

“There are clearly serious concerns amongst doctors about the future of safeguarding – in particular about their ability to fulfil their duties due to lack of time, training and resources. In order to protect children, it is crucial that safeguarding is not seen as an afterthought, but instead a central part of our health service. That’s why we want to see the Government’s forthcoming statutory guidance, Working Together to Safeguard Children, make it absolutely clear what the responsibilities and accountabilities of agencies and professionals involved in the system are and that the new safeguarding arrangements in the NHS are communicated clearly and quickly. We also want to see NICE develop a quality standard for safeguarding to drive up standards.”

**Dr Amanda Thomas, Child Protection Officer at the Royal College of Paediatrics and Child Health**

*Note: This guide captures the serious concerns and the recommendations in the document produced by the Royal College of Paediatrics and Child Health. It uses the language of the original document.*

## Context

In February 2012, the Royal College of Paediatrics and Child Health (RCPCH) conducted an event and survey of designated and named doctors. Fifty nine professionals completed the survey; twenty nine of which were named doctors, twenty six were designated doctors and four held both roles. This represents around a sixth of the named and designated workforce in England. Each geographical region was represented.

### Serious concerns (p1):

- Current guidance is not comprehensive. Over a half of respondents did not believe, or were unsure, whether the current guidance in Working Together (2010) on the roles of designated and named professionals is sufficient for the effective delivery of their functions.
- Clinical expertise is spread too thinly. Over 75% of named and designated doctors feel that their contracted time to the role was insufficient to fulfil their duties effectively.
- Safeguarding roles are not protected. Just one respondent felt that the role of named and designated professionals will be protected and enhanced in the new NHS.
- Safeguarding is an afterthought in the NHS reforms. Just 12% believe that the health reforms will stimulate innovation and improvement in safeguarding and only 13% of designated doctors are actively engaged with emerging Health and Wellbeing Boards.
- It is clear that doctors do not feel adequately trained or resourced to effectively safeguard children, potentially putting children’s lives at risk.

### Recommendations to Government and healthcare professionals (p2):

1. The Department for Education should ensure the new statutory guidance on safeguarding details all the responsibilities and all the accountabilities of all agencies and professionals involved in the system
2. The Department of Health should ensure that the future of safeguarding arrangements in the new NHS are strengthened, clear and communicated quickly
3. NICE should develop a quality standard for safeguarding to drive service improvement.
4. Department of Health and Local Safeguarding and Children Boards should improve and promote existing training and develop new training opportunities for named and designated doctors.
5. Professionals and health organisations should create effective networks to share information and best practice with fellow

experts. Local flexibility is vital; a network could be an informal or formal arrangement.

6. Emerging clinical commissioning groups, shadow health and wellbeing boards and named and designated professionals should engage with each other, develop new relationships, work across organisational boundaries and use each others’ expertise.
7. Health organisations should follow all the requirements in the intercollegiate safeguarding competences, e.g. to ensure named and designated doctors have the time they need to do their job properly, that effective supervision is taking place and to ensure that the named and designated roles are kept separate.

### Other recommendations include:

- Professionals should not hold both named and designated roles simultaneously (p4)
- If named doctors are asked to cover additional roles, they must have additional PAs allocated to support them (p5)
- Named doctors need to be given time to increase knowledge and understanding of new sets of services for which they will be responsible (p5)
- Examples of how the reforms are currently and can in the future improve services locally would give named and designated professionals a blueprint for how to stimulate innovation (p7)
- The intercollegiate safeguarding competences are clear that both designated and named professionals are accountable to the Chief Executive (p7)
- Avoid unnecessary change and identify and support existing practice that is working well (p9)
- Seize the opportunities that the reforms will present – develop relationships and work with new professional groups and form supportive networks locally (p11)
- Professionals do not feel that the decision to not develop a statutory duty to provide early help will improve the delivery of such services (p13)
- Timescales for assessment should not be dispensed with entirely (p14)
- SCR recommendations and lessons must be shared nationally (p15)

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