

**Child Protection Training Framework for NHSGGC Staff**

**March 2016 – April 2017**

**Contents Page**

**Introduction 3**

**Tackling inequalities 3**

**NHS EKSF 3**

**Training currently provided by Child Protection Unit 4**

**NHSGGC Staff profile 5**

**Staff Training requirements 6**

**Induction 6**

**Levels 1-5 6**

**Training projections 19**

**Evaluation 19**

**Abbreviations 20**

**References 21**

**INTRODUCTION**

The NHSGGC Strategic Training Plan aims to set out the training that staff in NHSGGC should undertake in order to be able to discharge their child protection responsibilities. Full staff consultation has taken place involving a focus group and written submissions.

**TACKLING INEQUALITIES**

Equality legislation aims to:

* Address unlawful discrimination
* Eliminate harassment
* Promote equality
* Ensure consultation and dialogue with a diverse community

Training requires explicit consideration of potential negative implications of the inequalities categories that relate to social identity. These relate to:

* Gender
* Ethnicity
* Disability
* Sexual orientation
* Religion and belief
* Age
* Socioeconomic status and social class

There is potential additional marginalisation as a result of homelessness and asylum seeking or refugee status, being a member of the travelling community, being in the criminal justice system or substance misuse problems.

**NHS EKSF**

The NHS KSF defines the knowledge and skills which most NHS staff need to apply in their work in order to deliver quality services. It provides a consistent, single, explicit and comprehensive framework on which to base review and development of staff. It is about the application of knowledge and skills – not about the specific knowledge and skills that individuals need to possess. As a broad generic framework it is designed to b applicable and transferable across the NHS and to draw out the general aspects that show how individuals need to apply their knowledge and skills in the NHS.

**TRAINING CURRENTLY PROVIDED BY CHILD PROTECTION UNIT**

**Calendar**

|  |
| --- |
| **Title** |
| Foundation |
| Neglect |

CPU has various bespoke training inputs which are tailored to suit.

**Child Protection Training currently on Learn Pro**

|  |  |
| --- | --- |
| **Title** | **Level** |
| Child Protection Level 1 Annual Update | One |
| Child Protection Level 1 | One |
| Child Protection Case Conferences | Three |
| Attachment and Parenting | Three |
| Court Skills | Three |
| Child Protection and Domestic Abuse | Two |
| Child Protection Induction | One |
| Record Keeping | Two |
| Child Protection and Neglect | Three |
| Child Protection and Chronologies | Two |
| Cultural Issues in Child Protection | Three |
| NHSGGC Significant Case Reviews | Two |
| Children’s Hearing (Scotland) 2011 | Three |
| Child Sexual Exploitation | Two |
| Risk Assessment | Three |
| Child Protection Training for Midwifery | Three |
| Maltreatment of Children Infants (under 1) | Three |
| Child Protection National Guidance | Two |
| Child Protection and Social Media | One |

**Child Protection Training currently under preparation**

|  |
| --- |
| **Title** |
| Emotional abuse |
| Neglect and the Neglect Toolkit |
| Physical Abuse |
| Sexual Abuse |
| Parental Substance Misuse |
| Parental Learning Disability |
| Child Protection and the Law |
| Learning from National Significant Case Reviews |

**NHSGGC STAFF PROFILE (FEB 2016)**

|  |  |  |
| --- | --- | --- |
| **NHS GG&C Staff - Dec 15** | | |
| **Job Family** | **Headcount** | **WTE** |
| ADMINISTRATIVE SERVICES | 6155 | 5281.76 |
| ALLIED HEALTH PROFESSION | 3226 | 2705.55 |
| DENTAL SUPPORT | 386 | 318.14 |
| EXECUTIVES | 155 | 152.42 |
| HEALTHCARE SCIENCES | 1914 | 1739.34 |
| Medical and Dental | 3858 | 3522.91 |
| MEDICAL SUPPORT | 3 | 2.75 |
| NURSING/MIDWIFERY | 17123 | 15321.97 |
| OTHER THERAPEUTIC | 1306 | 1073.27 |
| PERSONAL AND SOCIAL CARE | 324 | 283.07 |
| SUPPORT SERVICES | 4919 | 3629.48 |
| Grand Total | 39369 | 34030.65 |

**HEALTH STAFF TRAINING REQUIREMENTS**

The Child Protection Unit recommended that the intercollegiate framework should be the basis for future training. This can be found in *Safeguarding Children and Young people: roles and competences for health care staff (Intercollegiate Document-March 2014), published by the Royal College of Paediatrics and Child Health 2014 on behalf of the contributing organisations.* Regulatory bodies such as the GMC and NMC will in future require evidence of completion of key refreshing and updating for revalidation purposes. Competencies should be reviewed annually as part of staff appraisal.

The Framework identifies 5 Levels of competence. The majority of NHS staff will be covered by levels 1, 2 and 3.

