Royal College of Nursing

Adult Safeguarding: Roles and Competencies for Health Care Staff

Second Edition

CLINICAL PROFESSIONAL RESOURCE

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2024 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Acknowledgements

This is an updated edition of the intercollegiate publication originally published in 2018 which was in collaboration with:

The British Association of Social Workers
British Dental Association
British Geriatrics Society
Chartered Society of Physiotherapy
College of Paramedics
The College of Podiatry
Institute of Health Visiting
Royal College of General Practitioners
Royal College of Nursing
Royal College of Midwives
Royal College of Occupational Therapists
Royal College of Ophthalmologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Radiologists
Royal Pharmaceutical Society
The Society and College of Radiographers

The review in 2023 was undertaken by:

Colette O'Neill, Designated Professional for Safeguarding Adults, NHS Bath and North East Somerset, Swindon and Wiltshire ICB

Chelle Farnan, Mental Capacity Act Clinical Lead, East Region

Alan Taylor, Head of Safeguarding and Prevent, London Ambulance Service NHS Trust, Chair of National Ambulance Safeguarding Advisory Group

Natalie Asser, Head of Safeguarding, George Eliot Hospital Trust

Leesa Stephenson, Designated Nurse Safeguarding Adults, North East North Cumbria ICB

Sarah Cerioli, Deputy Designated Safeguarding Transition Nurse, NHS Sussex ICB

Sally Wilson, UK Professional Lead for Older People and Dementia, RCN

Philip Winterbottom, Head of Safeguarding, Cygnet Group, Chair of the Independent Health Providers Safeguarding Forum

Elaine Ruddy, Safeguarding Lead London Region

Roslynn Azzam, Mental Capacity Act Professional Lead, South West Region

With grateful thanks to all the health and social care staff who have contributed to the creation of this document.

Contents

Introduction 5
Scope of the document 7
Key definitions 8
Safeguarding principles 12
The aims of making safeguarding personal 12
Types of abuse, harm and neglect 13
Physical abuse 13
Sexual abuse 13
Psychological and/or emotional abuse 13
Financial or material abuse 13
Neglect and acts of omission 13
Self-neglect 13
Domestic abuse 14
Female genital mutilation 14
Discriminatory abuse 15
Organisational abuse 15
Modern slavery 15
Prevent 16
Mental capacity and deprivation of liberty 17
Competency framework 18
Safeguarding adults competency framework for education and training 19
Safeguarding training requirements for Level 1 19
Safeguarding training requirements for Level 2 22
Safeguarding training requirements for Level 3 27
Safeguarding training requirements for Level 4 34
Safeguarding training requirements for Level 5 41
Safeguarding training requirements for Board level 47
Education and training 52
Underpinning principles 52
Adult safeguarding staffing resource 56
References 57
Appendix 58

Introduction

As health care staff (see definition on page 8) we work with people in their moments of greatest need. We witness the direct impact that social inequalities have on the health and wellbeing of the people we care for. We endeavour to provide responses that are personalised and effective, regardless of background, gender, age, culture, sexuality, or ethnicity. This sensitivity to personalisation is particularly relevant to adult safeguarding.

As health care staff it is important to recognise that abuse can be caused by employees. Health care staff can also experience abuse. Organisational policies and procedures must have appropriate processes to escalate and manage all concerns.

Health and social care is a changing landscape and increasingly necessitates the development of new ways of working. This document provides non-statutory guidance that acts as a point of reference for health care staff to identify and develop the knowledge, skills, competence, and behaviour in the safeguarding of adults at risk.

Education can occur through formal training, accredited programmes, non-accredited programmes, practice-based learning (including supervision and appraisal) and development opportunities that target not only professional, but local service needs.

Practitioners should also have access to safeguarding adult guidance produced by their individual professional bodies and professional regulators.

One of the most important principles of safeguarding is that it is everyone's responsibility. Each organisation and member of health care staff must do everything they can to ensure that adults at risk are protected from abuse, harm, and neglect.

This document has been designed to guide health care staff and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding.

For health care staff, the framework competencies may be a useful tool for:

- developing and reviewing job/role descriptions
- assessing competence for different levels of practitioner
- developing personal goals
- performance appraisal.

Health care professionals may use this document to:

- identify the suggested current level of practice and role expectations/requirements within the specific care context
- identify and develop the knowledge and skills in aspects of safeguarding to realise the potential of their role.

Health care providers have a responsibility to ensure staff are provided with training that builds on staff knowledge, ensuring they can evidence learning from incidents, meeting the needs of the organisation and the individuals it supports, as set out in its training needs analysis. Providers are encouraged to refer to this guidance when commissioning, developing and delivering safeguarding training. It is understood that providers can deviate from the guidance, but that deviations should be agreed by those accountable within the organisation.

This guidance suggests training requirements and there may be national or local employment or regulator arrangements that pose additional requirements. It is not intended to replace contractual arrangements between commissioners and providers or NHS organisations and their employees. Some employers may require certain staff groups to be trained to a differing level than suggested to better fulfil their organisational intent and purpose.

It is an ambitious document which will develop further over the coming years to encompass a lifespan approach to safeguarding. It is expected that all healthcare staff will be trained to an appropriate level, as identified by safeguarding professionals within that area. This document seeks to build on existing standards and secure safeguarding training as the golden thread which runs through every element of care delivery.

The education and training principles are set out, highlighting flexible learning opportunities to enable acquisition and maintenance of knowledge and skills. It is acknowledged that many health practitioners will need equivalent child and young person's safeguarding training and that there are many areas of overlap. This can be taken into consideration when developing, delivering, and documenting the training undertaken. It is anticipated that providers will often combine safeguarding adults, children and young people training and the future life-course approach will further support this approach.

Scope of the document

This updated publication is intended to have relevance to all health and social care staff. It is designed to be used in all organisations that provide or commission health care for adults regardless of sector, setting or size. It is also designed to be used by all services who are commissioned to work directly with children but need also to be competent working with adults. The language reflects the different legislation, terms, and structures within the four UK countries within which intercollegiate colleagues practice.

All NHS and Independent health providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. Safeguarding should be embedded at every level in every organisation with effective governance processes evident. Organisations providing or commissioning health care for adults must assure themselves and their regulators that safeguarding arrangements are robust and are working.

Key features of the document

- Applies to people aged 18 and over.
- Recognises that often adults who are at risk of abuse are living in communities and/or families who have additional risk factors which need to be considered and, where necessary, addressed.
- Suggests the minimum standards and competencies required to support adult safeguarding including mental capacity and deprivation of liberty legislation* appropriate to country of practice. It focuses on the knowledge, skills and behaviour required.
- Sets out a framework that will help staff, practitioners, employers, and commissioners understand the role and level of education, competence, and awareness of systems which correlates to their level of contact and involvement with adults at risk.

To ensure adults receive proactive and high-quality safeguarding it is important that health care staff are familiar with the relevant associated legislation and guidance that supports adults to make decisions. Such legislation and guidance may be specific to the country in which the professional practices and the competencies must be applied within the context of that legislation.

Health care organisations must ensure that people who use their services are safeguarded, and that staff are suitably skilled and supported to facilitate this.

All health care organisations have a duty outlined in legislation to make arrangements to safeguard and to co-operate with other agencies to protect adults at risk from harm, abuse or neglect. Chief executive officers have a responsibility to seek assurance that all staff are able to meet this requirement.

In addition to safeguarding training, it is also essential that staff have training on a range of other inter-related subjects such as confidentiality, data protection and mental capacity legislation (appropriate to their role and country of practice) to effectively respond to the safeguarding needs of adults. Training in these inter-related subjects may be used to meet the outcomes in this guidance and that safeguarding learning may feature in these wider learning opportunities.

* In Wales, staff should also be mindful of the National Safeguarding Training, Learning and Development Standards **https://socialcare.wales/resources-guidance/safeguarding-list/national-safeguarding-training-learning-and-development-standards/safeguarding-standards-about**. This document is not a comprehensive list of mental capacity and deprivation of liberty practice competencies. The National Mental Capacity Act Competency Framework (**Bournemouth.ac.uk**) and the **NICE guidance for decision making and mental capacity** are recommended resources for this area of practice.

Key definitions

In the context of this document the terms used are defined as follows:

Health care staff

'Staff' includes all health and social care staff who work or volunteer with adults who may be at risk of abuse. The term staff refers to all people performing a role in a health and social care context. This includes employees, private/independent contractors (including agency staff) or practitioners and volunteers.

Adult

An individual who is 18 years of age or over.

Adult at risk

An adult at risk is any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves.

Adult safeguarding

To work with an individual to protect their right to live in safety, free from abuse, harm, and neglect. This can include both proactive and reactive interventions to support health and wellbeing with the engagement of the individual and their wider community. The aim is to enable the individual to live free from fear and harm and have their rights and choices respected.

Case reviews

Definition of 'case review'	
For consistency and brevity, the term 'case review' is used throughout this document and applies to a range of multidisciplinary adult safeguarding statutory processes. The list below is not exhaustive and there may be local and regional variations.	
Country	**Example of terms used**
England	Safeguarding adults reviews Safeguarding adults board meeting Section 42 enquiry LeDeR – Learning from Lives and Deaths: People with a learning disability and autistic people Domestic homicide review
Wales	Regional safeguarding board meeting National independent safeguarding board meeting Adult practice reviews Adult protection strategy meeting Adult protection conference Domestic homicide review Mental health homicide review Single unified safeguarding review
Scotland	Serious case review Learning review and audit Significant case review
Northern Ireland	Northern Ireland Adult Safeguarding Partnership Case management review Public protection arrangements Serious case review

Competence

The ability to perform a specific task, action or function successfully. It is a combination of skills, knowledge and experience expected of individual staff and being able to demonstrate the ability to be critically reflective and self-aware as you analyse, review and evaluate your skills, knowledge and professional practice, exploring alternative approaches and being open to change (Bournemouth University, 2015).

Designated professional

The term designated professional denotes experts and strategic safeguarding professionals working only within commissioning, integrated care systems (ICSs), and local health boards. In Wales, all designated professionals are based within Public Health Wales and have a national strategic role and not an assurance role. These statutory roles have specific responsibilities for adult safeguarding, including the provision of strategic advice and guidance to organisational boards across the health and social care community (SAAF 2022).

Forensic

The term forensic refers to clinical tests or techniques used in relation to recording or collecting/preserving material that may be used in court as evidence to establish if a crime has taken place. It is important to state that a forensic test may not necessarily be recognised as such at the time of examination. Practitioners should be aware that routine tests may later become part of forensic evidence/safeguarding procedures and investigations.

