

Safeguarding for Adults: Roles and competencies

Front Page – Title & Images

1st Edition July 2018

Review date July 2020

Contributing Organisations

List of Royal Colleges and other bodies will be added as each reviews/inputs to document

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

Copyright - Example of text to be included below:

© Copyright is held by all of the above listed organisations. All rights are reserved. Other than as permitted by law 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 all parties listed above or a licence permitting restricted copying issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS

Contents

Page to include headings and page numbers

1. Scope of the document

This document has been produced by intercollegiate endeavour and is intended to have relevance to all healthcare professionals and social care colleagues. It is designed to be used in all organisations that care for adults regardless of sector, setting or size.

The document is concerned with the competencies required to safeguard adults. It focusses on the knowledge and skills needed to undertake this important and core professional role.

To ensure adults receive proactive and high quality safeguarding it is important that the workforce are also 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.

In addition to safeguarding training it is also essential that staff have training on both confidentiality and mental capacity guidance (appropriate to their role and country of practice- *to be determined*) in order to effectively respond to the safeguarding needs of adults.

2. Key Definitions

2.1 Adult

An individual who is 18 years of age or over.

2.2 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.

2.3 Capacity legislation

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

- England and Wales
- Mental Capacity Act 2005
- The Mental Capacity Act Deprivation of Liberty Safeguards (DoLs)
- Scotland Adults with Incapacity (Scotland) 2000
- Northern Ireland Mental Capacity Act (Northern Ireland) 2016

2.4 Competence

The ability to perform a specific task, action or function successfully.

2.5 Deprivation of liberty safeguards (DoLs)

Deprivation of liberty safeguards apply if a person in a hospital or care home is under continuous supervision and control and is not free to leave, and they lack the mental capacity to consent to arrangements for their care and treatment (Care Quality Commission (CQC) 2018)

2.6 Designated Professional or Equivalent Role

The term designated doctor or nurse/ Allied health Professional (AHP) denotes professionals with specific roles and responsibilities for safeguarding adults, including the provision of strategic advice and guidance to organisational Boards across the health and social care community.

2.7 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.

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 on a body map
- Accurately recording what is said by a person who has been subject to harm abuse or neglect

2.8 Named Doctor and Equivalent UK Medical Roles

The doctor employed by the local healthcare organisation 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, working alongside other adult safeguarding professionals locally e.g. Designated Professionals,

2.9 Named Healthcare Professional and Equivalent Roles

All providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named healthcare professional for safeguarding within its structure. Named healthcare 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.

2.10 Professional

Any health or social care practitioner on a regulatory professional register, (Nursing and Midwifery Council, General Medical Council and Health and Care Professions Council)

2.11 Safeguarding

To safeguard an adult means to protect a person's right to live in safety, free from abuse, harm and neglect. This can include both proactive and reactive interventions and recognises that adults may choose to make unwise decisions.

3. Forward

To be completed including

3.1 Safeguarding principles

There are six principles that underpin adult safeguarding and apply to all sectors and settings. The principles should inform the ways in which professionals and other staff work with people at risk of abuse, harm or neglect.

- **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 take action 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.”

3.2 The aims of personalised safeguarding are:

- 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
(SCIE 2018)

4. Background

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 ensure that all staff are able to meet this requirement. In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. **This includes private, independent healthcare and voluntary sector as well as statutory providers.**

5. 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. Abuse, neglect and harm includes:

5.1 Physical abuse – including assault hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

5.2 Sexual abuse – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as online abuse.

5.3 Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

5.4 Financial or material abuse – including theft, fraud, exploitation, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

5.6 Neglect and acts of omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

5.7 Self–Neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surrounding and includes behaviour such as hoarding. Consideration must be given to the impact on other family members and whether this gives rise to a safeguarding concern.

5.8 Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. (GOV UK 2012)

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015)

5.9 Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.

5.10 Organisational abuse – including neglect and poor care practice within an institution or specific care setting like a hospital or care home as a result of the structure, policies, processes and practices within an organisation, or in relation to care provided in one's own home. E.g. this may range from isolated incidents to continuing ill-treatment in an institution or in relation to care provided in one's own home.

