

# Adult Safeguarding: Roles and Competencies for Health Care Staff

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# Foreword

As professionals we frequently work with people in their moments of greatest need, we witness health and social inequalities which have a direct effect on the lives 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.

Increasingly health and social care integration necessitates new roles and ways of working. This document provides a point of reference to help identify and develop the knowledge, skills and competence in safeguarding of the health care workforce. Education may occur through formal training, accredited programmes, non-accredited, practice-based learning and development opportunities that target not only professional, but local service needs. Practitioners should also be attentive to any adult safeguarding 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 professional and organisation 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 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.

For practitioners, the framework competencies may be a useful tool for:

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

Practitioners may find it helpful to use this document to:

- identify the 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 the role

This guidance sets out minimum 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. It is acknowledged that some employers may require certain staff groups to be trained to a higher level than described here to better fulfil their organisational intent and purpose.

It is a new and ambitious document which will develop further over the coming years. The colleges recognise it will not be possible for all staff to access the training within the first year of publication. It is anticipated that organisations will reach the required levels of workforce training over time. It is expected by the next iteration in 2021 all staff will have received training to attain the appropriate competencies.

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 documenting the training undertaken.

# 1. Scope of the document

This document has been produced by intercollegiate endeavour and is intended to have relevance to all health care professionals and social care colleagues. It is designed to be used in all organisations that provide or commission health care for adults regardless of sector, setting or size. The language reflects the different legislation, terms and structures within the four United Kingdom (UK) countries within which intercollegiate colleagues practise. The definitions section provides more clarity on the terms used.

The document relates to individuals of 18 years and over.

The document is concerned with the competencies required to support adult safeguarding. It focuses 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 practises and the competencies must be applied within the context of that legislation.

Healthcare organisations must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported. This includes private, independent health care and voluntary sector as well as statutory providers.

The document sets out a framework that will help staff, practitioners, employers and commissioners understand the role and level of education/competence awareness/systems which correlates to a particular job purpose.

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 confidentiality, data protection and mental capacity legislation (appropriate to their role and country of practice) 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

In the context of this UK wide document to aid inclusion and brevity the composite definition has been used – ‘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.’

### 2.3 Adult safeguarding

In the context of this document adult safeguarding means 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.

### 2.4 Case reviews

#### DEFINITION OF ‘CASE REVIEW’

For consistency and brevity the term ‘case review’ is used throughout this document and applies to range of multidisciplinary adult safeguarding meetings.

COUNTRY:	EXAMPLE OF TERMS USED:
England	Safeguarding adults reviews
	Safeguarding adults board meeting
	Serious case review
	Section 42 inquiry
Wales	Regional safeguarding board meeting
	National independent safeguarding board meeting
	Adult protection committee
	Adult delivery group and Adult strategy meeting
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



## 2.5 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)

## 2.6 Deprivation of Liberty Safeguards (DoLS) (England and Wales only)

DoLS form part of the Mental Capacity Act (2005). 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 either the Deprivation of Liberty Safeguards (DoLS – part of the MCA), or by the Court of Protection or, if applicable, under the Mental Health Act 1983 (MHA). In addition to hospitals and care homes the Supreme Court also held that a deprivation of liberty can occur in 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).

## 2.7 Designated professional or equivalent role

The term designated professional denotes professionals with specific roles and responsibilities for adult safeguarding within commissioning organisations, including the provision of strategic advice and guidance to organisational boards across the health and social care community.

## 2.8 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 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.

## 2.9 Legislation

Specific legislation relevant to adult safeguarding process can be found in Appendix 1 on page 42.

## 2.10 Mental capacity legislation

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

- Mental Capacity Act 2005 (England and Wales)
- Adults with Incapacity (Scotland) 2000
- Mental Capacity Act (Northern Ireland) 2016.

## 2.11 Named doctor and equivalent UK medical role

The doctor employed by the local health care organisation/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, working alongside other adult safeguarding professionals.

## 2.12 Named professional and equivalent role

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.

## 2.13 Professional

Any health practitioner on a regulatory professional register, (Nursing and Midwifery Council, General Medical Council, General Pharmaceutical Council, General Dental Council and Health and Care Professions Council). The definition is also extended to practitioners who work in health services that have commensurate roles and education, for example ultrasonographers and nuclear medicine technicians.

