

NHS South Worcestershire CCG,
NHS Redditch and Bromsgrove CCG and
NHS Wyre Forest CCG,

Safeguarding Children and Adults
Training Strategy

2017-2020

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1. Introduction

Every NHS organisation and each individual healthcare professional working in the NHS has a responsibility to ensure that the principles and duties of safeguarding children and adults are consistently applied, with the well-being of those children and adults at the heart of what we do.

All staff in the NHS, whether they work in a Clinical Commissioning Group, hospital, a care home, in general practice, or in providing community care have a responsibility to safeguard children and adults at risk of abuse or neglect who they come into contact with.

NHS Redditch and Bromsgrove Clinical Commissioning Group (RBCCG), NHS Wyre Forest (WFCCG) and NHS South Worcestershire (SWCCG), (hereafter referred to as The CCGs), have a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people, and to protect adults with care and support needs at risk of or experiencing abuse.

It is the vision of the CCGs that safeguarding outcomes for children and adults are improved. In order to achieve this, every contact children and adults have with the NHS will be with practitioners and providers who have a knowledge and understanding of safeguarding issues and work in an organisation that has robust safeguarding systems and levels of supervision.

In applying this strategy, 'The CCGs' will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

In accordance with legislation, statutory guidance and recommendation of professional bodies it is expected that all individuals who work in NHS organisations are trained and competent to be able to recognise when a child may require safeguarding from harm and abuse and to know what to do in response to a concern (Children Act 2004; HM Govt., 2013; RCPCH, 2014).

The Care Act (2014) came into force in April 2015 and provides a robust statutory framework to safeguard adults at risk of harm and children transitioning into adult services. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding does not mean protecting every adult from every kind of harm or risk to their own personal safety. The Care Act 2014 tells us that statutory safeguarding responsibilities only apply in specific circumstances, where

there is concern that an adult with care and support needs, is experiencing or at risk of neglect or abuse, and as a result of their care and support needs, they are unable to protect themselves.

Safeguarding involves people and organisations working together to stop abuse and neglect occurring, and intervening effectively in situations if we do see abuse taking place.

2. Purpose

The purpose of this strategy is to provide a framework which ensures the CCG meets its contractual and legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children, young people and adults. The strategy aims to provide information on mandatory safeguarding training requirements for all managers and staff within the CCG and their commissioned services.

The identification of the level of safeguarding training required is dependent on the CCG staff members role and responsibilities, and following the completion of the CCG induction programme, should be linked to the annual appraisal process and a personal development plan.

All training provided should respect diversity (including culture, race, religion and disability), promote equality and encourage the participation of children, families and adults in the safeguarding process.

All training provided should place the child and the adult at risk of abuse as the centre focus and promote the importance of understanding of both the adult and child's daily life experiences, ascertaining their wishes and feelings, listening to the child or adult at risk and never losing sight of his or her needs.

This strategy serves to support 'The CCGs' to fulfil its Safeguarding responsibilities and to enable all employees as both clinical and non-clinical members of staff to acquire and maintain the relevant knowledge, skill and competency to effectively contribute to safeguarding children and adults (with care and support needs). All activities associated with the application of this strategy are to continually endorse a local understanding that Safeguarding Children and Adults (with care and support needs) is everyone's business.

The interrelatedness between both learning needs for Safeguarding Children and for Safeguarding Adults is to be appreciated, and opportunities are to be maximised to undertake training on combined subject matter as appropriate.

Any associated Safeguarding Children or Safeguarding Adult training programs are

expected to align with the over- arching local training strategies of Worcestershire Safeguarding Children Board and Worcestershire Safeguarding Adult Board.

3. Responsibilities and Accountabilities - Underpinning Principles

In order to protect adults (with care and support needs), children and young people from harm all healthcare staff must be suitably equipped to recognise actual or potential maltreatment and to take effective action in accordance with their role.

This safeguarding training strategy is underpinned by some key principles which are:

‘All staff working in healthcare settings (including Clinical Commissioning Groups (CCGs) - should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance’.

All staff working in a health care setting/CCG must know what to do if there is a child protection concern involving a child or family, understand the procedures for reporting a safeguarding concern, have knowledge of policy, procedures and legislation that support child safeguarding activity.

All staff working in the CCGs must understand what safeguarding is and their role in adult safeguarding work, recognise an adult potentially in need of safeguarding and take action, understand the procedures for reporting a safeguarding concern, understand dignity and respect when working with individuals, have knowledge of policy, procedures and legislation that support adult safeguarding activity.

Training needs to reflect the level of competency required and with a flexible approach encompassing different learning styles and opportunities which should be seen as a continuum of acquiring skills, knowledge, competencies and expertise (where necessary).

Assurance that the training delivered is of a high standard and delivered by appropriately trained and experienced trainers.

All staff should have refresher training every three years (as a minimum) at the level appropriate to roles and responsibilities.

All CCG staff must also undertake Prevent eLearning training and all staff with patient contact should achieve face to face Workshop Raising Awareness of WRAP at Level 3 (see below).

E-learning is appropriate to impart knowledge at levels 1 (Equivalent to 2 hours) and Level 2 (Equivalent to 3hours). In addition training at Level 2 should incorporate a blended learning approach, this includes encompassing safeguarding learning within

regular, multiagency or vulnerable family meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

Training can be tailored by organisations to be delivered annually or once every 3 years.

Level 3 or above -All staff should have refresher safeguarding training over a three-year period (6 hours minimum)and should demonstrate and evidence through appraisal, multi-disciplinary and inter-agency learning. An element of face to face multi-agency training is essential for Level 3 or above. Those requiring specialist knowledge and skill competences at Level 3 should complete a minimum of 12-16 hours. (For example, GP Safeguarding Leads, Safeguarding Champions or Safeguarding Supervisors). Training should, include attendance at a WRAP 3 workshop (for Prevent), once the eLearning for Prevent has been completed

Level 4: Specialist roles –includes named professionals for primary care, named doctors, named nurses, named midwives (in organisations delivering maternity services). Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training.

Level 5: Specialist roles-Designated professionals including lead paediatricians, consultant/lead nurses, should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work.

Staff requiring Level 2 or above can use a variety of learning opportunities delivered both internally and externally and evidence learning through a safeguarding portfolio of evidence. Examples of such include: Multi-agency staff meetings, briefing sessions, vulnerable child/adult meetings, supervision, clinical audit, peer discussion, serious case reviews, research, personal reflection, and scenario based discussion. Competence should be monitored as part of the organisation's appraisal process. For each level required there is an expectation that the practitioner has attained the competency of the previous level.

Board Level for Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, commissioning body Directors:-It is envisaged that Chief Executives of healthcare organisations take overall (executive) responsibility for Safeguarding and Child protection strategy and policy with additional leadership being provided at board level by the executive director with the lead for safeguarding. All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership.

- **CCG Responsibilities**

It is the responsibility of the employer to ensure that employees clearly

understand their contractual obligations within the organisation and enable individual staff to access training and education by which the organisation can satisfy its statutory duties.