Examples include:

- the need to preserve evidence by not touching, cleaning or removing anything that might contribute to an investigation of a potential crime scene
- detailing injuries and recording what is said by an individual.

Head of Safeguarding

They provide robust leadership, taking accountability for the organisational safeguarding portfolio. They are responsible and accountable for developing, implementing, and evaluating the delivery of safeguarding governance, assurance and that regulatory standards are maintained to the agreed level throughout the organisation. In so doing they will ensure the organisation is compliant and meets the requirements identified in legislation, not limited to the Care Act 2014, Domestic Abuse Act 2021 , Social Services and Well-being (Wales) Act 2014, Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, Human Rights Act 1998 and Serious Crime Act 2015, Counter Terrorism Act 2015 and Health and Care Act 2022 and Prevent duty.

Legislation

Specific legislation relevant to adult safeguarding process can be found in Appendix 1 on page 58. The Safeguarding Accountability and Assurance Framework contains a list in section 3 and the legal framework for adult safeguarding practice can be found at **england.nhs.uk/wp-content/uploads/2015/07/B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf**

Mental Capacity Act legislation

The term capacity legislation refers to the relevant legislation within the UK countries notably

- Mental Capacity Act 2005 Amended 2019 (England and Wales) which applies from age 16.
- Adults with Incapacity (Scotland) 2000 which applies from age 16.
- Mental Capacity Act (Northern Ireland) 2016 which applies from age 16.

Mental Capacity Act (MCA) Lead

All NHS providers, commissioned providers and integrated care boards (ICBs) are required to have an MCA lead. This role is responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and/or complex, including the Deprivation of Liberty Safeguards (DoLS) legislation under the MCA. They should also have a role in highlighting the extent to which their own organisation is compliant with the MCA.

Deprivation of Liberty Safeguards (DoLS)

This is legislation used to keep people at risk of abuse safe. DoLS form part of the Mental Capacity Act (2005). It is a lawful process for authorisation of a deprivation of liberty for people in registered care homes or hospitals. The Supreme Court judgement 2014 in the case of Cheshire West clarified the acid test for what constitutes a deprivation of liberty. It states that an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:

- lack the capacity to consent to their care/treatment arrangements
- are under continuous supervision and control
- are not free to leave.

A deprivation of liberty for such a person must be authorised in accordance with a legal process such as the Deprivation of Liberty Safeguards (DoLS – part of the MCA), the Mental Health Act 1983 (MHA) or by the Court of Protection. A deprivation of liberty can occur in any setting including community and domestic settings where the state is responsible for imposing such arrangements. This will include a placement in a supported living arrangement (Department of Health, 2015).

Named GP and equivalent UK medical role

This is the GP or equivalent employed by the local health care organisation/ICB/health board to support them in carrying out their statutory duties and responsibilities for safeguarding. Activities are likely to include: providing teaching and training to primary care staff; supporting practice safeguarding leads; and working alongside other adult safeguarding professionals. There is no named GP or equivalent role in Wales.

Named professional, Safeguarding lead (and equivalent roles)

All providers of NHS funded health services including NHS trusts, NHS foundation trusts, health boards and public sector, voluntary sector, independent sector and social enterprises should identify a named professional for safeguarding within its structure. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place.

NOTE: Safeguarding lead (and equivalent roles) are titles often used in the Independent and third sector and are usually service level instead of provider level (or regional/national). Providers have a responsibility to ensure these are trained to a sufficient level to support staff. It is recognised this may not be level 4 as suggested in the document where they are supported by more senior dedicated safeguarding roles. As with any deviation from this guidance, this should be understood and agreed by those accountable within the organisation.

Person in Position of Trust (PiPoT)

The Care Act (2014) defines people in positions of trust (PiPoT) as 'people who work in paid or unpaid capacity, including celebrities and people undertaking charitable duties with adults with care and support needs.' (Department of Health, 2014, 14.120 to 14.132)

People can be in a position of trust:

- where they are likely to have contact with adults at risk of abuse and harm (Care Act 2014) as part of their employment or voluntary work
- where the role carries an expectation of trust
- where the person in trust can exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk)

In Wales, the Social Services and Well-Being (Wales) Act 2014 Working Together to Safeguard People, has a similar description of people in positions of trust.

Safeguarding principles

There are 6 principles which underpin adult safeguarding and apply to all sectors and settings. The principles should inform the ways in which professionals engage with people at risk of abuse, harm or neglect. Please refer to: **https://safeguarding.wales/en/adu-i/adu-i-a1/a1-p4** for principles in Wales.

- **Empowerment – Personalisation and the presumption of person-led decisions and informed consent.** "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
- **Prevention – It is better to act before harm occurs.** "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Proportionality – Proportionate and least intrusive response appropriate to the risk presented.** "I am sure that the professionals will work for my best interests, as I see them, and they will only get involved as much as needed."
- **Protection – Support and representation for those in greatest need.** "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."
- **Partnership – Local solutions through services working with their communities.** Communities have a part to play in preventing, identifying and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."
- **Accountability – Accountability and transparency in delivering safeguarding.** "I understand the role of everyone involved in my life."

The aims of making safeguarding personal

- A personalised approach that enables safeguarding to be done with, not to, people.
- To work with the person to set safeguarding outcomes which have meaning to them.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just an 'investigation' and 'conclusion'.
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes-based approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse, harm or neglect.

(ADASS, 2018)

Types of abuse, harm and neglect

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view of what constitutes abuse, neglect or harm and should always consider the circumstances on a person-centred basis. In most cases more than one type of abuse is present and this needs to be considered. Abuse can occur in person, face to face, or remotely using non-contact forms of abuse, such as via telephone or online.

Physical abuse

Assault, hitting, kicking, slapping, punching, pushing, misuse of medication, burns, dog bites, delay in seeking medical help, inappropriate restraint or inappropriate physical sanctions. Also consider bruising in non-mobile adults and adults who are under constant supervision with no care plan or explanation.

Sexual abuse

Contact sexual abuse includes rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into.

Non-contact sexual abuse such as indecent exposure, online abuse, exposure to pornographic activities, harassment, grooming.

It is important to recognise that sexual exploitation is a form of sexual abuse and is not limited to children and young people.

Psychological and/or emotional abuse

Threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, gaslighting, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

Theft, fraud and financial or material exploitation, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits. This can include home invasion (formerly known as 'cuckooing') where a person's property is taken over and used for illegal activities.

Neglect and acts of omission

Wilfully ignoring medical or physical care needs; failure to provide access to appropriate health and social care, such as not supporting a person to access clinical appointments and support; deliberately withholding necessities of life, such as medication, adequate nutrition and heating; depriving a person of stimulation or company, adaptations, equipment or aids to communication.

Self-neglect

This covers a wide range of behaviour, including neglecting to care for one's personal hygiene, health or surroundings, hoarding, and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

Domestic abuse

Sections 1 to 3 of the Domestic Abuse Act 2021 (the 2021 Act England and Wales) creates a statutory definition of domestic abuse, defining 'abusive behaviour' as any of the following:

- physical or sexual abuse (including non-fatal strangulation and non-fatal suffocation in England and Wales under the Domestic Abuse Act 2021 and in Northern Ireland under the Justice (Sexual Offences and Trafficking Victims) NI Act 2022)
- violent or threatening behaviour
- controlling or coercive behaviour
- harassment or stalking
- economic abuse
- psychological, emotional or other abuse
- technology-facilitated abuse
- abuse relating to faith and 'honour' based abuse.

For the definition to apply, both parties must be aged 16 or over and 'personally connected'.

'Personally connected' is defined in the act as parties who:

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives.

The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015) and recognition of violence against women domestic abuse and sexual violence (VAWDASV) is part of the Social Services and Well-being (Wales) Act 2014. Specific sub-types of domestic abuse may include but are not limited to: stalking, forced marriage (the Marriage and Civil Partnership (Minimum Age) Act 2022 means that in England and Wales 16- and 17-year-olds are no longer allowed to marry or enter a civil partnership, even if they have parental consent), coercive reproduction, faith-based abuse, and child to parent abuse. They may include all other forms of abuse, harm and neglect. Virginity testing and hymenoplasty are offences under the Health and Care Act 2022 and apply to all 4 UK nations.

Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old but can happen to older girls and women. Some women may not realise they have had FGM until they come into contact with health services. Whilst there is a mandatory requirement to report incidents of FGM for children and young people under the age of 18 to the police in

England and Wales, this is not a requirement for adult women. There is a referral pathway for pregnant women who have experienced FGM. If a professional has safeguarding concerns about an individual who is at risk of FGM a referral should be made in line with usual local safeguarding arrangements (GOV UK, 2012).

Discriminatory abuse

Unequal treatment based on age, disability, gender reassignment, marriage, and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics') under the Equality Act (2010).

Organisational abuse

An incident or as a series of incidents involving on-going ill-treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes, and practices within an organisation. For example, it may range from isolated incidents to continuing ill-treatment in a care service or in relation to care provided in someone's own home.

Modern slavery

Adults who have other risk factors such as a learning disability, mental health illness, autism etc, may be at increased risk of modern slavery.

The Modern Slavery Act 2015 (England and Wales) Human Trafficking and Exploitation (Scotland) Act 2015 and the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion, or deception with the aim of exploiting them. It is a form of modern slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, and domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.

Prevent

The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. The Counter Terrorism and Security Act 2015 introduced a duty on the NHS in England, Wales, and Scotland that in the exercise of their functions they must have due regard to the need to prevent people from being susceptible to being radicalised into terrorism. The Prevent Duty Guidance (2023) assists statutory partners across education, health, local authorities, police, and criminal justice agencies (prisons and probation) to understand how to comply with the Prevent Duty.

Health care staff will meet and treat people who may be being radicalised into terrorism. The health sector needs to ensure that health workers are able to identify early signs of an individual being radicalised in line with the Prevent framework. This type of abuse can affect anyone, and staff need to be cognisant of some of the overlapping processes such as mental health illness, social isolation and other things which can increase a person's risk of becoming radicalised.

This guidance encourages all staff to ensure they are in receipt of the appropriate competency training. Further details can be found in the Prevent Training and Competencies Framework: **gov.uk/government/publications/nhs-prevent-training-and-competencies-framework**

Mental capacity and deprivation of liberty

Understanding the legislation relevant to safeguarding is essential to core health care practice and competencies. Sufficient time is required to ensure that Mental Capacity Act competencies are met. Within a blended approach to learning, these competencies can be attained and developed from learning opportunities within other statutory and mandatory training provision, for example, consent to care and treatment. Mental capacity and deprivation of liberty training may be delivered as stand-alone training as well as being included in both child and adult safeguarding training. It is important that mental capacity and deprivation of liberty legislative competencies are included to enable staff to fulfil their roles. This document is not a comprehensive list of mental capacity and deprivation of liberty practice competencies.