## 2.14 Safeguarding legislation

The term safeguarding legislation refers to:

The Care Act 2014 (England)

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

The Adult Support and Protection (Scotland) Act 2007

Social Services and Well-being (Wales) Act 2014

## 2.15 Staff

The term staff refers to those people performing a role in a health care context. This includes employees, private/independent contractors or practitioners and volunteers.



## 3. 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 engage 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.”

### 3.1 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)

## 4. 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:

### 4.1 Physical abuse

Including assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

### 4.2 Sexual abuse

Including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities.

### 4.3 Psychological abuse

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

### 4.4 Financial or material abuse

Including theft, fraud and 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 “cuckooing” where a person’s property is taken over and used for illegal activities.

### 4.5 Neglect and acts of omission

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

### 4.6 Self neglect

This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and can include behaviour such as 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.

### 4.7 Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, 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, 2013). 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.

#### Including 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. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women. If a professional has safeguarding concerns about an individual who has experienced FGM a referral should be made in line with usual local safeguarding arrangements (GOV UK, 2012).

## 4.8 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)).

## 4.9 Organisational abuse

Incident or as a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation, eg, this may range from isolated incidents to continuing ill-treatment in an institution or in relation to care provided in one's own home.

## 4.10 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 organ removal. Trafficking can occur within the UK as well as countries outside the UK.

## 5. 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 – in the exercise of their functions they must have due regard to the need to prevent people from being drawn into terrorism. Healthcare staff will meet, and treat people who may be drawn into terrorism. The health sector needs to ensure that health workers are able to identify early signs of an individual being drawn into radicalisation in line with **Prevent framework**.

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: [www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf](http://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf)

## 6. Section A: Competency Framework

**Level 1:** All staff working in health care settings.

**Level 2:** All practitioners who have regular contact with patients, their families or carers, or the public.

**Level 3:** Registered health care staff working with adults who engaging in 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 and charitable health care and voluntary sector as well as statutory providers.**

Staff groups are identified at each level, 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:** Adult safeguarding competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and three-yearly refresher training.

## Level 1: All staff working in health settings

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

### L1.1 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, non-clinical staff working in primary health care settings.

### L1.2 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 10.)
- 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.

- An awareness of consent, information sharing, data protection legislation and acting safely to share information.

### L1.3 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:

### L1.4 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 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 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 and the relevance and impact in adult safeguarding.

### L1.5 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.

## **L1.6 Attitudes and values**

- 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.

## Level 2: All practitioners that have regular contact with patients, their families or carers, or the public

### L2.1 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, ambulance staff, staff who work in virtual/online health settings who provide any health care online, registered nurses\*\*, medical staff and GP practice managers.

### L2.2 Core competencies

- 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.
- Identifies and refers to appropriate services any other associated persons including carers and children at risk.
- Practises 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 mental capacity legislation as relevant to the country of practice. When DoLS are required/invoked (if appropriate), the role of mental capacity advocates, the role of lasting power of attorney and the role of the public guardian/Office of Care and Protection (OCP) and future planning arrangements such as court appointed deputies, advance decisions to refuse treatment, advanced statements 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. Registered professionals at level two 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, environmental health issues.

\* Joint statement from BDA/BSPD “the majority of dentists and dental care professionals will require level 2; in larger organisations, including hospital and community-based specialist services (special care dentistry or other relevant dental specialties) the precise number of dentists and dental care professionals requiring level 3 competencies should be determined locally based on an assessment of need and risk”.

\*\* In Northern Ireland a specific adult safeguarding competence framework for nurses and midwives is being developed and this will be accepted as the competence framework for nurses and midwives in Northern Ireland.

- 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.

## L2.3 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:

### L2.3.1 Knowledge

- Understands the ways in which abuse, harm and neglect can impact on personal identity throughout the life course.
- Understands the significance of health deficits 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.
- Be 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.
- 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.

### L2.3.2 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.

### L2.3.3 Attitudes and values

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

## Level 3: Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)

### L3.1 Staff groups

This includes safeguarding professionals, medical staff, general practitioners, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/intellectual disability practitioners, health professionals working in substance misuse services, paramedics, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection (as appropriate to their role).

### L3.2 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.
- Undertakes capacity assessments within the framework of the relevant legislation (if appropriate to role) and is able to understand who needs to be included or consulted with in making decisions in a person's best interests.
- 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. 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.
- 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 clinical supervision and provides support for other staff (as appropriate to role).

### L3.3 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, 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 national and local frameworks for the assessment of risk and harm.
- Understands 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.
- Understands 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.