5.10 Modern Slavery – The Modern Slavery Act 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, domestic servitude, forced marriage, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK

5.11 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 nonmedical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. It is often referred to as 'cutting', 'female circumcision', 'initiation', 'Sunna' and 'infibulation'.

6. Prevent

Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. The strategy promotes collaboration and co-operation among public service organisations including health and social care.

Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity. Healthcare staff support many people who may be seen as vulnerable to radicalisation.

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. Healthcare staff will meet, and treat people who may be drawn into terrorism. The health sector needs to ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation.

Staff must be able to recognise key signs of radicalisation and be confident in referring individuals to their organisational safeguarding lead or the police thus enabling them to receive the support and intervention they require. Additionally the health sector plays a

pivotal role in providing appropriate health services for an individual's needs, whether that be through Primary Care, Mental Health services or wider support services.

Further details can be found in Prevent Training and Competencies Framework

<https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf>

You can read the CONTEST strategy in full at www.homeoffice.gov.uk.

Section A: Competency Framework

Level 1: All staff working in health care settings

Level 2: All staff that have regular contact with patients, their families or carers, or the public. This is the minimum level of competence for all professionally registered healthcare staff

Level 3: All registered clinical staff working with adults who contribute to assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)

Level 4: Specialist roles - named professionals

Level 5: Specialist roles - designated professionals

Board Level: Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, commissioning body Directors. **This includes Boards of private, independent healthcare and voluntary sector as well as statutory providers.**

7. Level 1: All staff working in health care settings, including the voluntary and independent sectors.

This is the minimum level required for all staff working in healthcare settings.

7.1. Staff groups

All healthcare 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, lay members including those non clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across health care settings and service provision. It also applies to staff who work in virtual/online healthcare settings who provide any healthcare online.

7.2 Core competences

Competence at this level is about individuals knowing the signs which may indicate possible abuse, harm or neglect and who to contact and seek advice from if they have concerns. It comprises:

- Recognising potential indicators of adult abuse, harm and neglect. A full description of the types of abuse, harm and neglect are detailed on page (x)
- 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 an adults rights in the safeguarding context, and the basic knowledge of relevant 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 escalation of concern if action is not taken.
- An awareness of consent, information sharing, data protection legislation and acting safely to share information.

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and a 3 yearly refresher training.

7.3 Knowledge, skills, attitudes and values

This is the minimum entry level for all staff working in health care settings. All staff at Level 1 should be able to demonstrate the following:

7.4 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 eligibility 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 sharing information (including the consequences of failing to do so)
- Know what to do if they think that their 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
- Understand the principles of mental capacity and the relevance and impact in adult safeguarding

7.5 Skills

- Able to recognise possible signs of adult abuse, harm and neglect as this relates to their role
- Be 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

7.6 Attitudes and values

- Willingness to listen to adults at risk, families and carers and to act on issues and concerns
- Recognises how own beliefs, experience and attitudes might influence involvement in safeguarding work
- Recognise how own actions impact on others

8. Level 2: All staff that have regular contact with patients, their families or carers, or the public. This is the minimum level of competence for all professionally registered healthcare staff. For some staff groups, notably nurses and medical staff, organisations will decide whether particular roles sit at level 2 or level 3

8.1 Staff groups

This includes administrators for safeguarding teams, health care students, clinical laboratory staff, phlebotomists, pharmacists, ambulance staff and paramedics, 111/999 communications centre staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, contact lens and dispensing opticians, nursing associates, clinical researchers, staff who work in virtual/online healthcare settings who provide any healthcare online, register nurses, medical staff and GP practice managers

8.2 Core competences

- As outlined for 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.
- Works 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, gang related activities
- Acts to ensure effective advocacy for the adult at risk of abuse, harm or neglect communicating with people about safeguarding, risk and protection planning
- Understands local safeguarding structures and arrangements
- As appropriate to role, is able to refer to social care if a safeguarding concern is identified (aware of how to refer even if role does not encompass referrals)
- Understands capacity legislation, DoLs legislation (where applicable), the role of capacity advocates. Understands the role of lasting power of attorney and the role of the public guardian/ Office of Care and Protection (OCP) and acts in best interests of the adult at risk as required
- 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
- 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 (*to be determined*)

