

6.6.5 Somerset Partnership Service and Team managers should ensure safeguarding learning is included within regular clinical updating, clinical audit, management and clinical supervision sessions, reviews of significant events and peer discussions.

Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding / child protection concerns

6.6.6 **Core** competences for Level 3 are as outlined for Level 1 and Level 2, with the addition of the following:

- draws on child- and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect

- will have professionally relevant core and case specific clinical competencies
- contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk
- documents concerns in a manner that is appropriate for safeguarding / child protection and legal processes
- undertakes regular documented reviews of own, and/or team, safeguarding / child protection practice, as appropriate to role. This may be undertaken in various ways, such as through audit, case discussion, peer review, supervision, and as a component of refresher training
- contributes to serious case reviews/case management reviews/significant case reviews, and child death review processes.

6.6.7 **Additional** specialist competences for Level 3 will also be included in all Somerset Partnership training sessions:

- works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns
- advises other agencies about the health management of individual children in child protection cases
- applies the lessons learnt from audit and serious case reviews/case management reviews / significant case reviews to improve practice
- advises others on appropriate information sharing.

6.6.8 All staff groups employed within Somerset Partnership whose main role is working with children, young people and their families must achieve Level 3 competencies. This includes the following staff:

- Public Health Nursing clinical staff, (including Breast Feeding Specialists, Looked After Children Nurse Coordinators)
- Integrated Therapy Service clinical staff
- CAMHS therapeutic staff
- clinical managers of child and family focused services
- Specialist Paediatric nurses and doctors
- senior clinical staff in Minor Injury Units, Primary Care Mental Health Services, Community Dental Service and CASH
- adult mental health workers with mixed adult / child caseloads
- adult learning disability workers with mixed adult / child caseloads

6.6.9 Training will be delivered by members of the Safeguarding Children Team in a modular format. Course subjects will include:

- record writing, report writing, and attendance at Child Protection Case Conferences
- legal issues in child protection
- risks and protective factors in child protection
- Domestic Abuse awareness
- Analysis of Serious Case Reviews to highlight learning points for clinical practice
- identification and assessment of Neglect

Further modules will be developed by the Named Doctor, Named Nurse and members of the Safeguarding Children Team as required, in line with policy or procedural changes, or to disseminate lessons learned from Serious Case Reviews and Internal Health Reviews, to ensure currency of the training.

- 6.6.10 In addition to the above training modules, the Named Doctor and Named Nurse will circulate written update briefings and literature as appropriate to all staff, at least annually including for example, the risks associated with the internet and online social networking.
- 6.6.11 E-learning modules may also be accessed by staff requiring level 3 training. However these modules will only be used every other year with Trust taught modules being accessed every second year. E-learning modules accessed by staff will only count as Level 3 training if they have been approved to meet the outcomes for Level 3 by the Trust Named Nurse and Head of Training and Development.
- 6.6.12 Level 3 training must be accessed **at least annually**. Refresher or update training may be accessed through a variety of routes. A normal cycle would be to complete one in-house Level 3 training module in year 1, one in-house Level 3 module in year 2 and one Local Safeguarding Children Board course in year 3. Additional bespoke training may be required following specific changes to policy and / or professional practice.
- 6.6.13 Level 3 taught modules will be delivered on a monthly basis at a variety of venues across the organisation. The modules will all use a variety of teaching techniques including small group and case study-based activity, as well as didactic presentation, for the delivery of knowledge based material. There will be a maximum of 25 participants per session for all of the modules.

Level 4: specialist roles - named professionals

- 6.7 Competences for Level 4 are as outlined for Level 1, 2 and 3 with the addition of the following:
- contributes as a member of the safeguarding team to the development of robust internal safeguarding/child protection policy, guidelines, and protocols
 - able to effectively communicate local safeguarding knowledge, research and findings from audits
 - works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered
 - ensures appraisal of the safeguarding practice of individuals and departments
 - undertakes and contributes to serious case reviews / case management reviews /significant case reviews, individual management reviews/individual agency reviews/internal management reviews, and undertakes chronologies, and the development of action plans where appropriate

- works effectively with colleagues from other organisations, providing advice as appropriate
- provides advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers
- provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases
- provides safeguarding/child protection supervision
- participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust / the child protection committee
- leads/oversees safeguarding quality assurance and improvement processes
- undertakes risk assessments of the organisation's ability to safeguard/protect all children and young people within its remit.

6.7.1 Within Somerset Partnership, Level 4 training will be completed by the following professionals:

- Named Doctor
- Named Nurse
- Locality Safeguarding Children Nurses

6.7.2 Training for professionals with a responsibility for safeguarding children must be facilitated in line with the recommendations of the Intercollegiate Document, (RCPCH, 2010). The expectation is that practitioners requiring this level of training will complete an equivalent of two days training per year. It is the responsibility of the individual health care professional to ensure that continuing professional development is maintained in this field. Such continuing professional development will include:

- attendance at national or regional peer group meetings and professional networks
- local and national courses and meetings
- non-clinical knowledge acquisition such as management, appraisal, and supervision training
- specific self-led learning opportunities, such as researching an area of particular relevance to safeguarding children work.

