

A training course aimed to develop leadership abilities in designated child-protection professionals to improve their skills, confidence and ability to challenge poor practice

Preparing leaders for safeguarding children

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- › Why child protection professionals need leadership training
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- › Key results from an evaluation of the programme

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Abstract Smith S et al (2012) Preparing leaders for safeguarding children. *Nursing Times*; 108: 21, 20-22.

The purpose of child safeguarding is to identify children at risk of abuse or neglect and to reduce this risk. NHS trusts are required to have named and designated safeguarding children clinicians, who need strong leadership skills. This article presents the design and implementation of a leadership training programme developed for these professionals, and an evaluative research study of the programme.

Most children who are at risk of abuse or neglect come into contact with professionals working in services such as health, social care and education. In many cases, there are signs that could alert trained professionals to the fact that a child is at risk at an early stage, when intervention could support the family or move the child to a place of safety.

Laming (2003) stated that the investigation and management of a case of possible deliberate harm to a child must be approached by all health professionals in the same systematic and rigorous manner as would be appropriate to the investigation and management of any other potentially fatal disease.

Following the *Baby Peter Serious Case*

Review (Haringey Local Safeguarding Children Board, 2009), the strategic health authority NHS London undertook a programme of audit, peer review and education to ensure that safeguarding children systems and practice in the capital were robust and effective. This led to a decision to fund a dedicated leadership training programme for nurses and doctors taking on the role of designated professional for child protection.

The leadership programme includes modules to support lead clinicians in their dealings with primary care trust (PCT) executive boards, commissioners and other senior managers across the child protection multiagency network, while improving the quality of supervision they could offer.

It has been delivered to 180 named doctors, nurses and midwives, and other professionals working in child protection.

Clinical leadership has been identified as important for good practice in general (Department of Health, 2010), and leadership for safeguarding vulnerable people in particular has been raised nationally as an area for urgent attention.

This article presents the design and implementation of the leadership training programme for safeguarding children in London and the results of an evaluation study on its first two cohorts.

Literature review

In terms of leadership, NHS trust boards have a legal duty with regard to safeguarding children and promoting their welfare; the responsibilities associated with this are set out in the Children Act 2004. Trust safeguarding leadership teams must include a nominated director (at board

5 key points

1 All NHS trusts are legally required to designate professionals who are responsible for safeguarding children

2 These professionals must have expertise in children's health and in treating children who have been abused or neglected

3 The role requires a range of leadership skills

4 Leadership training can improve safeguarding professionals' decision-making skills, confidence and ability to challenge poor practice

5 Child protection and safeguarding work offers leadership career pathways for nurses



Child protection is a legal duty for trusts



“The most valuable learning resource you have are the people you are caring for”

Ian Hulatt > 26

level), with clinical support and supervision provided in PCTs by designated/named safeguarding children professionals. These professionals must have specific expertise in children's health and development, and in treating children who have been abused or neglected. Their work includes:

- » Providing supervision and support to other staff in child protection issues;
- » Offering advice on local arrangements in the provider organisation for safeguarding children;
- » Playing an important role in promoting, influencing and developing relevant training for staff;
- » Providing input from professionals to child-safeguarding processes, in line with local safeguarding children board procedures, and to serious case reviews (Care Quality Commission, 2009; HM Government, 2006).

Designated/named clinicians need leadership skills to carry out this role. All agencies associated with child welfare need effective leadership and management at both organisational and practice levels to ensure children are protected from harm (Laming, 2009). Munro (2011) argued it is important for organisations to continue to give clear local strategic leadership for the safeguarding of children. As a result of these reviews, a programme for leadership training in safeguarding children has been initiated in every SHA in the country.

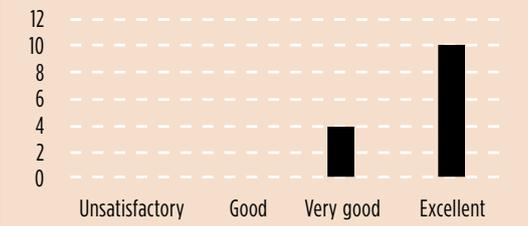
The literature examines many models of leadership. Dudau (2009, citing Hartley and Allison, 2000) suggested that leadership is a complex concept, is often undefined in the literature and needs to take into account personal qualities/skills, position and processes. All these are important when training professionals for leadership roles in safeguarding children. Studies on personal qualities of leadership have focused on the skills, abilities, personality and behaviours of leaders (such as Burns, 1978).

Stability of leadership roles influences leadership success. The CQC (2009) found the vast majority of designated and named safeguarding children posts in all types of trusts were filled on a substantive rather than temporary basis, with most trusts indicating that these clinicians had been in place for more than one year. The CQC concluded that these findings suggest leadership in safeguarding is relatively stable.

Only one academic paper specifically addressed leadership in safeguarding children. Dudau (2009) found that leadership within local safeguarding children boards is systematically inhibited and this

FIG 1. PROGRAMME OBJECTIVES

How well did the programme meet its objectives?



hampers collaboration between public-sector organisations.

In summary, the literature suggests that designated safeguarding professionals need leadership qualities to be prepared for the role. Leadership is a complex concept and any training needs to address personal qualities/skills, position and processes within leadership.

Aim of the training programme

The Care Services Improvement Partnership commissioned a leadership programme for named and designated professionals working in safeguarding called Leadership for Influence: Safeguarding Children Practice. The aim was to develop the leadership, influencing and negotiating skills in lead safeguarding children clinicians.

The programme is an innovative, workshop-based learning and development package, designed and delivered by experienced, senior health professionals with leadership and management skills. It has now been rolled out across the NHS in England.