- Understands how to support adults at risk who do not feel able to participate in service support, for example those experiencing coercive control, environmental health issues
- 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

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

8.3 Knowledge, skills, attitudes and values

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:

8.4 Knowledge

- Understands the ways in which abuse, harm and neglect can impact on personal identity throughout the life course
- Understand the significance of public health deficits on health and wellbeing through the life course, for example homelessness, loneliness and poverty
- Understand that Adults experiencing stressful situations in their own lives may have caring responsibilities, for other adults or children. Personalised safeguarding support must be tailored to the circumstances both for the individual and for those people/children they care for
- Understand the legal, professional, and ethical responsibilities around information sharing, including the use of assessment frameworks
- Understand the best practice in documentation, record keeping, and data protection issues in relation to information sharing for safeguarding purposes
- Understand the purpose and guidance around participating safeguarding reviews and enquiries
- Understand the professional duty to report crime in line with organisational and professional guidance
- Understand 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

8.5 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

8.6 Attitudes and values

- Recognises how own beliefs, experience and attitudes might influence professional involvement in safeguarding work

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning

9. Level 3: All professionally registered staff working with adults who contribute to assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)

9.1 Staff groups

This includes doctors, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning disability staff, health professionals working in substance misuse services, youth offending team staff, allied health professionals inc paramedics practicing in GP surgery/ WIC/ED, sexual health staff, care home managers, health visitors, midwives, orthodontists and dentists with a lead role in adult protection as appropriate to role

9.2 Core competences

- 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
- Undertakes capacity assessments within the framework of the relevant legislation and is able to make decisions in a person's best interests
- 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 practitioners role
- Undertakes and contributes to inter-agency assessments, the 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 meetings (Planning meetings and Case Conferences) to present supporting evidence within relevant information sharing protocols
- Contributes to case reviews, panels, internal partnerships and local forms of review,
- 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
- Advises others on appropriate information sharing

- Undertakes safeguarding supervision and provides support for other staff
- Has a level of knowledge about capacity legislation, DoLS , Coroners courts, Court of protection National Clinical Assessment Service and regulators Professional bodies (as appropriate to role).

9.3 Knowledge, skills, attitudes and values

Knowledge

- Understand the implications of legislation, inter-agency policy and national guidance
- Understand information sharing, confidentiality, and consent
- Understand the role and 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 as appropriate to role
- Understand relevance of multi-agency audits and own role in multi-agency inspection processes
- Understands the principles of effective adult safeguarding supervision and peer support.
- Understands what constitutes, as appropriate to role, forensic procedures and practice required in adult safeguarding, and how these relate to clinical and legal requirements
- Understands the frameworks for the assessment of risk and harm
- Understands the notion of Proportionality- recognising that accidents do happen & people can take risks & 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
- 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
- Have an understanding of the management of the death of an adult in a safeguarding context
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding including audits against national guidelines

9.4 Skills

- Able to act proactively to reduce the risk to adults in need
- Able to contribute to, and make considered judgements about how to act to promote wellbeing and to safeguard an adult when needed
- Able to present safeguarding concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role)
- Able to work with adults and carers where there are safeguarding concerns as part of the multi-disciplinary team and with other disciplines.
- Able to communicate effectively with adults to recognise and to ensure those lacking capacity or with communication needs have opportunity to participate in decisions affecting them.
- Able to give effective feedback to colleagues
- Able to identify (as appropriate to role) 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
- Able to assess (as appropriate to the role) the impact of, carer and family issues on Adults at risk of abuse, harm or neglect including mental health needs, learning difficulties, substance misuse and domestic abuse
- Able to challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice
- Able to participate and chair multi-disciplinary meetings as required
- Able to apply lessons from case reviews
- Able to contribute to risk assessments

- Able to contribute to/formulate and communicate effective safeguarding plans for adults at risk of abuse, harm or neglect
- Able to complete the audit cycle and/or research related to safeguarding as part of appropriate clinical governance and quality assurance processes and appropriate to role

9.4 Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals and colleagues
- 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 where appropriate to role

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning

10. Level 4: Specialist roles - named professionals

10.1 Staff groups

This includes Lead doctors, Heads of Adult Safeguarding (Nurses/AHP's), and named GPs/doctors for organisations commissioning Primary Care. Named doctors, named nurses/AHP's, named health visitors, named midwives (in organisations delivering maternity services), named ambulance practitioners for organisations commissioning Primary Care.

