



Herefordshire and  
Worcestershire  
Clinical Commissioning Group

# Safeguarding Children and Adults

Training Strategy

2021 - 2023

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<b>Policy statement</b>	<p>NHS Herefordshire and Worcestershire CCG (HWCCG) has a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people, and to protect adults with care and support needs at risk of or experiencing abuse.</p> <p>In accordance with legislation, statutory guidance and recommendation of professional bodies it is expected that all individuals who work in NHS organisations are trained and competent to be able to recognise when a child may require safeguarding from harm and abuse and to know what to do in response to a concern (Children Act 2004; Working Together 2018; RCPCH 2018; RCPCH, 2019).</p>	
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V1.3	21/04/2020	HWCCG update	Heather Manning, Deputy Designated Safeguarding Nurse (Children & LAC Lead)  Rebecca Haywood-Tibbetts, Named Professional Safeguarding (Primary Care)
V.4	12/08/2021	Links and key wording checked and updating	Heather Manning, Deputy Designated Safeguarding Nurse (Children & LAC Lead)

## Document Sign off

Approval / Ratification	Date	Reported to	Date
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## Introduction

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

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

HWCCG has a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people, and to protect adults with care and support needs at risk of or experiencing abuse.

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

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

In accordance with legislation, statutory guidance and recommendation of professional bodies it is expected that all individuals who work in NHS organisations are trained and competent to be able to recognise when a child may require safeguarding from harm and abuse and to know what to do in response to a concern (*Children Act 2004; Working Together 2018; RCPCH 2018; RCPCH, 2019*).

The Care Act (2014) came into force in April 2015 and provides a robust statutory framework to safeguard adults at risk of harm and children transitioning into adult services.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding does not mean protecting every adult from every kind of harm or risk to their own personal safety. The Care Act 2014 tells us that statutory safeguarding responsibilities only apply in specific circumstances, where there is concern that an adult with care and support needs, is experiencing or at risk of neglect or abuse, and as a result of their care and support needs, they are unable to protect themselves.

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

## Purpose

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

The identification of the level of safeguarding training required is dependent on HWCCG staff member's role and responsibilities, and following the completion of HWCCG induction Programme, should be linked to the annual appraisal process and a personal development plan.

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

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

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

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

Any associated Safeguarding Children or Safeguarding Adult training programs are expected to align with the over-arching local training strategies of the Herefordshire Safeguarding Children Partnership (HSCP), Herefordshire Safeguarding Adult Board (HSAB), Worcestershire Safeguarding Children Partnership (WSCP) and Worcestershire Safeguarding Adults Board (WSAB).

## Responsibilities and Accountabilities - Underpinning Principle

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

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

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

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

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

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

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

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

All staff must complete the ESR module Preventing Radicalisation- Basic PREVENT Awareness. All staff with patient contact must complete the ESR module Preventing Radicalisation Level 3 (Awareness of PREVENT).

E-learning is appropriate to impart knowledge at Level 1, Level 2 and Level 3. In addition, training at Level 3 should incorporate a blended learning approach, this includes encompassing safeguarding learning within regular, multiagency, or vulnerable family meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

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

Level 2 or above can use a variety of learning opportunities delivered both internally and externally and evidence learning through a safeguarding portfolio of evidence. Examples of such include: Multi-agency staff meetings, briefing sessions, vulnerable child/adult meetings, supervision, clinical audit, peer discussion, serious case reviews, research, personal

reflection, and scenario-based discussion. Competence should be monitored as part of the organisation's appraisal process. For each level required there is an expectation that the practitioner has attained the competency of the previous level.

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

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

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

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

## **HWCCG Responsibilities**

It is the responsibility of the employer to ensure that employees clearly understand their contractual obligations within the organisation and enable individual staff to access training and education by which the organisation can satisfy its statutory duties.

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

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

## **Responsibilities of Individuals**

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

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

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

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

## **Responsibility of Safeguarding Designated Professionals and Leads**

The Head of Quality and Safeguarding/Designated Nurse, Deputy Designated Nurses and Designated Doctor take a strategic and professional lead across the health economy and also support the Chief Nurse in relation to the safeguarding aspect of the role. They have responsibility to provide training for HWCCG Governing Body and staff, develop and maintain competencies for training that are compatible with national guidance and multi-agency policies. They are also responsible for ensuring that lessons learnt from major investigations such as Child Safeguarding Practice Reviews (previously similar to Serious Case Reviews), Safeguarding Adult Reviews and Domestic Homicide Reviews are incorporated into training and development opportunities.