The CCG Accountable Officer and Chief Nurse have a responsibility to ensure that their staff are trained to recognise and respond to safeguarding concerns and that they are fully aware of their individual and corporate responsibilities for safeguarding both adults and children.

The Designated Nurses and Doctors take a strategic and professional lead across the health economy and also support the Chief Nurse in relation to the safeguarding aspect of the role. They have responsibility to provide training for the CCG Governing Body and staff, develop and maintain competencies for training that are compatible with national guidance and multi-agency policies. They are also responsible for ensuring that lessons learnt from major investigations (serious case reviews, multiagency care reviews, safeguarding adult reviews, domestic homicide reviews) are incorporated into training and development opportunities.

Safeguarding Children and Safeguarding Adult training are a mandatory requirement of the CCGs and the implementation of this strategy is an important component of clinical governance.

- **Responsibilities of Individuals**

It is essential that all staff have the opportunity to access relevant Safeguarding training, acknowledging the broad range of learning methodology that might be applicable according to need and service context. It is the responsibility of line managers and heads of service to ensure that all staff working within their respective department(s) are supported to acquire and maintain the necessary level of training in accordance with strategy requirements and are suitably equipped to fulfil their Safeguarding responsibilities. In the event of any non-compliance with up-take of training, unmet needs are to be escalated to the relevant Line Manager, in line with CCG processes.

Individual employees are expected to understand and engage in the level of Safeguarding training as required in accordance with their role and responsibilities and are to ensure on-going compliance with any local CCG directives.

Application to attend training and evidence of its completion as internal or external events is to be attended to and managed in accordance with CCG requirements.

In the event of any difficulties accessing training and unmet need, employees are expected to raise their concerns with their line manager in a timely manner.

4. Responsibility of Safeguarding Designated Professionals and Leads

The Designated Nurse and Doctor take a strategic and professional lead across the health economy.

The Designated Nurse, Designated Doctor and the Adult Safeguarding Lead have a responsibility to ensure that staff are trained to recognise and respond to safeguarding concerns and that they are fully aware of their individual and corporate responsibilities for safeguarding both adults and children. They are also responsible for ensuring that lessons learnt from major investigations (serious case reviews, multiagency care reviews, safeguarding adult reviews, domestic homicide reviews, National Enquiries) are incorporated into training and development opportunities.

The Safeguarding Named Professional within the CCG is responsible for taking the lead role in determining the Safeguarding and Prevent training needs of all staff and to undertake periodic training needs analysis to inform on-going training plans and programmes.

The Safeguarding Named Professional is to lead on the design, delivery and evaluation of all associated internal training activities, ensuring that individual events are evidence-based and are informed by research, enquiry and lessons learnt from case reviews as both local and external findings.

Any member of the CCG who undertakes Safeguarding training is to be suitably equipped with the necessary knowledge, skill and competence to undertake the role

5. Principles of Programme Content and Delivery

To protect children and young people from harm and abuse, all healthcare staff must have the required knowledge, skill and competency to recognise child maltreatment and to take effective action in accordance with their role.

All Safeguarding Children training is expected to align with the recommendations and requirements of national professional guidance and 'Working Together' principles (RCPCH, 2014; HM Govt. 2015). Recommendations of the Intercollegiate document are to be afforded due consideration with regard to any internal programmes of training and learning events (Appendix 1).

Level 3 Safeguarding Children Training therefore should be child-centered demonstrating due consideration to children's rights and needs whilst ensuring that children's individual welfare remains paramount. On an on-going basis, individual training events are to be underpinned by research and evidence and informed by findings from case review and enquiry.

The Care Act 2014 tells us that statutory safeguarding responsibilities only apply in specific circumstances, where there is concern that an adult with care and support needs is experiencing or at risk of neglect or abuse, and as a result of their care and support needs, they are unable to protect themselves.

All healthcare staff must have the required knowledge, skill and competency to recognise maltreatment and to take effective action in accordance with their role. Level 3 Safeguarding Adult Training therefore should be focused on the adult (with care and support needs), it should be person centered demonstrating the principles of the Care Act 2014, including Making Safeguarding Personal (2014), giving due consideration to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which were incorporated into the MCA (and future iterations of any related legislation), and the rights of adults. The Level 3 training should also include attendance at a Workshop Raising Awareness of Prevent –WRAP. On an on-going basis, individual training events are to be underpinned by research and evidence and informed by findings from case review and enquiry.

All face to face training should serve to promote robust inter-agency working, meaningful collaborative activity and effective communication and information-sharing practices. Engagement in multi-agency Safeguarding children and adult training at Level 3 is to be promoted and supported.

Learning opportunities provided to staff should embrace a wide range of learning methodology and due consideration afforded to knowledge and skill acquisition gained via activities such as clinical supervision, participating in learning reviews including Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), Domestic Homicide Reviews (DHR), Multi-agency Case File Audit (MACFA), single agency case file audit, serious incident reporting and peer review exercises.

The over-arching aim of training activities should serve to improve the quality of practice and positively affect outcomes for children, young people and adults who come into contact with health services.

Acquisition of Safeguarding Children and Safeguarding Adult knowledge, skill and competency should be seen as a continuum, with recognition that staff accumulate skill and competence during undergraduate and post-graduate programmes with subsequent progression throughout respective professional careers.

6. Levels of Training and Target Audiences

All staff who are employed by the CCGs/or are contracted to work for the CCGs are expected to undertake a level of training as part of their induction programme (Appendix 1).

Subsequent to the training received as part of induction and in accordance with role and responsibilities, all staff (clinical and non-clinical staff) are expected to engage in the necessary training in accordance with their respective role and CCG requirements (Appendices 1 & 2).

Within a three year period all staff should receive refresher training as a minimum and training should be tailored to their respective roles and needs. E-learning is to operate as a source of learning at levels 1 and 2 and can be included as part of level 3 training, as long as a session of face to face training has been undertaken during the preceding 3 years and above all to assist overall information and knowledge acquisition.

In addition, the Safeguarding Leads will circulate written updates, briefings and literature as appropriate to all staff to inform on safeguarding children and safeguarding adult detail e.g. changes in legislation, national and local policies and procedures, and lessons learnt from serious case reviews.

Relevant information is to be made available and accessible to staff via the CCGs intranet sites and details are to remain current via the leadership and management of the webpages by the Communication Team in collaboration with the CCG Safeguarding Leads.

7. Governance

Internal governance processes are set out by the Head of Safeguarding/ Designated Nurse and outlined within the Safeguarding Children and Adult Commissioning Strategy 2016-2019 and in the Safeguarding Children and Adult policies. The CCGs Safeguarding Team will seek assurance regarding attendance and compliance with training requirements. This will be reported on an annual basis to the Quality Sub-Group, as well as through the Safeguarding Assurance processes of NHSE, WSAB and WSCB.