10.2 Core competences

- As outlined for Level 1, 2 and 3
- 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
- Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections
- 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 to enable it to decide whether any action should be taken in the adult's case
- Where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies (as appropriate to role)
- In conjunction with designated safeguarding lead, co-ordinates and contributes to implementation of action plans and the 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

10.3 Knowledge, skills, attitudes and values

Level 4 professionals should have the knowledge, skills and attitudes outlined for Levels 1, 2 and 3 and be able to demonstrate the following:

Knowledge

- 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 abuses. 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 and international safeguarding issues, policies and implications for practice
- Understand the commissioning and planning of safeguarding services where appropriate to role
- Know about 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

10.4 Skills

- Able to effectively communicate advice about safeguarding policy and legal frameworks
- Able to support colleagues in challenging views offered by professionals and others, as appropriate
- Able to analyse and evaluate information and evidence to inform inter-agency decision-making across the organisation
- Able to participate in a case review leading internal management reviews as part of this function

- Able to support others across the organisation in writing a chronology and review about individual adults, and summarising and interpreting information from a range of sources
- Able to lead service reviews
- Able to establish adult safeguarding quality assurance measures and processes
- Able to undertake training needs analysis, and to teach and educate health service professionals
- Able to review, evaluate and update local guidance and policy in light of research findings
- Able to advise and inform others about national and international issues and policies and the implications for practice
- Able to deal with the media and organisational public relations concerning safeguarding
- Able to work effectively with colleagues in regional safeguarding clinical networks

10.5 Attitudes and values

- As outlined in level 1, 2 and 3

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

11. Level 5: Specialist roles - designated professionals

11.1 Staff groups

This applies to designated doctors and nurses/AHP's, in the UK is the responsibility of the government of each of the UK's four nations: England, Northern Ireland, Scotland and Wales. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. There may be specific duties relating to designated professionals in each nation.

11.2 Core competences

- As outlined for Level 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
- Lead 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 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 (*to be determined*)

ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned by the commissioners within each nation, in keeping with local procedures and recommendations

provide specialist advice and guidance to the Board and Executives of commissioner organisations on all matters relating to adult safeguarding including regulation and inspection,

be 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

11.3 Knowledge, skills, attitudes and values

Level 5 professionals should have the knowledge, skills, attitudes and values outlined for Levels 1, 2, 3 and 4, and be able to demonstrate the following:

Knowledge

- Advanced and in-depth knowledge of relevant national and international policies and implications for practice
- 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
- 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
- In depth understanding of safeguarding curriculum and training at both pre-registration and post registration level

11.4 Skills

- Able to lead the health contribution to a serious case reviews, drawing conclusions and developing an agreed action plan to address lessons learnt
- Able to plan, design, deliver and evaluate inter-agency safeguarding training for staff across the health community, in partnership with colleagues in other organisations and agencies
- Able to oversee safeguarding quality assurance processes across the whole health community
- Able to influence improvements in safeguarding services across the health community
- Able to provide clinical supervision, appraisal, and support for named professionals
- Able to lead multi-disciplinary team reviews

- Able to evaluate and update local procedures and policies in light of relevant national and international issues and developments
- Able to arbitrate and reconcile differences of opinion among colleagues from different organisations and agencies escalating issues if necessary to Board, regional or legal colleagues
- Able to proactively deal with strategic communications and the media on safeguarding across the health community
- Able to 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
- Able to 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
- Able to work effectively with, and lead where appropriate, colleagues in regional and national safeguarding clinical networks
- Able to deliver high-level strategic presentations to influence organisational development
- Able to work in partnership on strategic projects with executive officers at local, regional, and national bodies, as appropriate

11.5 Attitudes and values

- As outlined in Level 1, 2, 3 and 4

Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

12. Board Level for Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, commissioning body Directors including the Independent and Voluntary Sectors

It is envisaged that Chief Executives of healthcare 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 healthcare 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 should have access to safeguarding advice and expertise through dedicated designated or named professionals.