Using local and national expertise, the programme reflects the three components of leadership from the literature – personal qualities/skills, position and processes (Dudau, 2009), while the programme facilitators use a transformational leadership approach (Bass, 1985; Burns, 1978).

The programme is run over six months and consists of four modules lasting two days each, plus an introductory day and celebration/evaluation day. The four modules focus on:

- » Personal development of leadership styles;
- » Political awareness and leadership;
- » Quality, performance and organisation;
- » Managing change, sustaining development and service development.

Work-based projects are presented to managers and strategic leaders at the end of the programme, which directly contribute to commissioning and service delivery. Materials, guidance and tips are available on a programme webpage. Key design

approaches include learning materials, self-assessment of competency, use of video for reflection and action learning sets, taught skills sessions, discussion groups and simulation.

Evaluation study

Method

An evaluative study was undertaken into the first two cohorts of the leadership training programme in London.

This aimed to discover its impact and quality from a number of perspectives including:

- » The extent to which it helped participants to appreciate what was already working in their organisation;
- » The extent to which it provided time and space to explore their current leadership skills, knowledge and attitudes, and to identify areas for future development and aspiration;
- » The extent to which it enabled them to identify a network of colleagues who can act as critical friends;
- » The organisation, content and management of the programme.

Data was collected after each module, so the sample included all participants who started the programme even if they did not complete it (n=43). Data collection was carried out using questionnaires containing Likert-style and open-ended questions; these were distributed on the final day of the programme.

Results and discussion

The Likert-style questions were analysed using percentages. More than 95% of the responses indicate very good or excellent scores against all aspects of each module.

Fig 1 is a representative example of the overall evaluation. The highest scores across all modules and cohorts were given for:

- » The extent to which modules met objectives;
- » Development of a deeper awareness of the impact of quality issues on leadership and practice;
- » Impact on understanding of local and national healthcare policy and performance priorities;
- » The extent to which the course created opportunities to practise coaching;
- » The quality of the content and organisation of the programme.

Thematic analysis was used to analyse responses to open-ended questions, which indicated overall high satisfaction, for example:

“Really enjoyable; excellent facilitators.”

Additionally, three key themes were

identified from the analysis:

- » Increased understanding and knowledge;
- » Increased confidence in participants' leadership capability;
- » Increased creative and innovative thinking.

Understanding and knowledge

Participants in all modules and cohorts indicated that the programme increased their knowledge and understanding about safeguarding children, for example:

"I really valued the time to understand government and policy direction..."

They also indicated that it enabled them to develop a greater understanding of their own development processes:

"I am now able to understand and appreciate the difference between supervision and coaching."

"The course allowed me time and space to reflect on the skills I have and also made me realise that my problems are not unique."

These findings suggest the programme addressed both skills development, as identified by Burns (1978), and leadership processes (Hartley and Allison, 2000).

This improved understanding also extended to participants' perceived positive impact of the programme on decision-making skills:

"Staying solution-focused rather than problem-focused has made a massive difference to my role as team leader."

Confidence in leadership capability

The theme of increased confidence was also linked to new feelings of empowerment. One designated doctor said:

"[The programme is] giving me impetus to influence the national agenda rather than [be] a victim of it."

A named nurse echoed this:

"A child death is always devastating [Baby Peter]... now I understand how I can influence the agenda and bring about change; it has given new confidence to influence at every level of the organisation."

This theme of confidence extended to participants' increased confidence in their ability to negotiate with people in their organisations:

"The director's challenge activities are helpful for building negotiation skills."

One participant requested that more time was spent on specific negotiation

issues, such as how to manage chief executives and awkward colleagues who have their own agendas.

Creative and innovative thinking

Some participants reported an improvement in their ability to think more creatively and innovatively:

"[I am now able to] rationalise issues and set action plans..."

This has helped some participants to be more active in promoting change.

In summary, participants from both cohorts indicated they have improved decision-making skills, increased confidence in their leadership capability, are now confidently able to challenge poor practice, and are more creative and innovative thinkers.

Overall, their growth and development appear to reflect the three areas of leadership identified by Dudau (2009) – personal qualities/skills, position and leadership processes.

One key result was participants' appreciation of safeguarding in its wider sense and their role within it. The programme has allowed networking and the sharing of best practice, participants understanding themselves and "thinking outside the box" rather than seeing leadership as just a theory.

However, one result, which could be seen as controversial and negative, is that a small number of participants' re-evaluation of their role and position resulted in them moving away from a safeguarding role. On the other hand, around 10% developed the confidence to apply for more senior roles across the safeguarding arena.

Participants also said that safeguarding services have improved as a result of the programme. For example, they report: improved quality of supervision; re-structuring of services to better meet client needs; changes to local policies in terms of safeguarding provision; projects that increase patient and service-user involvement; development of new roles; and cost reduction through service improvement and adopting Lean principles, releasing more time for the child and family. A larger research study would be needed to see if these improvements were a direct result of the leadership training programme.

Implications for nurses

Safeguarding children is a statutory professional requirement of all nurses. Transformational leaders in the healthcare system will enable nurses to practise more

safely, and give them more confidence to promote the health, wellbeing and safety of children.

Safeguarding knowledge and skills now form part of all nurse training, and child-protection nursing is becoming a career choice for children's nurses. Many nurses in the field of child protection/safeguarding children are now working at consultant nurse level.

Conclusion

Preventing child abuse and ensuring child protection is vital to prevent tragic cases such as that of Baby P. This needs strong leadership. Block (2002) argued that people must "act on what matters". In this transformational programme, participants have been encouraged to inspire and motivate others to "do what matters" – to build tenacity of purpose to safeguard children.

The programme of training in London for safeguarding children's nurses and other professionals has been a good investment for the future, developing leaders who will challenge the system to ensure that the safeguarding of children remains a top priority. **NT**

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