



Gweithdrefnau Diogelu Cymru  
Wales Safeguarding Procedures

# National Safeguarding Training Standards

## Acknowledgements

### Members of development group

- Association of Directors of Education in Wales (ADEW)
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- Mid and West Wales Regional Safeguarding Board
- National Adult Safeguarding Leads Group
- National Children Safeguarding Leads Group
- National Safeguarding Team (NHS Wales)
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- National Youth Advocacy Service
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- Public Health Wales
- Social Care Wales
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## About the National Safeguarding Training Standards

Social Care Wales has been leading on the development of the National Safeguarding Training Standards. The standards have been co-produced by a multi-agency national development group as well as other groups focused on specific aspects of the work.

The standards were developed because there:

- were no multi-agency, national standards for safeguarding training in place
- was a lack of consistency in the design, content and provision of safeguarding training across organisations in Wales
- was confusion around the appropriate levels of safeguarding training for the workforce.

The standards will help organisations make sure:

- they incorporate the standards for practitioners into their safeguarding policies and procedures
- practitioners understand their responsibilities relevant to the group they're in and how to follow the relevant policies and procedures
- all practitioners have access to and comply with the Wales Safeguarding Procedures.

### Who are the training standards for?

The training standards are relevant to everyone working in:

- local authorities
- social care
- early years and childcare
- health
- police
- education
- probation
- inspectorates
- third and independent sector organisations
- commissioned providers

- agencies or organisations that work with all the above services.

All agencies working together is vital for effective safeguarding and the standards encourage multi-agency training whenever possible.

There is a wealth of knowledge to be gained by being trained alongside multi-agency partners, which can lead to more collaborative working and better outcomes for people. The principles of safeguarding and the values around this are the same for everyone.

### The terms we've used

The term 'safeguarding people' includes children, young people up to the age of 18 and adults at risk.

We've used the term 'practitioner' in the standards so they align with the Wales Safeguarding Procedures.

We've split the standards into six groups (A to F) that reflect the roles and responsibilities of people who may be involved in safeguarding practice.

The multi-agency National Safeguarding Standards Development group chose the term 'groups' and agreed that the groups will be consistent with the levels noted in the roles and competencies for healthcare staff ([children](#) and [adults](#)). So group A, for example, is equivalent to Level 1.

You can find more information about the terms we've used in the glossary at the end of this document (Appendix 1)

### How the standards have been set out

The purpose of these standards is to make sure everyone in Wales gets consistent and good quality training that's relevant to their role and responsibilities, and that we, as practitioners, can safeguard people to the best of our ability.

If a practitioner sits in:

- Group A – this is for everyone. They need to have a basic level of awareness of safeguarding and know how to report a concern
- Group B – this is for people who work directly with people. They should have a higher knowledge of safeguarding, know who to talk to if they notice something is wrong and how to report a concern
- Group C – this is for people who work directly with people that have particular safeguarding responsibilities. They need to be able to respond to safeguarding concerns.

The other groups are:

- Group D – this is mainly for statutory agencies with higher-level decision-making powers
- Group E – this mainly consists of social services personnel in strategic leadership roles, along with their key statutory partners
- Group F – this includes all public sector leaders.
- There is information about which roles each group applies to in pages 11-15

The standards apply to people of all ages, but we appreciate that some practitioners may specialise in working with adults or children. This will be acknowledged in the training framework that accompanies these standards.

Safeguarding work can be emotional and hard and therefore the standards highlight the need to support practitioners and promote their wellbeing. Without support, practitioners may experience burnout, compassion fatigue, secondary trauma and high stress levels. This can lead to staff sickness, staff leaving their role and a lack of continuity and consistency for the public who are often most at risk.

There are examples of excellent safeguarding practice across Wales, and we encourage sharing good practice. Please visit your Regional Safeguarding Board website for more information on this.

### **Build of Knowledge**

The safeguarding training standards are written in a way that everybody can see what each practitioner is expected to do when fulfilling their safeguarding duty. Each group of practitioners will have different responsibilities. Training and development opportunities will match the role of the practitioner so that they are well prepared and skilled to carry out their role. When looking at the standards across the groups, it may look as if they are repeated, however practitioners in different groups will need to have more detailed knowledge and understanding because of the responsibilities they have. Therefore, the training provided for each group will explore the same topics in more depth. Some examples of this are:

- The law and legal framework
- The roles of different agencies and multi-agency working

It is expected that most practitioners will complete the group A e-learning (or equivalent) at some point in their career. Organisations and managers / employers may set requirements within their organisation for the completion of this module.

### **Refresher training**

When practitioners have completed the training required for the standards that link to their role, they will continue their safeguarding refresher training in line with their role and responsibilities for that group. For example, a group C practitioner who has

completed their core training will consider refresher training in areas such as child sexual exploitation, Prevent, Deprivation of Liberty Safeguards<sup>1</sup>. They will not be expected to repeat training related to groups A and B unless their organisation requires them to do so.