Commissioning bodies have a critical role in quality assuring providers systems and processes, and thereby ensuring they are meeting their safeguarding responsibilities and working closely with safeguarding partners. Designated safeguarding professionals within commissioning organisations provide expert advice to commissioners.

The roles of Chair, CEOs, Executive Board Leads and Board members will be described separately:

12.1 Chair

The Chair of NHS Trusts, other independent and voluntary healthcare providers, Health Boards and commissioning bodies (*and equivalent health care bodies throughout the UK to be determined*) are responsible for the effective operation of the Board with regard to adult safeguarding.

Key Responsibilities for Chairs

- To ensure that the role and responsibilities of the organisational Board are properly discharged in relation to adult safeguarding.
- To understand the potential causes and consequences of gross negligence
- To 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.
- To ensure that there are robust governance processes in place to provide assurance on adult safeguarding
- To 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 its safeguarding responsibilities appropriately

12.2 Chief Executive Officer (CEO) or Equivalent

The CEO of NHS Trusts, Health Boards and commissioning bodies (and equivalent health care bodies throughout the UK *to be determined*) 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.

Key Responsibilities of CEOs

- To ensure that the role and responsibilities of the organisational Board in relation to adult safeguarding are met
- To understand the potential causes and consequences of gross negligence
- To ensure that the organisation adheres to relevant national/local guidance and standards for adult safeguarding
- To 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
- To appoint an Executive Director or equivalent lead for adult safeguarding
- To ensure there are effective adult safeguarding processes throughout the organisation
- To ensure there is appropriate access to advice from dedicated Named and Designated professionals
- To ensure that operational services are resourced to support/respond to the demands of adult safeguarding effectively
- To ensure that an effective strategy for adult safeguarding is resourced and delivered
- To ensure and promote appropriate safe, multiagency/interagency partnership working practices including information sharing protocols

12.3 Executive Director Lead

There should be a nominated Executive Director Board member who takes responsibility for adult safeguarding issues. The Executive Director lead will report to the Board on the performance of their delegated responsibilities and will provide leadership in the long term strategic planning for adult safeguarding services for the organisation supported by Named and Designated professionals.

Key Responsibilities of the Board Executive Director lead

- To ensure that safeguarding is positioned as core business in strategic and operating plans and structures
- To understand the potential cause and consequences of gross negligence
- To oversee, implement and monitor the ongoing assurance of adult safeguarding arrangements
- To ensure the adoption, implementation and auditing of practice, policy and strategy in relation to adult safeguarding
- Within commissioning organisations to ensure the appointment of dedicated designated adult safeguarding professionals
- Within commissioning organisations to ensure that provider organisations are quality assured for their 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
- To ensure that there is a programme of safeguarding training and continuous professional development, including recognised specific mentoring to 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
- To ensure that serious incidents relating to safeguarding are reported immediately and managed effectively including the sharing of lessons learnt.
- To ensure that any allegations against staff members are appropriately investigated and managed.

Key Responsibilities of the Non-Executive Director Board lead

- To ensure appropriate scrutiny of the Organisation's safeguarding performance
- To provide assurance to the Board of the Organisation's safeguarding performance

12.4 Core competences

All Board members/commissioning leads should have Level 1 core competencies in safeguarding 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 organisations care receive high quality, evidence based care and personalised safeguarding.

Competences should be reviewed annually as part of appraisal.