We also recommend utilising the **National Mental Capacity Act Competency Framework for Professional Health & Social Care Staff (Qualified non specialist)** which includes ICB and LA commissioners and contract managers. The NICE guidance for decision-making and mental capacity are useful. Other resources include:

- **Mental Capacity Toolkit**
- **Mental Capacity Act – elearning for healthcare (e-lfh.org.uk)**
- **Mental Capacity Act (MCA) training courses | SCIE**
- **Making decisions for someone else**

Competency framework

This framework aims to reflect best practice in adult safeguarding, and sets out minimum training and education requirements for staff working at all levels with adults at risk of abuse.

Level 1: All staff working in health care settings.

Level 2: All staff working in health care who have regular contact with patients, their families or carers, or the public.

Level 3: All staff working in health care who are working with adults who are engaged in assessing, planning, delivering care and/or evaluating the needs of adults where there are safeguarding concerns (as appropriate to role). This includes commissioners.

Level 4: Specialist roles – named professionals, safeguarding leads (and equivalent roles directly advising staff on safeguarding).

Level 5: designated professionals from health boards.

Board level: Chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent, and charitable health care and voluntary sector as well as statutory providers.

Staff groups are suggested at each level, but these are not exhaustive lists. It is recognised that there are a plethora of roles which are likely to increase over the coming years. The staff groups identified are examples of the types of role which correspond to the stated level. For further detailed information, practitioners may approach their individual colleges/professional bodies.

Please note: A number of the behaviours, knowledge, skills and competencies listed in the following tables are not applicable to all staff roles, services or organisations; it is therefore appropriate that each point is considered on an 'as appropriate to role' basis. The guidance is not statutory and health care providers have a responsibility to ensure that the duration and frequency of training (alongside the identified syllabus) is appropriate for the staff and the individuals they support.

The levels are not limited to suggested staff groups as noted above; organisations should ensure that training is allocated to staff based on level of contact and involvement with the individuals they support.

The allocation of staff to different levels and syllabus should be reviewed by accountable senior managers or the named professionals, safeguarding leads (and equivalent roles directly advising staff on safeguarding) for the service or organisation, and should be included in the training needs analysis.

To ensure learning translates into practice, adult safeguarding competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and refresher training.

Safeguarding adults competency framework for education and training

Safeguarding training requirements for Level 1	This is the minimum level required for all staff including agency and voluntary staff, and contracted providers, working in any health or social care setting (NHS or non-NHS)
Staff groups	All health care staff including receptionists, administrative staff, caterers, domestic and transport staff, porters, community pharmacist counter staff, peer support workers and maintenance staff, board level executives and non-executives. Please note this list is not exhaustive and can be reviewed by the safeguarding lead for the service or organisation and included in the training needs analysis. Line managers have a responsibility to ensure their staff are appropriately trained and competent in safeguarding the people in their care.
Learning outcomes	• Able to recognise potential indicators of abuse, harm, and neglect. • To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice. • To have a basic knowledge of the relevant legislation.
Update • Suggested 2 hours training during 3 year refresher period • Can be delivered using participatory, face to face, online, e-learning or hybrid methodology	Should include: • service/organisational safeguarding information • local child and adult safeguarding referral mechanisms • key organisational and local safeguarding professionals and contact details • relevant learning from any local or national safeguarding reviews • relevant safeguarding updates as appropriate to the organisation. Can be delivered by: • local safeguarding lead • trainer with recent operational/clinical experience of safeguarding within the organisation • local safeguarding teams such as named doctors/named professionals for safeguarding, multi-agency local safeguarding partnerships • via e-learning. The initial competency can be gained once and then built upon over the future years. It is not expected that staff need to undertake the same training every 3 years but should be able to build on their already acquired knowledge.
Induction	All new staff members should, within 6 weeks of starting: • have a local/organisational safeguarding induction AND • complete relevant Level 1 learning for adult safeguarding – this may include Mental Capacity Act training if relevant for role.

BACK TO CONTENTS

Level 1 safeguarding adults training	Applies to all staff working in any health or social care setting (NHS, independent or third sector)
1. Core competencies	• Recognise potential indicators of adult abuse, harm, and neglect. • Recognition that adults who have experienced abuse in childhood may have specific vulnerabilities and risks in adulthood resulting from adverse childhood experiences (ACEs). • An awareness that adults experiencing stressful situations in their own lives may have caring responsibilities for other adults or children. • An awareness of the importance of adults' rights in the safeguarding context, and the essential knowledge of relevant legislation eg, human rights acts and mental capacity legislation. • An awareness and ability to locate local policies and procedures and how to access support to respond to safeguarding concerns. • An awareness of appropriate action including reporting and documenting concerns safely and seeking advice. Particularly if uncertain whether a safeguarding need is present. • Building personal confidence, skills and knowledge to take immediate action through local safeguarding procedures. This should include the ability to escalate concerns if action is not taken.
2. Knowledge	• Know about adult abuse, harm and neglect in its different forms and the potential impact on adults at risk of harm. • Know what constitutes an adult at risk and need for a safeguarding intervention. • Know about the relevance of family and carer factors such as domestic abuse, mental and physical ill-health, substance and alcohol misuse. • Know what to do if there are concerns about adult abuse, harm and neglect, including local policies and procedures around who to contact, where to obtain further advice and support, and have awareness of how to raise concerns. • Know about the importance of co-operation, sharing information (including the consequences of failing to do so). • Know what to do if concerns are not being taken seriously or they experience any other barriers to raising a concern about an adult at risk of abuse, harm or neglect. • Awareness of the principles of mental capacity legislation as relevant to country of practice, including deprivation of liberty safeguards and the relevance and impact in adult safeguarding. • Understand that identifying abuse can involve building up a picture over time. • Understand the potential lifelong impact of abuse. • Understand that victims and survivors of abuse may face multiple barriers to healthcare and have awareness of how these barriers can be broken down. • Understand that those who cause harm to others may have significant health needs. • Understand actions that may need to take place within the practice to manage high risk persons such as those highlighted to the service from multi-agency public protection arrangements (MAPPA). • Awareness of the importance of adults' rights in the safeguarding context, and the essential knowledge of relevant legislation.

BACK TO CONTENTS

3. Skills	• Able to recognise possible signs of adult abuse, harm and neglect as this relates to their role. • Able to identify an adult at risk of harm, abuse or neglect. • Able to seek appropriate advice and report concerns, and feel confident that they have been understood.
4. Behaviour	• Willingness to listen to adults at risk, families and carers and to act on issues and concerns. • Recognise how own beliefs, experience and attitudes might influence involvement in safeguarding work. • Recognise how own actions impact on others.
5. Information sharing, multi-agency working and legislation	**KNOWLEDGE** • Awareness that multi-agency working and information sharing are essential for effective safeguarding. • Awareness of when information can be shared without consent in a safeguarding context. • Awareness of how to manage requests for confidential patient information from other agencies such as social care and the police as per service/organisation policy and protocol. **SKILLS & ABILITIES** • Able to manage safeguarding information/documents coming in and out of the service, including coding and marking not for online access (as relevant to role). • Mental Capacity and Deprivation of Liberty (or relevant legislation as per country of practice). • Awareness of roles and responsibilities in relation to the Mental Capacity Act (MCA). • Awareness of the principles of the MCA. • Recognise when someone may lack capacity and know who to contact within the organisation for further advice and support on MCA. • Awareness of best interest decision making. • Awareness of deprivation of liberty and who to contact within the organisation for advice. • Awareness of the role of attorneys, deputies, and independent mental capacity advocates.

BACK TO CONTENTS

Safeguarding training requirements for Level 2	This is the minimum level required for all staff including agency and voluntary staff, and specified contracted providers working in any health or social care setting (NHS or non-NHS) who have regular contact with patients, clients, their families or carers, or the public. It is expected that the knowledge, skills, and competence for level 2 would have been acquired within individual professional education programmes where appropriate. Training and education must be provided for unregistered staff who work at level 2 to ensure all staff can deliver appropriate preventative and reactive safeguarding practice.
Staff groups	This includes administrators for safeguarding teams, health students, phlebotomists, pharmacists, 111/999 communications centre staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, nursing associates, clinical researchers, allied health professionals, staff who work in virtual/online health settings who provide any health care online, registered nurses, and medical staff.
Learning outcomes	• To be able to understand what constitutes harm, abuse and neglect and be able to identify any signs of harm, abuse, or neglect. • To be able to ensure effective advocacy is provided, where required. For example, where there are mental capacity or communication issues, in line with the legislation and professional guidance. • To be able to identify your professional role, responsibilities, and professional boundaries and those of your colleagues in a multidisciplinary team and multi-agency setting. • To know how and when to refer to social care if you have identified an adult safeguarding concern in accordance with organisational policies. • To be able to document safeguarding concerns in a format that informs the relevant staff and agencies appropriately. • To know how to maintain appropriate records including being able to differentiate between fact and opinion. • To be able to identify the appropriate and relevant information and how to share it with other teams. • Practice will be informed by an understanding of key statutory and non-statutory guidance and legislation including the Human Rights Act and mental capacity legislation in country of practice. • To be aware of the risk factors for radicalisation and know who to contact regarding preventive action and supporting those persons who may be at risk of, or are being drawn into, terrorist related activity.

BACK TO CONTENTS

Update • Suggested 3 hours training per 3 years. • Can be delivered using participatory, face to face, online, e-learning or hybrid methodology.	Should include: • service/organisational safeguarding information • local child and adult safeguarding referral mechanisms • allegations against persons in a position of trust (PiPOT) • key organisational and local safeguarding professionals and contact details • relevant learning from any local or national safeguarding reviews • relevant safeguarding updates • role-specific training and updates eg, safeguarding administrators should have training specific to their role. If participatory/face to face, can be delivered by: • local safeguarding lead • local safeguarding teams such as named doctor/named nurses for safeguarding, multi-agency local safeguarding partnerships. The initial competencies can be gained once and then built upon over the future years. It is not expected that staff need to undertake the same training every 3 years, but should be able to build on their already acquired knowledge.
Induction	Any staff member moving into a level 2 role should attain the level 2 competencies within 6 weeks of starting their new role.

NOTE: Staff do not need to repeat training at a lower level as training builds upon previous learning and outcomes from lower-level courses: Level 1 staff will need to complete and refresh at level 1; Level 2 staff will need to complete levels 1 and 2, refreshing at level 2 only; Level 3 staff will need to complete levels 1, 2 and 3, refreshing at level 3 only. Level 4 and 5 staff, by virtue of designing, developing, delivering or quality assuring the lower levels of training are not expected to refresh at these lower levels.

