

## Child Protection Recognition and Response (CPRR) – competencies

This document maps the Safeguarding (SG) competencies from Safeguarding children and young people: roles and competencies for healthcare staff (intercollegiate guidance (ICD) 2019) and from the ICD, the RCPCH complementary framework for paediatricians and paediatric resident doctors only.

The CPRR course covers the following competencies from the ICD for level 3 health professionals, i.e. those working with children and their families. The competencies are covered in the detail appropriate to paediatric doctors ST1-2.

The headings on the boxes below are from the ICD, the lines below state what is covered in the CPRR course. The most important skills at this level are in bold, and concentrate on **Recognition** of abuse / neglect, and **Response** i.e. discussion with child / carers and making a referral. These are covered in depth in pre-reading and consolidated with case based and immersive role play training during the face-to-face component of the programme.

**Child Protection in Practice (CPiP)** is aimed at paediatric doctors ST 4-8. CPiP modules cover the same and other areas in more depth. CPRR competencies will be required to undertake the CPiP modules but may have been gained in another way.

Local safeguarding children courses, RCPCH education and other learning opportunities including eLFH level three safeguarding children modules are suitable for experienced resident doctors and consultants.

### Level 3 Safeguarding Children Competencies

1.	<i>Understand children's rights and statutory legislation</i>
	<b>Recognise own beliefs / and values</b>
	<ul style="list-style-type: none"> <li>UN convention especially articles 12,19, 24</li> <li>Children's Acts 1989 - 2014 relevant other legislation</li> </ul>
	Parental responsibility
	Culture religion equalities
	Understand local safeguarding partnership arrangements
2.	<i>Recognising potential indicators of child maltreatment and ability to make appropriate referrals appropriate to role</i>
	<b>Awareness of indicators of physical abuse, sexual abuse, emotional abuse, neglect and FII</b>

	Child Sexual Exploitation (CSE), County lines, forced marriage, modern slavery, radicalisation, internet and social media
	Normal development and how abuse impacts this
	<b>Long term effects of maltreatment</b>

3.	<i>Recognising vulnerabilities / Adverse Childhood Experiences (ACEs)</i>
	Vulnerability, neurodivergence, disability, Looked After Children / Children in Care, unaccompanied asylum seekers, refugees, home education, English not first language, young carers, care leavers, youth offending/criminality, missing episodes

4.	<i>Understanding the impact of parent/ carers' health on the child including "thinking family" and when parents are the patient</i>
	Awareness of how parental factors impact on unborn child and children's welfare and interagency response including: domestic abuse, health including perinatal health, substance misuse, learning difficulties  Impact of missing appointments (was not brought)

5.	<i>What to do about concerns including sharing information / Caldicott principles / GDPR</i>
	<b>Understand principles of confidentiality and consent related to children and young people</b>  <b>Awareness of referral process to police and social care</b>  <b>Communicate safeguarding concerns, supervised by consultant</b>  Intervening early, seeking advice
	Intervening early, seeking advice, contribute to and work as part of multidisciplinary team Understand how health contributes to multidisciplinary assessment

6.	<i>Awareness of professional abuse and how to raise concerns</i>
	Includes use of chaperone

7. *Understanding of flagging systems, and what it means to be on CPP, CIN at risk and associated increased frequency of health needs*

8. *Documentation of safeguarding concerns*

Knowledge of best practice and awareness of need to seek guidance

9. *How to seek child's views and act as advocate*

Consent capacity Gillick / Fraser

Voice of the child

10. *Works with other agencies, contributes to interagency assessments / thresholds*

11. *Reflects on own safeguarding practice*

**Audit, case review, peer review, supervision, document in portfolio**

Knowledge of effective clinical supervision/ peer support

12. **Awareness of types of interagency review SCR case review etc**

<p>The ICD recommends training should be -</p> <p>Multidisciplinary, internal and external, personal reflection, scenario based</p> <p>50 % face to face</p>	<p>CPRR is 2 days (&gt;16 hours) e learning, face to face, external, scenario based and encourages personal reflection</p> <p>It has multi disciplinary elements</p>
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- The following are not covered in CPRR Child death process
- Child Protection Medical assessment and report (not required until after ST3)
- Detailed legal aspects

Some specific areas awaiting updates e.g. FGM, CE / trafficking etc