12.5 Knowledge, skills, attitudes and values

In addition to Level 1 Board members/commissioning leads should have the following:

Knowledge

- Knowledge of public health benefits and financial impact of safeguarding adults on the local health economy
- Knowledge of the potential causes and consequences of gross negligence
- Knowledge of agencies involved in adult safeguarding, their roles and responsibilities, and the importance of interagency co-operation
- Knowledge about the statutory obligations to work with the local or area adult safeguarding Board and other safeguarding partners including the independent and voluntary sectors.
- Knowledge of the ethical, legal and professional obligations around information sharing related to adult safeguarding
- Knowledge about the statutory organisational obligation to be involved, participate and implement the learning from Serious incidents, safeguarding adult reviews, domestic homicide and other review processes
- Knowledge about the need for, provision of and compliance with staff training both within commissioning and provider organisations as a statutory requirement
- Knowledge about the importance of all adult safeguarding policies and procedures 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

- Knowledge about the regulation and inspection processes and implications for the organisation if standards are not met by either commissioners or providers
- If working within a commissioning organisation, knowledge about the importance of regular reporting and monitoring of safeguarding arrangements within provider organisations.
- Knowledge about Board level risk relating to adult safeguarding and the need to have arrangements in place for rapid notification and action on serious incidents
- Knowledge about the requirement of the Board to have access to appropriate high quality clinical and forensic advice on adult safeguarding from dedicated named/designated professionals or equivalents.

12.6 Skills

- To be able to recognise possible signs of adult abuse, harm or neglect as this relates to their role
- To proactively to seek appropriate advice and report concerns
- To have the appropriate Board level skills to be able to challenge and scrutinise safeguarding information to include; performance data, serious incidents, partnership working and regulatory inspections to enable appropriate assurance of the organisation's performance in safeguarding.

12.7 Attitudes and values

- Personal commitment to listen and to 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
- Commitment to promote a positive culture around safeguarding within the organisation.

Section B: Education and Training

1. 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 healthcare settings, sectors and countries (*to be determined*).

The following text is intended to provide guidance for the **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.

2. Underpinning Principles

2.1 Those providing adult safeguarding education and training should also consider the requirements of practitioner's regulatory bodies where appropriate.

2.2 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. Organisations must provide support such that learners can embed new knowledge and skills into their roles. They should be supported by appropriate clinical supervision and mentorship as required.

2.3 Accessible records of formal training must be retained in an individual employee's personal file. Portable education passports are encouraged in order that staff can move between organisations without having to be repeatedly retrained.

2.4 Practitioners should be encouraged to reflect on safeguarding practice and share best practice as part of their professional development documenting their key learning and number of hours.

2.5 Organisations can, if they wish, seek accreditation from a professional body for any programme of study, however they must assure themselves that any externally contracted provider of adult safeguarding education and training 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 any education and training provided.

2.6 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 healthcare 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.

2.7 As principle face to face adult safeguarding education and training at all levels should form no less 50% of the content. 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.

2.8 The delivery of high quality safeguarding 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 healthcare organisations.

2.9 Acquiring knowledge, skills and expertise in adult safeguarding should be seen as a continuum. It is recognised that students and trainees will increase skill and competence throughout their undergraduate programme and at post-graduate level as they progress through their professional careers.

2.10 Training needs to be flexible, encompassing different learning styles and opportunities, where appropriate it should involve service users and multidisciplinary colleagues.

2.11 Those leading and providing multi-disciplinary and inter-agency training must demonstrate knowledge of the context of health participants' work, provide evidence to ensure the content is approved and considered appropriate against the relevant level.

2.12 Education and training should be delivered by a registered healthcare professional, who has qualifications and/or experience relevant to adult safeguarding. Delivery of education and training should be tailored to the specific roles and needs of different professional groups at each level.

2.13 The effectiveness of training programmes and learning opportunities should be regularly monitored. This can be done by scrutinising trends in adult safeguarding data, staff appraisals, e-learning tests (following training and at regular intervals), auditing implementation and clinical supervision.

2.14 Staff should receive refresher training within three years or when there is significant changes in practice or legislation as a **minimum** and training should be tailored to the roles of individuals.

2.15 To avoid duplication of some areas of the curricula there may be opportunities for the integration of child and adult safeguarding training. If this approach is used all organisations must be able to demonstrate they have provided education, training and learning covering all elements of both the adult and child safeguarding curricula in the intercollegiate children and young people's document and the intercollegiate adult document. Organisations must also be able to provide evidence that equal weighting is given to both the adult and child content.

