

# An evaluation of online safeguarding training: a mixed-methods study

Rosemary Godbold, Lisa Whiting, Anthony Herbrand and Honey-Anne Greco

## Abstract

**Purpose** – *The purpose of this study was to evaluate the efficacy of online safeguarding training following the switch from in person to online delivery in the Covid-19 pandemic, and its impacts on safeguarding practice across a large Integrated Care System in England.*

**Design/methodology/approach** – *A mixed-methods approach was used. Phase 1 comprised analysis of 2,415 postevaluation surveys across 29 safeguarding training sessions that yielded quantitative and free text data. In the second, qualitative phase, interviews were held with a variety of thirteen health and social care professionals.*

**Findings** – *Phase 1 findings demonstrated that, for most, online training was deemed to be effective for achieving training goals, with potential ongoing positive effects on safeguarding practice. Pros and cons of online training were identified, but ultimately, the convenience offered outweighed any loss of social and networking opportunities offered by face-to-face delivery. Suggestions were made for facilitating networking and collegiate working during online training. Actual impacts on safeguarding practice were described by health and social care practitioners who took part in the second, qualitative phase, demonstrating substantial ongoing changes to practice following online safeguarding training.*

**Originality/value** – *To our knowledge, the scale and scope of this study is novel, particularly the number of posttraining evaluation surveys included in the analysis. The qualitative phase yielded new insights into both the experience of online safeguarding training and lasting transfer of knowledge and skills gained to safeguarding practice in a variety of health and social care settings.*

**Keywords** *Safeguarding training, Online training, Learning transfer, Safeguarding practice*

**Paper type** *Research paper*

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## Introduction

Safeguarding is a key priority in the delivery of health and social care; the associated training is an integral and well-established mechanism for upskilling professionals in best practice (Pike, 2012, p. 54). This study aimed to evaluate online training delivered by both internal and external providers and its impact on the safeguarding practice of a range of health and social care professionals working across a large integrated care system in the East of England. The training was conducted both during and after the COVID-19 pandemic, following the rapid switch from face-to-face to online training delivery. In keeping with the goals of safeguarding boards, this study sought to inform ongoing approaches to safeguarding training as well as achieve better understanding of learning transfer and impacts on practice.

This study was conducted in 2 phases. In phase 1, analysis was undertaken of 2,415 postevaluation surveys across 29 safeguarding training sessions (that yielded both quantitative and free text data). Phase 2 comprised interviews with a variety of 13 health and social care professionals. Phase 1 findings demonstrated that, for the most part, online training was deemed to be effective for achieving training goals, with tangible ongoing positive effects on safeguarding practice. Pros and cons of online training were identified by participants, but ultimately, the convenience offered outweighed the loss of social and networking opportunities offered by face-to-face delivery. Suggestions were made for

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facilitating networking and collegiate working during online training. Ongoing impacts on safeguarding practice were described by health and social care practitioners who took part in the second, qualitative phase of this study, demonstrating the potential benefits of online safeguarding training.

## Background

In England, Safeguarding Adults Boards “ensure that there is awareness training for all health and social care staff and police who work directly with people with care and support needs,” “ensure that there is specialist training for all practitioners who have direct responsibilities for safeguarding work” and “evaluate effectiveness and impact of training” ([Social Care Institute for Excellence, 2025](#)). Likewise, local multiagency safeguarding arrangements for children must include provision of multiagency training, its commissioning, delivery and monitoring for impact ([HM Government, 2023](#), p. 40). However, methods for evaluating safeguarding training, particularly in relation to learning transfer and impacts on practice, are limited with few good-quality studies ([Preston-Shoot, 2020](#)).

Some evaluations of safeguarding training, both across multiple professional groups and targeting specific professions, and primarily using questionnaires/surveys, have been published. For example, Patrick *et al.* carried out a multidisciplinary audit, via a questionnaire, across a National Health Service [NHS] Trust with health care assistants, nurses, dentists and doctors, concluding that bespoke training for specific speciality groups was optimal and advocating for the use of methods such as simulation and case-based training (2020). However, this audit was predominantly focused on training quality and delivery, as well as staff confidence in reporting relevant situations to child protection teams posttraining; it did not explore long term impacts on other aspects of safeguarding practice. Likewise, [Pike et al \(2011\)](#) evaluated staff confidence and knowledge following safeguarding adults training; the authors surveyed a cross section of 647 health and social care workers in one English county, finding that training contributed to a 20% increase in knowledge, with improved safeguarding practices being linked to knowledge and action. They recommended a targeted approach to training needs but also did not explore longer term impacts on practice. In contrast, [Ochieng and Ward \(2018\)](#) gathered data via a questionnaire about both acquisition of knowledge and perceived changes to practice; participants were English nurses working in both primary and secondary care settings who had undertaken “Safeguarding of Vulnerable Adults Continuing Professional Development Training.” The programme resulted in potential positive effects in practice, but these were limited by barriers to making relevant changes.