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

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

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

## Principles of Programme Content and Delivery

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

All Safeguarding Children training is expected to align with the recommendations and requirements of national professional guidance and 'Working Together' principles (Working Together 2018). Recommendations of the Intercollegiate document (RCPCH 2019) are to be afforded due consideration with regard to any internal programmes of training and learning events (Appendix 1).

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

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

All healthcare staff must have the required knowledge, skill and competency to recognise maltreatment and to take effective action in accordance with their role. Level 3 Safeguarding Adult Training therefore should be focused on the adult (with care and support needs), it should be person centered demonstrating the principles of the Care Act 2014, including Making Safeguarding Personal (2014), giving due consideration to the Mental Capacity Act (2005) Mental Capacity (Amendment) Bill (2019) and Liberty Protection Safeguards (and future iterations of any related legislation), and the rights of adults. The Level 3 training should also include Prevent. Individual training events are to be underpinned by research and evidence and informed by findings from case reviews and enquiries.

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

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

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

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

## Levels and Target Audiences

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

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

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

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

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

## Governance

Internal governance processes are set out by the Head of Quality and Safeguarding/ Designated Nurse and outlined within the HWCCG Safeguarding Children and Adult policies. The HWCCG Safeguarding Team will seek assurance regarding attendance and compliance with training requirements. This will be reported through the Safeguarding Assurance processes of NHS England and NHS Improvement, local Safeguarding Children arrangements and Safeguarding Adults boards.

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

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

Internal training is subject to enquiry and review by external bodies such as Hereford and Worcester Safeguarding Children Partnership arrangements and Safeguarding Adult Boards and the Care Quality Commission. Training reports are to be made available to external bodies as required.

## Equality Impact Statement

All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

HWCCG endeavour to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

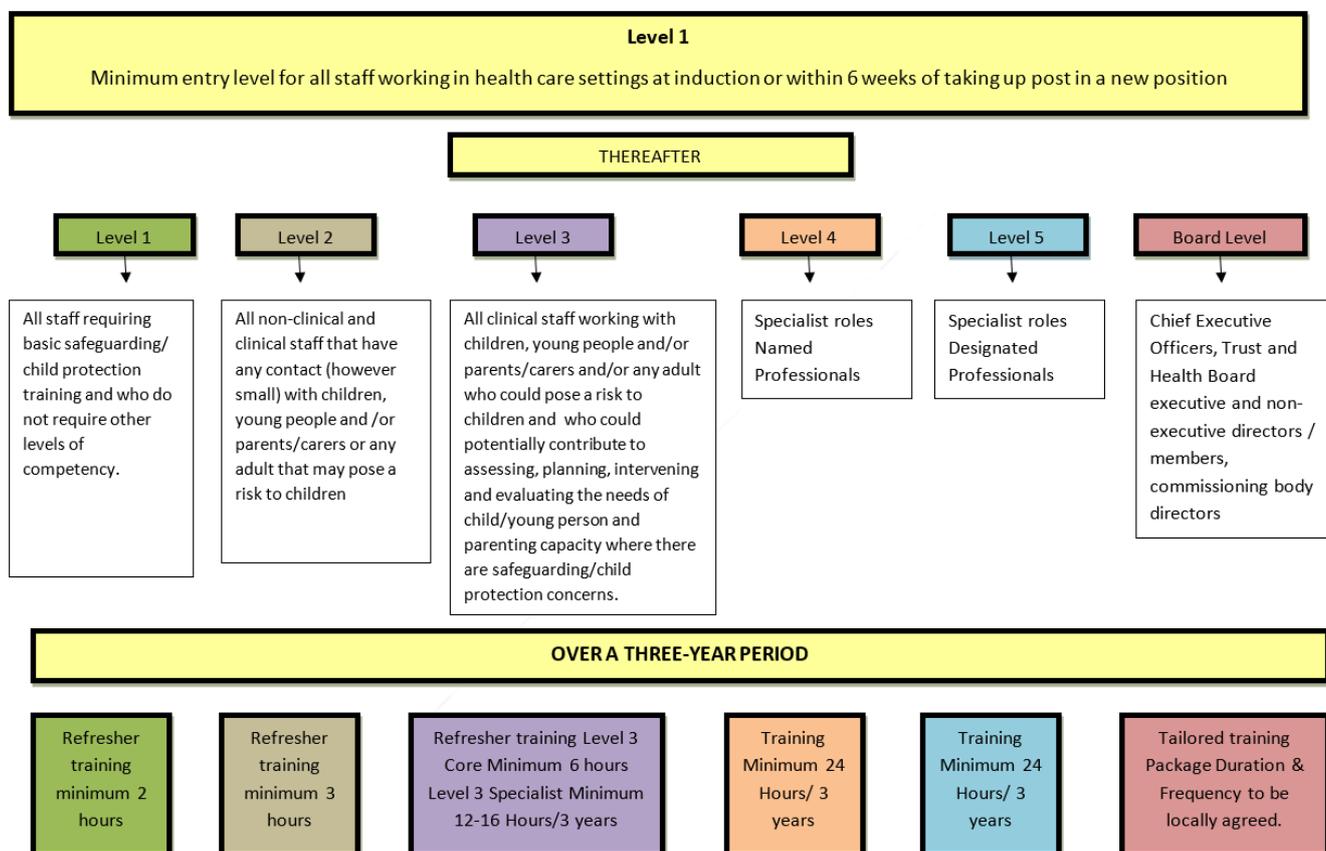
All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. HWCCG staff and Providers will need to assess that the policy is applied fairly and equitably for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