### L3.3.1 Skills

- Able to act proactively to reduce the likelihood of abuse, harm or neglect to adults at risk.
- 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 to make a particular decision 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/intellectual disabilities, substance misuse and domestic abuse and long-term conditions.

- 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 (as appropriate to role).
- Applies lessons from case reviews.
- Identifies risks and contributes 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 (as appropriate to role).

### L3.3.2 Attitudes and values

- 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 where appropriate to role.



## Level 4: Specialist roles – named professionals

### L4.1 Staff groups

This includes lead doctors, heads of adult safeguarding, and named GPs/doctors for organisations commissioning primary care. Named professionals working in provider or commissioning services.

### L4.2 Core competencies

- As outlined for Level 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 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 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 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.
- Understands the role and procedures of coroner's courts, court of protection and regulators professional bodies.

## L4.3 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 issues. 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.
- 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.

## L4.3.1 Skills

- Able to effectively communicate advice about safeguarding policy and legal/assurance 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, 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 professionals.
- Able to review, evaluate and update local guidance and policy in light of research findings.
- Able to advise and inform others about national issues and policies and the implications for practice.
- Able to deal with the media and organisational public relations concerning safeguarding with organisational support and guidance.
- Able to work effectively with colleagues in regional safeguarding clinical networks.
- Able to promote research evidence and best practice in adult safeguarding.

## L4.3.2 Attitudes and values

- As outlined in level 1, 2 and 3.

## Level 5: Specialist roles – designated professionals or equivalent roles

### L5.1 Staff groups

This level applies to designated safeguarding professionals (or equivalent roles) 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.

### L5.2 Core competencies

- 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.
- 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 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
  - ensures 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
  - 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.

### L5.3 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 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.
- In depth understanding of safeguarding curriculum and training at both pre-registration and post registration level (as appropriate to role).

### L5.3.1 Skills

- Able to lead the health contribution in 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 multidisciplinary team reviews.
- Able to evaluate and update local procedures and policies in light of relevant national 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 as appropriate to country of practice
- 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.

### L5.3.2 Attitudes and values

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

## 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 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 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.

### B.1 Chair

The chair of NHS trusts, health boards, other independent and voluntary health providers, health boards and commissioning bodies are responsible for the effective operation of the board with regard to adult safeguarding.

#### Key responsibilities for chairs

- To seek assurance 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 seek assurance 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 adult safeguarding responsibilities appropriately.

### B.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 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 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 seek assurance 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 including access to support.
- To ensure and promote appropriate safe, multiagency/interagency partnership working practices including information sharing protocols.
- 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 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.
- To seek assurance that there is a programme of safeguarding training and continuous professional development, including recognised specific mentoring to support for formal adult safeguarding leads.

### B.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 adult safeguarding is positioned as core business in strategic and operating plans and structures.
- To understand the potential cause and consequences of gross negligence.

- 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 seek assurance 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 ensure assurance is provided to the board of the organisation's safeguarding performance.



## B.4 Board members core competencies

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.

## B.5 Knowledge, skills, attitudes and values

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

### B.5.1 Knowledge

- Knowledge of health benefits and financial impact of adult safeguarding 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.

### B.5.2 Skills

- To be able to recognise possible signs of adult abuse, harm or neglect as this relates to their role.
- To proactively 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.

### B.5.3 Attitudes and values

In addition to the attitudes and values at Level 1.

- 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.

# 7. 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 health care settings, sectors and countries

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. Provision for adult staff guarding training should be made within professionals job plans/allocated training time.

## 2. Underpinning principles

- 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.
- 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 individuals 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.
- 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 multi-disciplinary and inter-agency training must demonstrate knowledge of the context of health participants' work, provide evidence to ensure the content is approved and considered appropriate against the relevant level, delivered by a registered professional (in partnership with other specialists as appropriate), who has qualifications and/or experience relevant to adult safeguarding and delivery of education and training and should tailor training sessions to the specific roles and needs of different professional groups at each level.
- The effectiveness of training programmes and learning opportunities should be regularly monitored. This can be done by evaluation forms, staff appraisals (encompassing a collaborative review of education, training and learning logs/passport), e-learning tests (following training and at regular intervals), and auditing implementation, as well as staff knowledge and understanding.
- Staff should receive refresher training every three years as a minimum and training should be tailored to the roles of individuals. Individuals should be encouraged to maintain their education, training and learning log 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 level 1 and 2. E-learning can also be used at level 3 and above as preparation for reflective team-based learning, and 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 passports will prevent the need to repeat learning where individuals move organisations are able to demonstrate up to date relevant competence, knowledge and skills, except 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 and are unable to do so.
- In addition to training programmes, named professionals should circulate written update briefings and literature, as appropriate, to all staff at least annually to include, for example, changes in legislation, changes in local policies and procedures, the risks associated with the internet and online social networking or lessons from serious case reviews.
- Healthcare organisations must ensure all staff are able to access safeguarding support and expert advice.

