



Safeguarding Children and Vulnerable Adults:

A Strategic Framework for Training

February 2015

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The CCG is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

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Version Control Sheet

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1 Introduction

This Strategic Framework for Training is designed to provide the approach for safeguarding training for all staff employed by NHS Bolton CCG in support of the commissioning and provision of health care for the Bolton population. Its aim is to ensure that all staff working with or on behalf of children, young people and/or adults are alert to the need to safeguard and promote the welfare of children and adults at risk and are appropriately skilled and competent in carrying out their responsibilities commensurate to their role^{1, 2}.

Safeguarding children and adults at risk from abuse and harm is everyone's business and is an important part of everyday healthcare practice. Therefore, training must cover how to identify and respond early to the needs of all vulnerable individuals^{3, 4}.

This strategy has been informed by statutory and national guidance and the training strategies of Bolton Safeguarding Children Board (BSCB) and Bolton Safeguarding Adult Board (BSAB).

1.1 Scope

This strategic framework for safeguarding training is relevant to all staff working in the health economy and there is a similar strategy for independent contractors contained within the *Bolton Clinical Commissioning Group Safeguarding Children's, Young People and Adult at Risk Contractual Standards and Training Recommendations (2014-2015)*. Together, these documents will ensure that all health staff are trained in accordance with individual roles and responsibilities in relation to safeguarding children and adults at risk.

The strategy will be reviewed annually and in response to changes to national and local guidance or local policy initiatives.

1.2 Principles

All staff are trained and competent to be alert to potential indicators of abuse and neglect, know how to act on those concerns and to fulfil their roles and responsibilities for safeguarding children and adults at risk in line with Bolton Safeguarding Children Board (BSCB) and Safeguarding Adult Board (BSAB) procedures.

¹ Brandon et al (2012) New Learning from Serious Case Review: a two year report for 2009-2011, Department for Education

² Brandon et al (2011) A Study of Recommendations Arising from Serious Case Reviews 2009-2010. Department for Education

³ Department of Health (2010) Clinical Governance and adult safeguarding: an integrated approach.

⁴ HM Government (2015) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.

Inter-agency training should complement single agency training, and all training should emphasise the importance of working together.

Single-agency training, and training provided in professional settings, should always equip staff for working collaboratively with others and communicating and sharing information.

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

1.3 Purpose of Training

The purpose of training for interagency work at both strategic and operational levels is to achieve better outcomes for children and adults at risk by promoting:

- a shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and vulnerable adults and promoting their welfare;
- more effective and integrated services at both the strategic and individual case level;
- improved communication between professionals including a common understanding of key terms, definitions, and thresholds for action;
- effective working relationships, including an ability to work in multi-disciplinary groups or teams;
- sound decision making based on information sharing, thorough assessment, critical analysis, and professional judgement;
- Learning lessons from both national and local review (including Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adult Reviews) and implementing changes to practice based on recommendations from such cases.

1.4 Definitions

- **Single agency training** is training which is carried out by a particular agency for its own staff.
- **Inter- (or multi-) agency training** is training for employees of different agencies who either work together formally or come together for training or development.
- **A child** is anyone who has not yet reached their 18th birthday.

- **Adult at Risk:** The Care Act (2014) has replaced the term “vulnerable adult” with the term “adult at risk”. However, the terms remain interchangeable within the definition below.

A vulnerable adult was defined by the Department of Health (No Secrets - 2000) as a person aged 18 years or older:

“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

2 Roles and Responsibilities

2.1 Commissioners

Clinical Commissioning Groups and other commissioners of health care services have a responsibility to ensure that the services they commission have robust safeguarding training plans that are fit for purpose and comply to national guidance.

2.2 Employers

Employers are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting the welfare of children and adults at risk.

It is the responsibility of employers to recognise that in order for staff to carry out their roles and responsibilities for safeguarding they will have different training needs which are dependent on their degree of contact with and responsibilities for children and adults.