Level 2 safeguarding adults training	
1. Core competencies	**In addition to the learning from level 1** • Addresses the immediate safety of the person and ensures that a protection plan is put in place immediately when the risk of abuse is high. • Identifies and refers to appropriate services any other associated persons including carers and children at risk. • Practices in a manner that seeks to reduce the risk of abuse, harm, or neglect. • Uses professional and clinical knowledge, and understanding of what constitutes any signs of adult abuse, harm, or neglect, including the further recognition of local safeguarding priorities, for example, financial abuse, Prevent, modern slavery. • Acts to ensure effective advocacy for the adult at risk of abuse, harm, or neglect. • Arranges advocates if required, communicating with people about safeguarding, risk, and protection planning. This includes facilitating communication with use of interpreters, speech and language colleagues and aids to improve communication. • Understands local safeguarding structures and arrangements. • Understands concerns and risk of persons in a position of trust and how to escalate these concerns. • Documents safeguarding concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate records, records the wishes and views of the adult at risk and differentiates between fact and opinion. • Registered professionals at level 2 also need to have an understanding of forensic requirements. For example, radiographers undertaking skeletal survey examinations for forensic purposes. • Shares appropriate and relevant information with other teams within relevant information sharing protocols. • Acts in accordance with key statutory legislation and non-statutory guidance relevant to country of practice. • Understands how to support adults at risk who do not feel able to participate in service support, for example those experiencing coercive control, or environmental health issues. • Recognise obligations to act when they have a safeguarding concern and acting is against the expressed wishes of the person. • Understands own and colleagues' roles, responsibilities, and professional boundaries, including what constitutes both organisational and professional abuse. • Is able to raise concerns about conduct of colleagues. • Understands how to access local safeguarding supervision, networks, and support.

BACK TO CONTENTS

2. Knowledge	All staff at Level 2 should have the knowledge, skills, attitudes, and values outlined for Level 1 and should be able to demonstrate the following: • understands the ways in which abuse, harm and neglect can impact on personal identity throughout the life course • understands the significance of health inequalities on health and wellbeing through the life course, for example homelessness, loneliness, and poverty • understands the legal, professional, and ethical responsibilities around information sharing, including the use of assessment frameworks • understands the best practice in documentation, record keeping, and data protection issues in relation to information sharing for safeguarding purposes • is familiar with the guidance related to participation in safeguarding enquiries and reviews • understands the professional duty to report crime in line with organisational and professional guidance.
3. Skills	• Able to document safeguarding concerns, and maintain appropriate record-keeping, recording the wishes and views of the adult at risk, differentiating between fact and opinion. • Able to share appropriate and relevant information between teams – in writing, by telephone, electronically, and in person within relevant information sharing protocols. • Able to identify where further support is needed, when to take action, and when to refer to managers, supervisors or other relevant professionals, including referral to social services.
4. Behaviour	• Recognises how own beliefs, experience and attitudes might influence professional involvement in safeguarding work.

5. Information sharing, multi-agency working and legislation	**Knowledge** • Understand that multi-agency working and information sharing are essential for effective safeguarding. • Knowledge of when information can be shared without consent in a safeguarding context. • Awareness of how to manage requests for confidential patient information from other agencies such as social care and the police as per service/organisation policy and protocol. • Understand who to escalate concerns to about information sharing. **Mental capacity and deprivation of liberty** All staff at level 2 should have the knowledge, skills, attitudes and values outlined for level 1 and should be able to demonstrate the following: • understands mental capacity legislation as relevant to the country of practice • understands organisational policies and procedures • understands the importance of seeking consent and how to proceed if a person might lack capacity to give or refuse their consent to any proposed intervention • understands when capacity needs to be assessed. Recognise that capacity should only be assessed where a concern about capacity is identified • ability to support patients to make day to day decisions within the framework set by mental capacity legislation • awareness of when and where to record application of the mental capacity legislation • recognise when a more detailed assessment of capacity for a more complex decision is required and when to seek advice • understands the importance of establishing, acting, or making a decision in person's best interests as reflected in legislation and key statutory and non-statutory guidance • demonstrates an understanding of the concept of deprivation of liberty and can apply a working knowledge of the deprivation of liberty safeguards and community deprivation of liberty • recognise restrictions and actions to take to explore how they can be reduced • understands the role of: • Court of Protection, attorneys, deputies, independent mental capacity advocates, best interest assessors (under the Deprivation of Liberty Safeguards), the public guardian/Office of Care and Protection (OCP). • demonstrates an understanding of advance decisions and an ability to assess if they are valid and applicable and when to seek advice • condition-specific knowledge related to advance care planning, where appropriate • ability to direct people (individuals and their family and friends) to sources of advice and information re MCA/DoLS or mental capacity and deprivation of liberty legislation as relevant to the country of practice.

NOTE: The initial competencies for levels 2 and 3 can be gained once and then built upon over the future years. It is not expected that staff need to undertake the same training every 3 years but should be able to build on their already acquired knowledge as, where possible, refresher training should be designed locally considering learning from incidents, safeguarding adults reviews, domestic homicide reviews, audits and other safeguarding reviews.

Safeguarding training requirements for level 3	This is the minimum level required for all registered health care staff including agency and voluntary staff, and specified contracted providers, working in any health or social care setting (NHS or non-NHS) who have regular contact with patients, clients, their families or carers, or the public. This level is also applicable to commissioners of health care services and quality teams within ICBs, working with adults who engage in assessing, planning, delivering care and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role). For those individuals moving into level 3 adult safeguarding posts who have as yet not attained the relevant knowledge, skills and competence required at level 3 it is expected that within 12 months of appointment additional tailored education will be completed equivalent to a minimum of 8 hours of education and learning related to adult safeguarding, and have appropriate supervision in place. **Providers designing level 3 training need to be able to assess and ensure that the competencies trained at this level will be relevant and appropriate to the role of staff completing it. Level 3 training may look different in different providers.**
Staff groups	This includes safeguarding professionals, medical staff, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/intellectual disability practitioners, health professionals working in substance misuse services, ambulance staff, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection, and ICB commissioners.

Learning outcomes	• Where undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements. • Able to undertake, where appropriate, a risk and/or harm assessment. • Know how to communicate effectively with adults at risk, particularly those with mental capacity issues, learning disability or communication needs. • Know how to contribute to and make considered judgements about how to act to safeguard an adult at risk. • Know how to contribute to/formulate and communicate effective care plans for adults who have been/or may be subjected to abuse, harm or neglect. • Demonstrate an understanding of the issues surrounding suspicion of adult abuse, harm and neglect and know how to effectively manage uncertainty and risk. • Know how to appropriately contribute to inter-agency assessments by gathering and sharing information. • Document concerns in a manner that is appropriate for adult safeguarding protection and legal processes. • Know how to undertake documented reviews of your own (and/or team) adult safeguarding/as appropriate to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, supervision and as a component of refresher training. • Know how to deliver and receive supervision within effective models of supervision and/or peer review and be able to recognise the potential personal impact of adult safeguarding on professionals. • Know how to apply the lessons learnt from audit and serious case reviews/case management reviews/ significant case reviews to improve practice. • Know how to advise others on appropriate information sharing. • Know how to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and domestic homicide review processes. • Know how to obtain support and help in situations where there are problems requiring further expertise and experience. • Know how to participate in and chair multidisciplinary meetings as required. • Demonstrate the skills required to participate in a safeguarding enquiry.

BACK TO CONTENTS

Update • Suggested 8 hours training over 3 years. • 50% of the learning should be delivered/met through participatory opportunities (where discussion can take place with colleagues with sufficient safeguarding experience). Participatory learning includes face to face, online virtual classrooms, hybrid methodology. E-learning should not be the primary or sole delivery method at this level.	Should include: • local service/organisational safeguarding information • local child and adult safeguarding referral mechanisms • key organisational and local safeguarding professionals and contact details • relevant learning from any local or national safeguarding reviews • relevant safeguarding updates • specialist safeguarding topics, for example, domestic abuse, substance misuse, mental health, etc. Can be delivered by: • safeguarding lead • member of the multi-agency safeguarding team, for example, domestic abuse worker, substance misuse worker • local safeguarding teams such as named GPs/named nurses for safeguarding, multi-agency local safeguarding partnerships.
Over a three-year period: • Demonstrate reflection and/or learning from a minimum of three different aspects of safeguarding. These should show breadth of learning across the whole life span and include both adult and child safeguarding learning.	Can include: • safeguarding case reflection • safeguarding case management • evidence of regular attendance at safeguarding meetings, case conferences or similar • example of involvement in multi-agency working with reflection on good practice and/or areas for development • attendance on a safeguarding course with reflection on learning • safeguarding supervision.
Induction	Any staff member moving into a Level 3 role should attain the level 3 competencies within 6 weeks of starting their new role.

Level 3 safeguarding adults training	Applies to specified staff groups.
1. Core competencies	• As outlined for Level 1 and 2. • Draws on clinical and professional knowledge and expertise of what constitutes adult abuse, harm, or neglect to support others in fulfilling their adult safeguarding duties. • Discusses the situation with the person, documents and reports concerns, recording the wishes and views of the adult at risk. Undertaking history taking and physical examination in a manner that is appropriate for safeguarding and legal processes, as appropriate to the practitioner's role. • Undertakes and contributes to and supports inter-agency assessments or enquiries particularly when the enquiry needs to be undertaken by the person with the relationship with the adult. Gathering and sharing of information, including the person's views on risk and risk management. Where appropriate, analysis of risk including supporting others to undertake these activities. • Understands the purpose and process of case reviews. • Contributes to and/or co-ordinates protection planning, resolution, and recovery – as appropriate to safeguarding concern. • Undertakes regular documented reviews of own (and/or team) safeguarding practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, reflective practice, supervision and as a component of refresher training). • Attends relevant multidisciplinary meetings to present supporting evidence within relevant information sharing protocols where appropriate. If unable to attend, contributes written reports or information as required/requested/relevant in accordance with confidentiality and information sharing requirements. • Contributes to case reviews, panels, internal partnerships, and local forms of review where appropriate. • Recognises the signs, symptoms and widespread impact of trauma. • Works with other professionals and agencies, with adults and their families where there are safeguarding concerns in risk management and protection planning. • Applies the lessons learnt from audit and case reviews to improve practice. • Understands how to share information appropriately. • Undertakes clinical supervision and provides support for other staff (as appropriate to role).