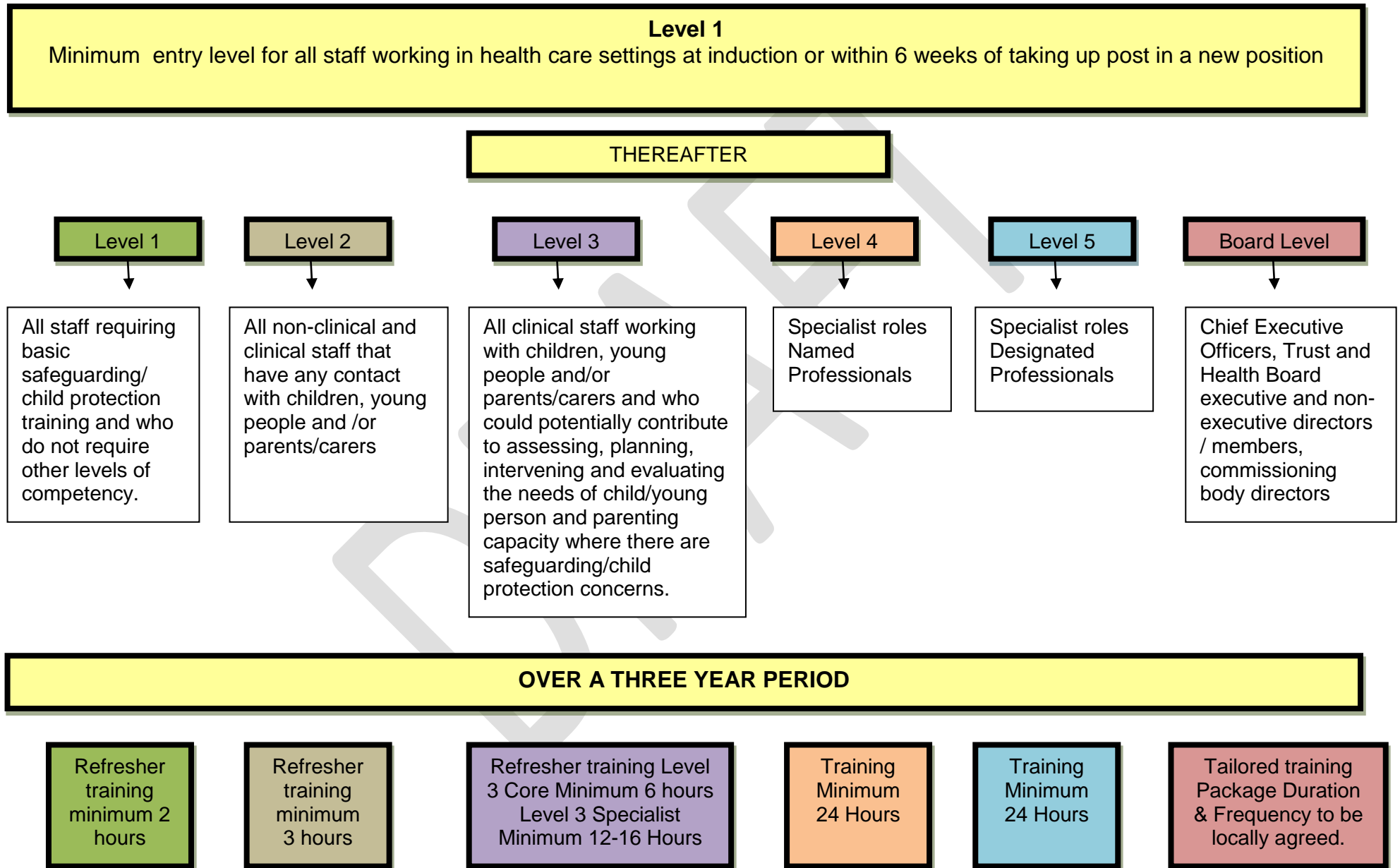
Line Managers will complete data regarding attendance at training by team members and oversee their compliance. Details of training attendance are to be used to inform such reporting and assurance processes outlined above and to identify unmet needs and non-compliance. The details of which will be escalated to the relevant Line Manager. Continued non-compliance/unmet needs will be escalated to and reported to the CCG Quality sub-Group and to Clinical Executive Team if not resolved.

Individual records of attendance at Safeguarding training as internal or external activities are to be held on the central database in accordance with CCG requirements.

Internal training is subject to enquiry and review by external bodies such as Worcestershire Safeguarding Children Board, Worcestershire Safeguarding Adult Board and the Care Quality Commission. Training reports are to be made available to external bodies as required.

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Appendix 1 - Safeguarding Children: Competency Levels (ref. RCPCH, 2014) Overview



Appendix 2 – Staff Groups

Staff Groups

<p>Level 1 At induction: This includes, for example, Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those non-clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across health care settings and service provision</p>
<p>Level 2 This includes administrators for looked after children and safeguarding teams, health care students, clinical laboratory staff, phlebotomists, pharmacists, ambulance staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, contact lens and dispensing opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians.</p>
<p>Level 3 This includes GPs, forensic physicians, forensic nurses, paramedics, urgent and unscheduled care staff, all mental health staff (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding, looked after children's nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children's nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, lead anaesthetists for safeguarding and child protection paediatric intensivists, paediatric orthodontists and dentists with a lead role in child protection. Additional specialist competences as appropriate to role for paediatricians, paediatric intensivists, dentists with a lead role in child protection, Forensic Physicians, lead anaesthetist for safeguarding and child protection, all child and adolescent psychiatrists and other child and adolescent mental health practitioners, child psychologists, child psychotherapists, GPs, forensic nurses, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, specialist nurses for safeguarding and looked after children, midwives and health visitors</p>
<p>Level 4 This includes named doctors, named nurses, named health visitors, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for Organisations commissioning Primary Care</p>
<p>Level 5 This applies to designated doctors and nurses, lead paediatricians and consultant/lead nurses.</p>
<p>Board Level It is envisaged that Chief Executives of healthcare organisations take overall (executive) responsibility for Safeguarding and Child protection strategy and policy with additional leadership being provided at board level by the executive director with the lead for safeguarding. All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional Knowledge based competencies by virtue of their board membership. All boards should have access to safeguarding advice and expertise through Designated or</p>