The standards set for group A are essential for all practitioners, in every group. These standards cover the key parts of safeguarding and without this knowledge and understanding, mistakes could be made and people will be at risk.

Practitioners included in group A are required to be **aware** of safeguarding matters and therefore the standards are set to reflect the minimum level of knowledge and practice required for their role. For example, a group A practitioner will be aware that there is law that safeguards people.

The practitioners in group B will have **more responsibility** for safeguarding therefore the standards for group B practitioners are set so that the training helps them develop a greater understanding of safeguarding matters. For example, group B practitioners will need to show that they **understand** the law and put it into practice throughout their day-to-day work.

For group C practitioners, their **safeguarding duties are greater** and they will have decisions to make about keeping people safe and when they need to put protection processes in place. These practitioners will need to have all of the knowledge and understanding of the standards in groups A and B **plus** additional knowledge to make sure they carry out their role in line with the law. For example, group C practitioners will be able to **understand** the law **and apply** it to their day to day safeguarding and protection practice.

Group D practitioners often hold specialist safeguarding roles, either in addition to a main role or as a specialist safeguarding practitioner. They will **provide advice and support** to colleagues within and outside their team and organisation. They will need the knowledge and understanding of the standards for groups A to C and also have **experience and knowledge** of working in more complex situations. For example, group D practitioners will have a thorough understanding of safeguarding and protection law. They will also support colleagues to apply the law to their practice when making decisions around a person's safety.

## Key Legislation and guidance

[The Social Services and Well-being \(Wales\) Act 2014](#) came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support. The Act is made up of 11 parts, with part 7 relating to safeguarding. This legislation provides the framework for the Wales Safeguarding Procedures.

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<sup>1</sup> Liberty Protection Safeguards (LPS) - the Deprivation of Liberty Safeguards (DoLS) process will soon be replaced by the LPS process, and the training standards will be revised accordingly once the new process is in place

Accompanying the Act, the Welsh Government has published statutory safeguarding guidance, [Working Together to Safeguard People](#).

The [Wales Safeguarding Procedures](#) have been designed to allow frontline practitioners and their managers to apply the legislative requirements and expectations of the [Act](#).

The aim is to improve person-centred outcomes for adults and children at risk of abuse, harm and neglect. The procedures also recognise other relevant legislation, guidance and protocols.

- [Children Act 1989](#)
- [the Mental Capacity Act 2005](#) (as amended) – you should make sure the spirit of the Act is embedded in practice for all adults at risk

Additional legislation and guidance (this is not an exhaustive list)

- [Domestic Abuse \(Violence against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015](#)
- [Domestic Abuse Act 2021](#)
- people must feel they are an equal partner in their relationship with professionals. The [Code of Practice under Part 10 of the Social Services and Well-being \(Wales\) Act 2014](#) sets out how local authorities, in partnership with the person, must decide how advocacy could be used to support the individual to meet their personal outcomes
- [the European Convention of Human Rights, particularly Articles 2,3,5,6 and 8](#)
- [the United Nations Principles of Older Persons](#)
- [the United Nations Convention on the Rights of the Child](#)
- [Welsh Language Standards and the More than Just Words Framework](#)
- [Children \(Abolition of the Defence of Reasonable Punishment\) \(Wales\) Act 2020](#)
- [Data Protection Act 2018](#) and [General Data Protection Regulation \(GDPR\)](#)
- [Well-being of Future Generations \(Wales\) Act 2015](#)
- [Female genital mutilation \(FGM\) Act 2003](#)
- [Modern slavery Act 2015](#)



- [Statutory guidance – Keeping learners safe \(education\)](#)
- [Part 7 of the Social Services and Well-being \(Wales\) Act 2014 – Working Together to Safeguard People statutory guidance](#)
- Other relevant statutory guidance can be found for your organisation or profession by contacting your Regional Safeguarding Boards.

### **Social Services and Well-being (Wales) Act principles**

The Social Services and Well-being (Wales) Act has five principles:

- voice and control – of the individual
- prevention and early intervention – to prevent escalation of issues
- well-being – of the individuals, to be promoted by everyone carrying out functions under the Act
- co-production – between the person and agencies, across agencies and sectors, co-producing services and solutions
- multi-agency – in this case, safeguarding is everybody's responsibility.

The principles that underpin [safeguarding](#) practice in Wales are:

- safeguarding is everybody's responsibility
- taking a child/person-centred approach at all times.