Employers also have a responsibility to identify adequate resources and support for inter-agency training by:

- committing resources for inter-agency training, for example through funding, providing venues, provision of staff who contribute to the planning, delivery and/ or evaluation of inter-agency training;
- providing staff that have the relevant expertise to support the multi-agency training delivered under the auspices of BSCB and or BSAB
- releasing staff to attend the appropriate inter-agency training courses and ensuring the time for them to complete inter-agency training tasks and apply their learning in practice
- ensure that staff receive relevant single-agency training that enables them to maximise the learning derived from inter-agency training.
- Ensure they keep accurate data of staff trained within the organisation including a breakdown of eligible staff trained at each level.

3 Levels of Training Requirements for all NHS Staff across Greater Manchester

3.1 Safeguarding Children and Training:

Taken from the Intercollegiate Document (2014)⁵

Level 1: This is the minimum entry level for all staff working in health care settings, including non-clinical managers and all Board members (executive, non-executive and lay) and commissioning leads.

Level 2: This is the minimum level for non-clinical and clinical staff that have any contact with children, young people and/or parents/carers.

Level 3: This is the minimum level for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and associated parenting capacity where there are safeguarding/child protection concerns

Level 4: Specialist roles: Named professionals

Level 5: Specialist roles: Designated professionals

3.2 Safeguarding Adults Training

All staff working within health services are expected to have Level 1 Safeguarding Vulnerable Adult Training which ensures they can recognise signs and symptoms of abuse and report abuse in line with local policy.

Additional further advanced level training in adult abuse is dependent upon an individual's role and functions and should be included in an individual's appraisal and objectives or will be identified within mandatory training requirements. This will include awareness of *Prevent*^{6,7}, the Mental Capacity Act, Deprivation of Liberty Safeguards and restraint.

⁵ Safeguarding children and young people: roles and competences for health care staff
INTERCOLLEGIATE DOCUMENT Royal College of Paediatrics and Child Health Third edition: March 2014

⁶The Government's counter-terrorism strategy is known as CONTEST. PREVENT is part of CONTEST, and its aim is to stop people becoming terrorists or supporting terrorism. All organisations providing health funded services are required, through the national contract, to adhere to the requirements of the PREVENT strategy. This includes raising awareness of all relevant line staff in the responsibilities of PREVENT, as well as introducing and embedding processes to identify and protect those who may be at risk of radicalisation and escalating concerns regarding potential terrorist events.

⁷ Building Partnerships, Staying Safe. The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers (2011). DoH.

4 Training Needs Analysis

The identification of training needs is not a single event dependent on a grouping, but is a dynamic, on-going process identified through appraisal, clinical supervision, course evaluations and direct contact from staff.

Whilst Level 1 safeguarding training for children and adults is mandatory for **all** staff, training needs will then be dependent on an individual's roles and responsibilities. An individual's training needs should form part of their personal development plan which is to be agreed with their line manager and incorporate the knowledge, skills, attitudes and values that are required to become competent in any given area.

The strategy links training with the role, responsibility, performance expectation and level of experience. In addition to learning derived through attendance on training programmes, written update briefings and literature on current safeguarding/protection issues should be circulated to safeguarding leads on an annual basis.

5 Monitoring and Assurance

All training will be subject to audit, evaluation, quality assurance, scrutiny and reporting.

All training must be compliant with the standards required within statutory and national guidance and with the training strategies of Bolton Safeguarding Children and Adult Boards.

Assurance will be required that all staff have been trained to an appropriate level in safeguarding children and young people, and vulnerable adults.