**INDUCTION**

A mandatory session of at least **30 minutes** duration should be included in the general staff induction programme or within six weeks of taking up post within a new organisation. This provides key child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.

To access the induction module please click on the following link - <http://enterprisescreen.com/casestudies/nhs4/>

This will soon be transferred to Learnpro.

The majority of Level 1 and 2 training can be completed online.

**LEVELS 1-5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level** | **Time Commitment** | **Staff groups** | **Core Competence** | **Learning outcomes** |
| **1** | Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 2 hours | All staff working in Healthcare setting.  Includes Board level Executives and non executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those non clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across health care settings and service provision. | Competence at this level 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. | Able to recognise potential indicators of child maltreatment – physical, emotional, sexual abuse, and neglect including radicalisation, child trafficking and FGM.  Able to understand the impact a parent/carers physical and mental health can have on the well-being of a child or young person, including the impact of domestic violence  Able to understand the importance of children’s rights in the child protection context.  Know what action to take if you have concerns, including to whom you should report your  concerns and from whom to seek advice  Able to demonstrate an understanding of the risks associated with the internet and online social networking.  Able to understand the basic knowledge of legislation. |
| **2** | Over a three-year period - refresher training equivalent to a minimum of 3-4 hours.  Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2 | All non-clinical and clinical staff who have any contact with children, young people  and/or parents/carers  Administrators for looked after children and safeguarding teams, health care students, clinical  laboratory staff, phlebotomists, pharmacist, ambulance staff, orthodontists, dentists, dental care, professionals, audiologists, optometrists, contact lens and dispensing opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care, professionals, including technicians. | As outlined for Level 1  Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect  Able to identify and refer a child suspected of being a victim of trafficking or sexual exploitation; at risk of FGM or having been a victim of FGM at risk of exploitation by radicalisers  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, including possible speech, language and communication needs  Clear about own and colleagues’ roles, responsibilities, and professional boundaries, including  professional abuse and raising concerns about conduct of colleagues  As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals)  Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, 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 | Able to understand what constitutes child maltreatment and be able to identify any signs of child abuse or neglect.  Able to act as an effective advocate for the child or young person  Able to demonstrate an understanding of the potential impact of a parent’s/carer’s physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk.  Able to identify your professional role, responsibilities, and professional boundaries and those of your colleagues in a multidisciplinary team and in multi-agency setting.  Know how and when to refer to social care if you have identified a child protection concern.  Able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately.  Know how to maintain appropriate records including being able differentiate between fact and opinion.  Able to identify the appropriate and relevant information and how to share it with other teams.  Practice will be informed by an understanding of key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.  Aware of the risk of Female Genital Mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and  be able to refer appropriately for further care and support  Aware of the risk factors for radicalisation and will know who to contact regarding  preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity  Able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation |
| **3** | Over a three-year period - refresher training equivalent to a minimum of 6 hours (for those at Level 3 core this equates to a minimum of 2 hours per annum)  Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1 and 2 | 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  Includes GPs, forensic physicians, forensic nurses, paramedics, urgent and unscheduled care staff, all mental health staff (adult and CAMHS), child psychologists, child psychotherapists, adult  learning disability staff, learning disability nurses, specialist nurses for child protection, looked after children’s nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children’s nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, lead anaesthetists for safeguarding l and child protection paediatric intensivists, paediatric orthodontists and dentists with a lead role in child protection.  Additional specialist competencies for:paediatricians, paediatric intensivists, dentists with a lead role in child protection, Forensic Physicians, lead anaesthetist for child protection, all child and adolescent psychiatrists and other child and adolescent mental health practitioners, child psychologists, child psychotherapists, GPs, forensic nurses, children’s nurses, school nurses, child and adolescent mental health nurses, children’s learning disability nurses, specialist nurses for safeguarding and looked after children, midwives and health visitors | As outlined for Level 1 and 2  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  Documents and reports concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes.  Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk  Undertakes regular documented reviews of own (and/or team) safeguarding/child protection  practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)  Contributes to serious case reviews/case management reviews/significant case reviews  (including the child practice review process in Wales), internal partnership and local forms of  review, as well as child death review processes  Works with other professionals and agencies, with children, young people and their families when there are child protection concerns | Able to identify possible signs of sexual, physical, or emotional abuse or neglect using child and family-focused approach.  Able to know what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people.  Able to demonstrate a clear understanding, as appropriate to role, of forensic procedures in child maltreatment, and knowing how to relate these to practice in order to meet clinical and  legal requirements as required.  Where undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements  Able to know how to undertake, where appropriate, a risk and harm assessment.  Able to know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.  Able to know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person.  Able to know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated.  Able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection and to know how to effectively manage diagnostic uncertainty and risk.  Able to know how to appropriately contribute to inter-agency assessments by gathering and sharing information.  Able to document concerns in a manner that is appropriate for safeguarding/child protection and legal processes.  Able to know how to undertake documented reviews of your own (and/or team) safeguarding/child protection practice as appropriate to role. (This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training.)  Able to know how to deliver and receive supervision within effective models of supervision and /or peer review, and be able to recognise the potential personal impact of safeguarding/ child protection work on professionals.  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 (including the child practice review process in Wales) to improve practice  Advises others on appropriate information sharing  Where role includes conducting detailed assessments of child abuse and neglect, demonstrates ability to assess and examine children for suspected abuse and neglect, document and provide reports with an opinion. |
| **4** | **Minimum 24 hours** of education, training and learning over a 3 -year period. This should include non-clinical knowledge acquisition such as management,  appraisal, and supervision training  Should participate regularly in support groups or peer support networks for  specialist professionals at a local and national level, according to professional guidelines (attendance  should be recorded)  Should complete management programme with focus on leadership and  change management within 3 years of taking up their post  Those responsible for training of doctors are expected to have appropriate education for this role  Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians  should be undertaken within 1 year of taking up the post  Training at level 4 will include the training required at levels 1-3 and will negate the need to undertake  refresher training at levels 1-3 in addition to level 4 | Level 4: specialist roles - named professionals  Named doctors, named nurses, named health visitors, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for organisations commissioning Primary Care. | As outlined for Level 1, 2 and 3  Contributes as a member of the safeguarding team to the development of strong internal  safeguarding/child protection policy, guidelines, and protocols  Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice.  Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections  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  Undertakes and contributes to serious case reviews/case management reviews/significant  case reviews, individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies  Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding team.  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 and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.  Participates in sub-groups, as required, of Health Boards.  Leads/oversees safeguarding quality assurance and improvement processes  Undertakes risk assessments of the organisation’s ability to safeguard/protect children and  young people | Able to contribute to the development of robust internal safeguarding/child protection policy, guidelines, and protocols as a member of the safeguarding team.  Able to discuss, share and apply the best practice and knowledge in safeguarding/child protection including:  -The latest research evidence and the implications for practice  -An advanced understanding of child-care legislation, information sharing, information governance, confidentiality and consent.  -A sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children.  -Advanced knowledge of relevant national and international issues, policies and their implications for practice  -Understanding the professional and experts’ role in the court process.  Able to know how to implement and audit the effectiveness of safeguarding safeguarding/child protection services on an organisational level against current national guidelines and quality  Standards  Able to effectively communicate local safeguarding knowledge, research and findings from audits  Able to know how to conduct a 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 as part of a safeguarding/child protection team which may include partners in other agencies  Able to know how to undertake and contribute to serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/ internal management reviews, this will include the undertaking of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this.  Able to work effectively with colleagues from other organisations, providing advice as appropriate e.g. concerning safeguarding/child protection policy and legal frameworks, the health management of child protection concerns.  Able to work effectively with colleagues in regional safeguarding/child protection clinical networks.  Able to provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.  Able to know how to provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases. To be able to support colleagues in challenging views offered by other professionals, as appropriate.  Able to be a trained provider of safeguarding/child protection supervision and/or support.  Able to lead/oversee safeguarding quality assurance and improvement processes.  Able to undertake risk assessments of organisational ability to protect children and young people.  Able to know how to lead service reviews.  Able to know how to deal with the media and organisational public relations concerning child protection. |
| **5** | Designated professionals including lead paediatricians, consultant/lead nurses, Child Protection  Nurse Advisers (Scotland) should attend a **minimum of 24 hours** of education, training and learning over a 3 -year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals’  Work  Should participate regularly in support groups or peer support  networks for specialist professionals at a local, regional, and national level according to  professional guidelines (and their attendance should be recorded)  Executive level management programme with a focus on leadership and change management should be completed within 3 years of taking up the post  Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 3 years of taking up the post.  Training at level 5 will include the training required at levels 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5 | Level 5:Specialist roles - designated professionals  This applies to designated doctors and nurses, lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland)  The child protection system in the UK is the responsibility of the government of each of the UK’s four nations: England, Northern Ireland, Scotland and Wales. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. There may be specific duties relating  to the Designated/ lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland) in each nation.  Appendix 3 describes the key duties and responsibilities of designated professionals including lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland). | As outlined for Level 1, 2 3 and 4  Provides, supports and ensures contribution to safeguarding appraisal and appropriate  supervision for colleagues across the health community  Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates  child protection single and inter-agency training and teaching for staff across the health community  Leads/oversees child protection quality assurance and improvement across the  health community  Leading innovation and change to improve safeguarding across the health economy  Takes a lead role in conducting the health component of serious case reviews/ case management  reviews/significant case reviews across whole health community  Gives appropriate advice to specialist safeguarding/child protection professionals working  within organisations delivering health services and to other agencies  Takes a strategic and professional lead across the health community on all aspects of child protection  Provides expert advice to increase quality, productivity, and to improve health outcomes for vulnerable children and those identified with safeguarding concerns.  Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children to include:  - taking a strategic professional lead across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the  commissioners within each nation,  -ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned by  the commissioners within each nation, in keeping with LSCB procedures and recommendations (England, Wales and Northern Ireland), and area child protection  committees (Scotland)  -provide specialist advice and guidance to the Board and Executives of commissioner  organisations on all matters relating to safeguarding children including regulation and  inspection,  - be involved with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications.  -Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance | Able to know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding/child protection single and inter-agency training and teaching for staff across the health community.  Able to know how to take a lead role in:  -Leading /overseeing child protection quality assurance and improvement across the health community.  -The implementation of national guidelines and auditing the effectiveness and quality of services across the health community against quality standards.  -Service development conducting the health component of serious case reviews/ case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt.  -Strategic and professional leadership across the health community on all aspects of child protection.  -Multi-disciplinary team reviews.  -Regional and national child protection clinical networks (where appropriate).  Able to know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.  To be able to know how to provide expert advice on increasing quality, productivity, and improving health outcomes for vulnerable children and those where there are safeguarding  concerns  Able to oversee safeguarding/child protection quality assurance processes across the whole health community.  Able to know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.  Able to know how to influence improvements in safeguarding/child protection services across the health community  Able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.  Able to apply in practice:  -Advanced and in-depth knowledge of relevant national and international policies and implications.  -Advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process.  -Advanced awareness of different specialties and professional roles.  -Advanced understanding of curriculum and training.  Able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.  Able to provide clinical supervision, appraisal, and support for named professionals  Able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.  Able to reconcile differences of opinion among colleagues from different organisations and agencies.  Able to proactively deal with strategic communications and the media on child protection across the health community.  Able to know how to work with public health officers to undertake robust child protection population-based needs assessments that establish current and future health needs and service requirements across the health community.  Able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard/protect children, and articulate these decisions to executive officers.  Able to deliver high-level strategic presentations to influence organisational development.  Able to work in partnership on strategic projects with executive officers at local, regional and national bodies, as appropriate. |
|  |  | Board Level for Chief Executive Officers, Trust  and Health Board Executive and non executive  directors/members, commissioning body Directors | Should have Level 1 core competencies in safeguarding and must know the common presenting features of abuse and neglect and the context in which it presents to health care staff.  In addition Board members/commissioning leads should have an understanding of the statutory role of the Board in safeguarding including partnership arrangements, policies, risks and performance indicators; staff’s roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding. Essentially the board will be held accountable for ensuring children in that organisations care receive high quality, evidence based care and are seen in appropriate environments, with the right staff, who share the same vision, values and expected behaviours.  Competences should be reviewed annually as part of appraisal. | Will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competences, as well as Board level specific as identified in this section.  a) Demonstrates an awareness and understanding of child maltreatment  b) Demonstrates an understanding of appropriate referral mechanisms and information sharing  c) Demonstrates clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children  d) Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements  e) Demonstrates an awareness and understanding of arrangements to share relevant information  f) Demonstrates an awareness and understanding of effective arrangements in place for the  recruitment and appointment of staff, as well as safe whistle blowing  g) Demonstrates an awareness and understanding of the need for appropriate safeguarding  supervision and support for staff including undertaking safeguarding training  h) Demonstrates collaborative working with lead and nominated professionals across Agencies |

**TRAINING PROJECTIONS**

Managers will outline their training trajectories for their individual services. Each Directorate will produce a localized plan.

**EVALUATION**

All training will be evaluated via staff questionnaire.

**ABBREVIATIONS**

|  |  |
| --- | --- |
| NHSGGC | NHS Greater Glasgow and Clyde |
| CPU | Child Protection Unit |
| CAMHS | Child and Adolescent Mental Health Services |
| GMC | General Medical Council |
| NMC | Nursing Midwifery Council |
| PMHS | Perinatal Mental Health Service |
| NAHI | Non Accidental Head Injury |
| KSF | Knowledge & Skills Framework |
| GIRFEC | Getting It Right for Every Child |
| CPD | Continuous Professional Development |

**REFERENCES**

1. *Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland.* Scottish Executive 2000
2. *Children (Scotland) Act 1995.* London: HMSO
3. *The Age of Legal Capacity (Scotland) Act 1991.* London: HMSO
4. *Protecting children and young people Framework of Standards* – Scottish Executive 2004 and www.
5. scotland.gov.uk/children’s charter
6. *Getting it right for every child* – Scottish Government 2009
7. *How well do we protect children and meet their needs* – HMIE 2009
8. *Child Protection guidance for health professionals* – Scottish Government 2013