Trust staff working in these specialist roles should complete a management programme with a focus on leadership and change management within three years of taking up their post

The Trust should facilitate such leave as is necessary to attend such events.

6.7.3 Competence at Level 4 must be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans

6.8 Inter Agency (Local Safeguarding Children Board) Training

- 6.8.1 The Somerset Local Safeguarding Children Board, (LSCB), runs a comprehensive programme of inter-agency training sessions available free of charge to statutory partners of the LSCB. Sessions cover levels 2, 3 and 4 of the Intercollegiate Document competencies, and relevant practitioners are encouraged to attend.
- 6.8.2 The training programme is set at 3 levels, the one day course '*Introduction to Child Protection*' is equivalent to level 2/3. It is aimed at frontline practitioners and managers who work directly and indirectly with children and families.
- 6.8.3 Priority for this course is given to those who have specific roles and responsibilities within their organisations, in relation to child protection and safeguarding children. It is expected that practitioners will have attended, at a minimum, the Somerset Partnership Safeguarding Children Level 2 module prior to attending this course
- 6.8.4 The two-day '*Working Together to Safeguard Children*' course is aimed at practitioners who have a designated or lead role within their team or agency for child protection and safeguarding. This course is suitable for those practitioners requiring Level 3 competency. It may be accessed by any Somerset Partnership professional but it would normally be expected that participants would have completed at least one Somerset Partnership Level 3 module in the last year as well as the LSCB '*Introduction to Child Protection*' within the last three years.
- 6.8.5 A half-day course '*Working Together Update Training*' is available for staff who have attended the two day course mentioned above. It can be attended in place of the Somerset Partnership Level 3 in-house modules
- 6.8.6 The LSCB runs a number of themed courses which focus on a range of issues pertaining to safeguarding children. These should be accessed additionally, by practitioners requiring level 3 competence, or, if identified by managers, as a professional development requirement by those at Level 2.
- 6.8.7 The LSCB also run three courses for senior staff and managers with responsibility for safeguarding children including safer recruitment and allegations management, clinical supervision and delivering basic child protection training
- 6.8.8 It is expected that all staff requiring level 3 training should attend an appropriate LSCB course at least **every 3 years**, although it is recognised that acceptance onto a course is subject to balancing the numbers of applications and providing an agency mix, so a staff member may not always be able to attend his/her first choice of course. A copy of the LSCB annual training programme is available on-line via the LSCB website www.somersetsafeguardingchildrenboard.org.uk
- 6.8.9 The Local Safeguarding Children's Board inter-agency trainer will maintain participant registers and will provide feedback about attendance to the Trust Training department.

7 EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8 MONITORING OF COMPLIANCE AND EFFECTIVENESS

- 8.1 It is the responsibility of line managers to monitor training attendance to ensure all Somerset Partnership staff attend the correct level of training commensurate to their role
- 8.2 The Named Nurse will monitor levels of training compliance across all disciplines to ensure rates remain above 95%. Reports will be provided by the Training Department on a monthly basis and cascaded to managers for their information and action
- 8.3 Compliance rates will also be submitted as evidence for the Care Quality Commission Outcome 7 requirements
- 8.4 Training will be a standing agenda item on the Children and Young People's Service Management Meeting, the Safeguarding Children Working Group and the Safeguarding Children Steering Group
- 8.5 The Named Nurse will complete regular audits to monitor the quality, effectiveness and availability of the various training courses offered, and staff compliance with their mandatory training requirements

9. COUNTER FRAUD

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10 RELEVANT CARE QUALITY COMMISSION (CQC)

The standards and outcomes which inform this procedural document, are as follows:

Section	Outcome
Information and involvement	1 Respecting and involving people who use services
Personalised care, treatment and support	4 Care and welfare of people who use services 6 Cooperating with other providers

11 REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 Cross reference to other procedural documents

Development & Management of Procedural Documents

Mandatory Training Policy

Risk Management Policy and Procedure

Staff Training Matrix (Training Needs Analysis)

Training Prospectus

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (within Policies and Procedures).

12. APPENDICES

12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Child Protection Training Levels 1, 2 And 3
 Guidance For Managers

CHILD PROTECTION TRAINING LEVELS 1, 2 AND 3 GUIDANCE FOR MANAGERS

1. INTRODUCTION

Training in Child Protection is a mandatory requirement for all Somerset Partnership Staff. Individual training requirements will be identified in line with the Generic Competency Framework recommendations, (cited in the Intercollegiate Document, (RCPCH, 2010)), and the Somerset Partnership Training Matrix. This will be a shared responsibility by managers and staff as part of the induction and appraisal processes,(see also 5.3 of the Trust Child Protection Training Strategy).

2. LEVEL 1 CHILD PROTECTION TRAINING

All staff (clinical and non-clinical) and volunteers

- 2.1 At Level 1 competency is about individuals knowing what to look for which may indicate possible harm, and knowing who to contact and seek advice from if they have concerns.