The burgeoning international scholarship examining the pros and cons of online learning, following the rapid switch from face-to-face to online delivery in response to the COVID-19 pandemic, particularly in higher education settings, has resulted in a complete and lasting paradigm shift due to its many advantages. These include harnessing a plethora of digital technologies which can facilitate and enhance efficacy and learner experience, as well as opportunities for delivery to widely geographically dispersed groups ([García-Morales Víctor et al., 2021](#)). The efficacy and impact of online delivery of safeguarding training is less well understood. Other than [McDaid \(2024\)](#) who surveyed 233 designated adult safeguarding officers about their experiences of blended online and face-to-face training in Ireland, reporting largely positive responses (2024), there is a lack of studies that specifically evaluate online safeguarding training.

## Methods

In keeping with their obligations to evaluate efficacy and impact of safeguarding training, a Safeguarding Learning and Development Subgroup in the East of England commissioned this evaluative study with the aim of evaluating safeguarding training that was delivered to a range of frontline staff between 01.04.2021 and 31.03.2022. The evaluation had a specified

focus on two areas: the effects of the change from face-to-face to online delivery, and the impacts of safeguarding training on practice. There is discussion in the literature about the optimal way to evaluate the impact of safeguarding training, but no one effective method exists (Pike, 2012; Preston-Shoot, 2020). Of note, all the training evaluation studies found in the literature were undertaken using self-administered online questionnaires or surveys. While these methods are time efficient and can elicit large numbers of responses from a broad range of staff (Parahoo, 2014), depth of responses and examples of impact on practice may be lacking. Using educational theory, such as Kirkpatrick, 1977; Kirkpatrick's four step model (1977) for training evaluation, authors have highlighted the need to establish the transfer of knowledge acquired during training to changes in both policy and practice (Pike, 2012; Preston-Shoot, 2020).

While tangible outcomes and definitive links between training and changes to practice are hard to establish, sequential quantitative and qualitative methods have been advocated, with the added advantage of being able to assess lasting impacts at different time points:

"Qualitative and quantitative data can complement each other, with qualitative data giving meaning and richness to quantitative data. By combining both, a fuller picture can be produced."

(Department of Health, Department for Communities and Local Government, Local Government Association and NHS England, 2015 p. 19)

A mixed-methods approach was therefore adopted. The evaluation survey (phase 1) provided an immediate snapshot of trainee perceptions of safeguarding training, whilst qualitative interviews (phase 2) added depth to specific areas of interest (Gray, 2018). A reference group of safeguarding experts provided guidance on all aspects of the design and conduct of this study, including best methods for recruitment and formulation of the interview questions for the qualitative component.

### Data collection: Phase 1

Health and social care professionals working across the Integrated Care System [ICS] geographical area who undertake safeguarding training are routinely asked to complete an online evaluation survey comprising both open and closed ended questions immediately after they have completed training events; this might mean that a person who attended multiple trainings may have completed multiple evaluations. Closed-ended questions relate to all aspects of training delivery, from knowledge gained, relevancy of training to professional roles, the trainers' delivery style, knowledge and resources used in the session. Three open ended questions seek trainees' views on potential impacts on practice and identification of further training needs. A statistician used descriptive statistics to analyse the quantitative data (AH) and two experienced qualitative researchers (RG and HG) used inductive content analysis (Vears and Gillam, 2022) to analyse free text responses to the open-ended questions from 2,415 anonymous surveys completed from 135 training sessions covering 29 training events between April 2021 and April 2022. Table 1 includes the number of times each training was run in the time frame of interest and their names. All of the trainings listed in Table 1 are safeguarding training events, even though some of the names of the events may suggest otherwise. The findings from this analysis were used to inform the qualitative data collection (Phase 2).

### Data collection: Phase 2

Qualitative approaches aim to gain further insight into the experiences of participants (Grove and Gray, 2018). A total of 13 health and social care professionals, who had undertaken online training between April 2021 and April 2022, were interviewed either individually ( $n = 5$ ) or in pairs ( $n = 8$ ), with the primary aim of adding depth and richness to the findings from the evaluation surveys. While the survey responses gave insights into perceived possible impacts on safeguarding practice, interview participants were asked

**Table 1** The 29 different training events carried out during the time frame of interest and the number of trainees who attended each event

Events	No. of trainees	No. of sessions
Child protection conference training	58	5
Child sexual exploitation prevention, protection and investigation	50	4
<i>Disguised compliance &amp; avoidant families</i>	48	3
<i>Emotional wellbeing and coping strategies</i>	94	6
Graded care profile lite bite – A tool to be used when on-going neglect is of concern	55	6
<i>How to have conversations with adolescents about mental health</i>	70	5
HSAB multi-agency safeguarding adults awareness training	100	5
<i>Introduction to Mental Health</i>	73	6
<i>Physical abuse in children (including suspicious marks/ bruising in infants under six months)</i>	112	4
Safeguarding and child protection multi agency course	295	12
Safeguarding vulnerable groups	31	2
Spot the signs (youth suicide prevention course)	72	6
The trio of risk (domestic abuse, mental health and substance misuse).	100	4
Understanding and identifying neglect with a focus on early help	71	4
Voice of the child	42	4
Working with mothers with emotionally unstable personality disorder	108	4
Contextual safeguarding	49	3
Safeguarding ADHD/autism	105	5
The impact and dynamics of domestic abuse	126	5
Lunch & learn - bruising policy	85	5
Lunch & learn - domestic abuse	43	2
Lunch & learn: Prevent: <i>Misogyny &amp; violence against women and girls in the context of extremism</i>	58	4
<i>Mental health awareness</i>	59	5
Motivational interviewing	63	4
<i>Spot the signs suicide prevention training for adult practitioners</i>	76	5
Supervision; an introduction	37	4
<i>Trauma informed practice</i>	67	3
Trauma insight training	171	7
Twilight sessions - everyone's invited	97	3
<b>Note(s):</b> The training events that interview participants attended are in italics		
<b>Source(s):</b> Table by authors		

about actual and specific influences that the training had had on their safeguarding policy and practice. Given that all interviews were conducted at least a year following training (October and November, 2023), they demonstrated longer-term impacts on practice which would not have been captured solely by the immediate posttraining evaluation survey (Department of Health, Department for Communities and Local Government, Local Government Association and NHS England, 2015 p. 18).

Semistructured interviews were chosen to allow free flow of ideas from participants while ensuring key concepts were covered (Buckler and Moore, 2023, p. 235). The interview questions were formulated in collaboration with the study's reference group and were drawn directly from the main findings of the survey analysis and key areas they identified. An invitation to participate was sent out by administrators to all staff who had completed online safeguarding training during the time frame of interest. Recruitment was challenging, so to accommodate the availability of participants, both paired and individual interviews were

offered. While this decision was pragmatic, paired interviews can be both dynamic and interactive and the data collected was equally rich using both methods (Wilson *et al.*, 2016). Braun and Clarke's six-step process of thematic analysis was used for analysing the qualitative interview data because it provides a method for "developing, analysing and interpreting patterns across a qualitative data set using systematic processes of data coding and theme development" (Braun and Clarke, 2022, p. 4). Two members of the research team (RG and HG) used N-VIVO qualitative data management software to carry out coding and a joint, reflexive approach was used for theme development – resulting in the identification of two key themes.

## Ethics

Potential participants in Phase 2 were provided with an information sheet which set out the aims of the study and what it entailed. Those who agreed to be interviewed signed a consent form and were assured that taking part was entirely voluntary, that they could withdraw at any time, and that their identity would remain confidential. The University of Hertfordshire Ethics Committee with Delegated Authority gave ethics approval (study protocol number HSK/SF/UH/05377).

## Findings

Firstly, we present a brief overview of the survey data (Phase 1), this is followed by the findings from the interviews (Phase 2).

### *Phase 1: Survey findings*

The quantitative analysis of the survey data revealed overwhelmingly positive experiences across all training events. In all, 99.0% ( $n = 2,377$ ) of survey respondents agreed or strongly agreed that safeguarding training achieved its aims. Across the training events, 99.4% ( $n = 2,356$ ) of respondents agreed or strongly agreed that trainers demonstrated sound knowledge of their topic and 98.7% ( $n = 2,335$ ) that the trainers responded well to questions. Engagement levels during online sessions were generally high, 95.1% ( $n = 2,252$ ) of trainees felt they could contribute during most of the online sessions. However, as the number of participants increased beyond 26, this percentage decreased, suggesting that larger group sizes may hinder individual participation. In terms of learning outcomes, 98.2% ( $n = 2,316$ ) of respondents agreed or strongly agreed that they had a greater understanding of the topic following training and 93.7% ( $n = 2,197$ ) reported improved confidence in inter-agency collaboration. In all, 98.6% ( $n = 2351$ ) of respondents either agreed or strongly agreed that the training would influence their future practice, indicating a positive impact on professional development.

Inductive content analysis was chosen to analyse the free text open ended survey responses (Phase 1) because it is a method of qualitative data analysis well-suited to use in relatively small-scale, non-complex research such as this (Vears and Gillam, 2022). Through this process, four themes were identified:

1. Knowledge acquisition;
2. Attitudinal change;
3. Consequence of training; and
4. Training delivery.

Table 2 illustrates how this was carried out.

Table 2 Illustrating the process of content analysis carried out in Phase 1 on the free text survey data by HG (R1) and RG (R2) using Vears and Gillam's five-step process	
Step 1: Read and familiarise	Both researchers read through a sample of the individual word files to get a sense of the data which was extracted from the survey responses by R1
Step 2: 1st round coding, identifying big picture meaning units	R1 began coding the files individually creating initial codes. R1 then cross checked the coding and coded separate individual files using the initial codes. The codes were inputted into an excel spreadsheet. New codes were added as they were identified and duplicates removed. R2 carried out coding of 9 of the files to ensure consistency across the analysis. Here we started identifying big picture terms. R2 looked for big picture categories in the codes as they were developing
Step 3: 2nd round coding; developing subcategories and fine-grained codes	The big picture categories were clustered, by R2, into groupings of similar codes within sub-categories; this was an iterative, fine grained process discussed with R1 throughout the process
Step 4: Refining the fine-grained subcategories	R2 refined the big picture and subcategories with the codes identified across the survey data. All codes were then placed in big picture and subcategories and cross checked by R1
Step 5: Synthesis and interpretation	4 final themes were agreed by R1 and R2 which provided richness, depth and relevance to the research context (Vears and Gillam, 2022, p. 112)
Source(s): Table by authors	

Free text survey responses demonstrated that most respondents felt that training had provided new, relevant, current, evidence-based topic knowledge which gave them an enhanced ability to carry out safeguarding roles (Theme 1), including heightened awareness of risk factors, increased professional curiosity and when and how to report. However, gaps in training were identified, particularly relating to context and population specific content. Respondents also highlighted the potential for case studies to be used more in training, and untapped opportunities to draw on, and bring in, trainees' own considerable professional experiences. It was evident that, for some, training had led to attitudinal changes (Theme 2), including increased awareness and sensitivity towards at risk populations, acting as a catalyst for critical self-reflection. Survey respondents identified a number of potential positive consequences of training (Theme 3), including changes to work practices and improvements likely to benefit both service users and colleagues, particularly in relation to sharing information and resources discovered during training. The free text survey data also indicated a greater preference for online training delivery (Theme 4). However, while technological issues became less of an issue as people became more familiar with its use, greater attention to strategies to increase networking, collegiate discussion and engagement of trainees during sessions was requested.

### Phase 2: Interview findings

The interview participants had a variety of professional roles working with both adults and children; their exact post titles have been altered slightly to more generic terms to protect confidentiality, but they were: accommodation managers, police, community nurses, safety coordinators, employment, training and education advisors, safeguarding specialists, victim liaison and community protection officers. All participants had attended at least one safeguarding training within the target period, some more (see Table 1). Through the process of thematic analysis of the phase 2 interview data, two key themes were identified: value of training and facilitation of training and support. Table 3 demonstrates the interview data analysis process using Braun and Clarke's 6 step thematic analysis (2022). The qualitative findings are presented using illustrative quotations from participants.

### Theme 1: Value of training

This theme demonstrates how changes in practice that had resulted from learning had become embedded in day-to-day work, adding value to professional roles through both knowledge and skill development, as well as dissemination of knowledge.



**Table 3** Demonstrating the Phase 2 interview data analysis process HG (R1) and RG (R2) using Braun and Clarke's six-step thematic analysis (2022)

1. Familiarising yourself with the dataset.	2. Coding: Carried out using Nvivo?15 qualitative data analysis software	3. Generating initial themes	4. Developing and reviewing themes	5. Refining, defining and naming themes	6. Writing up
<p>Researcher 1 (R1) and Researcher 2 (R2) each conducted some interviews and both were present at each paired interview</p> <p>Notes were taken by R1 and R2 during data collection and initial "noticings" were discussed</p> <p>The transcripts were read in full by both R1 and R2</p>	<p>The transcripts were anonymised and uploaded to Nvivo?15</p> <p>R2 began the coding process with 2 initial transcripts, developing initial codes</p> <p>R1 then went through R2's initial code development and coding of the first transcripts</p> <p>R1 then coded a third transcript using the initial codes developed by R2, adding 5 further codes. R2 then checked through R1's coding. R1 and R2 met to discuss and refine initial codes and the further 5 codes were added by R1 during her coding of a third transcript</p> <p>The remainder of the transcripts were coded</p>	<p>R2 began clustering codes into themes and subthemes</p> <p>R1 reviewed the initial code clustering into themes and subthemes</p> <p>Where there was ambiguity about which codes should be allocated to which theme/subtheme, R1 and R2 jointly examined the section of data which had been coded within the broader context of the transcript</p>	<p>R1 and R2 both reviewed the codes included under each of 4 themes and subthemes</p> <p>R1 and R2 met to discuss the code clustering and initial naming of themes and subthemes.</p>	<p>The theme and subtheme names were refined and agreed</p> <p>Codes included under each theme/subtheme were reviewed again independently by R1 and R2</p> <p>R2 went back regularly to the code book to ensure that all coding matched the codes and themes as they were being refined</p> <p>There was one further meeting between R1 and R2 to change one theme into a subtheme (Balance)</p>	<p>R1 wrote up the process of data analysis</p> <p>R2 initiated the write up of the themes</p> <p>R2 identified representative quotes</p> <p>R2 highlighted stand out examples of where the training had lasting and substantive impacts for practice</p> <p>R2 identified specific suggestions from participants to enhance future training</p> <p>R1 and R2 met regularly during the write up phase to discuss all elements, such as choice of representative quotes and maintenance of participant confidentiality. The final report was shared and agreed by all contributors [LW, RG, HG &amp; AH]</p>

Source(s): Table by author

Participants said that that the safeguarding training that they had attended covered the content they needed and had relevance to their professional roles which enabled them to more effectively carry out the safeguarding aspects of their jobs on very practical levels. For example, they described how their learning led to greater understanding of what they needed to be observant about, reporting an increased ability to identify risks, and respond to and escalate issues when required:

"So it it's all relevant the training that we are doing, it's relevant at different times of the year [...], we always need it. It is all relevant [...]. different times, different clients." P2

"Such a really useful training session. Because it sort of brings to life all the different areas and what to be looking out for when you're going into a family's home [...]. to then think, 'Oh, well, actually, no, this isn't right,' and then where to escalate it. And then what you can put in place." P13

Participants mentioned an increased awareness of the importance of looking beyond surface level resulting from training:

"Sometimes you've got to dig a little deeper, and look at who you're dealing with, or the family units, so be a bit slower paced and unpick things." P6

Importantly, meaningful observation, increased understanding and improved awareness was thought to lead to more timely and accurate referrals:

"So, we're looking out for those signs so we can then refer on to the people that can actually, put things in place or work with those people." P1

Participants explained how increased understanding from training led them to essential insights which directly enhanced their work with clients in safeguarding contexts:

"It's great having the training to recognise, to appreciate what these young people are going through, and that it is trauma." P10

"On one of the courses they spoke quite a lot about early childhood trauma and how that might manifest in a child, or potentially a young adult. That's really helpful to us." P6

For some, these essential insights also led to greater empathy and critical self-reflection, with knock on positive impacts for practice:

"It opens your eyes [...]. how can I ever know how that person feels? So, for someone to give me an idea of how that feels for that person makes a huge difference on how I approach them, how I deal with them." P4

"One of the things that I picked up is getting the perspective of families and hearing their voice. And that had come up in various courses. I sort of thought, 'Well, how do I do that?' you know, how do I gather that with my work." P11

Training about language use and techniques for communicating with service users in safeguarding situations was highly valued:

"I would now feel confident using some of the techniques. [...] and the terminology we were told to use in conversations to chatting with that young person, whereas before I would avoid anything about their mental health and not brought the subject up." P3

These insights have also led some to initiate changes in workplace processes:

"On our form that goes out initially to parents, we've now got a little box for the child's voice. And we've had some lovely things. Some heartbreaking things [...]. And when you haven't actually got access to the child, just having their parent say, 'What do you think about this?' [...] is really, really useful [...] it definitely linked to the course for that" P11



Many participants spoke about how the training taught them about relevant resources which they were using to enable safeguarding practice:

"Now I'd actually be able to bring it up in the conversation and really use those signposting tools to allow them to be able to make informed decisions about how they reach out for further assistance if they need to." P3

Through strengthened knowledge, using new skills developed in training, and reinforcement of existing work practices, participants reported having more confidence in their safeguarding action and decisions:

"Doing all this training [...] definitely gave me the confidence just to push it that little further rather than thinking [...] perhaps somebody else will pick it up but now I'm thinking I cannot rely on somebody else. This is now my responsibility." P4

"It's literally you've got that knowledge and you've got that confidence to know when something is wrong and then what your next step is." P13

Potential ongoing benefits of training went beyond the person attending, and some participants described how they had shared their learnings with both service users and colleagues:

"Discussing the training that we've done and we are all invited to share those at the team meetings [...] it's really good because if they haven't been on the training, you can bring that to the freshness of their minds as well." P8

"Agency information that I took away [...] I gave to some of my colleagues in the Council." P5.

As well as sharing learning from training, some were motivated to then explore the topic further. For one, it was a catalyst for them to try a new area of practice:

"I went and did an attachment [...] with our safeguarding unit [...]. That was only through a piqued interest, and just to secure that learning in safeguarding." P7

## Theme 2: Facilitation of training

A key part of this project was to ascertain trainees' experiences of the delivery of safeguarding training, with consideration being given to in person versus online delivery. Interview participants explained how the trainers' knowledge, ability to communicate ideas and effective use of slides impacted on trainee engagement and success of sessions:

"I think that the person who was doing the training was very knowledgeable and actually explained things [...] to ensure that everybody have that same understanding." P8

"There was a particular session that I went to that was a whole afternoon and it was slide after slide after slide. And I ended up doing my emails because I just couldn't bear it anymore." P12

Participants reported how a variety of methods used by trainers supported effective learning. Interaction with the trainer and other trainees, especially sharing experiences, enriched the sessions. Of particular value was learning about how different professionals in a variety of contexts managed safeguarding issues:

"I felt that there was a lot of group interactions, a lot of thought-provoking experiences shared, which I thought was good. Because there was a lot of different agencies at the training as well, so you got a greater insight from other organisations [...]. That was quite beneficial." P10

Activities that reinforced learning and applied knowledge and skills to practice helped participants meaningfully engage with the training. One example given was the use of a quiz. In addition, trainers that used specific exemplar case studies which could then be

applied to trainees' own practice was seen as particularly effective for achieving understanding and bringing the session to life:

"I remember there were case studies which were real, obviously anonymised, and they were so relevant to the work that we do. They were brilliant." P11

It was also felt that trainees had a wealth of experience from a wide variety of inter-disciplinary and varied contexts which could be further harnessed to facilitate applied learning:

"Everybody's got really good examples of where they've had these situations and I find that really useful to see how other people have dealt with them in case I was to then ever to be faced with that [...]." P3

While group work was advocated as a method for engagement and application of knowledge, experiences were not always positive. The use of breakout rooms needed to be well managed and when they were not, participants could feel awkward or ineffective:

"When we started [online training due to COVID] initially break out rooms, it's like, what. is this? But people are a lot more used to them now [...] you get out what you put in." P9

"There were two leaders [...] and they would bounce through the groups [...] if you were stalling for something, they would generate the conversation [...] to make sure it was going". P7

Participants' views on the switch from face-to-face to online delivery of training during the pandemic were mixed; whilst some preferred the face-to-face, most favoured online delivery – the reasons mainly related to convenience, time saving, being cost effective and eliminating the need to travel.

"I did some face-to-face training last week [...] all I was thinking about was, 'I have to leave early because I have to get back for another meeting' [...]. I was thinking, 'Right, it took me an hour to do a 20-minute journey. If it's going to take me that I'm going to be late for this meeting'. So, I didn't absorb as much as I should have done." P12

The lack of face-to-face interaction was the most cited disadvantage of online training, relating to the benefits of meeting with people in person, networking and ensuring trainee engagement in essential training:

"I think there's a lot to be said for the before the meeting chats, and the team coffees. Where probably beforehand, I would have said I absolutely hate it, and there's nothing more cringeworthy, and the icebreakers, and all the rest of it. But actually, when it comes to group work and networking and things like that, it's so much more meaningful." P7

In contrast, one participant felt that face-to-face interaction could actually reduce the focus on the training; for others, online was seen to open up opportunities for networking with a broader range of professionals:

"Sometimes I think when you're face to face [...] all the interaction it can take over from the actual learning workshop." P3

"It was really nice to actually see such a diverse section of professionals doing the training." P8

Participants were mixed about whether their own wellbeing was well managed during training:

"I don't think they think about the impact of professionals on you know the work that they do [...] It's all about the people we are dealing with and not about us." P3.

"They say at the end. that was hard going. So if you need to speak to anybody about it then you know please feel free. So that's always covered definitely." P6

## Summary of findings

Both the survey and interview data indicated that overall, staff had positive experiences of training. The switch from face-to-face to online delivery took some adjustment. However, the advantages of the online approach (such as time and convenience) considerably outweighed the loss of networking and social opportunities from in person workshops. Importantly, the qualitative interviews demonstrated that safeguarding training can have a lasting impact for professional practice with substantive ongoing benefits in a variety of practice settings, of which all of our interview participants provided examples.

## Discussion

### *Online versus face-to-face training*

The survey and interview data both highlighted pros and cons of online delivery, demonstrating that, on balance, there is a preference in favour of online rather than in person training. In keeping with McDaid's evaluation of online safeguarding training (2023), this was mainly because of the flexibility offered. However, promoting and sustaining learner engagement throughout sessions was a key consideration, particularly given the online contexts in which people are easily distracted (for example by work emails) and to prevent the ubiquitously termed "death by PowerPoint" (Roberts, 2017). Methods appreciated by our participants for encouraging and sustaining individual engagement included the use of case studies and examples from practice, both of which were viewed as key to facilitating application of learning (McDaid, 2024).

Following an audit to assess the safeguarding knowledge of holders of a Safeguarding Children Level 3 certificate, Patrick *et al.* (2020) concluded that tailored training for specific disciplines would be most effective. In contrast, our participants highly valued inter-disciplinary learning. Opportunities for interaction with others, particularly those from other professions, were seen to be integral for enhancing learning, achieving engagement, and counterbalancing the lack of networking opportunities and social contact lost with the switch to online delivery. Inter-disciplinary and multiagency collaboration is a key requirement of effective safeguarding practice (Preston-Shoot, 2017) and when included as a learning approach within training, has the potential to promote and model best practice.

Breakout rooms were suggested as a potential method to facilitate inter-disciplinary learning, as well as networking, sharing examples from practice, and professional discussions. However, careful management by the trainer was seen as essential to ensure a successful learning experience. Learners tend to prefer smaller groups and enjoy their use if others in their breakout room are actively engaged in activities (Sharmin and Zhang, 2022). Suggestions given by our participants to promote engagement and learning in breakout rooms included trainers going into them to facilitate discussions, keep participants "on topic", ensure rooms were not dominated by one individual, and answer any questions. Pre-planning by the trainer to ensure effective size and make-up of groups that include multiprofessional representation is recommended. Our participants made a number of other suggestions to enhance training, including wellbeing support for participants, and service-user involvement – something that is well established and highly valued in safeguarding practice and social work training (Wallcraft, 2012).

### *Impact of training on practice*

Our study indicated that safeguarding training led to increased confidence in practice, with respondents reporting better inter-agency collaboration, feelings of empowerment that resulted from greater preparedness to deal with safeguarding issues and an ability to act as advocates for at risk service-users across both adult and child safeguarding contexts. These findings accord with Pike *et al.* (2011) who carried out a survey of 647 health and

social care professionals across one English county and found that within safeguarding practice, confidence linked knowledge and action; we know that uncertainty can act as a barrier to clinicians referring onwards when confronted with suspected safeguarding concerns (Offen, 2021). Our findings also align with Patrick *et al.* (2020), who found that trained practitioners are more likely to refer matters to child protection teams when they have safeguarding concerns.

As a recommendation from their survey, Pike *et al.* (2011) called for consideration of training transfer, specifically whether knowledge acquired through training translates into “changed safeguarding behaviours and practice” (p. 272). This aligns with the goals of adult and children’s safeguarding boards to evaluate the effectiveness of safeguarding training. However, the most appropriate evaluation methods for establishing the transfer of knowledge to practice remains a vexed issue (Preston-Shoot, 2020; Pike, 2012). Much of the literature evaluating safeguarding training references Kirkpatrick’s 4 step taxonomy for measuring effectiveness of training outcomes (1977). Having found Kirkpatrick’s model overly simplistic, Thalheimer, 2018 developed the 8 step “Learning-Transfer Evaluation Model” (LTLEM) (2018) which culminates in tier 8 in which the learner not only “demonstrates full agency in applying the learning” (tier 7) but achieves “effects of learning transfer on outcomes for others”, including co-workers, organisations and community as well as society. While our immediate posttraining evaluation survey responses indicated the potential for learning transfer, our qualitative findings demonstrated actual transfer, with evidence of learning across all tiers of the LTLEM, particularly tier 8. Although outcomes from training are notoriously difficult to measure, our interview participants provided multiple, detailed examples of its direct, on-going positive impacts on many areas of their safeguarding practice. These included an enhanced ability to connect with at risk and vulnerable individuals, importance of accurate and timely observation of physical signs of potential abuse, policy change and sharing of new knowledge across teams and with service-users.

Professional curiosity is key to effective safeguarding practice and has been described as “enquiring deeper and using proactive questioning and respectful challenge, understanding one’s own responsibility and knowing when to act, rather than making assumptions or taking things at face value” (Thacker *et al.*, 2019, p. 253). An analysis of 37 Serious Case Reviews and Safeguarding Adult Reviews relating to self-neglect between 2013 and July 2017 by Preston-Shoot (2017) found that failure to employ curiosity, at both individual practice and organisational level, led to failings to protect those in need of support, assistance, or protection from adult safeguarding (Thacker *et al.*, 2019). Across our interviews, examples were given of how safeguarding training had provided relevant skills and confidence to be professionally curious in practice. One participant told of their newfound ability to respectfully challenge when a child had unusual skin markings, equipped with the knowledge to differentiate signs of abuse from naturally occurring Mongolian blue spot. Another explained how training had increased their confidence to communicate effectively with young people expressing suicidal thoughts, using techniques and terminology to confidently talk openly with clients where previously they would have avoided these difficult conversations. Participants also spoke of how knowledge gave them greater awareness of what to look for and how to go deeper with their observations and questioning.

### ***Strengths and limitations***

The main strength of this study was that it provided a unique insight into online safeguarding training; the mixed-methods approach enabled a breadth of quantitative data to be further enriched by the qualitative phase. Whilst recruitment for the interviews was initially challenging, the offer of both individual and paired data collection facilitated it; It is acknowledged that the views of the interviewees may not have been representative of

everyone who completed the training – nevertheless, the Phase 1 and 2 data reflected each other. The subjective nature of qualitative data in particular means that research rigour may be questioned. To enhance trustworthiness, a clear audit trail and reflexive approach was maintained throughout the study. Regular meetings were held with our expert reference group who provided an objective and questioning assessment of each stage of the study. While our interview participants made clear links between enhancements in their safeguarding practice and trainings they'd received, further research is required to explore longer-term impacts.

## Conclusion

Online safeguarding training offers multiple advantages over face-to-face delivery, including convenience and time efficiency for busy professionals. However, close attention is required to delivery methods to ensure sustained engagement and effective knowledge transfer. Our study provides novel insights into long term positive impacts of online training for safeguarding practice across a variety of health and social care contexts and professional roles. Contrary to other research, our findings highlight considerable potential benefits of inter-disciplinary training which, when effectively managed, can achieve cross-disciplinary learning and counter the loss of social networking which resulted from the move from in person to online delivery. Finally, this study revealed a range of suggestions to enhance training, including service user involvement and consistent consideration of trainees' wellbeing during and following training, which have been forwarded to the commissioners for implementation.

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