2. Knowledge	• Understand the implications of legislation, inter-agency policy and national guidance. • Understand information sharing, confidentiality, and consent. • Understand the role, remit and procedures of local safeguarding boards and panels. • Understand inter-agency frameworks and assessment processes, including the use of relevant assessment frameworks. • Understand the interface between safeguarding and the criminal justice system. • Understand relevance of multi-agency audits and own role in multi-agency inspection processes. • Understand the principles of effective adult safeguarding supervision and peer support. • Understand what constitutes forensic procedures and practice required in adult safeguarding, and how these relate to clinical and legal requirements. • Understand national and local frameworks for the assessment of risk and harm. • Understand how trauma can affect an individual's neurological, biological, psychological and social development.* • Understand the notion of proportionality- recognising that unforeseen events occur, and people can take risks and make unwise decisions. • Understand the effects of carer behaviour and family factors on adults at risk of abuse, harm or neglect and the inter-agency response. • Know when to liaise with expert colleagues about the assessment and management of adult safeguarding and adult protection planning. • Know how to share information appropriately, taking into consideration confidentiality and data-protection issues and record decisions made. • Know about models of effective clinical supervision and peer support. • Aware of resources and services that may be available within health and other agencies, including the voluntary sector, to support families. • Know what to do when there is an insufficient response from organisations or agencies. • Explains the management of the death of an adult in a safeguarding context. • Understand duty of candour. • Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding including audits against national guidelines and local safeguarding adults auditing tools. • Understand transitional safeguarding, including the developmental phase of adolescence, and the specific safeguarding risks for young people as they emerge into adulthood – including greater exposure to risks outside the home, such as criminal or sexual exploitation, drug trafficking and community violence. • Understand that every young person experiences their transition into adulthood differently, and at different ages, according to their individual circumstances, life history, experiences and maturation.

*A working definition of 'trauma informed practice' is available at:
gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

BACK TO CONTENTS

3. Skills	• Act proactively to reduce the likelihood of abuse, harm, or neglect to adults at risk. • Contribute to and make considered judgements about how to act to promote wellbeing and to safeguard an adult when needed. • Present safeguarding concerns verbally and in writing for professional and legal purposes as required. • Work with adults and carers where there are safeguarding concerns as part of the multi-disciplinary team and with other disciplines. • Give effective feedback to colleagues. • Identify associated medical conditions, mental health needs and other co-morbidities which may increase the risk of abuse, harm or neglect and be able to take appropriate action. • Assess the impact of carer and family issues on adults at risk of abuse, harm or neglect including mental health needs, learning/intellectual disabilities, substance misuse and domestic abuse and long-term conditions. • Challenge other professionals when required and provide supporting evidence. • Provide clinical support and supervision to junior colleagues and peers. • Contribute to inter-agency assessments and to undertake an assessment of risk when required. • Contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice. • Participate and chair multi-disciplinary meetings as required. • Apply lessons from case reviews. • Identify risks and contributes to risk assessments. • Contribute to/formulate and communicate effective safeguarding plans for adults at risk of abuse, harm, or neglect. • Complete the audit cycle and/or research related to safeguarding as part of appropriate clinical governance and quality assurance processes.
4. Behaviour	• Supports a culture of inclusivity in diversity and equality for staff and patients/service users. • Understands the importance and benefits of working in an environment that supports professionals and colleagues including knowing when to seek and offer support. • Creates and supports a working environment that enables professionals to develop skills and knowledge in adult safeguarding. • Understands the potential personal impact of safeguarding work on professionals and colleagues. • Recognises when additional support is needed in managing adult safeguarding including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience.

5. Information sharing, multiagency working and legislation	**Knowledge** **In addition to the learning from level 2** • Ability to contribute to information sharing. • Knowledge of multi-agency team in your area of work and who to liaise with at different stages of the safeguarding process. • Mental capacity and deprivation of liberty (or relevant legislation as per country of practice). • Ability to assess capacity and co-ordinate best interest decisions within the framework of the relevant legislation. • Understands the decision and time-specific nature of capacity and hence the need to reassess capacity appropriately. • Able to communicate effectively with adults to recognise and to ensure those lacking capacity to make a particular decision or with communication needs have the opportunity to participate in decisions affecting them. • Ability to support individuals to make complex decisions within the framework set out by the MCA or mental capacity legislation as relevant to the country of practice. • Able to seek specialist communication support where necessary. • Understands who needs to be included or consulted to make decisions in a person's best interests. • Recognises restrictions being placed on an individual and assess whether these are proportionate to the person's needs and risks of harm. • Able to identify when an individual is being deprived of their liberty and make appropriate referrals. • Able to contribute to community deprivation of liberty assessments. • Ability to produce clear records of assessments of capacity and best interest decision making. • Able to support people to plan for when they may lack capacity in the future. • Understand the advantages, challenges, and ethics of advance care planning, and how to discuss these with the person and their carers, family and friends. • Ability to determine whether an advance decision is valid and applicable. • Ability to determine how and when to have potentially difficult conversations about loss of autonomy, advance care planning or death.

BACK TO CONTENTS

Safeguarding training requirements for level 4	• Named professionals must hold a professional registration and active registration. • Safeguarding leads (and equivalent roles directly advising staff on safeguarding) should be a clinician/ professional/registrant/registered manager or hold sufficient seniority/authority within the organisation. • Should have at least 3 years' experience working in a role which requires level 3 safeguarding training. • Should have the appropriate authority to be able to affect change within the service/organisation, including reviewing any significant events, implementing change and professional challenge of colleagues. • Should have protected time and resources to carry out their safeguarding role, including time to attend local practice safeguarding lead forums and time for additional training required at level 4. • Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded). • Named professionals should complete leadership education with a focus on clinical leadership and change management within 3 years of taking up their post.
Staff groups	This includes lead doctors, heads of adult safeguarding, and named doctors for organisations commissioning primary care. Named professionals working in provider or commissioning services. Safeguarding leads and heads of service.

BACK TO CONTENTS

Learning outcomes	• Contribute to the development of robust internal adult safeguarding policy, guidelines, and protocols as a member of the safeguarding team.
	• Discuss, share and apply the best practice and knowledge in adult safeguarding including:
	  • the latest research evidence and the implications for practice
	  • an advanced understanding of information sharing, information governance, confidentiality, and consent
	  • a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in adult safeguarding
	  • an advanced knowledge of relevant national and international issues, policies, and their implications for safeguarding practice
	  • understanding the professional and experts' role in the court process.
	• Know how to implement and audit the effectiveness of adult safeguarding services on an organisational level.
	• Effectively communicate local safeguarding knowledge, research, and findings from audits.
	• Know how to conduct a safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of an adult safeguarding team which may have partners in other agencies.
	• Know how to undertake and contribute to case reviews at all levels, this will include the undertaking of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this.
	• Work effectively with colleagues from other organisations, providing advice as appropriate e.g., concerning adult safeguarding policy and legal frameworks, the health interventions of adult safeguarding concerns.
	• Work effectively with colleagues in regional safeguarding networks.
	• Provide advice and information about safeguarding to the employing organisation both proactively and reactively – this includes the board, directors, and senior managers.
	• Know how to provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues, and the management of adult safeguarding.
	• Support colleagues in challenging views offered by other professionals, as appropriate.
	• Be a trained provider of adult safeguarding supervision and/or support.
	• Lead/oversee safeguarding quality assurance and improvement processes.
	• Undertake risk assessments of organisational ability to safeguard adults.
	• Lead service reviews.
	• Deal with the media and organisational public relations concerning adult safeguarding.

Update • Suggested 24 hours training per 3 years. • 50% of the learning should be delivered/met through participatory opportunities where discussion can take place with colleagues with sufficient safeguarding experience. Participatory learning includes face to face, online virtual classrooms, hybrid methodology. E-learning should not be the primary or sole delivery method at this level	This can be met through: • relevant local safeguarding courses/updates provided by safeguarding boards/partnerships, primary care safeguarding teams such as named GPs/nurses, ICBs, health authorities/boards • relevant safeguarding courses provided by national bodies • safeguarding lead training developed for the organisation. Can be delivered by: • designated professionals for safeguarding, named professionals, heads of safeguarding • members of the multi-agency safeguarding team, for example, domestic abuse worker, substance misuse worker • trainers with appropriate safeguarding experience at a level equal or senior to those being trained. Can include: • safeguarding case reflection • safeguarding case management • evidence of regular attendance at safeguarding meetings, case conferences or similar • example of involvement in multi-agency working with reflection on good practice and or areas for development • attendance on a safeguarding course with reflection on learning • safeguarding supervision. Other opportunities include case review, significant event analysis, supporting a colleague with a safeguarding case, provision of advice and guidance to a colleague, liaison with external safeguarding professionals about a case, learning from practice safeguarding lead forums, implementation of a change in practice regarding a safeguarding issue.
Induction	Any staff member moving into a level 4 role should attain the level 4 competencies within 6 weeks of starting their new role.

Level 4 safeguarding adults training	Applies to specified staff groups.
1. Core competencies	• As outlined for levels 1, 2 and 3. • Be able to align national guidance to local practice. • Collaborate with workforce partners to ensure that the organisation is aligned with regulated employment checks under the Disclosure and Barring Service (DBS). • Contributes as a member of the safeguarding team to the development of internal safeguarding policy, guidelines and protocols. • Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice. Support and develop improvements in care/practice/local responses/services/act in response to identified locality knowledge needs. • Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections to establish governance structure and annual reporting, monitoring and review. • Works with the safeguarding team and 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 organisations covered. • Undertakes and contributes to case reviews. • Able to lead investigations on behalf of social care organisations when requested, to enable it to decide whether any action should be taken in the adult's case. • As appropriate to role undertakes chronologies and the development of action plans using a root cause analysis approach (where appropriate) or other locally approved methodologies. • In conjunction with designated professionals, co-ordinates and contributes to implementation of action plans and learning, following reviews. • 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 adult safeguarding cases. • Provides safeguarding supervision and leads or ensures appropriate reflective practice. • Is embedded in the organisation, to include peer review. • Leads/oversees safeguarding quality assurance and improvement processes. • Undertakes risk assessments of the organisation's ability to safeguard/protect adults at risk. • Understands the role and procedures of coroners' courts, the Court of Protection and regulatory professional bodies.