- 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.

Education and training on these shared aspects may contribute to both children and adult safeguarding/protection requirements where individuals are able to clearly demonstrate application within the reflective education, training and learning log. Those who are providing training on shared aspects must ensure that there is equal value given to children and adults within the training. Organisations using such opportunities for the integration of child and adult safeguarding must 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 must 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, however they must assure themselves that any

externally contracted provider of 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 education and training provided.

**2.1** 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.

**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/organisational record. 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** 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.

**2.6** 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.

**2.7** 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 health care organisations.

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

**2.9** 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.

**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

**2.12** Information about accredited training and education programmes can be found at, including links to e-learning (<http://www.e-lfh.org.uk>) (who have agreed to provide some underpinning e-learning).



## Level 1

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

### Learning outcomes

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

- 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.

### All health 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.

## Level 2

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.

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/multi-agency and scenario-based discussion drawing on case studies and lessons from research and audit. This should be appropriate to the specialty 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, multi-agency 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.

### 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 Human Rights Act and mental capacity legislation in country of practice.
- 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.

## 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 of appointment additional tailored education will be completed equivalent to a minimum of eight 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.

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

Training, education and learning opportunities should be multidisciplinary 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 specialty 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 practitioner/organisation.

### 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.
  - Able 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 multidisciplinary meetings as required.
  - Demonstrate the skills required to participate in a safeguarding enquiry.

## 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.

### Learning outcomes

- 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.

## 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.

### Learning outcomes

- 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.
- 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, 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).
- 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 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 indepth 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.
- 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 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 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.

## 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 two hours. This should provide key adult safeguarding guidance.

- Demonstrates collaborative working with lead and nominated professionals across health and social care.

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.

### 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 whistleblowing.
- Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training.



## 8. 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". The ratio should not fall below 1:220,000 population in any commissioning footprint.

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# Appendix 1

Relevant legislation to underpin training and education

Equality Act 2010

Human Rights Act 1998

Crime and Disorder Act 1998

Sexual Offences Act 2003

Safeguarding Vulnerable Groups Act 2006

Terrorism Act 2006

Forced Marriage (Civil Protection) Act 2007

Domestic Violence, Crime and Victims Act 2012

Health and Social Care Act 2012

Children and Families Act 2014

Serious Crime Act 2015

Modern Slavery Act 2015

Children and Social Work Act 2017

Counter Terrorism and Border Security Bill 2018

Mental Health Act

Mental Health (Northern Ireland) Order 1986; various capacity legislations; various codes of practice that accompany legislations; Dols; Mental Capacity Act (Northern Ireland) 2016\*

Safeguarding Vulnerable Groups Act 2006

Health and Social Care Act 2012

Serious Crime Act 2015

Modern Slavery Act 2015

Children and Social Work Act 2017

Counter Terrorism and Border Security Bill 2018  
[www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted](http://www.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  
[www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.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. <https://www.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). [www.gov.scot/Publications/2009/01/30112831/3](http://www.gov.scot/Publications/2009/01/30112831/3)

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\*This legislation has been enacted but is not yet implemented.

# Appendix 2

Competence level required by role	
LEVEL 1	All staff working in health care settings.
LEVEL 2	All staff who have regular contact with patients, their families or carers, or the public.
LEVEL 3	All registered health and social care staff working with adults who engage in 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 health care and voluntary sector as well as statutory providers.

NB: It is expected that Level 3 competencies will be met within 12 months of induction.		LEVEL OF TRAINING (confirmed by Training Passport)					
		1	2	3	4	5	BOARD
INDUCTION	30 mins. within six weeks of commencing post	√	√	√	√	√	√
REFRESHER TRAINING HOURS	Duration over a three-year period:						√ + Board specific
	2 hours	√					
	4 hours		√				
	8 hours			√			
	24 hours				√	√	

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