Any change to this policy will require a conscious effort from the HWCCG to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy, HWCCG and the Providers, will seek to minimise such an impact and simultaneously carry out a full review.

HWCCG aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

## Appendix 1: Safeguarding Children: Competency Levels (ref. RCPCH, 2019) Overview



## Appendix 2: Safeguarding Adult: Competency Levels (ref. RCPCH, 2018) Overview

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:						
	2 hours						
	4 hours	√					√ + Board specific
	8 hours		√				
	24 hours			√	√	√	

## Appendix 2: Underpinning Principles

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

## Appendix 4: Staff Groups

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

Level 2 - All non-clinical and clinical staff who have any contact with children, young people and/or parents/ <u>carers</u>			
Aims	Competencies	Staff	Training Availability
As outlined in level 1	<ul style="list-style-type: none"> <li><b>As outlined for Level 1</b></li> <li>Uses professional and clinical knowledge, an understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect.</li> <li>Able to identify and refer a child suspected of being a victim of trafficking or sexual exploitation; at risk of FGM or having been a victim of FGM at risk of exploitation by <u>radicalisers</u>.</li> <li>Acts as an effective advocate for the child or young person.</li> <li><u>Recognises</u> the potential impact of a parent's/<u>carer's</u> physical and mental health on the well-being of a child or young person, including possible speech, language and communication needs.</li> <li>Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues.</li> <li>As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals).</li> <li>Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion.</li> <li>Shares appropriate and relevant information with other teams Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.</li> </ul>	<p>All non-clinical and clinical staff who have any contact with children, young people and/or parents or <u>carers</u></p> <p>This includes administrators for looked after children and safeguarding teams (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care</p>	<p>Staff to access the MLCSU/ESR</p> <p>Level 2 E-Learning (3-4 hours every 3 years).</p> <p><b>Competence needs to be monitored by the Line Manager as part of the PDR process.</b></p>

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Level 3 - All clinical staff working with children, young people and/or their parents/ <u>carers</u> and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/ child protection concerns			
Aims	Competencies	Staff	Training Availability
<p>To ensure all staff working directly with children are aware of the child protection referral process and can act in accordance with the local safeguarding children board guidelines and trust policy</p>	<p><b>As outlined for Level 1 and 2: Staff do not need to attend refresher training at Level 1 and 2; Level 3 training negates the need to do this</b></p> <ul style="list-style-type: none"> <li>• Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect.</li> <li>• Will have professionally relevant core and case specific clinical competencies.</li> <li>• Documents and reports concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes.</li> <li>• Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk.</li> <li>• Undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training).</li> <li>• Contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), internal partnership and local forms of review, as well as child death review processes.</li> <li>• Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns</li> </ul> <p><b>Additional specialist competencies</b></p> <ul style="list-style-type: none"> <li>• Advises other agencies about the health management of individual children in child protection cases.</li> <li>• Applies the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales) to improve practice</li> <li>• Advises others on appropriate information sharing.</li> </ul>	<p>All clinical staff working with children, young people and/or their parents/ <u>carers</u> 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/</p> <p>Child protection concerns</p>	<p>Colleagues requiring Level 3 core training will be expected to attend four-hour training session in the first month of employment (unless they can evidence attendance in previous employment of the equivalent training).</p> <p>Colleagues are required to attend a further taught update session every 3 years.</p> <p>Additional Training requirements to the 4 hour face to face session) are over a three year period</p> <p>Learning can be acquired through a variety of methods as described below and in strategy document to complete the required learning hours and competencies.</p> <p><b>Additional specialist competencies for Identified colleagues</b> will need to achieve an additional 4 hour of competency per annum via a variety of learning opportunities delivered both internally and externally and evidence learning through</p> <p>portfolio of evidence. <i>Examples of such include multi-agency staff meetings, briefing sessions, vulnerable child meetings, safeguarding supervision, clinical: Audit, peer discussion, serious case reviews, research, personal reflection, and <u>scenario based discussion</u>.</i></p> <p><b>Competence needs to be monitored by the Line Manager as part of the PDR process.</b></p>

## Safeguarding Children and Adults Training Strategy – 2021 - 2023

Level 4 - Named professionals			
Aims	Competencies	Staff	Training Availability
<p>To be able to provide staff with up to date information and advice on safeguarding matters</p>	<p><b>As outlined for Level 1, 2 and 3</b></p> <ul style="list-style-type: none"> <li>Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols</li> <li>Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice</li> <li>Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections.</li> <li>Works with the safeguarding/child protection 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 organisation covered.</li> <li>Undertakes and contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies.</li> <li>Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding team.</li> <li>Works effectively with colleagues from other organisations, providing advice as appropriate.</li> <li>Provides advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.</li> <li>Provides specialist advice to practitioners, both actively and reactively, including clarification about <u>organisational</u> policies, legal issues and the management of child protection cases.</li> <li>Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.</li> <li>Participates in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the child protection committee/the safeguarding committee of the Health Board or Trust in Wales</li> <li>Leads/oversees safeguarding quality assurance and improvement processes.</li> <li>Undertakes risk assessments of the <u>organisation's</u> ability to safeguard/protect children and young people.</li> </ul>	<p>Mandatory for all staff in specialist safeguarding roles</p>	<p>Named professionals should attend a minimum of 24 hours of education, training and learning over a <u>three year</u> period. This should include non-clinical</p> <p>Knowledge acquisition such as management, appraisal, and supervision training.</p> <p><b>Competence needs to be monitored by the Line Manager as part of the PDR process.</b></p>

## Safeguarding Children and Adults Training Strategy – 2021 - 2023

Level 5 - Designated Professionals			
Aim	Competency	Staff	Training Available
Designated professionals, as clinical experts and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the area, providing support to all providers and linking particularly with named safeguarding health professionals, local authority children's services, and Local Safeguarding Children's Boards (LSCBs)	<p><b>As outlined for Level 1, 2, 3, 4</b></p> <p>Provides, <u>supports</u> and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community</p> <ul style="list-style-type: none"> <li>Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across the health community</li> <li>Leads/oversees safeguarding/child protection quality assurance and improvement across the health community</li> <li>Leading innovation and change to improve safeguarding across the health economy</li> <li>Takes a lead role in conducting the health component of serious case reviews/ case management reviews/significant case reviews across whole health community</li> <li>Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies</li> <li>Takes a strategic and professional lead across the health community on all aspects of safeguarding.</li> <li>Provides expert advice to increase quality, productivity, and to improve health outcomes for vulnerable children and those identified with safeguarding concerns.</li> <li>Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children</li> </ul>	<b>Mandatory for all staff in specialist safeguarding roles</b>	<p>Designated Professionals should attend a minimum of 24 hours of education, training and learning over a <u>three year</u> period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision and the context of other professionals' work.</p> <p><b>Competence needs to be monitored by the Line Manager as part of the PDR process.</b></p>

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