All training must be recorded and information provided which includes:

- a. Numbers of staff requiring each level of training as set out in this strategy
- b. Attendance figures for all levels of training.
- c. Evidence that outcomes for vulnerable groups have improved as a result of training attended

6 Appendix 1: Training Matrix for Bolton CCG

Based upon the updated 2014 Intercollegiate Document: see reference 6
 Although there is no specific similar document as yet available regarding requirements for adult safeguarding training, best practice would be to employ similar principles

Level	Staff	To cover
Induction	All new staff	Key safeguarding/child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns
Level 1	<p>This is the minimum entry level for all staff working in health care settings</p> <p>This includes: Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those non clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across health care settings and service provision</p>	<p>Knowing what to look for and who to report to:</p> <p>Includes:</p> <p>> Recognising potential indicators of maltreatment of children and vulnerable adults including awareness of:</p> <ul style="list-style-type: none"> • Female Genital Mutilation • Fabricated/induced Illness • Child trafficking • Radicalisation and awareness of PREVENT • Adult self-neglect • Awareness of domestic abuse • Modern slavery • Discrimination Abuse • Neglect and Acts of Omission • Financial and Material Abuse • Human Trafficking <p>> Understanding the impact of parental issues on their ability to meet the needs of their children, including mental ill health, alcohol or substance misuse, domestic abuse</p> <p>> Know how to seek advice and appropriately share concerns</p> <p>> Basic knowledge of safeguarding legislation and guidance</p> <p>> Awareness of local policies and procedures, contact details</p>
Level 2	<p>Minimum level required for non-clinical and clinical staff who have some degree of contact with children, young people and/or parents/carers</p> <p>This includes: administrators for looked after children and safeguarding teams, health care students, clinical laboratory staff,</p>	<p>Ability to identify and refer appropriately:</p> <p>Includes:</p> <p>> Requires more in-depth knowledge of what may make an individual more vulnerable and of the increased need in specific circumstances. This includes awareness of PREVENT and the risk of exploitation to radicalisation.</p> <p>> Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns</p>

	<p>phlebotomists, pharmacists, ambulance staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, contact lens and dispensing opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians</p>	<p>about conduct of colleagues: this includes knowledge of local policies and processes relating to Managing Allegations against people who work with children, young people and vulnerable adults</p> <ul style="list-style-type: none"> > Able to identify and refer to social care > Able to share relevant and proportionate information and document actions > Understand the purpose of reviews such as Serious Case Reviews, Domestic Homicide Reviews and Child Death processes > Enhanced knowledge of the importance of information sharing, documentation and record keeping > Recognises how own beliefs, experience and attitudes might influence professional involvement in safeguarding work
Level 3	<p>Minimum level required for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns</p> <p>This includes: GPs, forensic physicians, forensic nurses, paramedics, urgent and unscheduled care staff, all mental health staff (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding, looked after children's nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children's nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, lead anaesthetists</p>	<p>The intercollegiate guidance is very specific regarding the required core competences, knowledge (including clinical), skills, attitudes and values required at this level across a range of professionals.</p> <p>Includes;</p> <ul style="list-style-type: none"> > Requirement to undertake regular documented reviews of own (and/or team) safeguarding/child protection practice, such as through audit, case discussion, peer review, and supervision and as a component of refresher training > To provide clinical support and supervision to peers/junior colleagues > advises other professionals regarding health issues > applies lessons learned <p>Additional specialist competences as appropriate to role for paediatricians, paediatric intensivists, dentists with a lead role in child protection, Forensic Physicians, lead anaesthetist for safeguarding and child protection, all child and adolescent psychiatrists and other child and adolescent mental health practitioners, child psychologists, child psychotherapists, GPs, forensic nurses, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, specialist nurses for safeguarding and looked after children, midwives and health visitors</p> <p>See intercollegiate document for these additional requirements</p>

	for safeguarding and child protection paediatric intensivists, paediatric orthodontists and dentists with a lead role in child protection	
Level 4	Named Professionals: including named GPs for organisations commissioning Primary Care	The intercollegiate guidance is very specific regarding the required core competences, knowledge(including clinical), skills , attitudes and values required at this level Includes: > Emphasis on supporting wider safeguarding activity relating to audit, policy development, quality assurance and improvement processes > Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice embedded in the organisation
Level 5	Designated Professionals , including designated doctors and nurses, lead paediatricians, consultant/lead nurses	As above but with emphasis on leading innovation and change to improve safeguarding across the health economy through strategic and professional leadership Supervision of named professionals