2. Knowledge	Level 4 professionals should have the knowledge, skills and attitudes outlined for levels 1, 2 and 3 and be able to demonstrate the following: • aware of best practice in adult safeguarding • aware of latest research evidence and the implications for practice • advanced understanding of legislation, information sharing, information governance, confidentiality and consent including guidance from professional bodies • have core knowledge and legal literacy relevant to the range of safeguarding issues including mental capacity and deprivation of liberty. Understand court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process (as appropriate to one's role) • have a sound understanding of forensic requirements as it relates to clinical practice, including the procedures and investigations required in adult abuse, harm, or neglect (as appropriate to role) • have an advanced knowledge of relevant national safeguarding issues, policies, and implications for practice • understand the commissioning and planning of safeguarding services where appropriate to role • knowledge of the professional and experts' role in criminal justice and court processes • know how to implement and audit the effectiveness of safeguarding practices on an organisational level against current national guidelines and quality standards.

BACK TO CONTENTS

3. Skills	• Effectively communicate advice about safeguarding policy and legal/assurance frameworks. • Support colleagues in challenging views offered by professionals and others, as appropriate. • Analyse and evaluate information and evidence to inform inter-agency decision-making across the organisation. • Participate in a case review, leading internal management reviews as part of this function. • Support others across the organisation in writing a chronology and review about individual adults, summarising, and interpreting information from a range of sources. • Lead service reviews. • Establish adult safeguarding quality assurance measures and processes. • Undertake training needs analysis, and to teach and educate health professionals. • Review, evaluate and update local guidance and policy in light of research findings. • Advise and inform others about national issues and policies and the implications for practice. • Deal with the media and organisational public relations concerning safeguarding with organisational support and guidance. • Work effectively with colleagues in regional safeguarding clinical networks. • Promote research evidence and best practice in adult safeguarding.
4. Behaviour	As outlined in levels 1, 2 and 3.

5. Information sharing, multi-agency working and legislation	**Knowledge** **In addition to the learning from level 2** • Mental Capacity and Deprivation of Liberty legislation as relevant to the country of practice. • Promote the principles of mental capacity legislation within the organisation as appropriate to role. • Ensure organisational policies and procedures are aligned to the requirements of mental capacity legislation to guide staff to work within the appropriate legislative framework. • An advanced understanding of mental capacity legislation, information sharing, information governance, confidentiality, and consent. • Knowledge of how to identify salient information and appropriate assessor, decision-maker, and to support and advise others. • Able to advise colleagues as appropriate to role and function on mental capacity, practise and support decision making. • Recognise, assess and, where appropriate, intervene in situations where coercion is impacting on a person's ability to decide. • Scrutinise capacity assessments to ensure robustness of process and evidence as impacted by relevant case law and policy updates. • Scrutinise and mediate application of mental capacity legislation in complex situations. • A thorough understanding of positive risk-taking and strengths-based approaches as a means of risk management in cases where individuals with capacity choose to make unwise decisions. • Promote a culture of positive risk and risk management within the organisation and challenge restrictive practices. • Chair best interests meetings where appropriate to role and context, and where it is deemed an independent chair or lead practitioner would be appropriate according to local processes. • Ability to chair best interest meetings where appropriate to the role. • Identify and act in situations where aCourt of Protection referral is needed. • Knowledge of which decisions require input from the Court of Protection. • Understand the Court of Protection and other legal systems relating to deprivation of liberty. • Knowledge of how and when to seek legal advice. • Ability to advise colleagues on mental capacity practice and Court of Protection applications. • Liaise with and instruct solicitors, as appropriate to role, where an individual's rights are being infringed and Court of Protection intervention is required.

BACK TO CONTENTS

Safeguarding training requirements for level 5	This training is for specialist roles and designated professionals and should include leadership, appraisal, supervision training and the context of other professionals' work. Designated professionals should participate regularly in support groups or peer support networks for safeguarding professionals at a local, regional, and national level according to professional guidelines (attendance should be recorded). An executive level management programme with a focus on leadership and change management should be completed within 3 years of taking up the post.
Staff groups	This level applies to designated safeguarding professionals (or equivalent roles), heads of safeguarding, safeguarding leads in the UK. Each nation is responsible for passing legislation, publishing guidance, and establishing policy frameworks. There may be additional specific duties relating to designated professionals in each nation. ICBs have a statutory duty to appoint and train a designated professional for safeguarding adults role.

Learning Outcomes	• Know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate adult safeguarding single and inter-agency training and teaching for staff across the health community.
	• Know how to take a lead role in:
	  • leading/overseeing adult safeguarding quality assurance and improvement across the health community
	  • the implementation of national guidelines, assurance networks and auditing the effectiveness and quality of services across the health community against quality standards
	  • service development conducting the health component of serious case reviews, management reviews/ significant case reviews drawing conclusions and developing and monitoring an agreed action plan to address lessons learnt
	  • strategic and professional leadership across the health community on all aspects of adult safeguarding
	  • multidisciplinary team reviews
	  • regional and national adult safeguarding networks (where appropriate to role).
	• Give appropriate advice to specialist adult safeguarding professionals working within organisations delivering health services and to other agencies.
	• Able to provide expert advice on increasing quality, productivity, and improving health outcomes for adults at risk.
	• Able to oversee adult safeguarding quality assurance processes across the whole health community.
	• Able to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard adults.
	• Able to influence improvements in adult safeguarding/across the health community.
	• Able to monitor services across the health community to ensure adherence to legislation, policy, and key statutory and non-statutory guidance.
	• Able to apply in practice:
	  • advanced and in-depth knowledge of relevant national policies and implications
	  • advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process
	  • advanced awareness of different specialties and professional roles
	  • advanced understanding of curriculum and training.
	• Know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.
	• Able to provide clinical supervision, appraisal, and support for named professionals.
	• Evaluate and update local procedures and policies considering relevant national issues and developments.
	• Reconcile differences of opinion among colleagues from different organisations and agencies.
	• Proactively deal with strategic communications and the media on adult safeguarding.

BACK TO CONTENTS

Update • Yearly level 5 update. • 50% of the learning should be delivered/met through participatory opportunities where discussion can take place with colleagues with sufficient safeguarding experience. Participatory learning includes face to face, online virtual classrooms, hybrid methodology. • E-learning should not be the primary or sole delivery method at this level.	This can include: • relevant local safeguarding courses/updates provided by safeguarding boards/partnerships, primary care safeguarding teams such as Named GPs/Nurses, ICBs, health authorities/boards • relevant safeguarding courses provided by national bodies • regional and national safeguarding courses and/or conferences • bespoke training delivered by trainers with appropriate safeguarding experience at a level equal or senior to those being trained. Can include: • safeguarding case reflection • safeguarding case management • evidence of regular attendance at safeguarding meetings, case conferences or similar • example of involvement in multi-agency working with reflection on good practice and or areas for development • attendance on a safeguarding course with reflection on learning • safeguarding supervision. Can include case review, significant event analysis, supporting a colleague with a safeguarding case, provision of advice and guidance to a colleague, liaison with external safeguarding professionals about a case, learning from practice safeguarding lead forums, implementation of a change in practice regarding a safeguarding issue.
Induction	Any staff member moving into a level 5 role should attain the level 5 competencies within 6 weeks of starting their new role.

Level 5 safeguarding adults training	

1. Core competencies	• As outlined for levels 1, 2, 3 and 4.
	• Provides, supports, and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community.
	• Leads training needs analysis, and commissions, plans, designs, delivers, and evaluates adult safeguarding single and inter-agency training and teaching for staff across the health community.
	• Leads/oversees safeguarding quality assurance and improvement across the health community.
	• Leads innovation and change to improve safeguarding across the health economy.
	• Takes a lead role in conducting the health component of case reviews across whole health community.
	• Gives appropriate advice to specialist safeguarding 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 adult safeguarding.
	• Provides expert advice to increase quality, productivity, and to improve health outcomes for adults at risk and those identified with safeguarding concerns.
	• Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of adults to include:
	  • taking a strategic professional lead across every aspect of health service contribution to adult safeguarding within all provider organisations commissioned by the commissioners within each nation
	  • ensuring that commissioned services have robust systems, procedures, policies, professional guidance, training and supervision are in place in keeping with national legislation, procedures and recommendations.
	• Provides specialist advice and guidance to the board and executives of commissioner organisations on all matters relating to adult safeguarding including regulation and inspection.
	• Involved with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications.
	• Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.

BACK TO CONTENTS

2. Knowledge	Level 5 professionals should have the knowledge, skills and attitudes outlined for levels 1, 2, 3 and 4 and be able to demonstrate the following: • advanced and indepth knowledge of relevant national policies and implications for practice • understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process. Be able to support or advise other professionals with legal documentation/court responsibilities within their organisations • to ensure support for the named professionals within partner organisations • know how to lead the implementation of national guidelines and audit the effectiveness and quality of services across the health community against quality standards • advanced knowledge of different specialties and professional roles • indepth understanding of safeguarding curriculum and training at both pre-registration and post registration level.
3. Skills	• Lead the health contribution in serious case reviews, drawing conclusions and developing an agreed action plan to address lessons learnt. • Plan, design, deliver and evaluate inter-agency safeguarding training for staff across the health community, in partnership with colleagues in other organisations and agencies. • Oversee safeguarding quality assurance processes across the whole health community. • Influence improvements in safeguarding services across the health community. • Provide clinical supervision, appraisal, and support for named professionals. • Lead multidisciplinary team reviews. • Evaluate and update local procedures and policies in light of relevant national issues and developments. • Arbitrate and reconcile differences of opinion among colleagues from different organisations and agencies, escalating issues if necessary to board, regional or legal colleagues. • Proactively deal with strategic communications and the media on safeguarding across the health community. • Work with public health officers to undertake robust safeguarding population-based needs assessments that establish current and future health needs and service requirements across the health community as appropriate to country of practice. • Provide an evidence base for decisions around investment and disinvestment in services to improve the health of the local population and to safeguard adults and articulate these decisions to executive officers. • Work effectively with, and lead where appropriate, colleagues in regional and national safeguarding clinical networks. • Deliver high-level strategic presentations to influence organisational development. • Work in partnership on strategic projects with executive officers at local, regional, and national bodies, as appropriate.

BACK TO CONTENTS

4. Behaviour	As outlined in levels 1, 2, 3 and 4.
5. Information sharing, multi-agency working and legislation	**Knowledge** **In addition to the learning from level 4** Mental Capacity and Deprivation of Liberty legislation as relevant to the country of practice. • Lead on mental capacity and deprivation of liberty (MC/DoL) to ensure that supervision, training and quality assurance includes consideration of the mental capacity legislation as relevant to the country of practice. • Strategic leadership on continuous improvement in MCA/DoL legislation as relevant to the country of practice. • Promote supported decision-making, co-production and participation in care, treatment, and where appropriate to role and context, organisational and strategic development. • Promote a culture of positive risk-taking and risk management ensuring policy, procedures and practices support staff to take a rights-based approach to decisions and interventions. • Remain aware and up to date with case law as relevant to the country of practice impacting on the MCA and DoLS/Court of Protection Deprivation of Liberty practice and cascade these to staff groups as appropriate to role and context. • Ability to support or advise other professionals with legal documentation/court responsibilities within their organisations.

BACK TO CONTENTS

Safeguarding training requirements for board level staff	It is envisaged that chief executives of health organisations take overall (executive) responsibility for adult safeguarding 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 health care setting (level 1) as well as additional knowledge-based competencies by virtue of their board membership or non-executive safeguarding director role, as outlined below. All boards, including commissioning bodies, should have access to safeguarding advice and expertise through dedicated designated or named professionals. The CEO of NHS trusts, health boards and commissioning bodies (and equivalent health care bodies throughout the UK and independent and voluntary providers) must provide strategic leadership, promote a culture of supporting good practice with regard to adult safeguarding within their organisations and promote collaborative working with other agencies.
Staff groups	Training at this level is for chief executive officers, health board and trust chairs, health board executives, medical directors, trust executives, executive level staff, non-executive directors/members, commissioning body directors including those in the independent and voluntary sectors.

BACK TO CONTENTS

Key responsibilities	• Seek assurance that the role and responsibilities of the organisational board are properly discharged in relation to adult safeguarding, mental capacity and deprivation of liberty. • Understand the potential causes and consequences of gross negligence. • Promote a positive culture of adult safeguarding across the board through assurance that there are appropriate policies and procedures for adult safeguarding and that these are being followed; and that staff and patients are aware that the organisation takes adult safeguarding seriously and will respond to concerns about the welfare and wellbeing of adults at risk. • Seek assurance that there are robust governance processes in place to provide assurance on adult safeguarding. • Ensure good information from and between the organisational board or board of directors, committees, council of governors where applicable, the membership and senior management on adult safeguarding. • Boards should appoint a non-executive director (NED) board member to ensure the organisation discharges adult safeguarding responsibilities appropriately. • Ensure the role and responsibilities of the organisational board in relation to adult safeguarding are met. • Understand the potential causes and consequences of gross negligence. • Seek assurance that the organisation adheres to relevant national/local guidance and standards for adult safeguarding. • Promote a positive culture of adult safeguarding ensuring there are appropriate policies and procedures for adult safeguarding (including regular updating) and that staff, volunteers and patients are aware that the organisation takes adult safeguarding seriously and will respond to concern about the welfare and wellbeing of adults at risk. • Appoint an executive director or equivalent lead for adult safeguarding. • Ensure there are effective adult safeguarding processes throughout the organisation. • Ensure there is appropriate access to advice from dedicated named and designated professionals. • Ensure that operational services are resourced to support/respond to the demands of adult safeguarding effectively. • Ensure that an effective strategy for adult safeguarding is resourced and delivered including access to support. • Ensure and promote appropriate safe, multiagency/interagency partnership working practices including information sharing protocols. • Ensure that adult safeguarding is positioned as core business in strategic and operating plans and structures. • Oversee, implement and monitor the ongoing assurance of adult safeguarding arrangements. • Ensure the adoption, implementation and auditing of practice, policy and strategy in relation to adult safeguarding.

BACK TO CONTENTS

Key responsibilities	• Within commissioning organisations, to ensure the appointment of dedicated designated adult safeguarding professionals or equivalent. • Within commissioning organisations, to ensure that provider organisations are quality assured for their adult safeguarding arrangements. • Within both commissioning and provider organisations, to ensure support of named/designated lead professionals across primary and secondary care and independent practitioners to implement safeguarding arrangements. • Seek assurance that there is a programme of safeguarding training and continuous professional development, including recognised specific mentoring support for formal adult safeguarding leads. • Working in partnership with other groups including commissioners/providers of health care (as appropriate), local authorities and police to secure high quality, best practice in adult safeguarding. • Seek assurance that serious incidents relating to safeguarding are reported immediately and managed effectively including the sharing of lessons learnt. • Ensure that any allegations against staff members are appropriately investigated and managed. • Ensure appropriate scrutiny of the organisation's safeguarding, mental capacity and deprivation of liberty performance. • Ensure assurance is provided to the board of the organisation's safeguarding, mental capacity and deprivation of liberty performance.
Learning outcomes	• Awareness and understanding of adult protection. • Understanding of appropriate referral mechanisms and information sharing. • Understanding of clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard adults. • Clear understanding of gross negligence as it relates to organisational safeguarding activity. • Awareness and understanding of effective board level leadership for the organisation's safeguarding arrangements. • Awareness and understanding of arrangements to share relevant information. • Awareness and understanding of effective arrangements in place for the safer recruitment and appointment of staff, as well as safe whistleblowing. • Awareness and understanding of the need for appropriate safeguarding supervision and support for staff, including undertaking safeguarding training. • Demonstrates collaborative working with lead and nominated professionals across health and social care. • Demonstrates an awareness of sexual safety and domestic abuse, and how these important areas of practice can impact both staff and the individuals supported by the organisation.
Update	• Over a 3 year period, board level staff should receive refresher training equivalent to a minimum of 2 hours. This should provide key adult safeguarding guidance. • Board members will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competences, as well as board level specific as identified in this section.
Induction	

BACK TO CONTENTS

Board level safeguarding adults training	
1. Core competencies	• As outlined for level 1. • All board members/commissioning leads should have level 1 core competencies in safeguarding (including mental capacity and deprivation of liberty) and must know the common presenting features of abuse, harm and neglect and the context in which it presents to health care staff. In addition, board members/ commissioning leads should have an understanding of the statutory role of the board in safeguarding including partnership arrangements, policies, risks and performance indicators; staff roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding. Essentially the board will be held accountable for ensuring adults at risk in the organisation's care receive high quality, evidence-based care and personalised safeguarding.
2. Knowledge	• Health benefits and financial impact of adult safeguarding on the local health economy. • The potential causes and consequences of gross negligence. • Agencies involved in adult safeguarding, their roles and responsibilities. • The need for, provision of and compliance with staff training; both within commissioning and provider organisations as a statutory requirement. • The importance of all adult safeguarding policies and procedures (including mental capacity and deprivation of liberty) with regard to personnel, and the requirement for maintaining, keeping them up to date and reviewed at regular intervals to ensure they continue to meet both patient and organisational needs. • The regulation and inspection processes and implications.
3. Skills	• Recognise possible signs of adult abuse, harm, or neglect as this relates to their role. • Proactively seek appropriate advice and report concerns. • Have the appropriate board level skills to be able to challenge and scrutinise safeguarding, mental capacity and deprivation of liberty information to include; performance data, serious incidents, partnership working and regulatory inspections to enable appropriate assurance of the organisation's performance in safeguarding.
4. Behaviour	In addition to the attitudes and values at level 1. • Personal commitment to listen and to and act on issues and concerns, as well as an expectation that the organisation and professionals within it value and listen to adults at risk. • Commitment to work in partnership with other organisations/patients and families/carers to promote high quality safeguarding and best practice in application of mental capacity and deprivation of liberty processes. • Commitment to promote a positive culture around safeguarding, human rights, consent, mental capacity, and deprivation of liberty within the organisation. • Understand the organisation's legal obligations in relation to deprivation of liberty, including the positive obligation of public bodies to take steps to normalise deprivation as well as associated liability.

BACK TO CONTENTS

5. Information sharing, multi-agency working and legislation	Mental Capacity Act and Deprivation of Liberty legislation as relevant to the country of practice. • All board members/commissioning leads should have Level 1 core competencies in safeguarding (including mental capacity and deprivation of liberty) and must know the common presenting features of abuse, harm and neglect and the context in which it presents to health care staff. In addition, board members/ commissioning leads should have an understanding of the statutory role of the board in safeguarding including partnership arrangements, policies, risks and performance indicators; staff's roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding. Essentially the board will be held accountable for ensuring adults at risk in the organisation's care receive high quality, evidence-based care and personalised safeguarding. • Understand the organisation's legal obligations in relation to deprivation of liberty including the positive obligation of public bodies to take steps to normalise deprivation as well as associated liability.

Education and training

This section outlines key issues related to acquiring and maintaining safeguarding knowledge and skills.

It is intended to support practice, education and training in all health care settings, sectors and countries.

It is intended to provide guidance for the suggested minimum indicative content and time required for practitioners to meet their safeguarding responsibilities. We would suggest that indicative content also supports specific local needs, and that scrutiny of local adult safeguarding data will also inform content and delivery. Provision for adult safeguarding training should be made within professionals' job plans/allocated training time.

In Northern Ireland this section should be read in conjunction with Northern Ireland Adult Safeguarding Partnership (2016) Training Strategy and Framework 2013 (Revised 2016) **https://online.hscni.net/wpfd_file/adult-safeguarding-operational-procedures**

Northern Ireland Adult Safeguarding Partnership **https://niopa.qub.ac.uk/bitstream/NIOPA/7268/1/NIASP-Operational-Manual-July-2017.pdf**

In Wales National Safeguarding Training, Learning and Development Standards **https://socialcare.wales/resources-guidance/safeguarding-list/national-safeguarding-training-learning-and-development-standards/safeguarding-standards-about**

Underpinning principles

- Acquiring knowledge, skills and expertise in adult safeguarding, mental capacity and deprivation of liberty should be seen as a continuum. It is recognised that students and trainees will increase skill and competence throughout their career pathway.
- Training needs to be flexible, encompassing different learning styles and opportunities. The education, training and learning 'hours' stated at each level are therefore indicative, recognising that individual's learning styles and the roles they undertake vary considerably. Additionally, there is a need to recognise new and emerging safeguarding issues for which staff need to acquire additional knowledge and skills, as well as incorporating case precedence in mental capacity and deprivation of liberty.
- Inter professional and inter organisational training and education is encouraged in order to share best practice, learn from serious incidents and to develop professional networks, this should include both independent and voluntary sector health providers.
- Those leading and providing multidisciplinary and inter-agency training must demonstrate knowledge of the context of health participants' work. They should provide evidence to ensure the content is considered appropriate against the relevant level and delivered by a safeguarding practitioner (with current experience and access to provider level safeguarding leads for advice, guidance and supervision), who has qualifications and/or experience relevant to adult safeguarding and delivery of education and training. Training sessions should be tailored 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 (encompassing a collaborative review of education, training and learning records), 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 3 years as a minimum and training should be tailored to the roles of individuals. Individuals should be encouraged to maintain their education, training and learning records to capture all education, training and learning opportunities to demonstrate acquisition and up to date knowledge, skills and competencies.
- E-learning is appropriate to impart knowledge at levels 1 and 2. E-learning can also be used at level 3 and above as preparation for reflective team-based (participatory) learning and to contribute to appraisals and revalidation when linked to case studies and changes in practice.
- While e-learning is important it should not be the only form of learning undertaken. It is expected that at least 50% of indicative education, training and learning time is of a participatory nature. This includes, for example, formal teaching/education, conference attendance and group case discussion.
- Education and training records will prevent the need to repeat learning when individuals move organisations, as they will be able to demonstrate up to date relevant competence, knowledge, and skills. The exception is where individuals have been working outside of the area of practice and the new role demands additional knowledge and skill, or individuals have had a career break.
- In addition to training programmes, named professionals should circulate written update briefings and literature, as appropriate, to all staff at least annually. These should 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, including expert advice in mental capacity and deprivation of liberty.
- The learning outcomes should describe what an individual should know, understand, or be able to do as a result of training and learning.
- It is recognised that many professionals also need equivalent child safeguarding/protection education, training and learning.
- There are several aspects of safeguarding training and education that can apply equally to child and adult safeguarding/protection and that share the same principles. Examples of this may include, but are not limited to:
    - safeguarding ethos
    - confidentiality
    - information sharing
    - documentation
    - domestic abuse
    - mental capacity legislation for those age 16 and above.