Appendix 3 – Underpinning Principles

Underpinning Principles
Acquiring knowledge, skills and expertise in safeguarding/child protection should be seen as a continuum. It is recognised that students and trainees will increase skill and competence throughout their undergraduate programme and at post-graduate level as they progress through their professional careers.
Training needs to be flexible, encompassing different learning styles and opportunities.
Those leading and providing multi-disciplinary and inter-agency training must demonstrate knowledge of the context of health participants' work, provide evidence to ensure the content is approved and considered appropriate against the relevant level, delivered by a registered health care worker, who has qualifications and/or experience relevant to safeguarding/child protection and delivery of education and training and should tailor training sessions to the specific roles and needs of different professional groups at each level.
The effectiveness of training programmes and learning opportunities should be regularly monitored. This can be done by evaluation forms, staff appraisals, e-learning tests (following training and at regular intervals) and auditing implementation, as well as staff knowledge and understanding.
Staff should receive refresher training every three years as a minimum and training should be tailored to the roles of individuals.
E-learning is appropriate to impart knowledge at Level 1. E-learning can also be used at level 2 and above as preparation for reflective team-based learning and contribute to appraisals and revalidation when linked to case studies and changes in practice.
Education and training passports will prevent the need to repeat learning where individuals are able to demonstrate up to date competence, knowledge and skills, except where individuals have been working outside of the area of practice or have had a career break and are unable to do so.
In addition to training programmes, named professionals should circulate written update briefings and literature as appropriate to all staff at least annually to include for example, changes in legislation, changes in local policies and procedures, the risks associated with the internet and online social networking or lessons from serious case reviews.
Health care organisations must ensure all staff are able to access safeguarding support and expert advice.
Those working with children and young people and/or parents should take part in clinical governance including holding regular case discussions, critical event analysis, audit, adherence to national guidelines (NSF, NICE, SIGN), analysis of complaints and other patient feedback and systems of safeguarding supervision and/or peer review.

Appendix 4 - Training Requirements

Level 1 - All staff including non-clinical managers and staff working in health care settings			
Aims	Competencies	Staff	Training Availability
<ul style="list-style-type: none"> To inform staff about key safeguarding and child protection information and vulnerable groups. Provide awareness about various types of abuse or neglect to a child and take appropriate action to take if you suspect that a child is being abused or neglected 	<ul style="list-style-type: none"> Competence at this level is about individuals knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns. It comprises of: Recognising potential indicators of child maltreatment – physical abuse including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM). Understanding the potential impact of a parent/carers physical and mental health on the well-being and development of a child or young person, including the impact of domestic violence the risks associated with the internet and online social networking, an understanding of the importance of children’s rights in the safeguarding/child protection context, and the basic knowledge of relevant legislation (Children Acts 1989, 2004 and of Sexual Offences Act 2003). Taking appropriate action if they have concerns, including appropriately reporting concerns safely and seeking advice. 	All staff	<p>All staff required to complete a level 1 E-Learning package at Induction and within 6 weeks of commencing in post, then every 3 years</p> <p>Competence needs to be monitored by the Line Manager as part of the PDR process.</p>
Level 2 - All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers			
Aims	Competencies	Staff	Training Availability
As outlined in level 1	<ul style="list-style-type: none"> As outlined for Level 1 Uses professional and clinical knowledge, an understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect 	All non-clinical and clinical staff who have any contact	Staff to access the Worcestershire Safeguarding

- Able to identify and refer a child suspected of being a victim of trafficking or sexual exploitation; at risk of FGM or having been a victim of FGM at risk of exploitation by radicalisers.
- Acts as an effective advocate for the child or young person
- Recognises the potential impact of a parent's/carer's physical and mental health on the well-being of a child or young person, including possible speech, language and communication needs.
- Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues.
- As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals).
- Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion.
- Shares appropriate and relevant information with other teams Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.

with children, young people and/or parents or carers

This includes administrators for looked after children and safeguarding teams (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care

Children's Board
Level 2 E-Learning (3-4 hours every 3 years).
Competence needs to be monitored by the Line Manager as part of the PDR process.

Level 3 - All clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/ child protection concerns

Aims	Competencies	Staff	Training Availability
To ensure all staff working directly with children are aware of the child protection referral process and can	As outlined for Level 1 and 2: Staff do not need to attend refresher training at Level 1 and 2; Level 3 training negates the need to do this	All clinical staff working with children, young	Colleagues requiring Level 3 core training will

act in accordance with the local safeguarding children board guidelines and trust policy

- Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect
- Will have professionally relevant core and case specific clinical competencies.
- Documents and reports concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes.
- Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk
- Undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training).
- Contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), internal partnership and local forms of review, as well as child death review processes.
- Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns

people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/ Child protection concerns

be expected to attend four hour training session in the first month of employment (unless they can evidence attendance in previous employment of the equivalent training).

Colleagues are required to attend a further taught update session every 3 years.

Additional Training requirements (to the 4 hour face to face session) are over a three year period Learning can be acquired through a variety of methods as described below and in

Additional specialist competencies

- Advises other agencies about the health management of individual children in child protection cases.
- Applies the lessons learnt from audit and serious case reviews/case management reviews/ significant case reviews (including the child practice review process in Wales) to improve practice
- Advises others on appropriate information sharing.

strategy document to complete the required learning hours and competencies.

Additional specialist competencies

for Identified colleagues will need to achieve an additional 4-hour of competency per annum via a variety of learning opportunities delivered both internally and externally and evidence learning through safeguarding portfolio of evidence.

Examples of such include multi-agency staff meetings, briefing

sessions, vulnerable child meetings, safeguarding supervision, clinical: audit, peer discussion, serious case reviews, research, personal reflection, and scenario based discussion.

Competence needs to be monitored by the Line Manager as part of the PDR process.

Level 4 - Named professionals

Aims	Competencies	Staff	Training Availability
<p>To be able to provide staff with up to date information and advice on safeguarding matters</p>	<p>As outlined for Level 1, 2 and 3</p> <ul style="list-style-type: none"> • Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols • Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice • Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections. • Works with the safeguarding/child protection team and 	<p>Mandatory for all staff in specialist safeguarding roles</p>	<p>Named professionals should attend a minimum of 24 hours of education, training and learning over a three year period. This should include</p>

partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisation covered.

- Undertakes and contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies.
- Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding team.
- Works effectively with colleagues from other organisations, providing advice as appropriate.
- Provides advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.
- Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.
- Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- Participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee/the safeguarding committee of the Health Board or Trust in Wales
- Leads/oversees safeguarding quality assurance and improvement processes.

non-clinical knowledge acquisition such as management, appraisal, and supervision training.

Competence needs to be monitored by the Line Manager as part of the PDR process.

- Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people.

Level 5 - Designated Professionals

Aim	Competency	Staff	Training Available
<p>Designated professionals, as clinical experts and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area, providing support to all providers and linking particularly with named safeguarding health professionals, local authority children's services, and Local Safeguarding Children's Boards (LSCBs)</p>	<p>As outlined for Level 1,2,3 , 4 Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community</p> <ul style="list-style-type: none"> • Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across the health community • Leads/oversees safeguarding/child protection quality assurance and improvement across the health community • Leading innovation and change to improve safeguarding across the health economy • Takes a lead role in conducting the health component of serious case reviews/ case management reviews/significant case reviews across whole health community • Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies • Takes a strategic and professional lead across the health community on all aspects of safeguarding. <p>Provides expert advice to increase quality, productivity, and to improve health outcomes for vulnerable children and those identified with safeguarding concerns.</p> <ul style="list-style-type: none"> • Provides expert advice to service planners and commissioners, 	<p>Mandatory for all staff in specialist safeguarding roles</p>	<p>Designated Professional should attend a minimum of 24 hours of education, training and learning over a three year period This should include non-clinical knowledge acquisition such as management, appraisal, supervision and the context of other professionals' work.</p> <p>Competence needs to be monitored by the Line Manager as part of the PDR process.</p>

ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children

Board Level			
Aim	Competency	Staff	Training Available
<ul style="list-style-type: none"> To ensure that safeguarding is positioned as core business in strategic and operating plans and structures To oversee, implement and monitor the ongoing assurance of safeguarding arrangements To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding 	<p>It is envisaged that Chief Executives of healthcare organisations take overall (executive) responsibility for Safeguarding and Child protection strategy and policy with additional leadership being provided at board level by the executive director with the lead for safeguarding. All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership.</p> <p>Clinical Commissioning Groups have a critical role in quality assuring providers systems and processes, and thereby ensuring they are meeting their safeguarding responsibilities. Designated safeguarding professionals within commissioning organisations provide expert advice to commissioners.</p>	<p>Mandatory for all Governing Body Members</p>	<p>All staff required to complete a level 1 E-Learning package at Induction and within 6 weeks of commencing in post, then every 3 years.</p> <p>In addition Governing Body members are required to meet the competencies required for their role (eg. GP) and undertake locally agreed enhanced learning opportunities in respect of safeguarding over a three year period. (For example, presentations to GB regarding learning from Serious Case Reviews/Safeguarding Adult Reviews or Domestic Homicide Reviews).</p>

Appendix 5 WSAB Multi-Agency Adult Safeguarding Competency Framework



Multi-Agency Adult Safeguarding Competency Framework

WSAB LD 01

Worcestershire Safeguarding Adults Board

Document version: 1.1.1

Document Control

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Actions

Required Actions	Date
Upload to Website Raised with Community Awareness & Prevention for communication	20/6/2016
Raised with Community Awareness & Prevention	20/6/2016

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1.0 Purpose

This framework has been produced to support partner organisations in the development of a workforce that is competent and effectively trained in adult safeguarding practices that are continuously improving. It outlines the sets of competencies required for particular categories of job roles.

2.0 Competency framework rationale

Previously safeguarding training has been based upon attendance at training at a range of levels. However completion of training does not evidence a worker's competence in any particular area or task, only that they have attended a training course.

To enable all staff working with adults at risk to develop their skills this framework sets out a competency based approach. It is designed to raise standards and ensure consistent and proportionate response to safeguarding issues for adults. It has been devised to provide a baseline for standards of competence that individuals can expect to receive from those workers and organisations that have key responsibilities in adult safeguarding. It is aligned with the Adult Safeguarding: Multi-Agency Policy & Procedures for the protection of Adults with Care & Support needs in the West Midlands.

3.0 What is competence?

A competence is the combination of the skills, knowledge and experience held by individual staff and this framework aims to ensure that these qualities inform safeguarding practice in a way that is commensurate with an individual's role and responsibility. Regardless of training, competence grows through experience and the abilities of an individual to learn and adapt.

4.0 What is the role of training?

All training should be designed in order to support workers to have the underpinning knowledge required to achieve competence. It is therefore possible to have a standard for expectation of what should be included with safeguarding training (at any given level) regardless of how or by whom the training is delivered.

The use of a competency framework also enables learning from other training to be used. For instance Root Cause Analysis training may support some workers to evidence against the enquiry competencies.

Individual agencies will need to look at existing mechanisms that may contribute to the assessment. For instance, the Care Certificate for health and social care settings. The level one competencies are approximately aligned to these standards.

The competency framework also allows for the consideration of other forms of Continuous Professional Development. This could take the form of training but could also include practical experience and workplace learning such as coaching and mentoring.

5.0 Who should complete the competency?

All staff should be assessed as competent against the competencies that are relevant to their job role and level of responsibility. Whatever their role all staff should know when and how to report any concern about abuse of an adult. Therefore all staff need to demonstrate the first 5 competencies within the framework. Further competencies will be dependent upon their job role and level of responsibilities.

As the competencies are cumulative all people working with adults with care and support needs should complete Level 1 competencies. It is recognised that at levels beyond this agencies may need to adapt the competencies to cover specialist roles.

6.0 What are the timescales for completion?

The timescales for successful demonstration of competency will depend upon the job role and responsibilities.

There are areas where there are suggested timescales. For instance front line care staff should complete the Care Certificate within 12 weeks of starting employment.

Competencies 1-5 are broadly in line with the Care Certificate. Competencies at level 1 and 2 should also be linked to the assessed and supported year in employment for newly qualified social workers.

Individual agencies are required to set appropriate timescales for their staff to achieve required competence in order to be assured that their staff can practice effectively.

7.0 Carrying out the assessment of competence

Achieving competence requires more than just attending a training course although this may be an element of developing competence. The assessment of competence should (ideally) combine a mix of direct observation of practice as well as a process of exploration, discussion and questioning. This could be carried out in supervision or as part of the follow up to training.

8.0 Supporting the assessment of competence

This framework includes a tool (Appendix 2) that can be used to record and assess a workers competence. There are other tools available for particular roles such as the Care Certificate or the Assessed and Supported Year in Employment.

9.0 Further developments

There will be a requirement for further work in the following areas:-

- Development of competency for those staff that do not work with adults at risk as the primary focus of their role.
- Development of MCA/DOLS competency framework
- Development of assessor prompts and format for assessment of competence at all levels.

10.0 Appendix 1

Adult Safeguarding Competency levels:

- Managers may need to use discretion when roles may not include particular competencies. For instance, supporting a team, level 2 competencies will be more appropriate for provider managers than social workers.

Level 1 = Competencies 1 to 5

Awareness for those front line staff who have face to face contact with service users/patients/carers/representatives and are likely to observe behaviours that may indicate abuse or receive disclosures of abuse from service users or patients

Including but not limited to: volunteers, health care staff with direct or indirect service user/ patient contact, day services staff, support workers, outreach workers, speech therapists, chiropodists, personal assistants, housing officers, leisure and recreation centre staff, drivers and transport staff, church/faith workers will be able to:-