This includes

- staff working in both clinical and non-clinical areas employed by the PCT, independent contractors, and voluntary staff.
- 2.2 All staff, including volunteers, working within Somerset Partnership must be able to demonstrate Level 1 competencies. This includes staff working in both clinical and non-clinical areas; those employed by Somerset Partnership and independent contractors.
- 2.3 Everyone working in a health care setting is likely to come into contact with children, young people and their families either directly or indirectly during their work and each Trust employee has an individual duty to safeguard and promote the welfare of children
- 2.4 Level 1 training is incorporated into Induction and must be undertaken within a maximum of three months of joining the organisation to ensure employees who are new to the organisation meet this basic competence.
- 2.5 Post induction this training must be repeated at a minimum of **three yearly** intervals for those staff, clinical and non clinical who require ongoing level 1 competency.

3. LEVEL 2 CHILD PROTECTION TRAINING

Level 2: All clinical staff who have any contact with children, young people and/or parents/carers

3.1 All staff groups employed within Somerset Partnership who have regular* contact with children, young people and their families must achieve Level 2 competences.

** For the purposes of this document the definition of regular relates to staff who may see children as little as once a week whilst carrying out their normal role and , (in terms of clinical staff), provide clinical/therapeutic interventions to children even if their main role is with adults.*

3.2 This training must be repeated at a minimum of **three yearly** intervals for those staff who require ongoing level 2 competency

3.3 This includes the following staff:

- all clinical managers who line manage staff who have regular contact with children, young people and their families
- administrative, clerical and support staff in direct contact with children, young people and parents, such as Health Visiting Assistants, Reception and Outpatient staff, working in areas of children's services, and Support Staff working on the Wessex House Inpatient CAMHS Unit.
- community dentists and dental nurses
- primary mental health workers i.e. Somerset Partnership RightSteps Service
- Minor Injury Unit staff, including Reception staff
- employed Doctors
- Contraception and Sexual Health staff (CASH)
- student health visitors and student school nurses during the first six months of training *
- newly employed Integrated Therapy Service Clinical Staff **
- Band 4 Nursery Nurses and Band 5 Staff Nurses working in Health Visiting teams, in their first year of service ***
- allied health professionals who work predominantly with adults, in their first year of service
- ND CAMHS Translators.

4. LEVEL 3 CHILD PROTECTION TRAINING

Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding / child protection concerns

4.1 This training must be repeated **annually** for those staff who require ongoing level 3 competency

4.2 This includes the following staff:

- Public Health Nursing clinical staff, (including Breast Feeding Specialists, Looked After Children Nurse Coordinators) ***

- Integrated Therapy Service clinical staff **
- CAMHS therapeutic staff
- clinical managers of child and family focused services
- Specialist Paediatric nurses and doctors
- senior clinical staff in Minor Injury Units, Primary Care Mental Health Services, Community Dental Service and CASH
- adult mental health workers with mixed adult / child caseloads
- adult learning disability workers with mixed adult / child caseloads

* **NB** Student health visitors will complete level 1 Induction in the first three months of their training. They will complete the Somerset Partnership Level 2 Child Protection Module in their first 6 months of training and a Somerset Partnership Level 3 Child Protection module in their second six months. If employed by Somerset Partnership newly qualified Health Visitors should complete the two day LSCB “Working Together to Safeguard Children” course in their first year of employment. Thereafter they will annually access either specialist courses from the LSCB, or an in-house Somerset Partnership Level 3 Child Protection training module. Multi agency, (LSCB), training is only required every third year.

** **NB** It is expected that in their first year in post, Integrated Therapy Service Managers (Band 8), Paediatric Therapists (Bands 5 – 7) and Therapy Support Practitioners (Band 4) will complete the Level 1 Safeguarding Induction training as part of the Somerset Partnership Induction Programme as well as the half day Somerset Partnership Level 2 Child Protection Training. In their second year, they will complete the two day LSCB course ‘Working Together to Safeguard Children’. In their third year they will complete two modules from the Somerset Partnership Level 3 Child Protection training and in their fourth year will complete the other two modules. Thereafter they will annually access either specialist courses from the LSCB, or repeat two modules from the Somerset Partnership Level 3 Child Protection training. Multi agency, (LSCB), training is required every third year.

*** **NB** It is expected that in their first year in post both Community Nursery Nurses, (Band 4), and Community Staff Nurses, (Band 5), who work in health visitor teams, will complete the Somerset Partnership Level 2 training and the LSCB 1 day course “Introduction to Child Protection”. In their second year they are expected to attend the LSCB 2 day course “Working Together to Safeguard Children” before proceeding to access the Trust Level 3 training in their 3rd year. Thereafter they will annually access either specialist courses from the LSCB, or repeat two modules from the Somerset Partnership Level 3 Child Protection training. Multi agency, (LSCB), training is required every third year.

Royal College of Paediatrics and Child Health, (2010). Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document