Safeguarding Children and Young People
A Core Competency Framework
for
Nurses and Midwives
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>3</td>
</tr>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td><strong>Section 1</strong></td>
<td></td>
</tr>
<tr>
<td>1.1 Introduction</td>
<td>5</td>
</tr>
<tr>
<td>1.2 Development of the core competency framework</td>
<td>6</td>
</tr>
<tr>
<td>1.3 Purpose of the core competency framework</td>
<td>7</td>
</tr>
<tr>
<td><strong>Section 2</strong></td>
<td></td>
</tr>
<tr>
<td>2.1 What is a competency framework?</td>
<td>8</td>
</tr>
<tr>
<td>2.2 Who is the competency framework for?</td>
<td>10</td>
</tr>
<tr>
<td>2.3 Scenarios - Levels of responsibility in Safeguarding</td>
<td>11</td>
</tr>
<tr>
<td><strong>Section 3</strong></td>
<td></td>
</tr>
<tr>
<td>3.1 Core Competency Framework</td>
<td>15</td>
</tr>
<tr>
<td>3.2 Basic Awareness Level</td>
<td>16</td>
</tr>
<tr>
<td>3.3 Level 1</td>
<td>17</td>
</tr>
<tr>
<td>3.4 Level 2</td>
<td>18</td>
</tr>
<tr>
<td>3.5 Level 3</td>
<td>19</td>
</tr>
<tr>
<td><strong>Glossary of Terms</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>22</td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td>23</td>
</tr>
</tbody>
</table>
PREFACE:

This core competency framework is the outcome of a successful partnership between the Office of the Chief Nursing Officer (DHSSPS), the Public Health Agency (PHA), the Five Health and Social Care Trusts (HSCTs) and the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

I would like to extend my thanks to those who have been involved in the development of this innovative and exciting publication. I am happy to endorse this core competency framework to all nurses and midwives who come into contact with children and young people. My challenge to you is to own and drive the implementation of this framework, which will help to inform, guide and develop your practice as we move into a new era of safeguarding children and young people across health and social care in Northern Ireland.

This working document will be updated as new evidence evolves and in support of the Safeguarding Board for Northern Ireland

Angela McLernon

Acting Chief Nursing Officer
FOREWORD

NIPEC, on behalf of the partnership with the DHSSPS, Public Health Agency (PHA) and the five Health and Social Care Trusts (HSCTs) is pleased to present this core competency framework for nurses and midwives in promoting Safeguarding Children and Young People through health and social care services in Northern Ireland. In the climate and context within which nurses and midwives work, the development of this core competency framework is timely. The framework takes cognizance of current regional policy direction and policies associated with the care of children and young people (Appendix 1). It is anticipated that the framework will support the future implementation of standards which are being developed as part of the enhancements of Understanding the Needs of Children in Northern Ireland (UNOCINI), and ongoing developments within the Regional Safeguarding Board for Northern Ireland.

This core competency framework reflects the current knowledge base and scope of practice required by nurses and midwives for safeguarding children and young people. However, mindful of the dynamic and changing nature of modern society and as new evidence emerges, it is anticipated that nursing and midwifery practice in the field of safeguarding will respond to such change, advancing and strengthening further. It is therefore essential that effective arrangements are put in place to ensure periodic review and updating of these core competencies. Thereby ensuring that currency is maintained and advances in theory and developments in practice are incorporated.

NIPEC would like to thank all those who contributed to the development of this competency framework and in particular the following:

- The members of the Expert Reference Group
- Those who contributed as part of the development and refinement process through various workshops and stakeholder events
- Those who reviewed the competency framework to test for and ensure fit with the core and specific dimensions of the NHS Knowledge and Skills Framework

Glynis Henry        Deirdre Webb
Chief Executive       Chair
NIPEC         Expert Reference Group
SECTION 1

1.1 INTRODUCTION

Although parents/carers have the primary responsibility for safeguarding their children and young people¹, 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).