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
1. Understand what safeguarding is and their role in adult safeguarding work	<ul style="list-style-type: none"> • Show clear understanding of their role in identifying and reporting concerns regarding the abuse or neglect of an adult with care and support needs • Outline where to find their organisations policy and procedures • Treat reports seriously • Describe the limits of confidentiality • Describe the 6 principles of safeguarding adults (empowerment, protection, prevention, proportionality, partnership and accountability) • Describe the justification for sharing information when working with adults with care and support needs.
2. Recognise an adult potentially in need of safeguarding and take action	<ul style="list-style-type: none"> • Show clear understanding of the meaning of adult with care and support needs and the requirements of S42 of the Care Act 2014. • Show understanding of what constitutes abuse • Outline the different forms of abuse and how to recognise the indicators/signs of abuse • Demonstrate an understanding of the factors that might increase the risk of abuse • Report concerns to the relevant person • Demonstrate how to ensure the person is safe if in imminent danger
3. Understanding the procedures for reporting a safeguarding concern	<ul style="list-style-type: none"> • Show an understanding of your employers Adult Safeguarding policy and procedures • Know how to ensure the individual is safe when the risk of abuse is high • Know who to contact • Know how to report a safeguarding concern • Work in a manner to reduce the risk of abuse • Demonstrate an understanding of consent and capacity
4. Understand dignity and respect when working with individuals	<ul style="list-style-type: none"> • Value individuality and be non-judgemental • Recognise the individual's right to live in an abuse free environment • Be aware of how your values and attitudes influence your understanding of a situation • Listen to individuals and allow time to communicate any preferences and wishes • Demonstrate an understanding of discuss what outcomes the adult wants from the safeguarding process
5. Have knowledge of policy, procedures and legislation that support adult safeguarding activity	<ul style="list-style-type: none"> • Demonstrate knowledge of national and local policies / legislation that support safeguarding activity including duties within the Care Act 2014. • Outline the key elements of the Mental Capacity Act & Deprivation of Liberty Safeguards • Highlight the importance of the Human Rights Act • Demonstrate and awareness of the Adult Safeguarding: Multi-Agency Policy & Procedures for the protection of Adults with Care & Support needs in the West Midlands

Level 2 = Competencies 6 to 10

Safeguarding for staff who report safeguarding concerns and who provide support to adults with care and support needs

Including but not limited to: qualified social work staff with not undertaking a specialist role in under the Safeguarding procedures, managers and senior staff of residential homes, nursing homes, domiciliary care agencies, supported living services, brokerage, hospital wards, health staff, practice managers will be able to:-

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
6. Have knowledge of policy, procedures and legislation that supports Adult Safeguarding Activity.	<ul style="list-style-type: none"> • Describe local / national policies, procedures underpinning safeguarding activity; e.g. The Care Act 2014 and statutory guidance, Adult Safeguarding: Multi-Agency Policy & Procedures for the protection of Adults with Care & Support needs in the West Midlands, large scale enquiries, Human Rights Act, Mental Capacity Act, Deprivation of Liberty Safeguards -Mental Health Act, workplace Domestic Abuse Policy • Understand how to ‘whistle blow’ using relevant policy • Demonstrate a clear understanding of the when an incident requires a safeguarding concern to be reported and alternative actions • Demonstrate an understanding of responsibilities in relation to safeguarding children • Know when and how to seek specialist advice
7. Show an understanding of how to support staff to fully understand and implement their role in adult safeguarding.	<ul style="list-style-type: none"> • Consider the role of supervision in the provision of safe safeguarding practice in the staff you manage/supervise • Demonstrate how you monitor the practice of staff • Show how you would manage issues of poor safeguarding practice • Show how you ensure all staff are competent, remain up to date and have the appropriate knowledge
8. Show an understanding of the role of supporting staff/a team during enquiry.	<ul style="list-style-type: none"> • Demonstrate an understanding the potential impact of the abuse of an adult with care and support needs on staff who are / were providing support • Demonstrate an understanding of the stress that is placed on a staff team during an enquiry • Consider how this stress can impact on the service delivered and thus on service users/patients • Show an understanding of how to minimise negative impact on service users/patients

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
9. Demonstrates an understanding of their specific professional role in ensuring the prevention of abuse.	<ul style="list-style-type: none"> • Show an understanding of professional standards and accountability • Show an understanding of the need for safer recruitment as an integral part of safeguarding people from being abused • Demonstrate an understanding of pre-abuse indicators or warning signs • Show how you ensure all staff demonstrates an absolute commitment to the dignity and respect for all people and an understanding of basic human rights and total identity. • Demonstrate an understanding of professional boundaries
10. Demonstrates skills and knowledge to contribute effectively to the Safeguarding process	<ul style="list-style-type: none"> • Work to local and national Safeguarding guidance • Respond to incidents in a timely manner • Demonstrate an understanding of discuss what outcomes the adult wants from the safeguarding process • Identify and reduce potential and actual risks after disclosure of allegation • Practice effective multi-agency partnership working e.g. attend strategy meeting • Demonstrate an understanding of target timescales • Attend and contribute to safeguarding enquiries/meetings- • Demonstrate an understanding of information sharing in relation to adult safeguarding. • Develop protective strategies or make appropriate onward referrals for those that decline services • Have awareness of and confidence to use 'whistle blowing' policy/procedures'

Level 3 = Competencies 11 to 16

Those who have particular specialist adult safeguarding responsibilities, Level 3 Social Workers and other workers that are expected to undertake enquiries as part the Safeguarding Adults processes

Including but not limited to: qualified professionals in health and social care and Service Providers who would be expected to have a role in Safeguarding Adults enquiries, plus all frontline managers who need an understanding of the whole process or manage or supervise staff who need to:-

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
11. Awareness of local and national policy and procedural framework when undertaking adult safeguarding activity	<ul style="list-style-type: none"> <input type="checkbox"/> Thorough understanding of the Adult Safeguarding: Multi-Agency Policy & Procedures for the protection of Adults with Care & Support needs in the West Midlands and show understanding of levels, thresholds and pathways of enquiry in response to a reported safeguarding concern and requirements of gathering initial information <input type="checkbox"/> The importance of providing feedback and liaison <input type="checkbox"/> Demonstrate knowledge on the response options and how these need to be implemented <input type="checkbox"/> Protection planning <input type="checkbox"/> Describe purpose of planning, evaluation, protection and enquiry <input type="checkbox"/> Describe the purpose of formal multi-agency adult safeguarding arrangements and how to contribute to this and any subsequent safeguarding plan <input type="checkbox"/> Use appropriate forms and recording systems <input type="checkbox"/> Know what piece of legislation/policy informed a specific piece of work and why, i.e. Care Act 2014 & statutory guidance, Mental Capacity Act 2005, Mental Health Act 1983, Deprivation of Liberty Safeguards, Human Rights Act 1998, Sexual Offences Act 2003, Police and Criminal Evidence Act 1984, Fraud Act 2006, Care Standards Act 2000, Disclosure and Barring Service (Safeguarding Vulnerable Groups Act 2006), MAPPA and MARAC <input type="checkbox"/> Use alternative policy and legislation to support preventative strategies e.g. Carer support <input type="checkbox"/> Be aware and challenge if necessary organisational cultures that may lead to poor practice in adult safeguarding
12. Understand how best evidence is achieved	<p>As appropriate to role:</p> <ul style="list-style-type: none"> • Show a comprehensive and detailed knowledge of gathering, evaluating and preserving evidence