2.16 E-learning is appropriate to impart knowledge at levels 1 - 4 and at Board level training but must not exceed from than 50% of the training time.

2.17 Education and training passports will prevent the need to repeat learning where individuals are able to demonstrate up to date competence, knowledge and skills, except where individuals have been working outside of the area of practice or have had a career break for longer than one year.

2.18 In addition to training programmes, named professionals should circulate written/e updates briefings and literature as appropriate to all staff at least annually to include, for example, changes in legislation, changes in local policies and procedures, the risks associated with the internet and online social networking or lessons from serious case reviews and examples of good practice.

2.19 Health care organisations must ensure all staff are able to access safeguarding support and expert advice. Royal Colleges/professional organisations must also play a part in providing advice and support particularly where healthcare practitioners are raising concerns about their own organisations.

2.10 Healthcare 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.

2.11 Governance structures should foster good cross sector/agencies 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, including links to elearning <http://www.e-lfh.org.uk> (who have agreed to provide some underpinning elearning)

3. Learning Outcomes

The **learning outcomes** describe what an individual should know, understand, or be able to do as a result of training and learning.

3.1 All healthcare staff

A mandatory session of at least 30 minutes duration should be included in the general staff induction programme or within six weeks of taking up post within a new organisation. This should provide key safeguarding information and appropriate action to take if there are concerns.

3.2 Level 1

Over a three-year period, staff at level 1 should receive refresher training equivalent to a **minimum** of 2 hours. This should provide key adult safeguarding guidance.

Learning outcomes

- To be 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

4. Level 2

It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional education programmes. Training and education must be provided for unregistered staff work at level 2 to ensure all staff can deliver appropriate preventative and reactive safeguarding practice.

Over a three-year period, professionals at level 2 should receive refresher training equivalent to a **minimum** of 3-4 hours

Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2

Training, education and learning opportunities should include multi-disciplinary/multiagency and scenario-based discussion drawing on case studies and lessons from research and audit. This should be appropriate to the speciality and roles of participants, encompassing for example, the importance of early help, domestic abuse, adults with cognitive impairment and individuals requiring support with communication.

Organisations should consider encompassing safeguarding learning within regular, multiagency or family meetings, clinical updating, sharing good practice and clinical audit, reviews of critical incidents and significant unexpected events and peer discussions. Such participative learning time should be documented and a reflective record kept by the participant.

4.2 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 for the adult 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 Human Rights Act and mental capacity legislation in country of practice (*to be determined*)

To be aware of the risk factors for radicalisation and will 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.

5. Level 3

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 twelve months (*for further discussion*) 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 an appropriate supervision in place.

Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1 and 2 in addition to level 3

Training, education and learning opportunities should be multi-disciplinary and inter-agency. It should be delivered in manner which encourages personal reflection and may include scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit. This should be appropriate to the speciality and roles of the participants

Organisations should consider encompassing adult safeguarding learning within regular multi-professional and/or multi-agency staff meetings, continuous professional development activities, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events, and peer discussions. Such participative learning time should be documented and a reflective record kept by the participant.

5.1 Learning outcomes

To be able to identify possible signs of sexual, physical, or emotional abuse or neglect using a person centred approach.

To be able to identify adults experiencing abuse, harm or neglect who have caring responsibilities, for other adults or children and make appropriate referrals.

To be able to demonstrate a clear understanding, as appropriate to role, of forensic procedures in adult safeguarding and knowing how to relate these to practice in order to meet clinical and legal requirements as required.

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

To be able to know how to undertake, where appropriate, a risk and/or harm assessment.

To be able to know how to communicate effectively with adults at risk particular those with mental capacity issues, learning disability or communication need

To be able to know how to contribute to, and make considered judgements about how to act to safeguard an adult at risk

To be able to 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

To be able to demonstrate an understanding of the issues surrounding suspicion of adult abuse, harm and neglect and to know how to effectively manage uncertainty and risk.

To be able to know how to appropriately contribute to inter-agency assessments by gathering and sharing information.

To be able to document concerns in a manner that is appropriate for adult safeguarding protection and legal processes.

To be able to 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, and supervision and as a component of refresher training.)

