



Wirral Clinical Commissioning Group

SAFEGUARDING CHILDREN AND ADULTS TRAINING FOR GP PRACTICE STAFF

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May 2015

V6 05 15

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TRAINING HEALTHCARE STAFF IN SAFEGUARDING CHILDREN AND ADULTS

1. Introduction

1.1 All healthcare staff have a duty to safeguard and protect the welfare of children and vulnerable adults¹. Child protection training is therefore considered essential for all staff engaged in services for children – it is not an optional extra². The responsibility for ensuring staff are properly trained rests with their employers. This document aims to provide guidance on the content and timetable for such training in general practice. It is aimed at the needs of those staff who are employed by GP practices, as opposed to attached staff employed by local NHS Trusts who may receive training directly from their own employers. As such, the list of individuals to whom this guidance might apply includes:

- GPs (partners, salaried GPs, retainers, locums)
- Nurse Practitioners
- Practice Nurses
- Healthcare assistants
- Receptionist and Administrative staff
- Practice Managers
- Any other staff employed by the Practice.

1.2 This guidance provides something of a 'walk-through' for identifying and addressing training needs within the primary healthcare team. There are several steps involved:

Step 1 : Affirm the responsibility to train staff (section 2.1 - 2.3)

Step 2 : Consider the types of training required (2.4)

Step 3 : Consider the competency level expected of staff (3)

Step 4 : Assess individual staff training requirements (4)

Step 5 : Consider local training resources (5)

Step 6 : Draw up and complete a practice training plan (6)

Step 7 : Submit completed plans for practice certification (7)

1.3 This guidance draws on national guidance found in *Working Together to Safeguard Children – a guide to inter-agency working to safeguard and promote the welfare of children*³, the intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*⁴ and GMC Protecting Children and Young People – The Responsibilities of all Doctors.

¹ Children Act 2004 s11

² *No Secrets : Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse.*

³ *Working Together to Safeguard Children – a guide to inter-agency working to safeguard and promote the welfare of children* HM Government 2010

⁴ *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* RCPCH April 2010

2. Roles and Responsibilities

- 2.1 Individual general practices are responsible for ensuring their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare.
- 2.2 Practices should ensure that their employees are aware of how to recognise and respond to safeguarding concerns, including signs of maltreatment.
- 2.3 Practices are expected to comply with CQC Essential Standards of Quality and Safety outcomes 7-14, particularly outcome 7, Safeguarding People who use Services from Abuse (incorporating 11 prompts for providers)⁵.
- 2.4 Practices have a responsibility to identify adequate resources and support for the following training opportunities:
 - Multi-agency training (MAT) – training with workers from different agencies to promote a common and shared understanding of the respective roles and responsibilities of different professionals, and to contribute to more effective working relationships.
 - Single-agency training (SAT) – training from a health service perspective typically carried out within the practice for its own staff, but facilitated by Local Safeguarding Children Board (LSCB)-approved individuals.
 - Individual training (IT) – training based on the needs or interests of the individual staff member (e.g. a training event on domestic violence), or involving accessing a more general multi-agency or single agency resource, or training accessed via other routes such as an approved e-learning module.
- 2.5 All training needs to be delivered by Local Safeguarding Children Board (LSCB)/Safeguarding Adult Partnership Board (SAPB)-approved providers (who include the Named Nurse and GP), if not directly by the LSCB/SAPB itself (via LSCB/SAPB training events or online resources). Whilst other resources might have some education value, it is important that all resources meet LSCB standards for formal certification of training to be recognised.

3. Competencies expected of staff working with Children and Young People

- 3.1 The intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* provides guidance on what competencies are expected of staff, describing six levels of competency⁶, the first three of which are relevant to primary healthcare teams:

Level 1 : competency expected of **all staff** working in a health care setting

Level 2 : competency expected of clinical staff that have **regular contact** with parents, children and young people

⁵ CQC Essential Standards of Quality & Safety – Guidance about Compliance. What providers should do to comply with the Section 20 regulations of the Health & Social Care Act 2008 (March 2010)

⁶ *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* RCPCH April 2010.