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
<p>13. Ensure service users / carers are supported appropriately to understand Safeguarding issues to maximize their decision making</p>	<ul style="list-style-type: none"> • Describe why it is important to preserve evidence • Demonstrate an understanding of Making Safeguarding Personal and how the outcomes identified by the service user should be reflected within the adult safeguarding process. • Maximise the ability of the service user to fully participate • Understand the role of advocacy within adult safeguarding • Work with service users to ensure they are fully aware of all options available to them and also of the preventative measures that they may be able to put in place to protect themselves from abuse • Recognise service users' rights to freedom of choice • Show understanding of how abuse may affect individuals' decision making processes e.g. Domestic violence • Provide information on local / national groups that may be able to provide support e.g. Victim support, advocacy service, Independent Domestic Violence Advocate, Independent Sexual Violence Advocate, local carers group • Provide written and verbal information on local adult safeguarding processes and how they can be accessed by service users and carers • Have knowledge of resilience factors and how these might interact with Safeguarding • Understand how policy/legislation can have the potential to be used oppressively e.g. Mental Capacity Act, Best Interest Decisions may conflict with Human Rights • Understand when an IMCA needs to be instructed and when an application to the Court of Protection is required • Describe the potential impact of the abuse of adults with care and support needs on staff or individuals who are alleged to have committed abuse and the informal carer who may have reported concerns • Recognise perpetrators of abuse may be vulnerable themselves and require support • Actively engage with individuals who decline services and/or engage support of others to achieve this • Demonstrate how to work in partnership with service users/carers/ representatives in response to safeguarding allegations
<p>14. Understand when to use emergency systems to protect adults with care and support needs</p>	<ul style="list-style-type: none"> • Outline when to use emergency service when necessary e.g. Call for an ambulance or police intervention • Describe how to contact out of hours service • Describe when emergency protection plans may be required • Use legislation where immediate action may be required e.g. Section 4 of Mental Health Act 1983, or urgent authorisation of DoLS

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
15. Maintain accurate, complete and up-to-date records	<ul style="list-style-type: none"> • Evidence understanding of contemporaneous recording • Evidence of knowledge of protection planning • Evidence of collation and monitoring of reported safeguarding concerns within own service observation and discussion • Evidence of report writing, information sharing, Multi-agency partnership working, risk assessments and management plans and contemporary case recordings • Explicit understanding of issues of confidentiality and data protection
16. Demonstrate required level of skills and knowledge to undertake an adult safeguarding enquiry	<ul style="list-style-type: none"> • Show through knowledge and application of purpose, duties, tasks involved in Safeguarding assessment/enquiries • Understand the importance of establishing the views and wishes of the adult with care and support needs and what outcome they require or desire • Understand the role of protection planning during and following an enquiry • Understand the different roles and responsibilities of the different agencies involved in making enquiries into allegations of abuse • Understand the co-ordinating role in relation to different types of enquiry that may be taking place simultaneously.

Level 4 = Competencies 17 to 20

Those that manage the adult safeguarding process:

Including but not limited to: those staff that are responsible for managing, chairing meetings and signing off adult safeguarding enquiries, supervisors, professional advisers and designated leads for adult safeguarding, operational managers of services for adult safeguarding, senior managers responsible for the strategic management of services for adult safeguarding and members of Local Safeguarding Adults Boards who need to:-

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
17. Actively engage in supporting a positive multi-agency approach to adult safeguarding	<ul style="list-style-type: none"> • Demonstrate an understanding of the different roles and responsibilities of all agencies involved • Show awareness of updated protocols and follow / implement them • Demonstrate application of learning from CQC inspections and Serious Case Reviews in service development • Show how multi-agency prevention strategies are being developed and used in practice • Challenge poor practice at an interagency level • Ensure a proportionate response to adult safeguarding • Show an understanding of how to test evidence to ensure that an enquiry is robust.
18. Support the development of robust internal systems to provide consistent, high quality adult safeguarding service	<ul style="list-style-type: none"> • Demonstrate a clear understanding of national policy and procedures and how these relate to the development and application of local Safeguarding Policy and Procedures in a multi-agency context. • Carry out effective monitoring and auditing • Demonstrate effective training / CPD is commissioned to support adult safeguarding services • Ensure necessary policy and procedures are in place to support supervisory practice • Ensure Safeguarding Supervision is carried out regularly to support the service • Ensure supervisors are suitably trained to meet role requirements • Support 'whistle blowing' policy / procedures • Monitor safeguarding systems • Ensure workforce has necessary skills and knowledge to work effectively by developing and using a competency assessment system • Ensure effective training, policy and procedures are in place to support effective risk and decision making in

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
19. Chair adult safeguarding meeting or discussions	<p>practice.</p> <ul style="list-style-type: none"> • In line with local policy / procedures chair meetings where it is deemed a senior manager is most appropriate e.g. large-scale enquiries or sexual offences. <p>Ensure</p> <ul style="list-style-type: none"> • enough information is available to allow prioritisation and allocation of enquiries • the enquiry is allocated to a worker with the necessary competence and experience • supervision and support is available to the worker undertaking the enquiry • individual cases are monitored to ensure adequacy of protection measures • all enquiries are conducted in accordance with this procedure and anti-discriminatory practice • The co-ordinator/manager must confirm and sign off the accuracy of all records relating to an adult safeguarding enquiry including records of: <ul style="list-style-type: none"> • the information gathering, risk assessment, evaluation and planning • any decisions taken • the enquiry/risk assessment and interview(s) • Any decision taken to close the enquiry
20. Ensure record systems are robust and fit for purpose	<ul style="list-style-type: none"> • Implement audit and inspection regimes • Demonstrate established systems to support good practice e.g. maintaining records, protection plan monitoring and time management e.g. enquiry report • Ensure appropriate record keeping of adult safeguarding meetings e.g. ensure minutes are of an appropriate standard

Level 5 = Competencies 21

Executive and senior managers, Chief Executive, owner manager, Head of Service and above who need to:-

Competence	Suggested Evidence to be Pertinent and Proportionate to Role
<p>21. Lead the development of effective policy and procedures for adult safeguarding</p>	<ul style="list-style-type: none"> • Be a 'champion' for safeguarding within the organisation you represent <input type="checkbox"/> Be a champion for safeguarding in other organisations and the community at large. <input type="checkbox"/> Work with partner agencies to develop a consistent intra and inter-agency approach to Safeguarding Adults e.g. attendance at multi-agency safeguarding forums such as MARAC or MAPPA <input type="checkbox"/> Have strategic understanding of the scope of Safeguarding services across the whole organisation <input type="checkbox"/> Work in partnership with a range of agencies <input type="checkbox"/> Work to reduce the likelihood of repeat abuse <input type="checkbox"/> Provide leadership for the workforce stating clear aims and objectives in adult safeguarding <input type="checkbox"/> Ensure contractual arrangements with service providers adhere to adult safeguarding policy and procedures <input type="checkbox"/> Can effectively communicate a proactive approach to adult safeguarding within your organization <input type="checkbox"/> Be able to account for your organizational practice • Ensure 'whistle blowing' systems are in place

11.0 Appendix 2

Adult Safeguarding

Assessment of competence support tool: Level 1 Competencies

The assessment of the competence of a worker (paid or voluntary) should include consideration of their knowledge, understanding and skills. It should be a continuous exercise carried out as part of supervision, management and career development. Particular attention should be paid to an individuals' competency when they commence work, on completion of any training, if an event has raised questions about their competency and when they take on a new role in relation to Adult Safeguarding.