To be able to 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.

To be able to know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice.

To be able to know how to advise others on appropriate information sharing.

To be able to know how to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and domestic homicide review processes.

To be able to know how to obtain support and help in situations where there are problems requiring further expertise and experience.

To be able to know how to participate in and chair multi-disciplinary meetings as required with deal skilfully with mental capacity issues.

6. Level 4

Named professionals should attend a **minimum** of 24 hours of education, training and learning over a three-year period. This should include clinical leadership, appraisal, and supervision training

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 three years of taking up their post

Training at level 4 will include the training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4

4.1 Learning outcomes

To be able to contribute to the development of robust internal adult safeguarding policy, guidelines, and protocols as a member of the safeguarding team.

To be able to 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 mental capacity legislation, 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.

To be able to know how to implement and audit the effectiveness of adult safeguarding services on an organisational level

To be able to effectively communicate local safeguarding knowledge, research and findings from audits

To be able to 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 partners in other agencies

To be able to 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.

To be able to work effectively with colleagues from other organisations, providing advice as appropriate eg. concerning adult safeguarding policy and legal frameworks, the health interventions of adult safeguarding concerns.

To be able to work effectively with colleagues in regional safeguarding networks.

To be able to provide advice and information about safeguarding to the employing organisation both proactively and reactively – this includes the board, directors, and senior managers.

To be able to 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

To be able to support colleagues in challenging views offered by other professionals, as appropriate.

To be able to be a trained provider of adult safeguarding supervision and/or support.

To be able to lead/oversee safeguarding quality assurance and improvement processes.

To be able to undertake risk assessments of organisational ability to safeguard adults

To be able to lead service reviews.

To be able to deal with the media and organisational public relations concerning adult safeguarding

5. Level 5

Designated professionals should attend a **minimum** of 24 hours of education, training and learning over a three-year period. This 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 three years of taking up the post

Training at level 5 will include the training required at levels 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5

5.1 Learning outcomes

To be able to 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.

To be able to 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 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
- Multi-disciplinary team reviews.
- Regional and national adult safeguarding networks (where appropriate to role).

To be able to know how to give appropriate advice to specialist adult safeguarding professionals working within organisations delivering health services and to other agencies.

To be able to know how to provide expert advice on increasing quality, productivity, and improving health outcomes for adults at risk

To be able to oversee adult safeguarding/child protection quality assurance processes across the whole health community.

To be able to know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard adults

To be able to know how to influence improvements in adult safeguarding/across the health community.

To be able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.

To be able to apply in practice:

- Advanced and in-depth knowledge of relevant national and international 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.

To be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.

To be able to provide clinical supervision, appraisal, and support for named professionals.

To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.

To be able to reconcile differences of opinion among colleagues from different organisations and agencies.

To be able to proactively deal with strategic communications and the media on adult safeguarding.

To be able to know how to work with public health staff to undertake robust adult safeguarding population-based needs assessments that establish current and future health needs and service requirements across the health community.

To be able to provide an evidence base for decisions around investment and disinvestment in services to improve adult safeguarding for the local population and articulate these decisions

To be able to deliver high-level strategic presentations to influence organisational development.

To be able to work in partnership on strategic projects with Boards, executive officers and the public at local, regional and national bodies, as appropriate.

6. Board Level for Chief Executive Officers, Trust and Health Board Executive and non executive directors/members, commissioning body Directors

Over a three-year period, staff at level 1 should receive refresher training equivalent to a **minimum** of x 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.

6.1.Learning outcomes

Demonstrates an awareness and understanding of adult protection

Demonstrates an understanding of appropriate referral mechanisms and information sharing

Demonstrates an understanding of clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard adults

Demonstrates a clear understanding of gross negligence as it relates to organisational safeguarding activity

Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements

Demonstrates an awareness and understanding of arrangements to share relevant information

Demonstrates an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as safe whistle blowing

Demonstrates an 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.

Adult safeguarding staffing resource

Adult safeguarding is a core healthcare 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 role (*to be determined*) based on population or on NHS Digital safeguarding figures/ levels of area deprivation/ country specific formula”

References

DRAFT