Level 3 : (core) competency expected of clinical staff who **work predominantly** with children, young people and parents

Level 3 : (specialist) for those at Level 3 who require additional specialist competencies due to the nature of their work.

3.2 In considering the various staff roles in primary care it might be reasonable to require the following levels of competency for the following positions:

J O B S	LEVEL 1	LEVEL 2	LEVEL 3 (CORE)	LEVEL 3 (SPECIALIST)
	<ul style="list-style-type: none"> Practice Manager Receptionist Administrative Staff Ancillary Staff, e.g. Domestic and Maintenance Staff 	<ul style="list-style-type: none"> Practice Nurse HCA Practice Pharmacists Counsellors Employed AHP's, e.g. Physio, Phlebotomists 	<ul style="list-style-type: none"> Practice Nurses- Working Regularly with children 	<ul style="list-style-type: none"> GP/Locum GP's Advanced Nurse Practitioners (or working at this level)

* The decision on the competency required of a particular staff member is one for each practice to take, since roles and responsibilities for an employee may vary widely between practices, even within any given PHCT. For example, a practice nurse who works a lot with children, such as by administering childhood immunisations and working in the baby clinic, might be considered to require Level 3 (core) competency.

3.3 The assessment of competency can be helped by asking the following three questions:

- i. Does this staff member **work in a healthcare setting**? If 'Yes' (which presumably will be the case for all PHCT staff), then they will need to acquire *Level 1 competency*, as a minimum.
- ii. Does this staff member have **regular clinical contact** with parents, children and young people? If 'Yes' then they will need to acquire *Level 2 competency*, as a minimum.
- iii. Does this staff member **work predominantly** with children, young people and parents, and are they expected to **work and communicate with other agencies**, such as by making referrals to Children's social Care? If 'Yes' then they will need to acquire *Level 3 (core) competency*, as a minimum. *The inter-collegiate document identifies GP's as requiring Level 3 Specialist competency.*

3.4 The detail of each competency level, with the knowledge and skills that underpin them, is set out in the intercollegiate document, a summary of which is included in [Appendix 1](#).

4. Competencies expected of staff working with Adults

- 4.1 National competence framework for safeguarding adults⁷ provides a baseline for standards of competence that individuals can expect to receive from professionals and organisations tasked with Safeguarding Adults, and also provides employees and employers with a benchmark for the minimum standard of competence required of those who work to Safeguard Adults.

It describes 4 levels of competence, the first 2 of which are relevant to primary healthcare teams.

Staff Group A

Members of this group have a responsibility to contribute to Safeguarding adults, but do not have specific organisational responsibility or statutory authority to intervene

Staff Group B

This group have considerable professional and organisational responsibility for Safeguarding adults. They have to be able to act on concerns and contribute appropriately to local and national policies, legislation and procedures. This group needs to work within an inter or multi-agency context

- 4.2 In considering the various staff roles in primary care it might be reasonable to require the following levels of competency for the following positions

	GROUP A	GROUP B
J O B S	<ul style="list-style-type: none"> • Practice Manager • Receptionist • Administrative Staff • Ancillary Staff, e.g. Domestic and Maintenance Staff • HCA • Practice Pharmacists • Counsellors • Employed AHP's, e.g. Physio, Phlebotomists 	<ul style="list-style-type: none"> • GP/Locum GP's • Advanced Nurse Practitioners (or working at this level) • Practice Nurse

*** The decision on the competency required of a particular staff member is one for each practice to take, since roles and responsibilities for an employee may vary widely between practices, even within any given PHCT.**

- 4.3 The detail of each competency level, with the knowledge and skills that underpin them, is set out in the Framework document, a summary of which is included in [Appendix 2](#).

⁷ National Competence Framework for Safeguarding Adults endorsed by Learn to Care- SkillsforCare- Social Care Institute for Excellence (Galpin & Morrison: Bournemouth University (2010)

5. Training required for Safeguarding Children and Young People

- 5.1 The level of training required is based on the level of competency the staff member is expected to demonstrate. (See Section 3.2).
- 5.2 The type and frequency of training varies depending on the level of training required. Using the 'typical' job descriptions from section 3.2, the recommended type and frequency of training is set out in the table below:

Staff Training Level	Type of training recommended		
	Multi-agency training (MAT)	Single agency training (SAT)	Individual training (IT)
Receptionist/Admin Level 1	Not required	Not required	Once every 3 years
Healthcare Assistant Level 2	Not required	Not Required	Once every 3 years
Practice Nurse Level 3 Core	Not required	Once every 3 years	Once every 3 years
GP Advanced Nurse Practitioner Level 3 Specialist	Once every 3 years	Once every 3 years	Once every 3 years

Practice Annual Update: In addition, *all staff* should be updated annually on any recent changes in child safeguarding policy or procedures. This would be an opportunity to review the practice protocol, to discuss any learning points from local serious case reviews (SCRs), and may also be a good time to look at any significant events involving children within the practice (a requirement of QOF).

This usually consists of a half hour face-to-face Session. This update may be facilitated by the practice safeguarding lead or may be part of single agency in-house training delivered by an LSCB approved trainer, e.g. Named Nurse or Named GP.

5.3 'Typical' Training Requirements

(Please note that this is flexible and if so desired the required training may be achieved all in one year)

Typical training for a GP: A GP, therefore, expecting to achieve *Level 3 (Specialist) competency (which requires 12-16 hours of training over 3 years)*, might require a 3-year rolling programme of training (in no particular order) comprising, for example:

- Year 1 – MAT from a LSCB training course
- Year 2 – SAT from an in-house practice event
- Year 3 – IT (Level 3) via an e-learning module/time-out workshop etc.
- Annually – practice update

Typical training for a practice nurse who regularly works with children, expecting to achieve *Level 3 (Core) Competency (which requires 4-6 hours of training over 3 years)*, will also require a 3-year rolling programme (again in no particular order) although for one of those years no formal training would be required (apart from a short practice update):

- Year 1 – IT (Level 3) via an e-learning module/time-out workshop etc.
- Year 2 – SAT from an in-house practice event

Year 3 – No formal LSCB training required
Annually – practice update

Typical training for a practice nurse: A practice nurse, expecting to achieve *Level 2 competency* (which requires at least 2 hours training over 3 years), will also require a 3-year rolling programme (again in no particular order), although for two of those years no formal training would be required (apart from a short practice update);

Year 1 – IT (Level 2) via an e-learning module/time-out workshop etc.
Year 2 – No formal LSCB-approved training required
Year 3 – No formal LSCB-approved training required
Annually – practice update.

Typical training for non-clinical staff, e.g. a receptionist. A receptionist, expecting to achieve *Level 1 competency*, will similarly require a 3-year rolling programme (again in no particular order), although for two of those years no formal training would be required (apart from a short practice update):

Year 1 – IT (Level 1) via an e-learning module/time-out workshop etc.
Year 2 – No formal LSCB-approved training required
Year 3 – No formal LSCB-approved training required
Annually – practice update

New Staff: Safeguarding training should also be included in any induction programme for all new staff.

GP Locums: GP locums should be able to access MAT and IT training via their LSCB – the LSCB may be local to where they are presently working or living. However, they may have great difficulty accessing in-house training events – if this is the case then they can substitute this part of their training with an additional MAT/IT training module. They will not have their training activity submitted as part of a practice plan, but may need it for personal appraisal purposes.

If locums have any difficulty accessing LSCB training then they should contact their local Named GP or Nurse for further advice.

6. Training required for Safeguarding Adults

- 6.1 The level of training required is based on the level of competency the staff member is expected to demonstrate (See Section 4.2).
- 6.2 Skills for Health (2012) recommend that Adult Safeguarding refresher training for all staff should take place at a minimum of every 3 years⁸.
- 6.3 **Typical training for GP:** A GP expecting to achieve Group B competency needs to undertake:
 - Year 1 – IT via an e-learning module/time-out workshop etc. Group B
 - Year 2 – SAT or MAT
 - Year 3 – No formal LSCB-approved training required
 - Annually – practice update

⁸ Skills for Health UK Core Skills and Training Framework Subject Guide (2012)

A screenshot of a partially completed spread sheet for a fictitious surgery which illustrates how the plan might appear in practice is shown in [Appendix 3](#).

8. Training Certification

Completion of a Safeguarding Training Plan of the type shown above in section 7 will provide Certification of the Practice as a whole (including each of its employed staff) as meeting the requirements of Safeguarding for that year and will satisfy the CQC requirements. You may be requested to provide completed plans as part of contract renew documentation and CQC evidence.

9. Training Resources

The responsibility for co-ordinating and funding of safeguarding training for GP's and other Primary Care staff rests with NHS England Local Area Teams in partnership with Health Education England Local Education & Training Boards and LSCB/SAPB.

The table in [Appendix 4](#) shows how the various types of training can be accessed locally, however this may be subject to change by the Local Area Team of NHS England.

Individual (IT) E-learning modules can be accessed from a variety of sources, an example is cited <http://portal.e-lfh.org.uk/Search>

In house single agency training (SAT) for Safeguarding Adults is provided by the Named Nurses from Wirral Community NHS Trust

In house single agency training (SAT) for Safeguarding Children is provided by the Designated Nurse and the Named GP for Safeguarding Children.

The LSCB/SAPB provides a range of both e-learning and face to face courses at various levels, they can be accessed via the websites below

For Adults: <http://www.wirral.gov.uk/my-services/social-care-and-health/im-worried-about-someone/training>

For Children: <http://www.wirral.gov.uk/my-services/childrens-services/local-safeguarding-childrens-board/information-professionals/lscb-training>

Face to Face half hour practice updates can also delivered by the Safeguarding Practice Lead

APPENDIX 1 – Healthcare Staff Competency Levels for Safeguarding Children and Young People

From Intercollegiate Document – 2014

HEALTHCARE STAFF COMPETENCY LEVELS FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE			
LEVEL 1	LEVEL 2	LEVEL 3 (CORE)	LEVEL 3 (SPECIALIST)
<ul style="list-style-type: none"> Recognise potential indicators of child maltreatment – physical, emotional and sexual abuse and neglect Recognise the potential impact of a parent / carers physical and mental health on the well-being of a child / young person Take appropriate action if you have concerns, including appropriately reporting concerns and seeking advice 	<ul style="list-style-type: none"> As outlined for level 1 Uses professional & clinical knowledge & understanding of what constitutes child maltreatment to identify any signs of child abuse or neglect Acts as an effective advocate for the child / young person Recognises the potential impact of a parent or carers physical or mental health on the well-being of a child/young person Is clear about own and colleagues roles, responsibilities and professional boundaries Is able to refer as appropriate to role to social care if a safeguarding / child protection concern is identified 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 Shares appropriate and relevant information with other teams Acts in accordance with key statutory and non-statutory guidance and legislation including the U.N. Convention on the Rights of the Child and Human Rights Act. 	<ul style="list-style-type: none"> As outlined for levels 1 & 2 Draws on child & family focussed clinical & professional knowledge & expertise of what constitutes child maltreatment, to identify signs of sexual, physical or emotional abuse or neglect Has professionally relevant core & case-specific competences Contributes to inter-agency assessments, the gathering & sharing of information & where appropriate, analysis of risk Documents concerns in a manner that is appropriate for safeguarding / child protection & legal processes 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 & supervision & as a component of refresher training) Contributes to serious case reviews / management reviews / significant case reviews & child death processes 	<ul style="list-style-type: none"> As outlined for levels 1, 2 & 3 core Works with other professionals / agencies, with children, young people & their families when there are safeguarding concerns Advises other agencies about the health management of individual children in child protection cases Applies the lessons learned from audit & serious case reviews / case management reviews / significant case reviews to improve practice Advises others on appropriate information sharing

APPENDIX 1 (cont'd)

CRITERIA FOR ASSESSMENT

LEVEL 1	LEVEL 2	LEVEL 3 (CORE)	LEVEL 3 (SPECIALIST)
<ul style="list-style-type: none"> • Demonstrates an awareness and understanding of child maltreatment • Demonstrates an understanding of appropriate referral mechanisms and information sharing i.e. knows who to contact, where to access advice and how to report 	<ul style="list-style-type: none"> • As outlined for Level 1 • Demonstrates awareness of the need to alert primary care professionals (such as the child's GP) & universal services (such as the child's health visitor or school nurse) of concerns • Demonstrates accurate documentation of concerns • Demonstrates an ability to recognise and describe a significant event in child protection/ safeguarding to the most appropriate professional or local team 	<ul style="list-style-type: none"> • As outlined for levels 1 & 2 • Demonstrates knowledge of patterns & indicators of child maltreatment • Demonstrates knowledge of the functions of LSCBs • Demonstrates understanding of appropriate information sharing in relation to child protection & children in need • Demonstrates an ability to assess need & risk & instigates processes for appropriate interventions • Demonstrates knowledge of the role & responsibilities of each agency as described in local policy & procedures 	<ul style="list-style-type: none"> • As outlined for levels 1, 2, 3 (core) • Demonstrates knowledge of patterns & indicators of child maltreatment • Demonstrates knowledge of the functions of LSCBs • Demonstrates understanding of appropriate information sharing in relation to child protection & children in need • Demonstrates an ability to assess need & risk & instigates processes for appropriate interventions • Demonstrates knowledge of the role & responsibilities of each agency as described in local policy & procedures

APPENDIX 2 – Healthcare Staff Competencies for Safeguarding Adults

From National Competence Framework for Safeguarding Adults 2010

HEALTHCARE STAFF COMPETENCIES FOR SAFEGUARDING ADULTS	
GROUP A	GROUP B
<ul style="list-style-type: none"> • Understand what Safeguarding is and their role in Safeguarding Adults • Recognise an adult potentially in need of Safeguarding and take action • Understanding the procedures for making a 'Safeguarding Alert' • Understand dignity and respect when working with individuals • Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity 	<ul style="list-style-type: none"> • As outlined for Group A • Demonstrates skills and knowledge to contribute effectively to the Safeguarding process • Awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity • Ensure service users / carers are supported appropriately to understand Safeguarding issues to maximise their decision making • Understand how best evidence is achieved • Understand when to use emergency systems to Safeguard adults • Maintain accurate, complete and up-to-date records • Demonstrate required level of skills and knowledge to undertake a Safeguarding Adults investigation
CRITERIA FOR ASSESSMENT	
GROUP A	GROUP B
<ul style="list-style-type: none"> • Show clear understanding of their role in identifying and reporting concerns regarding adult abuse • Show understanding of their organisations policy and procedures • Show understanding of local authority role: duty to protect 	<ul style="list-style-type: none"> • Works to local and national guidance in Safeguarding • Respond to alerts/referrals in a timely manner • Identify and reduce potential and actual risks after disclosure or an allegation has been made • Practice effective multi-agency partnership e.g. convene strategy meeting

CRITERIA FOR ASSESSMENT

GROUP A	GROUP B
<ul style="list-style-type: none"> • Treat reports seriously • Understand limits to confidentiality • Shows clear understanding of the meaning of 'vulnerable adult' as defined in relevant policy guidance e.g. 'No Secrets' (2000) • Shows understanding of what constitutes 'abuse' • Know the different forms of abuse and how to recognise indicators / signs of them • Demonstrate an understanding of the factors that might increase risk of abuse • Report concerns to someone above them • Contact emergency services if the individual is in immediate danger • Show understanding of what your employer's Safeguarding Adults policy and procedures are • Know how to ensure the individual is safe when the risk of abuse is high • Know who they should contact • Know how to make a referral • Work in manner that seeks to reduce the risk of abuse • Value individuality and be non-judgemental • Recognise the individuals rights to exercise freedom of choice • Recognise the individual's right to live in an abuse free environment • Be aware of how your values and attitude influence your understanding of the situation 	<ul style="list-style-type: none"> • Adhere to timescales • Attend and contribute to investigations/meetings/information sharing • Develop protective strategies for those who decline services • Has awareness of and confidence to use "whistle blowing" policy and procedures when required • Show critical understanding on the levels, thresholds or pathways of investigating in response to a "Safeguarding referral" and the requirements of gathering initial information • Describe the purpose of a strategy meeting/discussion and how to contribute to this and any subsequent investigation plan • Describe the purpose of a Safeguarding case conference, and how to contribute to this and any subsequent protection plan • Use of appropriate forms and recording systems • Know what legislation / policy informed a specific piece of work and why. Including but not limited to: <ul style="list-style-type: none"> ➤ Mental Capacity Act (Section 44) ➤ Deprivation of Liberty Safeguards (DOLS). ➤ Human Rights Acts 1998 ➤ Sexual Offences Act 2003 ➤ Police and Criminal Evidence Act 1984 ➤ Fraud Act 2006 (Section 4) ➤ Care Standards Act 2000 (Section 23) ➤ Court Protection MCA (Section 15) ➤ Independent Safeguarding Authority (ISA) ➤ Protection Of Vulnerable Adults (POVA) ➤ Multi-Agency Public Protection Arrangements (MAPPA) ➤ Multi-Agency Risk Assessment Conference (MARAC) • Use of alternative policy and legislation to support preventative strategies e.g. carer support • Be aware and challenge if necessary organisational cultures that may lead to poor practice in Safeguarding

CRITERIA FOR ASSESSMENT

GROUP A	GROUP B
<ul style="list-style-type: none"> • Listen to individuals and allow individuals time to communicate any preferences and wishes • Demonstrates knowledge of national and local policies/legislation that support Safeguarding activity e.g. Mental Capacity Act; Deprivation of Liberty Safeguards; No Secrets; Human Rights Act; Care standards for registered services; employing agencies policy and procedures • Understand how to 'whistle blow' using related policies and procedures 	<ul style="list-style-type: none"> • Work with service users to ensure they are fully aware of all options available to them and also of the preventative measures that they may be able to put in place to protect themselves from abuse i.e. lasting powers of attorney (Mental Capacity Act) and/or police involvement • Recognise service users rights to freedom of choice • Show understanding of how abuse may affect individual's decision making processes e.g. domestic violence (Biderman's chart of coercion) • Provide information on local and national groups that may be able to provide support e.g. victim support, IMCA service and/or local carers group • Provide written and verbal information on local Safeguarding Adult processes and how they can be accessed by service users and carers • Have knowledge of resilience factors and how these might interact with Safeguarding • Understand how policy / legislation can have the potential to be used oppressively e.g. Mental Capacity Act, Best Interest Decisions may conflict with Human Rights (Article 3) • Describe the potential impact of abuse on adults, the staff or individuals who are alleged to have committed abuse and the informal carer who may have raised the alarm • Recognise perpetrators of abuse may be vulnerable themselves and require support • Actively engage with individuals who decline services and/or engage support of others to achieve this • Show a comprehensive and detailed knowledge of gathering, evaluating and preserving evidence • Describe why it is important to preserve evidence • Use emergency services when necessary e.g. call for an ambulance and/ or police intervention • Contact out of hours service • Describe when emergency protection plans may be required.

CRITERIA FOR ASSESSMENT

GROUP A	GROUP B
	<ul style="list-style-type: none">• Use legislation where immediate action may be required e.g. Section 4 of the Mental Health Act 1983 or urgent authorisation under DOLS• Evidence of protection planning• Evidence of collation and monitoring of Safeguarding Alerts within your service through observation and discussion• Evidence of report writing/information sharing• Evidence of multi-agency partnership working• Evidence of risk assessments and management plans• Evidence of contemporary case recordings• Explicit understanding of issues of confidentiality and data protection• Show thorough knowledge and application of purpose, duties, tasks involved in Safeguarding investigations• Plan and carry out agreed strategy to protect an adult from abuse during and following investigation <p>Understand the different roles and responsibilities of the different agencies involved in investigating allegations of abuse</p>

APPENDIX 3 – Safeguarding Training Plan – Completed Example

Applegarth Surgery PHCT Child Safeguarding Training Plan 07/08													
Training requirements													
Staff training level	Multi-agency training (MAT)	Single agency (in-house) training	Individual training (IT)										
Level 1	-	-	every 3 years										
Level 2	-	-	every 3 years										
Level 3 Core	-	every 3 years	every 3 years										
Level 3 Specialist	every 3 years	every 3 years	every 3 years										
Training Plan			Practice Safeguarding Lead: Dr Brown										
Staff details			Previous training record						Current training needs and achievement				
Staff member	Role	Training group/level	Most recent LSCB multi-agency training (MAT)		Most recent single agency (in-house) training (SAT)		Most recent individual training (IT)		LSCB training required for the year ahead	Date LSCB training completed this year	Nature of LSCB training completed this year	Annual practice update completed Y/N	Training achieved for the year Y/N
			Nature of training	Date	Nature of Training	Date	Nature of training	Date					
Dr Smith	GP	3	-		-		-		MAT	15.08	½ day course		
Dr Brown	GP	3	½ day course	2.3.07	in-house	1.9.06	-		IT	3.6.08	e-learning module on DV		
S Hurst	NP	3	½ day course	4.6.06	in-house	1.9.06	-		IT				
R Hobbs	practice nurse	2	-		in-house	1.9.06	-		IT	12.6.08	Level 2 e-learning module		
D Finn	practice nurse	2	-		in-house	1.9.06	-		IT				
F Brown	HCA	2	-		-		-						
R Smith	receptionist	1	-		in-house	1.9.06	-		IT		Level 1 e-learning module		
P Harris	receptionist	1	-		in-house	1.9.06	-		IT				
D Roberts	receptionist	1	-		-		-		IT/SAT				
W Jinks	secretary	1	-		-		-		IT/SAT		Level 1 e-learning module		
D Wilkes	manager	1	-		in-house	1.9.06	-		IT				
Have all practice staff completed their child safeguarding training requirements for the year? Y/N													
If 'yes' the practice is certified as meeting local child safeguarding training standards													

APPENDIX 4 – Training Resources

	Level 1	Level 2	Level 3 Core	Level 3 Specialist
C H I L D R E N	<p>Level 1 e-module:</p> <p>May be accessed from various sources e.g. e-learning for Health care website:</p> <p>http://portal.e-lfh.org.uk/account/logon</p> <p>http://portal.e-lfh.org.uk/Search</p>	<p>Level 2 e-module:</p> <p>May be accessed from various sources e.g. e-learning for Health care website:</p> <p>http://portal.e-lfh.org.uk/account/logon</p> <p>http://portal.e-lfh.org.uk/Search</p>	<p>Level 3 e-module:</p> <p>May be accessed from various sources e.g. e-learning for Health care website:</p> <p>http://portal.e-lfh.org.uk/account/logon</p> <p>http://portal.e-lfh.org.uk/Search</p> <p>SAT (4 hours) Currently delivered by Named GP and Designated Nurse OR MAT Delivered via LSCB</p>	<p>Level 3 e-module:</p> <p>May be accessed from various sources e.g. e-learning for Health care website:</p> <p>http://portal.e-lfh.org.uk/account/logon</p> <p>http://portal.e-lfh.org.uk/Search</p> <p>SAT (4 hours) Currently delivered by Named GP and Designated Nurse AND MAT Delivered via LSCB</p>
A D U L T S	<p>Group A</p> <p>e-module:</p> <p>May be accessed from various sources e.g. e-learning for healthcare website:</p> <p>http://portal.e-lfh.org.uk/account/logon</p> <p>http://portal.e-lfh.org.uk/Search</p>	<p>Group B</p> <p>e-module:</p> <p>May be accessed from various sources e.g. e-learning for Healthcare website:</p> <p>http://portal.e-lfh.org.uk/account/logon</p> <p>http://portal.e-lfh.org.uk/Search</p> <p>SAT (4 hours) Currently delivered by WCT Named Nurse OR MAT Delivered via SAPB</p>		
	In addition to the above: Half hour annual practice updates delivered by the individual practice Safeguarding Lead			