Competency assessment should be carried out in the workplace, within supervision and within appraisal meetings. The best competence assessment processes consist of a combination of methods to give confidence of competency including:

- Direct observation
- Questions can be used to assess if the person has the necessary knowledge
- Scenario based questions/case studies and real life activities allow a person to demonstrate their skills that would be relevant to actual situations
- Use of reflective accounts
- Accounts by a third party observer (including people from partner agencies)
- Evidence on knowledge may be shown by successful completion of mandatory safeguarding training or qualification with an assessed component against the relevant area of knowledge
- Evidence of competency may be shown by attainment of a competency based qualification such as Qualifications Credit Framework (QCF)
- Adult safeguarding documentation, e.g. notes of safeguarding meetings, reports of safeguarding concerns, assessment etc.
- Feedback from service users and carers

Assessment should also reflect a person's knowledge and understanding of the Adult Safeguarding: Multi-Agency Policy & Procedures for the protection of Adults with Care & Support needs in the West Midlands and the organisations own internal safeguarding procedures.

Each member of staff should have a record of their competency in relation to adult safeguarding. It is the responsibility of the member of staff to provide evidence of their competency. It is essential that managers and supervisors have the skills and ability to encourage, enable and motivate workers (paid and voluntary) to develop and learn.

The table below can be used as a guide for supervisors assessing competence. The prompts are potential questions for assessors to use when meeting with workers.

Competence	Suggested Evidence	Assessors prompt:	Evidence	RAG rating
1. Understand what safeguarding is and their role in adult safeguarding work	<ul style="list-style-type: none"> Show clear understanding of their role in identifying and reporting safeguarding concerns Show understanding of their organisations policy and procedures Treat reports seriously Understand limits of confidentiality 	What do you consider to be your role in adult safeguarding	HCPC/NMC Code of conduct	
		Should you ever ignore what you consider to be abusive?		
		Who is important in the adult safeguarding process	Everybody's responsibility	
		Explain how you would share information on a needs to know basis	Identifying key stakeholders- who needs to know- multi agency working	
2. Recognise an adult potentially in need of safeguarding and take action	<ul style="list-style-type: none"> Show clear understanding of the meaning of adult with care and support needs Show understanding of what constitutes abuse Outline the different forms of abuse and how to recognise the indicators/signs of abuse Demonstrate an understanding of the factors that might increase the risk of abuse Report concerns to the 	Can you tell me the main forms of abuse	Physical, Domestic Violence, Sexual, Financial & Material, Modern Slavery, Discriminatory, Organisational, Neglect & Acts of Omission, Self-neglect.	
		Can you outline what is meant by an adult with care and support needs	Care Act 2014	
		Can you give some examples of why an individual may be at increased risk of abuse	Capacity, Communication, isolation, behaviour	

Competence	Suggested Evidence	Assessors prompt:	Evidence	RAG rating
	relevant person <ul style="list-style-type: none"> Demonstrate how to ensure the person is safe if in imminent danger 	If you have concerns about abuse who would you report this to? Could you tell me where to find our organisations adult safeguarding policies and procedures	Line manager Local arrangements West Midlands Policy	
3. Understanding the procedures for reporting a safeguarding concern	<ul style="list-style-type: none"> Show an understanding of your employers adult safeguarding policy and procedures Know how to ensure the individual is safe when the risk of abuse is high Know who to contact Know how to report safeguarding concern Work in a manner to reduce the risk of abuse 	How would you report a safeguarding concern Describe what action you would take if you were concerned that an adult with care and support needs was being abused How can you ensure that service users are treated with dignity and respect	Respect individuality	
4. Understand dignity and respect when working with individuals	<ul style="list-style-type: none"> Value individuality and be non-judgemental Recognise the individual's right to live in an abuse free environment Be aware of how your values and attitudes influence your understanding of a situation Listen to individuals and allow time to communicate any preferences and wishes 	How do you ensure that you do not enforce your values on service users How can you support individuals to be involved in their care Can you outline the key policies and legislation in adult safeguarding?	Being aware of own values and ensuring that you do not force them onto other people Involve people in decision making (food, clothes etc.)	

Competence	Suggested Evidence	Assessors prompt:	Evidence	RAG rating
5. Have knowledge of policy, procedures and legislation that support adult safeguarding activity	Demonstrate knowledge of national and local policies / legislation that support safeguarding activity: <ul style="list-style-type: none"> • Care Act & statutory guidance • Mental Capacity Act • Human Rights Act • CQC Standards • West Midlands Policy 			

Other evidence of competence: (i.e. supervision notes, discussion, observations)

Date	Signature of assessor	Signature of staff member
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Appendix 6

Safeguarding Children/Adult Training Passport (Applicable to CHC and Quality Team Staff)

Name of Professional: _____ Role of Professional: _____
Health Organisation: _____

The purpose of this passport is to enable health professionals to record details of any safeguarding training they complete. This information can be used to update their organisations ESR training record and to inform discussion at an annual Personal Development Review (PDR / Appraisal). Your organisations requirements for safeguarding training will be available to you through the training department or your line manager.

Source: Children: Intercollegiate Document (RCPCH March 2014). Adults: Intercollegiate Document (NHS England February 2016) If you wish to use experience gained from another course other than standard training course then the following procedure applies:

1. Before attending a learning experience contact your Safeguarding Named Professional for Safeguarding Children and Adults who will be able to advise on the appropriateness of the learning. You should be prepared to discuss your learning outcomes.
2. After attending the event enter the details in the passport below and send your certificate of attendance to your line manager for them to countersign the date and entry. You should try to get the passport signed off within 10 working days of attending a course / event. When you have met your compliance requirements send a copy of the passport highlighting the entry / entries to your training department for your health organisation training department to update your record.

It is important to note that:

- Accurate records of all training undertaken including programmes, notes and attendance certificates are kept for audit purposes. All information you retain must be kept securely and in line with the Data Protection Act 1998.

References:

CQC Fundamental Standards

Statement on CQC's roles and responsibilities for safeguarding children and adults (June 2015)

Children

Children act (1989) and (2004) London; stationary office. Female Genital

Mutilation Act (2003)

HM Government (2015) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. London: Department for Children, Schools and Families (DCSF).

RCPCH et al. *Safeguarding Children and Young People, Roles and Competences for Health Care Staff*. London: RCPCH 2014

Sexual Offences Act (2003) London; HM Stationary Office.

Adults

Counter Terrorism and Security Act (2015)

Mental Capacity Act 2005



Deprivation of Liberty Safeguards (2009)
Health & Social Care Act (2008)

Mental Capacity Act (2005)

Mental Health Act (1983)

PREVENT duty guidance (2015)

Making Safeguarding Personal (2014). Local Government Association.

Safeguarding Adults: Roles and competences for health care staff –Intercollegiate Document (NHS England 2015)

The Care Act (2014)



30 **On behalf of:**

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG