

Safeguarding Adults Board (SAB)

Multi-Agency Learning & Workforce Development Strategy

2023 - 2026

This strategy applies to all statutory agencies that are part of North East Lincolnshire Safeguarding Adults Board (SAB) and all services commissioning and contracted that are involved in the protection, support and care of adults who are or may be eligible for community care services

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1 Executive Summary

1.1 Why SAB is committed to safeguarding and MCA training

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted” (Care Act 2014 statutory guidance, paragraph 14.7). Safeguarding duties apply to adults who are able to make their own decisions and those who are not, whether this is because they lack capacity within the meaning of the Mental Capacity Act 2005 (MCA), or for some other reason. Safeguarding and promoting the wellbeing of vulnerable adults, who may be impacted by a range of conditions and difficult life circumstances, can present many challenges.

It is essential that North East Lincolnshire’s (NEL) workforce is equipped to meet those challenges. Staff must understand their safeguarding and MCA duties, and evidence appropriate levels of ‘professional curiosity’. Outcomes from safeguarding adults’ reviews and similar processes evidence the importance of having the confidence to ask the right questions at the right time. Confidence is built on proper training.

1.2 The SAB’s requirements, at a glance

SAB aims to develop and promote practice which helps keep adults in need of care and support safe. To create a workforce with the competence to meet the minimum requirements of the competence frameworks and local policy, organisations must:

1. **Identify** training needs based on analysis of staff roles (section 4)
2. **Plan** to meet those needs via a training programme (section 5), which
 - is regularly updated
 - secures training for all at foundation level/ level 1, and a higher level of training for those with regular front line contact/ their supervisors and managers
3. **Assess** and assure competence in the workforce on a continuing basis (sections 6 and 7).

2 Scope and definitions

This strategy sets out NEL’s expectations and a structured approach to learning and development activities, to support implementation of the law, and Place-based:

- a) Safeguarding Adults’ Policy and Procedures (<https://www.safernel.co.uk/>)
- b) Mental Capacity Act 2005 and Deprivation of Liberty Policy <https://www.northeastlincolnshireccg.nhs.uk/publications/>.

The primary focus of this strategy is partners delivering, commissioning or otherwise responsible for adult health and care in the SAB's area, namely NEL. It is also intended to apply to SAB's membership, which includes other key statutory partners such as police and fire services. Core learning requirements are likely to be the same for all front line or 'public facing' staff and their managers, but the way in which that learning is applied may differ depending on the sector in which each partner operates.

Whichever organisation or sector they work for, the term 'staff' covers all those working with adults (including those employed through direct payments), volunteers and students in statutory, public, private and voluntary organisations across the health and social care sector and SAB membership.

The MCA applies from the age of 16 upwards; however, this strategy is only intended to apply to the training required to support adults.

3 Background

This strategy is informed by national competence frameworks and local policy.

3.1 National Safeguarding Frameworks and the Intercollegiate Document

Standard 5 of the Association of Directors of Adult Social Services Framework for Safeguarding Adults (2005) recommended that SABs oversee a multi-agency workforce development training strategy to ensure there are agreed standards and competencies for training delivered locally. Each organisation must identify those in different roles within the safeguarding process and ensure they have the appropriate training, on-going development and support to carry out their roles effectively. Due to the links between safeguarding and the MCA, the SAB has decided to take the same approach to MCA training.

In 2010 a National Competence Framework for Safeguarding Adults (Learn to Care – Bournemouth University) was developed, and updated in 2014 to meet the requirements of The Care Act. The revised framework identified four levels of staff activity and twenty-two competencies based on roles in the safeguarding process which can be found at Appendix A and B. This 2010 framework (adapted to meet local requirements) informs the content and delivery of safeguarding training, as well as providing an assessment framework to be used with staff.

In 2018 the Royal College of Nursing and others developed an intercollegiate approach to minimum training requirements at five levels, in the 'Adult Safeguarding: Roles and Competencies for Healthcare Staff'. These requirements are at Appendix F. References to the frameworks are intended to include the intercollegiate document.

3.2 National MCA Competence Framework

In 2016, Bournemouth University and the National Centre for Post-qualifying Social Work and Professional Practice developed a similar competence framework, in conjunction with the National Mental Capacity Forum.

This framework is built around the MCA's five principles, which encompass the key knowledge, interventions and skills for those working with adults for whom mental capacity is a consideration, across various settings. It sets out what each staff group must demonstrate under each principle. The staff groups can be found at Appendix A.

The SAB considers that the MCA competence framework sets out minimum training requirements. The SAB recognises that many staff – including those at relatively junior levels - may increasingly expect to work with individuals whose complex long-term conditions routinely prompt consideration of mental capacity. Local expectations around competence are occasionally higher than suggested by the framework, to ensure staff training reflects what staff are actually doing.

Where possible the safeguarding and MCA frameworks have been aligned, although such alignment does not provide an exact match.

4 Identify Levels of Training Need

Partner organisations will be expected to undertake an annual safeguarding and MCA training needs analysis through appraisal of the training and development requirements of the organisation, using the attached appendixes.

It is strongly recommended that organisations make it mandatory for all staff – regardless of role - to attend Safeguarding Adults Foundation training and MCA Level 1 training. Even if not relevant to individuals as staff members, such training is relevant to them as citizens who are active as part of wider society.

A key function of all training is to equip staff with the confidence to challenge others, where necessary to safeguard the wellbeing of vulnerable adults.

5 Meet Training Needs

Drawing on its annual needs analysis, each organisation will have in place a comprehensive programme of safeguarding and MCA training for all relevant staff. The plan will set out how all staff in regular contact with vulnerable adults will receive safeguarding and MCA training at a role-appropriate level, refreshed no less than annually to ensure practice remains up to date. Where role-relevant, this includes

specific training on how to a) conduct and record capacity assessments, and b) make and record best interests decisions.

5.1 The local offer: Quest

NEL Council and NHS Humber and North Yorkshire Integrated Care Board at NEL Place (ICB) commissions Quest Wellbeing Hub ('Quest' – a part of Focus Independent Adult Social Work) - to deliver training for organisations directly supporting those aged 16+ in NEL, who are/ are likely to be vulnerable or at risk in terms of their health and/or social care needs. The training referenced in this strategy is focused on Quest's offer.

Quest provides courses relating to safeguarding adults and the MCA, which:

- are clearly linked to roles and responsibilities (see appendixes)
- address key areas of practice based on the Care Certificate and national competence frameworks
- reflect local policy
- are provided by specialist local trainers face-to-face and via interactive webinars
- are regularly evaluated, and re-developed using attendee feedback
- supported by the MCA Group (a sub-group of SAB). The Group provides multi-disciplinary input on key areas of content, including any significant changes, to:
 - ensure course aims are met and kept regularly updated in line with current legislation and practice
 - assure quality and consistency.

Courses may have attendance and non-attendance fees in accordance with Quest's standard terms and conditions.

Course attendance and feedback is reported to the MCA Group and SAB regularly.

5.2 Training outside of the local offer

Quest training meets the requirements of the frameworks and local policy. Contracted/ commissioned providers are encouraged to use it. Safeguarding adults and/ or MCA training which is not sourced from Quest must:

- be compliant with the Care Certificate, competence frameworks and local policy
- meet the minimum benchmark set out the appendixes/ checklists.

Trainers delivering in-house MCA or safeguarding adults training are encouraged to access relevant courses via Quest first.

Online/ DVD learning must only be used as a basic introduction to the MCA and/ or safeguarding; staff needing to understand/ apply the law above a basic level should have the opportunity to engage in live discussions with a knowledgeable trainer.

6 Assess and Embed Competence

Training should be followed by actions to embed learning in the workplace. Supervisors and managers must have sufficient knowledge to enable and support this.

Organisational commitment is essential to ensuring that knowledge gained is reflected in practice. The involvement of operational managers and supervisors is crucial to:

- Ensuring learning impacts on practice through mentoring and supervision;
- Helping evaluate and review training provided;
- Ensuring that staff access up to date training and continuous learning;
- Challenging poor practice and recommending additional learning;
- Providing strong leadership and a positive organisational culture.

Staff at all levels must keep their knowledge and skills up to date. Practitioners responsible for higher level or more complex decision making (for which a non-exhaustive list of examples appears below) must demonstrate continuous professional development or CPD through attendance at regular seminars which provide opportunity to hear about recent developments nationally and locally and to reflect on practice. Such practitioners include those responsible for:

- specialist assessments, for example those required for deprivation of liberty authorisations
- holding best interests meetings/ discussions, safeguarding strategy meetings/ discussions, chairing case conferences or high risk panels
- reviewing and reporting on serious incidents or equivalent
- adult protection investigations or reviews.

To assure quality, managers and supervisors will measure staff knowledge and competence against the standards provided in the frameworks and this strategy. The level of knowledge and understanding, and expectations around how learning is applied, will be proportionate to staff members' role.

Organisations are encouraged to use the relevant practice self-assessment tool to identify areas for individual staff members improvements and record progress in making them: <https://www.northeastlincolnshireccg.nhs.uk/support/lps/> The tool could prove particularly useful as an induction tool for new starters in the organisation or to test levels of understanding in annual reviews or following attendance on training.

7 Concluding summary: evidencing compliance with SAB expectations

7.1 Contracted/ commissioned providers

MCA and safeguarding adults training is mandatory. All health/ care providers commissioned by the local ICB and/ or Council must meet the standards in the contract via which they are engaged.

Training records will be checked during contract compliance and Care Quality Commission inspections, as part of their monitoring and regulatory functions.

7.2 All providers and SAB partners

Organisations will:

- on a quarterly basis, record numbers of staff undertaking MCA/ safeguarding training at the appropriate level;
- on an annual basis:
 - review and update their training plan;
 - evidence how training is refreshed/ its approach to CPD
 - audit their plan, and report on it to the SAB.

Appendix A

Developing an Organisational Training Plan for Safeguarding Adults and the Mental Capacity Act 2005: Guidance on SAB Expectations

1.0 Targeting Training Effectively: Initial Considerations

1.1 The MCA as a foundation for all learning: a starting presumption

It is possible that some staff will never need to consider making a safeguarding referral. By contrast, the requirement to secure consent to care/ treatment will mean staff are very unlikely not to have to consider mental capacity – the ability to consent or to make other decisions - as a routine part of their public facing work.

The Care Quality Commission (CQC) fundamental standards are the standards below which care must never fall. The standards stipulate that everyone has the right to expect consent will be sought from them (or where relevant, someone appointed to act on their behalf) before any care/ treatment is given.

Securing consent (which is capacitous, informed and freely given) requires staff to apply an understanding of capacity to the circumstances, and thus establish whether consent has in fact been secured before proceeding. Staff working with those who lack capacity must apply the MCA if they are to secure protection from liability (e.g., for proceeding with care/ treatment without consent).

For that reason, SAB's starting presumption is that the following health/ care staff will undertake the full MCA training pathway via Quest (or its equivalent) –

- a) Staff with regular contact with patients and service users; and
- b) Supervisors and managers of those with regular contact with patients and service users (whether or not the supervisor/ manager themselves has regular contact with patients/ service users).

The starting presumption may be disapplied where all of the following apply –

- a) The staff member is not required in the course of their work, to seek consent (or to supervise those required to seek consent). For example, staff members may need consent to share information, consent to an assessment or investigation, or consent to deliver personal care
- b) The staff member is not required to have contact with patients/ service users whilst unsupervised, and/ or all decision making is deferred to more senior staff. For example, the staff member delivers against an agreed care plan re which they exercise no initiative, are not required to respond proactively to presenting needs, and from which there is no divergence. Any requirement to respond to changing circumstances is first agreed with supervisors/ managers, who are readily available for this purpose

- c) An unqualified staff member is not required to deliver any of the same tasks as a qualified staff member. For example, they are not required to undertake a Care Act needs assessment/ care plan in broadly the same way as a qualified worker; or, the staff member is not required to take blood or other samples, or carry out other basic tests, in broadly the same way as a qualified worker
- d) The staff member will not create liability for their employing organisation in respect of any inability to understand and apply the MCA to their role. Liability could take the form of resulting complaints or incidents which the organisation would be required to respond to, or claims via an Ombudsman or court as a result of which the organisation could be required to offer redress. *Note: consideration of liability may include examination of whether staff members are offered training which equips them to perform their role.*

Applying the presumption means that the MCA training accessed by some staff groups will offer the same content, but the learning outcomes may differ. There is no fixed, single dividing line, but divergence of learning outcomes may depend on the degree to which staff act primarily autonomously, enacting decisions reliant on their own judgement rather than that of others. Where is it relevant to distinguish the different ways in which staff groups might apply the same materials to their practice, a note has been made in the competence section of Appendix D and E.

2.0 Identifying Staff Groups

The table below sets out the staffing groups identified by the safeguarding competency frameworks (A – D) and by the MCA competency framework (A – F). The frameworks do not provide an exact match. For example, the MCA framework identifies more staffing groups than the safeguarding frameworks. It also includes MCA-related specialist roles, for which post-graduate level training is required; there are no precise safeguarding equivalents. For that reason, some MCA categories have been amalgamated, and aligned with their nearest safeguarding equivalent. This inexact match builds on local recognition that whilst the need to identify and respond to safeguarding issues is unlikely to be a daily occurrence, care/ treatment needs will arise on a daily basis, and cannot generally be lawfully met without considering consent and the application of the MCA. The intercollegiate document is treated separately at Appendix F.

Ultimately, responsibility for identifying which staff member falls into which group sits with their employing organisation.

National Framework Groups and Accompanying Descriptors

Safeguarding Staff Group	Safeguarding descriptors	MCA Staff Group	MCA descriptors

A	Contributors (alerters)/ all staff	A	All health, care and public sector staff
B	Responders Staff with an organisational responsibility in the process	B, C, D	Qualified and unqualified health and care staff (front line staff), plus their managers and supervisors
C	Managers and decision makers		
		E, F	DoLS authorisers and leads, Best Interests Assessors
D	Strategic roles (e.g. Governance & Board Roles, Elected Members) responsible for resourcing and multi-agency working		

A local version of groups A – D is used below, re both safeguarding and the MCA. Groups are accompanied by a localised example summary of the staff likely to fall within them, to reflect local alignment of groupings. Allocating staff to a group is not an exact science and many staff might easily fit into more than one group.

3.0 Matching Local Staff Groups to Training

Local Staff groups and training are categorised as follows:

Staff Group A: minimum requirements

(all staff – to include Groups B, C and D below)

- Prevent awareness foundation level (e-learning)
- Safeguarding Adults Foundation (recorded webinar)
- Mental Capacity Act Level 1 (foundation level) (recorded webinar).

Group A staff will include (by way of example only), all types of health and care staff plus voluntary sector staff, receptionists and customer care staff, housing staff, fire services and community policing staff.

Staff Group B: minimum requirements

(frontline staff with regular patient/ service user contact)

Foundation level/ level 1 (staff group A), plus:

- Safeguarding Adults Prevention, Responding and Making Enquiries
- MCA Training Pathway (combination of face to face and webinar).

Group B staff will include (by way of example only), care home and care at home workers, qualified and unqualified professionals such as social workers and nursing staff, allied health professionals, pharmacists and dentists.

Staff Group C: minimum requirements

(managers, supervisors, other senior decision makers and role-specific specialists)

Foundation level/ level 1 (staff group A), plus:

- Safeguarding Adults Prevention, Responding and Making Enquiries
- MCA Training Pathway (combination of face to face and webinar)
- Specialist training, where relevant (e.g. Best Interests Assessor (BIA) for DoLS; see also the intercollegiate document for safeguarding specialists).

Group C staff will include (by way of example only) managers and supervisors of staff in group B, including care home managers, care at home coordinators, supported housing and extra care managers, hospital ward managers, specialists such as learning disability nurses, AMHPs, s12 Doctors.

Staff Group D: minimum requirements

(staff with strategic roles)

Foundation level/ level 1 (staff group A) plus:

- Information packs
- Board development sessions
- Briefing sessions as appropriate.

Group D staff will include (by way of example only) non-operational strategic managers, non-operational chief executives, non-operational SAB members, politicians with relevant portfolios. The intercollegiate document may be relevant for some specialists.

4.0 Planning for Regularity of Training

A refresher is a more up to date version of what was completed previously. An update provides key changes and developments during the preceding year.

Staff Group A

(all staff/ foundation level/ level 1)

- Prevent Awareness Foundation level
- Safeguarding Adults Foundation refresher
- MCA Level 1 refresher (foundation level of the MCA Training Pathway)
 - All refreshed every 3 years, except Prevent which is every two years.

Staff Group B

(frontline staff with regular patient/ service user contact/ intermediate level)

Foundation level/ level 1 (staff group A), plus:

- Safeguarding Adults Prevention, Responding and Making Enquiries
- MCA update – as a **minimum, annual attendance** either via
 - a) MCA **annual** update event (in person)

- b) MCA **annual** training pathway update (recorded webinar).

Additional continuing professional development opportunities are accessible via:

- a) MCA annual programme of events
- b) Repeating relevant parts of the Quest training pathway if desired (and subject to availability)
- c) Quest MCA and safeguarding newsletter, and MCA mini-series
- d) Newsletters and webinars produced via national partners such as 39 Essex Chambers, Essex Autonomy Project, DAC Beachcroft.

Staff Group C

(managers, supervisors, senior decision makers, specialists/ advanced level)

Foundation level/ level 1 (staff group A), plus:

- Safeguarding Adults Prevention, Responding and Making Enquiries every 3years
- MCA update – as a **minimum, annual attendance** either via
 - a) MCA **annual** update event (in person), or
 - b) MCA **annual** training pathway update (recorded webinar)
- Other updates relevant to specialist role e.g. annual ‘BIA Bash’.

Additional continuing professional development opportunities are accessible via:

- a) MCA annual programme of events, including specialist events
- b) Quest MCA and safeguarding newsletter
- c) Quest MCA mini-series
- d) Newsletters and webinars produced via national partners such as 39 Essex Chambers, Essex Autonomy Project, DAC Beachcroft.

Staff Group D

(staff with strategic roles)

Foundation level/ level 1 (staff group A), plus:

- MCA update – **annual attendance** either via
 - a) MCA **annual** update event (in person)
 - b) MCA **annual** training pathway update (recorded webinar).

Additional continuing professional development opportunities are accessible via:

- c) MCA annual programme of events
- d) Quest MCA and safeguarding newsletter, and Quest MCA mini-series
- e) Newsletters and webinars produced via national partners such as 39 Essex Chambers, Essex Autonomy Project, DAC Beachcroft.

Availability

All courses referenced in the strategy are available regularly (no less than quarterly). Additional courses may be considered by Quest at peak times where it appears that demand might otherwise outstrip supply.

Appendix B

Safeguarding Framework – staff group, type of course and resulting competence

Staff Group	Type of Course	Competence
STAFF GROUP A Contributors/ alerters (All staff)	Safeguarding Adults Foundation Training Safeguarding Adults Refresher e-learning	<ol style="list-style-type: none"> 1. Understanding and demonstrate what adult safeguarding is 2. Recognise adults in need of safeguarding and take appropriate action 3. Understanding dignity and respect when working with individuals 4. Understanding the procedures for making a “Safeguarding Alert” 5. Have knowledge of policy, procedures & legislation that supports safeguarding adults activity 6. Ensuring effective administration & quality of safeguarding processes
STAFF GROUP B Responders & those with organisational responsibility	Safeguarding Adults – Prevention, Responding & Making Enquiries	<ol style="list-style-type: none"> 7. Ensure service users are informed & supported in their decision making around safeguarding adults concerns 8. Ensure information is shared appropriately and all relevant partners are involved

		<p>9. Demonstrate appropriate responses to safeguarding adult concerns</p> <p>10. Maintaining accurate & complete records and achieving best evidence</p> <p>11. Managing safeguarding adult concerns & enquiries</p> <p>12. Awareness & application of legislation, local & national policy & procedural frameworks</p> <p>13. Demonstrates skills & knowledge to contribute effectively to the safeguarding process</p>
STAFF GROUP C Managers and Decision Makers	Safeguarding Adults – Prevention, Responding & Making Enquiries	<p>14. The provision of training & supervision to develop & promote adult safeguarding</p> <p>15. Robust inter-agency & multi-agency systems to promote best practice</p> <p>16. Support the development of robust internal systems to provide a consistent, high quality safeguarding adults’ service</p> <p>17. Chair safeguarding adults meeting or discussions</p> <p>18. Ensure record systems are robust & fit for purpose</p>
STAFF GROUP D Strategic roles (e.g. Governance & Board Roles, Elected Members) responsible for resourcing and multi-agency working	Services Workshops and Conferences re: Local and National Changes and Initiatives	<p>19. Lead the development of effective policy and procedures for safeguarding adults’ services in your organisation</p> <p>20. Ensure plans & targets for safeguarding adults are embedded at a strategic level across your organisation</p> <p>21. Develop & maintain systems to ensure the involvement of those who use your services in the evaluation & development of your safeguarding adults’ services</p> <p>22. Promote awareness of safeguarding adults’ systems within your organisation & outside of your organisation</p>

Appendix C

Checklist* for Benchmarking Safeguarding Adults Awareness Training

All safeguarding adults awareness training needs to address the following topics in order to meet the North East Lincolnshire Safeguarding Adults Board benchmark for awareness training:

1 Recognition of Abuse or Neglect

- Different types of abuse;
- Signs and symptoms associated with each type of abuse or neglect;
- Factors that may contribute to an individual being more at risk from abuse or neglect.
- Understand the meaning of “Adult at Risk”

2 Ways to reduce likelihood of abuse

- Working with Person-centred values;
- Promoting empowerment;
- Managing risk;
- Prevention;
- Describe how care environments can promote or undermine peoples’ dignity & rights

3 Understand dignity & respect when working with individuals

- Individuals' rights to exercise freedom of choice
- Right to live in an abuse-free environment
- Valuing individuality and being non-judgemental
- How personal values & attitudes can influence the understanding of situations
- Listening to individuals & giving time to communicate preferences & wishes

4 Responding to suspected or disclosed abuse and neglect

- Your responsibilities if you suspect an individual is experiencing or at risk of abuse or neglect, including contacting emergency services in cases of immediate danger
- Your responsibilities if an individual discloses they are being abused or neglected, including confidentiality, consent & information sharing
- Whistle Blowing.
- Importance of preserving evidence and recording

5 National and local context of protection from abuse or neglect

- National policies, local systems and existing employer's procedures that relate to protection from abuse or neglect;
- What to do if experiencing barriers to raising concerns;
- Sharing information.
- The role of the local authority (Duty to Protect)

*This checklist matches the requirements of the Care Certificate and reflects the requirements of the Care Act 2014

Appendix D

MCA Framework– staff group, type of course and resulting competence

Staff Group	Type of Course	Competence
STAFF GROUP A (All staff)	MCA Level 1 (module 1 of the Training Pathway)	<ul style="list-style-type: none"> • Understand the Act’s principles, and how the Act provides a framework for decision making for those over 16 who lack capacity • Understand in basic terms the role of the Court of Protection • Recognise the possible tension between a person’s freedom to make their own decisions and protecting them from exploitation and harm • Understand what it means to ‘lack capacity’ • Be aware of the need for decisions to be made in the ‘best interests’ of those who lack capacity • Be aware that restrictions can amount to a deprivation of liberty requiring authorisation • Understand the basics and importance of life planning including advance decisions and lasting powers of attorney • Be aware of the role of independent mental capacity advocates • Be aware of the requirements of local MCA policy and record keeping.

<p>STAFF GROUPS B (frontline staff with regular patient/ service users contact/ intermediate level)</p> <p>and</p> <p>C (supervisors, managers, senior decision makers and specialists)</p>	<p>Assessing capacity and best interests decision making (module 2 of the Training Pathway; face to face)</p>	<ul style="list-style-type: none"> • Identify when reliance on statutory presumption of capacity is inappropriate • Understand what factors impact on capacity or cause fluctuations in it • Know how to maximise decision making, taking all practicable steps to support autonomous decision making • Identify how a capacitous ‘unwise decision’ might be distinguished from an apparently unwise decision which the person lacks capacity to make • Know when and how to conduct role-relevant capacity assessments <i>[more complex decisions and/ or those with more serious implications may be conducted by higher level staff only, but the principles apply for all assessments by any staff member at whatever level]</i> • Be familiar with mechanisms for advanced decision making • Understand the roles of legally appointed decision makers such as attorneys or court appointed deputies • Identify when a lack of capacity means that a best interests decision will need to be made (via discussion or formalised best interest meeting) • Know the principles of best interest decision making as defined by MCA s4 • Learn how to make role appropriate best interests decisions <i>[where more formal decisions are required, higher level staff will learn techniques for chairing an effective best interests meeting; lower level staff will learn how to contribute to such meetings effectively]</i> • Identify the statutory triggers for the appointment of advocates • Understand the role of the Court of Protection and the High Court • Learn how to record assessments and best interests decisions lawfully and proportionately, using local templates
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<p>STAFF GROUPS B (frontline staff with regular patient/ service user contact/ intermediate level)</p> <p>and</p> <p>C (supervisors, managers, senior decision makers and specialists)</p>	<p>Deprivation of Liberty (module 3 of the Training Pathway; face to face or zoom)</p>	<p>All group B and C staff will:</p> <ul style="list-style-type: none"> • Understand the background and purpose of deprivation of liberty (DoL) authorisations in the wider human rights context • Recognise restrictive care and determine if it is necessary to prevent harm and proportionate to the risk of harm • Learn how to identify when restrictions may amount to a DoL – what are liberty restricting measures? • Be able to sensitively explain the meaning of DoL to a service user/ patient and their relevant others such as family members • Learn how to raise an alert that a DoL may be taking place • Learn how to identify that a DoL may need to be challenged. <p>The extent of the following competences is role-dependent, being applicable to higher level/ staff group C and to some in lower level/ staff group B:</p> <ul style="list-style-type: none"> • Identify the authority responsible for authorising a DoL • Know the difference between Standard and Urgent authorisations as part of the Deprivation of Liberty Safeguards (DoLS) • Understand the assessments required as part of an application to authorise a DoL, and role-relevant contributions • Learn how to seek an authorisation in North East Lincolnshire via DoLS (standard settings) and Court equivalent (non-standard settings) • Understand the role of representatives in supporting a DoL (the Relevant Person’s Representative (RPR), the 1.2 Representative and advocates) • Learn how to challenge a Deprivation of Liberty • Be aware of the Liberty Protection Safeguards (LPS) in overview.
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<p>STAFF GROUPS B (frontline staff with regular patient/ service user contact/ intermediate level) and</p> <p>C (supervisors, managers, senior decision makers and specialists)</p>	<p>MCA Level 2 (module 4 of the Training Pathway; face to face or live zoom)</p>	<ul style="list-style-type: none"> • Understand MCA duties and responsibilities at a role appropriate level • Know how to apply learning and implement local policy in day-to-day practice, at a role appropriate level • Identify when conflicts and challenges may arise and how best to respond to these at a role appropriate level • Understand the impact of evolving case law on practice, and the need to keep practice up to date • Understand how to secure the protection from liability (MCA s5/6) only offered by compliance with the MCA and the implications of failing to do so • Learn the importance of legally defensible decision making and robust record keeping • Consolidate knowledge gained across the MCA Training Pathway • Gain knowledge and skills relevant to role, resulting in increased confidence and ability to implement the MCA and DoL in practice.
<p>STAFF GROUP D Strategic roles (e.g. Governance & Board Roles, Elected Members) responsible for resourcing and multi-agency working</p>	<p>Services Workshops and Conferences re: Local and National Changes and Initiatives</p>	<ul style="list-style-type: none"> • Ensure procedure and systems to support MCA compliance are developed and embedded at a strategic level across own organisation • Ensure own organisation’s MCA training plans are in place, regularly reviewed and targets within them are met • Ensure own organisation’s MCA practice is regularly audited and identified issues are actioned • Champion MCA practice and awareness of supporting systems within and outside of own organisation • Contribute at Place to supporting all organisations to meet the objectives set out in local policy and procedures and in this strategy.

Additional complimentary MCA Training Pathway sessions

The following two courses are in addition to the MCA Training Pathway and act as complimentary sessions.

<p>Deprivation of Liberty Safeguards (DoLS) – Managing Authority’s roles and responsibilities</p> <p>Target audience: Care home managers/ senior staff and those responsible for making DoLS applications.</p> <p>Requirements: It is advised to complete MCA level 1, Assessing Capacity and Best Interest Decision Making, and Deprivation of Liberty standard and non-standard settings prior to completing this course.</p> <p>Duration: 50 min approx. recorded webinar.</p>
<p>About the course</p> <p>Intended to</p> <ul style="list-style-type: none">• improve delegates knowledge and skills• provide specific guidance on when and how to seek authorisation for a DoLS in North East Lincolnshire. <p>Course objectives</p> <p>On completion of this course, delegates will understand:</p> <ul style="list-style-type: none">• when to make an application for a DoLS authorisation• managing authorities responsibilities for those subject to a DoLS authorisation in their care• the relevant information when assessing capacity in respect of DoLS• the process for administering covert medication• how to identify and respond to a possible objection• role of the Relevant Persons Representative (RPR)

Court of Protection (CoP) non-standard Deprivation of Liberty (DoL) applications

Target audience:

Key workers/lead professionals who are required to complete CoP DoL applications. The course may also be Helpful for those who line manage/supervise those completing the applications.

Requirements:

Delegates must have completed MCA level 1, Assessing Capacity And Best Interest Decision Making, and Deprivation Liberty standard and non-standard settings prior to completing this course.

Duration:

35 minute recorded webinar

About this course

Intended to:

- offer practical support and guidance to those completing CoP DoL applications in North East Lincolnshire.

Includes a resource bundle.

Course objectives

On completion of this course, delegates will have:

- Clarity on the local CoP DoL application process and timeline
- Hints and tips for completing relevant paperwork
- Helpful resources.

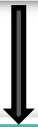
Mental Capacity Act Training Pathway

Mental Capacity Act 2005
Level 1
Introduction to the MCA and
DoL/S
(Recorded webinar & quiz – 1
hour approx)

Additional modules suitable for
frontline staff and their
managers. These modules
provide a comprehensive
understanding and support
putting the MCA/DoLS into
everyday practice.



Assessing Capacity and Best
Interests Decision Making
Workshop
(Full day face to face at Heritage
House)



Deprivation of Liberty Standard
and Non-standard Settings
OR
Deprivation of Liberty 16-17
year olds
(3 hours face to face at Heritage
House)

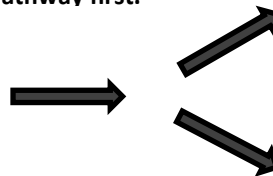


Mental Capacity Act 2005
Level 2
(3 hours face to face at Heritage
House)

**For those completing the
full pathway, the
modules must be
followed in order to
support and consolidate
learning.**

**Bookings made via
Quest. Please contact
info@focusquest.co.uk if
support is needed.**

Optional supportive
module aimed at
managing authorities.
Recommended to have
completed first 3 modules
of the pathway first.



Optional supportive
module aimed at frontline
staff and their managers,
who complete these
applications. To be
accessed *after* completion
of one of the Deprivation
of Liberty modules.

**Compliance as per ICB
Contracting**

MCA training/knowledge must
be refreshed annually. We
would recommend you keep an
MCA Training log to
demonstrate this requirement
has been met.

Minimum of annual refresher
opportunities via (for example)
events, newsletters and regular
MCA mini-series videos will be
provided. These will all count
towards your annual refresher
as well as attendance on any of
the pathway sessions.

**Additional resources and
information can be found on
[SafeNel](#) and [Livewell](#).**

Deprivation of Liberty
Safeguards – Managing
Authorities role and
responsibilities
(Recorded webinar – 1 hour
approx.)

Court of Protection non-
standard DoL applications
(Recorded webinar –35 mins)

Appendix E

Checklist* for Benchmarking MCA minimum training for frontline staff with regular service user/ patient contact

MCA training for frontline staff must address the following topics to meet the North East Lincolnshire Safeguarding Adults Board minimum benchmark for training:

Principle One: presuming capacity

- Understand their roles and responsibilities in relation to the MCA and be able to explain this to others.
- Knowledge of the MCA's first principle and its application to interactions with people in their specific job role.
- Understand the relationship between consent and mental capacity in the context of human rights.
- Understand the meaning of mental capacity in relation to how care is provided (CCS, standard 9.6).
- Recognise the time and decision-specific nature of mental capacity as it applies to interactions and job role.
- Identify concerns that would lead to an assessment of capacity being made and articulate these.
- Identify the specific decision to be made and who might be the most appropriate person to assess capacity.
- Undertake role appropriate capacity assessments.
- Maintain appropriate records where an assessment is necessary.
- Apply organisational policies and procedures in relation to mental capacity and assessment of mental capacity.

Principle Two: helping the person to make their own decisions

- Knowledge of the MCA's second principle and their responsibility for supporting autonomous decision making where possible.

- Recognise and respond to a person's communication needs and recognise when additional communication aids are needed (e.g. signers, interpreters, braille etc.).
- Consider environmental or other factors that might impact on a person's capacity (e.g. time of day, noise levels, who else is present), making reasonable adjustments where required.
- Listen to individuals and allow them time to communicate any preferences and wishes.
- Use effective communication and engagement skills to maximise the person's capacity to make a decision.
- Recognise coercive behaviour and the impact it may be having on someone's decision-making ability.
- Identify when provision of an advocate may be required and understand next steps to take, appropriate to role (e.g. referral to line manager or referral direct to advocacy provider).

Principle Three: unwise decisions

- Knowledge of the third principle of the MCA and rights to exercise freedom of choice and individuality.
- Understand that people with capacity can make decisions others think are unwise.
- Understand that a safeguarding referral may be needed even if a person has capacity, and that their consent for this should be sought wherever possible. Decisions are only made in the person's best interests, where they are shown to lack capacity in relation to the decision.
- Undertake risk assessments with the person, as appropriate to role.
- Recognise the importance of record keeping.
- Work within the data protection legislation in relation to information sharing, where risks are identified.



Principle Four: best interests

- Knowledge of the fourth principle of the MCA and how it should underpin any actions or decisions taken where a person has been shown to lack capacity for a specific decision.
- Understand that best interests can only be considered if the person has been shown to lack capacity in relation to a specific decision and the role of alternative decision makers such as an Attorney.
- Contribute to best interest decision-making processes relevant to role and relationship with the relevant person.
- Maintain appropriate records where a best interests decision is necessary.
- Be aware of how personal values and attitudes can influence the understanding of situations.
- Understand and apply organisational policies and procedures when making best interest decisions.
- See also 'National Safeguarding Adults Competence Framework (BU, 2016) – staff group A – for additional competency requirements where mental capacity in relation to safeguarding adults is relevant.
- See also PACE code of practice C para 1.4 and Note 1G.

Principle Five: less restriction

- Recognise restrictions and consider whether these can be reduced.
- Recognise where restrictions are placed on a person which may be out of proportion to the evident risk of harm and know how to raise a concern in relation to this.
- Recognise where a deprivation of liberty may be occurring and understand steps to take, appropriate to role.
- Understand the relationship between human rights and the way in which care is provided.
- Be aware of and apply organisational policies and procedures relevant to role, in relation to any necessary restrictions and how and when these should be applied, reviewed and recorded.



Appendix F

Adult Safeguarding: Roles and Competencies for Healthcare Staff ('the Intercollegiate document'): guide for workforce training strategy

Intercollegiate requirement	How the requirement can be met
<p>Level 1 All health care staff including (by way of example only), receptionists, administrative staff, caterers, domestic and transport staff, porters, community pharmacist counter staff, peer support workers and maintenance staff, board level executives and non-executives, non-clinical staff working in primary health care settings) Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of two hours. This should provide key adult safeguarding guidance.</p>	<p>All requirements met by attending the following Quest training sessions:</p> <ul style="list-style-type: none"> • Safeguarding Foundation • MCA level 1 (part of the MCA training pathway) <p>Alternative training options (not an exhaustive list):</p> <ul style="list-style-type: none"> • Elfh e-learning https://portal.e-lfh.org.uk/
<p>Level 2 This includes (by way of example only), administrators for safeguarding teams, health students, phlebotomists, pharmacists, 111/999 communications centre staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, nursing associates, clinical researchers, allied health professionals, ambulance staff, staff who work in virtual/online health settings who</p>	<p>All requirements met by attending the following Quest training sessions:</p> <ul style="list-style-type: none"> • Safeguarding Foundation • Safeguarding Adults: Prevention, Responding and Making Enquiries • MCA level 1 (part of the MCA training pathway)



<p>provide any health care online, registered nurses, medical staff and GP practice managers. Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours.</p>	<ul style="list-style-type: none"> Assessing Capacity and Best Interest Decision Making Workshop (part of the MCA training pathway) <p>Alternative training options (not an exhaustive list):</p> <ul style="list-style-type: none"> Elfh e-learning https://portal.e-lfh.org.uk/
<p>Level 3 Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role) This includes (by way of example only), safeguarding professionals, medical staff, general practitioners, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/ intellectual disability practitioners, health professionals working in substance misuse services, paramedics, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection (as appropriate to their role). Over a three-year period, professionals at level 3 should receive refresher training equivalent to a minimum of eight hours.</p>	<p>All requirements met by attending the following Quest training sessions:</p> <ul style="list-style-type: none"> Safeguarding Adults Training Pathway (Total of 8 hours) MCA Training Pathway (Total of 14 hours) <p>Alternative training options (not an exhaustive list):</p> <ul style="list-style-type: none"> Elfh e-learning https://portal.e-lfh.org.uk/
<p>Level 4 This includes (by way of example only), lead doctors, heads of adult safeguarding, and ICB Named</p>	<p>Attendance on the following Quest training sessions go towards (but will not fully meet) these requirements:</p>



<p>GPs/Doctors. Named professionals working in provider or commissioning services (this does not include Safeguarding Lead GPs in each practice setting who are at Level 3) Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include clinical leadership, appraisal, and supervision training.</p>	<ul style="list-style-type: none"> • Safeguarding Adults Training Pathway (Total of 8 hours) • MCA Training Pathway (Total of 14 hours). <p>Alternative training options (not an exhaustive list):</p> <ul style="list-style-type: none"> • Elfh e-learning https://portal.elfh.org.uk/
<p>Level 5 Designated Professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include leadership, appraisal, supervision training and the context of other professionals work.</p>	<p>Attendance on the following Quest training sessions go towards (but will not fully meet) these requirements:</p> <ul style="list-style-type: none"> • Safeguarding Adults Training Pathway (Total of 8 hours) • MCA Training Pathway (Total of 14 hours) <p>Additional alternative training would need to be sourced as required suitable to role.</p>

Please refer to the Intercollegiate Document ‘Adult Safeguarding: Roles and Competencies for Health Care Staff’ directly for full details of requirements (<https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>). Further topic specific relevant safeguarding training is also available; please refer to the local safeguarding training directory (<https://www.safernel.co.uk/jobs-and-training/adults-workforce-development/>).

