

Training Update

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Safeguarding Children and Young People: An E-Learning Resource Supporting Health and Social Care Professionals who are Working to Protect Children from Harm, delivered by e-Learning for Healthcare in partnership with the Royal College of Paediatrics and Child Health, London, 2010. Free of charge to all NHS staff. Available: <http://www.e-lfh.org.uk>

Anyone working with children in the last five years will have seen child protection training grow from the faltering infant it was to the strapping youth it has become. Those who struggled to persuade their trusts to invest in training suddenly found themselves unable to keep up with demands to deliver that training. We can thank *Standards for Better Health* (Department of Health, 2006), and perhaps, sadly, the death of Peter Connolly, for this surge of interest in training. Whatever the cause, it undoubtedly came as a relief to many committed professionals.

In line with these changes, training has become more available. Excellent initiatives such as the Advanced Life Support Group one-day course *Safeguarding Children: Recognition and Response in Child Protection: An Educational Programme for Doctors in Training* (www.alsg.org) were developed. In 2010, the *Safeguarding Children and Young People* e-learning programme went live on the e-Learning for Healthcare (e-LfH) website (www.e-lfh.org.uk). Intended to meet statutory training requirements and to ensure that healthcare providers have the knowledge to safeguard children, it was a welcome addition to the available training options.

What Does It Cover?

The programme mirrors levels 1, 2 and 3 as described in the intercollegiate document *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* (Royal College of Paediatrics and Child Health (RCPCH), 2010). Interestingly, the e-LfH website tells us that the learning objectives comply with this document, though the RCPCH website states that they are based on the 2006 version. It is clear, for example, that the level 3 Maintaining and Updating Competences programme does not address all the knowledge competencies recommended in the 2010 intercollegiate document. Whilst many level 3 knowledge domains are catered for (e.g. understand information sharing, confidentiality related to children and young people), others are not (e.g. processes and legislation for looked after children). These might be areas for development in the future.

Level 1 is designed as an introduction to safeguarding children and young people. It takes about half an hour to complete. All staff in health should have undertaken this level of training, even if their work appears not to bring them into contact with children. The online package has two versions: one for clinical staff and another more suitable for non-clinical staff. In the latter version, photographs which might have proved distressing have been removed and replaced, often by cartoon images of doubtful educational value.

Level 2 is for staff who work to some extent with children or their carers. This applies to most clinical staff in a hospital. Approximately an hour and a quarter are needed to complete this programme. Again, two versions are available: a primary care and a secondary care version, reflecting the different safeguarding situations that can arise in each context. Learners can select the course most relevant to them. This is a useful refinement of the learning package.

Level 3, Maintaining and Updating Competences, is aimed at consultants and career-grade paediatricians, but would also be useful for trainees and consultants in other specialities. The introduction helpfully allows the learner to identify his/her learning needs and, with these in mind, to develop a learning plan. The learner can choose from six further modules, in line with his/her learning plan. Each takes between 20 and 30 minutes. These are:

- Management of Sudden Unexpected Death in Infancy
- Antenatal Risk Factors
- Unexplained Injuries
- Disability and Neglect
- Fabricated and Induced Illness
- The Adolescent Presenting with Intoxication

Each module outlines explicit learning objectives, focuses on a pertinent case and involves self-assessment with feedback. The content of each module is appropriate, using interesting cases to draw the learner in. The titles describe the subject matter in almost every case, save for The Adolescent Presenting with Intoxication. This module is broader than its name suggests, focusing on risk-taking behaviour, its causes and consequences, as well as, briefly, sexual abuse and exploitation.

Access

Registering on the e-LfH website is relatively quick and straightforward. Logging on is easy. A personal learning environment is created, from which a certificate can be printed when required. Web pages are easily visible via a range of browsers (including Firefox and Internet Explorer) and are readable on a 12-inch screen (though the whole screen is not simultaneously visible on anything less than a 19-inch screen). Each module comprises a series of web pages, many of which are interactive. Movement between web pages is easy and intuitive. The learner can toggle between pages, both backwards and forwards, and search for any particular page using a menu. If the module is not completed, the learner will find it easy to return to the same point later. The significant omission is that of any interactive forum for learners – a matter to which we will return later.

Style

Learning is enhanced, throughout level 3, by the use of case-based discussions featuring excellent opportunities for self-assessment. These consist of true-false questions, with options to retry a question or reveal the answers.

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'Add in an online forum for peer support'

There are also opportunities to answer questions by completing text boxes. Word recognition software then compares the learner's answer to the right one. In principle, the frequent use of self-assessment is welcome. In practice, the true-false questions, often challenging and appropriate, are occasionally vexing, depending on semantics rather than fact, for example, the correct answer being 'children' rather than 'child'. We were thwarted in complete-the-box questions where answers were not recognised by the software. These are understandable limitations, but might put off some learners.

Photographs or diagrams are present on most pages. There seems to have been some economy in their use, since some are repeated, for example, two photographs of the same meeting were made to pass for a 'multidisciplinary meeting' on one page and a case conference a few pages later. Others seem not to fit the subject. For example, in discussing concerns about fabricated illness, a family is represented by three smiling and very different-looking children.

There are links to resources at the bottom of each page. Some links have expired; others lead to the usual suspects such as *Every Child Matters*. Nevertheless, such resources are welcome – their limitations are common to all online resources. Some of the level 3 modules are well referenced, with welcome links to papers that are available online. More use could be made of them during the sessions, for example, drawing on the Welsh Child Protection Systematic Review Group Core-Info pages (www.core-info.cardiff.ac.uk) to reach a decision for managing an injured child.

Reflections

Whatever the limitations of online learning compared with face-to-face training, the presence of an e-learning package available to all at any time cannot be lamented. The RCPCH and all those responsible must be commended for their efforts. There are faults, most of them easily correctable. The scope is wide, but we hope there is a plan to calibrate over time to the learning community's needs, for example, updating the objectives to match those of the 2010 intercollegiate document, making provision for feedback from learners and adding a glossary.

Will this e-learning be enough? The answer, of course, is no. Level 3 training itself should be multiprofessional, allowing learners to share their learning with other professionals who also safeguard children. E-learning undertaken in isolation from other learners (including those from our own profession) may deal effectively with knowledge gaps, but can it change attitudes and foster cooperation and effective communication? Will this package do anything to inspire professionals to act in situations where they might otherwise have failed to do so?

Perhaps the authors were too limited in their ambition – should a level 3 package have been designed only for health professionals? Does an opportunity exist to extend this initiative to other professions involved in safeguarding children? Add in an online forum for peer support, where learners from different professions can pose questions or share experiences, and this programme could take off and begin to make a real and substantial contribution to safeguarding children.

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