- Education and training on these shared aspects may contribute to both child and adult safeguarding/protection requirements, where individuals are able to clearly demonstrate application within the reflective education, training and learning record. Those who are providing training on shared aspects should give equal value to children and adults within the training. Organisations using such opportunities for the integration of child and adult safeguarding should be able to demonstrate they have provided education, training and learning covering all elements of both adult and child safeguarding as outlined in the intercollegiate children and young people's document and the intercollegiate adult document, thereby enabling staff to demonstrate that they have acquired the relevant knowledge, skills, and competences. Organisations should also be able to provide evidence that equal value is given to both the adult and child content.
- Each level sets out the indicative content and time needed by practitioners. Maintaining and updating knowledge and skill should be a continuous and ongoing process. Regulatory and inspection bodies require evidence of completion of key refreshing and updating for revalidation and inspection purposes. Organisations can, if they wish, seek accreditation from a professional body (if available) for any programme of study from an externally contracted provider of safeguarding education and training where it explicitly states how any course or learning opportunity meets the required intercollegiate framework level. Employers must also give consideration to assessing learning and the long-term impact of education and training provided.
- Those providing adult safeguarding education and training should also consider the requirements of practitioner's regulatory bodies where appropriate and legislative requirements for their locality/country.
- Ultimately, employing organisations are responsible for assuring that their employees have the knowledge, skills, and competence to undertake their roles in both prevention and response to adult safeguarding, mental capacity, and deprivation of liberty. Organisations must provide support such that learners can embed new knowledge and skills into their roles. They should be supported by appropriate clinical and/or managerial supervision and mentorship as required.
- Accessible records of formal training must be retained in an individual employee's personal file/organisational record. Portable education passports are encouraged in order that staff can move between organisations without having to be repeatedly retrained.
- Practitioners should be encouraged to reflect on safeguarding, mental capacity and deprivation of liberty practice and share best practice as part of their professional development, documenting their key learning and number of hours.
- Inter-professional and inter-organisational training and education is encouraged in order to share best practice, learn from serious incidents and to develop professional networks, this should include both independent and voluntary sector health providers. It is acknowledged that adult safeguarding training and education will draw on knowledge and skills from related professional and legal guidance, for example mental capacity legislation, confidentiality guidance and guidance for safeguarding children and young people. The inclusion of knowledge from other allied subjects is important but cannot replace the main focus of the training which must be on adult safeguarding guidance.

- As a principle, participatory adult safeguarding education and training at level 3 upwards should form no less 50% of the content. Levels 1 and 2 can be completed using e-learning platforms. In the absence of a national training passport across all sectors, arrangements should be developed to assess employee's prior skills, knowledge, and competence in order to use the training to best clinical effect.
- The delivery of high-quality safeguarding and practice that is compliant with the mental capacity legislation and human rights is an essential role for all organisations who deliver care. It is not an addition to clinical practice; it is an intrinsic facet of professional practice and is core business for all health care organisations.
- Training needs to be flexible, encompassing different learning styles and opportunities, where appropriate it should involve service users and multidisciplinary colleagues.
- Royal colleges/professional organisations must also play a part in providing advice and support, particularly where health care practitioners are raising concerns about their own organisations. This includes Freedom to Speak up processes.
- Health care practitioners 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. There should be opportunity to share good practice both in preventative safeguarding and responses to safeguarding concerns, including practice in relation to mental capacity and deprivation of liberty.
- Governance structures should foster good cross sector/agency relations and open up learning and review events to both the voluntary and independent sector.
- Information about accredited training and education programmes can be found at: **e-lfh.org.uk**

Adult safeguarding staffing resource

Adult safeguarding is a core health care activity. In order to deliver high-quality preventative and proactive safeguarding and to respond to safeguarding issues, adequate staffing must be available.

Local scrutiny of safeguarding data, research and population should determine the levels of the required safeguarding practitioners.

As a minimum, the staffing resource for designated safeguarding role should be based on population or on NHS Digital safeguarding figures/levels of area deprivation/country specific formula. As guidance for ICBs in England, the ratio should not fall below 1:220,000 population in any commissioning footprint.

Named and designated professional roles should be substantive dedicated roles. The size and structure of safeguarding teams should reflect the size, acuity and population served by the organisation, ensuring staff receive timely and skilled support.

References

ADASS (2005) *Safeguarding Adults – A National Framework of Standards*. Available at: **adass.org.uk/AdassMedia/stories/Publications/Guidance/safeguarding.pdf** (accessed September 2023)

ADASS (2018) *Making Safeguarding Personal Outcomes Framework*. Available at: **adass.org.uk/media/6525/msp-outcomes-framework-final-report-may-2018.pdf** (accessed: September 2023)

Bournemouth University (2015) *National Competency Framework for Safeguarding Adults, A Comprehensive Guide*, Bournemouth: University Bournemouth. Available at: **https://images.reading.gov.uk/2020/01/National-Compentency-Framework-for-Safeguarding-Adults-Comprehensive.pdf** (accessed September 2023).

Department of Health (2015) *Department of Health Guidance: Response to the Supreme Court Judgment/Deprivation of Liberty Safeguards*, London: DH. Available at: **assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/485122/DH_Consolidated_Guidance.pdf** (accessed September 2023)

Department of Health (2017) *Guidance: Safeguarding women and girls at risk of FGM.* Available at: Safeguarding women and girls at risk of FGM – GOV.UK (**https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm**) (accessed September 2023)

Equality Act (2010). Available at: *Equality Act 2010* (legislation.gov.uk) (accessed September 2023). **legislation.gov.uk/ukpga/2010/15/contents**

GOV.UK (2013) *Guidance for Health Professionals on Domestic violence and abuse*. Available at: **https://www.gov.uk/government/publications/guidance-for-health-professionals-on-domestic-violence** (accessed September 2023)

GOV.UK (2023) *Prevent Duty Guidance: England and Wales* (2023) – GOV.UK (**www.gov.uk**)

Modern Slavery Act (2015). Available at: **legislation.gov.uk/ukpga/2015/30/contents/enacted** (accessed December 2023)

NHS England (2017) *Prevent Training and Competencies Framework*. Available at: **https://www.gov.uk/government/publications/prevent-duty-guidance** (accessed September 2023)

NHS England (2019) *Expanding Our Workforce*. Available at: **england.nhs.uk/gp/expanding-our-workforce/** (accessed September 2023)

Serious Crime Act (2015). Available at: **legislation.gov.uk/ukpga/2015/9/contents/enacted** (accessed September 2023).

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Available at: **www.legislation.gov.uk/anaw/2015/3/contents/enacted** (accessed 10 May 2024)

Wales Social Services and Well-being (Wales) Act 2014. Available at: **legislation.gov.uk/anaw/2014/4/contents** (accessed September 2023).

Working Together to Safeguard People: Code of Safeguarding Practice For individuals, groups and organisations offering activities or services to children and adults in Wales. Available at: **www.gov.wales/working-together-safeguard-people-code-safeguarding-practice** (accessed 10 May 2024)

Appendix

Relevant legislation to underpin training and education

Care Act 2014
Children and Families Act 2014
Children and Social Work Act 2017
Counter Terrorism and Border Security Bill 2018
Crime and Disorder Act 1998
Domestic Abuse Act 2021
Domestic Violence, Crime and Victims Act 2012
Equality Act 2010 Human Rights Act 1998
Female Genital Mutilation Act 2003
Forced Marriage (Civil Protection) Act 2007
Health and Social Care Act 2012
Marriage and Civil Partnership (Minimum Age) Act 2022
Mental Capacity Act 2005
Mental Capacity (Amendment) Act 2019
Mental Health Act (1983)
Mental Health (Northern Ireland) Order 1986; various capacity legislations; various codes of practice that accompany legislations; Dols; Mental Capacity Act (Northern Ireland) 2016*
Modern Slavery Act 2015
Safeguarding Vulnerable Groups Act 2006
Serious Crime Act 2015
Sexual Offences Act 2003
Terrorism Act 2006
Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
Wales Social Services and Well-being (Wales) Act 2014

Counter Terrorism and Border Security Bill 2018 **legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at- risk-of-abuse-or-neglect/enacted**

Part 7/section 126 (1a, b, c) Social Services and Well-being (Wales) Act **legislation.gov.uk/anaw/2014/4/pdfs/ anaw_20140004_en.pdf**

In Northern Ireland, an 'adult at risk of harm' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their: a) personal characteristic and/or b) life circumstances. **health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection- partnership-key-documents**

Scotland has equally x3 principles that require testing for adult safeguarding based on an individual's ability to safeguard (or protect) their own wellbeing, property, rights or other interests Section 3(1). **gov.scot/ Publications/2009/01/30112831/3**

Part 7/section 126 (1 a,b,c,) Social Services and Wellbeing (Wales) Act 2014. **legislation. gov.uk/anaw/2014/4/pdfs/anaw_20140004_ en.pdf**

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

One of the most important principles of safeguarding is that it is everyone's responsibility. Health care staff frequently work with people in their moments of greatest need and can witness health and social inequalities which have a direct impact on the lives of people they care for. This updated intercollegiate document is designed to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles.

Publication date: July 2024 Review date: July 2027

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact **publications.feedback@rcn.org.uk**

Evaluation

The authors would value any feedback you have about this publication. Please contact **publications.feedback@rcn.org.uk** clearly stating which publication you are commenting on.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
rcn.org.uk

011 256 | July 2024

Royal College of Nursing