Following every serious case of child abuse or neglect, there is considerable anxiety that greater progress has not been made to prevent such occurrences. Reviews and enquiries 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 nursing and midwifery community² 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). In addition, nurses and midwives are bound by the Nursing and Midwifery Council’s ‘The Code’ (NMC 2008) ensuring that they work with others to protect and promote the health and well-being of those in their care, their families and carers, and the wider community.

This core competency framework aims to enable the nursing and midwifery community 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 delegation³ of duties or in the course of their work, come into contact with children and these competencies could equally apply. Further development of this work, however needs to be conducted regionally to be inclusive of the multi-agency input into safeguarding.

¹ ‘Safeguarding children and young people’ will be referred to ‘safeguarding children ‘ throughout the document
² Nursing and Midwifery community includes registered and non registered staff in all settings
³ NMC (May 2008) ‘The delegation of nursing or midwifery care must always take place in the best interests of the person the nurse or midwife is caring for and the decision to delegate must always be based on an assessment of their individual needs’.

The ways in which the nursing and midwifery community will use this core competency framework will differ, depending on their area of practice and what level of responsibility/role they have in safeguarding children. In discussion with their line managers, the nursing and midwifery community should determine which level of responsibility in safeguarding children is appropriate to their role. It is, therefore, the responsibility of individuals, their line managers and the organisation to ensure that safeguarding children is embedded. In addition, individuals should use a learning and development framework to plan, with their line manager, appropriate learning and development activities that will meet their needs.

This relates in particular to those who:

- Are in contact at any time across a range of settings 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 1)
- Review of current practices in relation to previous levels 1-3 and training opportunities
- Consultation with healthcare staff throughout Northern Ireland
- Review of safeguarding training available
- Advice from Expert Reference Group members (Appendix 2)
- Within the legislation of the Children’s (NI) Order.

For additional copies of this core competency framework, visit [www.nipec.hscni.net](http://www.nipec.hscni.net) for downloading.
1.3 PURPOSE OF THE CORE COMPETENCY FRAMEWORK

This framework outlines the core competencies that the nursing and midwifery community are required to have in order to address the safeguarding needs of children during their contact with health and social care. These core competencies outline the integrated knowledge and skills required for a nurse or midwife or pre-registration student (under supervision) to practise safely and ethically in a health and social care setting, regardless of patient/children populations or practice environments. It also supports nursing and midwifery staff in their ongoing learning and development.

The core competency framework can be used by the nursing and midwifery community to:

- Identify the relevant expertise and skills that they need, 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 should inform commissioners, and those developing and providing continuing education and training programmes, plus employers and individuals, to ensure that appropriate and validated programmes are in place, accessible and delivered at the right level for all staff.

This core competency framework is designed to be read and used in conjunction with other relevant health and social care documents, including legislation, NMC code of practice, other competency frameworks, action plans, and strategies.
SECTION 2

2.1 WHAT IS A COMPETENCY FRAMEWORK?

A competency framework is a collection of competencies that are thought to be central to effective performance (NIPEC, 2006). Competence reflects:

- Knowledge, understanding and judgment
- Skills: cognitive, technical or psychomotor and interpersonal
- A range of personal attributes and attitudes
- Learning and development activities.

Competency frameworks, therefore, have wide utility in relation to professional regulation, supervision, quality assurance, educational review, recruitment and deployment of the nursing workforce, in role development and/or job specification and performance appraisal (ICN, 2003).

A core competency framework is a statement of good practice and should be used in a structured manner, to allow practitioners to develop their knowledge, skills and attitudes, thereby maximising their contribution to the modernisation of health and social care services.

Learning and Development

Learning and development encompasses a wide range of activities designed to improve the performance of the nursing and midwifery community. A learning and development framework facilitates individuals in planning opportunities to develop skills, knowledge, attitudes and behaviours in order to improve their performance and competence.

This core competency framework outlines the skills, knowledge and minimum training required for the nursing and midwifery community in relation to safeguarding children. To support this framework, learning and development activities need to be integral to the process.
Learning and development activities are varied, which may include experiential learning and other development opportunities, such as:

- Reflective Diary
- Reflective Practice
- Peer Review

- Appraisal
- Clinical Supervision
- Shadowing

- Courses
- Workshops
- eLearning

A flexible approach to learning and development is promoted in and supported by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) through the Development Framework. This will help nurses and midwives and pre-reg students make best use of the wide range of learning opportunities available to them. For more information on the different learning and development activities and the various types of learning styles, visit [https://www.nipecdf.org/learn/](https://www.nipecdf.org/learn/) (which includes a pre-reg student section).
2.2 WHO IS THIS CORE COMPETENCY FRAMEWORK FOR?

This framework has been designed for use by the nursing and midwifery community, those workers who support them and pre-registration nursing and midwifery students. It is important that membership of this wide team 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 workers 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 the line manager in planning any personal development.

The framework comprises 4 Levels as follows:-

Basic Awareness Level which is appropriate to all health care workers who support nursing and midwifery staff
Level 1 Registered Nurses and Midwives
Level 2 Registered Nurses and Midwives working with children, young people and/or their parents and carers where there is a potential safeguarding issue
Level 3 Nurses working in roles where specialist knowledge of safeguarding is required

The following scenarios outline how the nursing and midwifery community work at the various levels in terms of their safeguarding responsibilities. A basic awareness level has been included to incorporate all staff who support the nursing and midwifery community

The core competency statements are found from pages 15-19.

Scenarios: The scenarios on the following pages demonstrate the impact the different levels have in their responsibility relating to Safeguarding. In Level 2 there are four examples to show the diversity at this level.
2.3 SCENARIOS - LEVELS OF RESPONSIBILITY IN SAFEGUARDING

Example - Basic Awareness Level

Carrie is a Nursing Auxiliary working in a Care of the Elderly Unit for the past 10 years and has come to know relatives who visit the unit on a regular basis. The unit provides care for people who are physically debilitated as well as suffering from dementia.

Carrie does come into contact with children who are visiting relatives. It is important because of this that Carrie is aware of her role and responsibilities as an employee of the Trust. She needs to be aware of the challenges this could pose as well as being able to recognise, and how to respond appropriately to, situations relating to the welfare of a child.

It is essential that Carrie knows what to do if any such concerns arise and to whom she should report these concerns when they do.

Example - Level 1 - involves all registered nurses and midwives

Margaret is a District Nurse, she visits people mainly in their own homes, providing treatment and care and supporting family members. Her patients can be of any age, but often many of them will be elderly, while others may have been recently discharged from hospital, be terminally ill or have physical disabilities. In her role, Margaret can come into contact with children as members of the household she is visiting.

Margaret needs to understand the kinds of experiences that can affect children’s health and well-being, including the kinds of family circumstances and situations that can indicate a child is being placed at increased risk of harm or needs protection.

It is important that Margaret understands what to look for that indicates possible harm to children, knows what to do about those concerns, whom to contact, where to seek advice and is clear about what information needs to be shared and recorded.

Margaret also needs to appreciate that repeated low level concerns, or combinations of low level concerns, can present as a significant risk to a child’s health and well-being.
Example a - Level 2
Stuart is a charge nurse of a ward in an acute hospital where adults are admitted with a variety of medical conditions. Many of these adults are parents, carers or have regular contact with children. Young People (YP) between the age of fourteen and eighteen years are also admitted to the ward.

Stuart needs to be able to recognise when children/YP (including unborn babies) may need additional support or protection or when an individual poses a risk to their welfare. This includes considering the needs of children who are patients or the dependents of patients and the impact of behaviours and medical conditions on a Young Person’s needs or on parenting capacity.

Stuart needs to ensure that a culture of safeguarding children is embedded in all aspects of ward activity and that all staff on his ward are confident and competent in recognising and responding to safeguarding children issues, commensurate with their role and responsibilities. This includes conducting a learning needs analysis, ensuring that staff access identified learning opportunities and that local and regional policy, procedures and protocols are adhered to.

Stuart should demonstrate leadership through his ability to advise, support and guide staff when they raise a concern, and to assist staff in making a risk assessment and UNOCINI assessment and onward referral to relevant agencies.

He will need to identify, raise and discuss concerns with other members of the multidisciplinary team, including effective information sharing, resolving dissenting views and escalation of these concerns. He will need to know when to seek further advice from his line manager and professionals with a defined safeguarding role, for example, the safeguarding children nurse specialist.

This level differs from Level 1 by focusing on the safeguarding children, leadership role of the ward sister/charge nurse.

Example b - Level 2
Linda is a midwifery sister on a postnatal ward in a maternity unit. The team in her ward cares for mothers ranging in ages that include young girls under eighteen who have had babies of their own.

Linda needs to ensure that she and her team can recognise when mothers, including teenage mothers, need extra support, protection and referral as well as being aware of the potential safeguarding risks and concerns of all babies. This includes safeguarding and protection needs for those teenage children as mothers.

Consequently, Linda needs to promote an ethos of safeguarding within the ward as there is the potential for safeguarding issues to teenage mothers and their babies as well as other babies born into families that have possible safeguarding risks.

She needs to ensure that all staff in the unit are trained in safeguarding protection and promotion, to the required level for their responsibility and sphere of practice. This training should provide them with the knowledge and skills to recognise and deal with issues in a prompt manner.

Many women now leave hospital very shortly after birth into the care of the community midwife, so there is a small window for recognition and referral to take place. However, it is essential for the safety of the baby that this identification does occur and that it is communicated to the appropriate persons.

Linda also needs to be aware of other possible problems which may impact on safeguarding children such as domestic violence, drug and alcohol dependency and to raise these concerns within the multidisciplinary team immediately.

This level differs from Level 1 by focusing on the safeguarding children, leadership role of the midwife who has managerial and/or supervision of midwifery practice responsibilities.
Example c - Level 2

Michael works as a Community Psychiatric Nurse (CPN) and sees a range of adult patients in both the home and the clinic. In his role, Michael needs to appreciate that approximately one in four adults will experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents, and that parental mental ill health may have an adverse impact on a child’s health and development. Children of parents with a mental health condition may be considered as vulnerable and in need of additional support. Michael, therefore, needs to routinely enquire about dependent children as well as understand and support a family focus to the delivery of care.

He should be alert to potential risks a patient may present to children as a consequence of their condition and/or the potential harmful consequences of a parent’s mental illness on a child’s social and emotional development. Michael also needs to be alert to the impact of domestic abuse on mental health well-being, parenting and children’s well-being.

Using a Think Child, Think Parent, Think Family approach to working with other agencies, he should consider the needs of individuals in the context of their relationships and their environment and routinely signpost/refer families on to appropriate support services.

He needs to know when to intervene, what to do about concerns, whom to contact and where to seek advice, as well as knowing what information needs to be recorded and shared.

This level differs from Level 1 by focusing on the role of the CPN in Safeguarding Children while working with Adults experiencing Mental Health difficulties.

Example d - Level 2

Jane is a Specialist Community Public Health Nurse (SCPHN) working in a rural setting with GP alignment. She is responsible for a caseload of 220 pre-school children with varying levels of need and vulnerability.

Jane uses the UNOCINI framework and other relevant risk frameworks to undertake assessments, plan, implement and evaluate interventions to meet the needs of children and their families in her caseload. Jane needs to be able to recognise indicators of child abuse and neglect and refer to other agencies and social services using Regional and Trust policy and procedures, if concerned that a child may have suffered, or is likely to suffer, significant harm or is in need. Jane also needs to be aware of possible factors which may impact on safeguarding children, such as domestic abuse, drug and alcohol dependency and to raise concerns within the multidisciplinary team. She needs to understand her role and responsibility at child protection case conferences and other multidisciplinary safeguarding meetings, including case planning and Looked After Reviews. Jane needs to be able to analyse risks and needs by taking into consideration any strengths and resilience factors in a child’s life, family and environmental factors and parenting capacity by sharing appropriate and relevant information and contributing to the health and nursing perspective in interagency safeguarding assessments and risk analysis.

Jane needs to ensure that health needs are appropriately addressed and included in safeguarding plans and contribute to practice improvement initiatives, including the application of learning from research, audit and case reviews. Jane needs to undertake regular learning and development needs analysis and to access relevant safeguarding learning and development opportunities. Jane needs to know when to seek further advice and supervision from her line manager and safeguarding nurse specialist.

This differs from Level 1 as SCPHNs work closely with vulnerable families and children.
Level 3 involves

- The Safeguarding Children Nurse Advisor/ Specialist\(^4\), who offers and provides safeguarding advice, support and supervision to all nurses, midwives and public health nurses involved in safeguarding children.

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Example - Level 3

Janine works as a Safeguarding Children’s Nurse Advisor/Specialist in a large geographical Trust, offering and providing safeguarding support advice and supervision to all nurses and midwives.

She contributes to the development of safeguarding policy, procedures and guidelines and ensures effective dissemination of these and messages from research or serious case reviews to relevant staff groups.

Janine monitors practice standards through the provision of regular supervision to nursing staff using the Northern Ireland regional supervision model, through the audit of case files, reviewing caseload weighting, conducting practice audits, training needs analysis and the delivery of uni and multi-agency training. She also supports nursing staff through attendance at case conferences, assisting them in their analysis of risk and need, using assessment frameworks e.g. Understanding the Needs of Children in Northern Ireland (UNOCINI) to support interpretative analysis of the strengths, needs, risks and resilience factors in a child’s life, family and environmental factors and parenting capacity. She also supports them when using the assessment framework for the purpose of referrals to social services childcare teams and with the development of appropriate care/action plans and interventions to meet identified need(s) and the identification and recording of unmet need(s).

To do all this, Janine requires a sound grasp of the principles, theories and concepts that inform approaches to safeguarding and protecting children and interagency working. She also requires a comprehensive knowledge of research and evidence based practice that underpins safeguarding to enable her to lead on practice development and improvement plans.

Janine also provides advice and support to staff when compiling reports for Court, Police Service Northern Ireland and case conferences. In order to do this, Janine must also undertake an educational module relating to childcare and the law.

This Level differs from Level 1 and 2 by focusing on the provision of expert knowledge advice and support for staff at operational level across the Trust.

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\(^4\) Including Child Protection Nurse Specialists, Looked After Children Nurses, Named Nurses for Safeguarding, Designated Nurses, and Senior Nurses who have a lead role in safeguarding
SECTION 3

3.1 CORE COMPETENCY FRAMEWORK

This framework describes the core competencies relating to the promotion of safeguarding children. It is essential that the nursing and midwifery community are aware of, and ensure that they have, this knowledge and these skills.

By reviewing the competencies set for each level, the nursing and midwifery community can identify their learning and development needs. This should facilitate them in preparing for their annual appraisal and discussion with their line manager in terms of their personal development plan. In addition, this core competency framework is closely aligned to, and can be used in conjunction with, the Knowledge and Skills Framework (NHS/KSF, 2004). This core competency framework supports and underpins the KSF, enabling the practitioner to better prepare for the Development Review process. To support this, the core competencies outlined for each of the levels have been cross-referenced with the core and specific dimensions of the KSF.
### 3.2 BASIC AWARENESS LEVEL

#### Knowledge and Skills – Core Competency Statements - Minimum Learning Activities

<table>
<thead>
<tr>
<th>Level</th>
<th>Group</th>
<th>Basic Knowledge and Skills</th>
<th>Core Competencies in Safeguarding responsibilities</th>
<th>Minimum Learning Activity</th>
<th>KSF</th>
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</thead>
<tbody>
<tr>
<td>Basic Awareness Level</td>
<td>All health care staff who support the nursing and midwifery community</td>
<td>Signs of symptoms of child abuse and contributory factors</td>
<td>Be able to:</td>
<td>Aim: To provide safeguarding children awareness training to all members of supporting staff for the nursing and midwifery community</td>
<td>C1 C3 C5 HWB5</td>
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<tr>
<td></td>
<td></td>
<td>Own role and that of others</td>
<td>Recognise and respond to safeguarding children issues</td>
<td>Frequency: at induction, with updates every three years (1 hour)</td>
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<td></td>
<td></td>
<td>Own agency/staff group policy and guidance</td>
<td>Understand own role and role of others</td>
<td>Indicative Content: Definitions of child abuse and neglect</td>
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<td></td>
<td></td>
<td>Reporting procedures</td>
<td></td>
<td>Clarity of the role nursing and midwifery community has in safeguarding children</td>
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<td>Record Keeping</td>
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<td></td>
<td>Maintain a child focus</td>
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<tr>
<td>Level</td>
<td>Group</td>
<td>Knowledge and Skills</td>
<td>Core Competencies in Safeguarding responsibilities</td>
<td>Minimum Learning Activity</td>
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<td>1</td>
<td>All nursing and midwifery</td>
<td>Establishes effective relationships with clients/patients and their families</td>
<td>Understands own role and responsibilities and that of multiagency team</td>
<td>Aim: To provide safeguarding children awareness training to all members of the nursing and midwifery community</td>
<td>C1 C3 C5 HWB2 HWB3</td>
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<td></td>
<td>How and when to share information</td>
<td>Recognises child abuse and neglect</td>
<td>Frequency: At induction, followed by basic information awareness training every three years</td>
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<td></td>
<td>Current evidence based approaches to the care and protection of children</td>
<td>Understands importance of keeping accurate and complete records</td>
<td>Indicative Content;</td>
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<td>Be aware of: Key agencies involved in safeguarding children</td>
<td>Demonstrates an understanding of national, regional and local safeguarding policies and procedures</td>
<td>Clarity of the role nursing and midwifery community has in safeguarding children</td>
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<td></td>
<td></td>
<td>Reporting procedures</td>
<td>Demonstrates an understanding of benefits of early interventions to support and protect children</td>
<td>Definitions of child abuse and neglect</td>
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<td></td>
<td></td>
<td>Aware of key agencies involved</td>
<td>Demonstrates an understanding of the factors that can affect parenting and increase the risk of abuse for example domestic violence, mental health and substance abuse</td>
<td>Legislation and nursing policy</td>
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<td>Child abuse and contributory factors</td>
<td>Recognises and understands the potential impact of a parent’s/carer’s physical and mental health and environmental factors on the well-being of a child or young person</td>
<td>UNOCINI framework</td>
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<td>Legislation and policy</td>
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<td>Role of child protection nurse specialists</td>
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<td>UNOCINI and other risk assessment frameworks</td>
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<td>Governance structures</td>
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<td></td>
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<td>The range of support services available</td>
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<td>Referral pathway process</td>
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<td>Interagency partnership working</td>
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### 3.4 LEVEL 2

<table>
<thead>
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<th>Level</th>
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<th>Core Competencies in Safeguarding responsibilities</th>
<th>Minimum Training</th>
<th>KSF</th>
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</table>
| 2     | Registered nurses and midwives working with children, young people and/or their parents/carers who: Could potentially contribute to assessing, planning, intervening and evaluating the needs of child/young person and parent capacity where there are safeguarding issues | To have a more in-depth knowledge as outlined for Level 1 As outlined above, plus: Clinical/Safeguarding supervision procedures Learning and development needs of staff Understands the importance of, and the process for, escalating professional concerns Understands the impact of child abuse and staff well-being Understands the importance of supporting staff | As outlined for Level 1 Acts as an effective child advocate Uses UNOCINI framework and other risk frameworks to undertake assessments, plan, implement and evaluate interventions to meet the needs of children and their families Makes appropriate referrals to other agencies, including Social Services Shares appropriate and relevant information with other teams and contributes health and nursing perspective to interagency safeguarding assessments and risk analysis Ensures that health issues are appropriately included in safeguarding plans Contributes to practice improvement initiatives, including the application of learning from research, audit and case reviews Ensures appropriate management of professional concerns and incidents Undertakes learning and development needs analysis Facilitates learning and development opportunities Undertakes supervision/staff appraisal Disseminates information to staff | In addition to meeting Level 1 competencies, at Level 2 you should undertake Level 2 learning and activities relevant to your role and responsibilities. 
**Aim:** As outlined for Level 1 and associated scope professional practice 
**Frequency:** At induction, followed by updating every three years, plus at least 1 personal learning and development activity per year 
**Indicative Content:** UNOCINI training 
Preferably multi-disciplinary/interagency training opportunities with emphasis on those which relate to the nurse’s role, responsibility and area of practice, for example: Alcohol/substance misuse on parenting Promoting healthy attachment Domestic violence Learning disability Effective inter-agency working advocacy, human rights Contribution to case conferences Report writing | C1 C2 C4 C5 G1 HWB2 HWB3 HWB6 |
|       | Managerial or safeguarding supervisory role                            |                                                                  |                                                     |                                                                                                       |     |
### 3.5 LEVEL 3

<table>
<thead>
<tr>
<th>Level</th>
<th>Group</th>
<th>Knowledge and Skills</th>
<th>Competencies in Safeguarding responsibilities</th>
<th>Minimum Training</th>
<th>KSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Safeguarding Nurse Advisors</td>
<td>Sound knowledge of and ability to apply local and regional safeguarding policy, practice and standards into practice</td>
<td>As for Level 2, plus:</td>
<td>Aim: In addition to meeting Level 2 minimum training learning activity; Level 3 minimum training also requires the following in terms of frequency and content:</td>
<td>C1 C3 C5 G1 G6 HWB2 HWB3 HWB6</td>
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<tr>
<td></td>
<td>Child Protection Nurse Specialists</td>
<td>Legislative context and specific legislation relating to sharing confidential information</td>
<td>Provides specialist/expert safeguarding advice and support to all nurses and midwives</td>
<td><strong>Frequency:</strong> Annual, plus three personal learning and development activities per year – including non-clinical knowledge acquisition, such as management, appraisal and supervision training</td>
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<td></td>
<td>'Looked After' Nurses</td>
<td>Interpretation of strategic direction, research evidence and regional/national consultations</td>
<td>Provides safeguarding supervision to all nurses and midwives as per regional safeguarding supervision policy</td>
<td><strong>Content:</strong> Safeguarding nurses should also have: UNOCINI Child care and the law module Regional safeguarding supervision course as soon as possible after appointment Advance or Enhanced Court Room skills training</td>
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<td></td>
<td>Named Nurses, Safeguarding Designated Nurses</td>
<td>Clarity of roles and responsibilities in safeguarding, including other agencies involved in safeguarding</td>
<td>Contributes to and/or develops safeguarding policy, procedures and guidelines</td>
<td>Named nurses should complete a senior management/senior leadership programme within two years of taking up post and also advise on planning, strategy, development and audit of quality standards.</td>
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<td></td>
<td>Senior Nurses who have a lead role in Safeguarding</td>
<td>Understand key principles of risk analysis and risk management</td>
<td>Communicates safeguarding knowledge, evidence based practice, research and audit findings</td>
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<tr>
<td></td>
<td></td>
<td>Principles and practice of inter-agency working and processes to safeguard children</td>
<td>Interprets the impact of the findings from Child Death Inquiries, RQIA inspections on safeguarding practice</td>
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<td></td>
<td>Knowledge of evidence based practice, research evidence and critical thinking</td>
<td>Facilitates safeguarding training, conducts training needs analysis</td>
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<td></td>
<td></td>
<td>Utilisation of UNOCINI assessment framework, Family Health Assessment and Caseload Weighting</td>
<td>Identifies risk and risk management</td>
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<td>Case management review processes</td>
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<td>Models of Safeguarding supervision</td>
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<td>Co-ordination and delivery of safeguarding training</td>
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<td>Effective communication skills/strategies, ability to carry out audits, monitor practice standards, set performance indicators</td>
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<td></td>
<td></td>
<td>Governance and accountability arrangements</td>
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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

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 (Article 66), it is under a duty 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 is 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


Appendix 1

Key Policy Drivers


List of Competency Documents Reviewed


## Appendix 2

### Membership of Expert Reference Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Contact Information</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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