## Memorable principles

### For everyone

- Safeguarding is everyone's responsibility

### Group A

- I know what the term safeguarding means
- I know what to look out for
- I know who to report to

### Group B

- I am a key part of the safeguarding process
- I know when, how and who to report to
- I will make sure the individual's voice is heard

### Group C

- I understand that voice and control of people is key to decision making – child/person-centred practice
- I understand everyone's roles and responsibilities in the safeguarding process
- I show the ability to make clear and proportionate decisions

### Group D

- I will lead the organisation's safeguarding agenda
- I will make sure that people's voices are heard at each stage of the process
- I will use my knowledge and expertise to enhance safeguarding practice

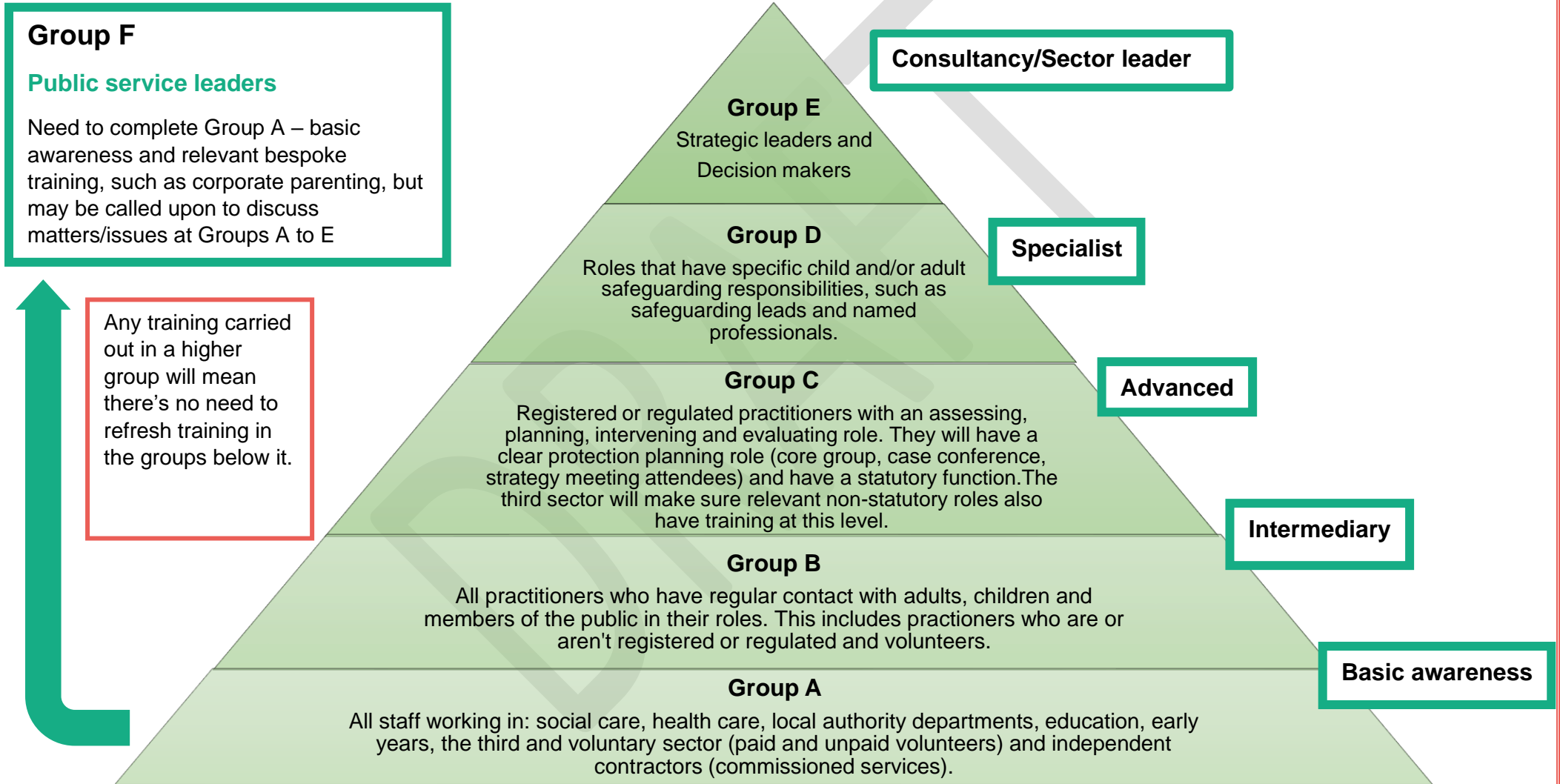
### Group E

- I have strategic oversight on all safeguarding matters within the organisation
- I will aim to ensure that we have sufficient resources to meet the organisation's safeguarding duties
- I will use my knowledge and influence to improve safeguarding practice regionally and nationally

### Group F

- I provide leadership that embraces safeguarding in the public sector and promotes multi-agency working at all times
- I understand the core elements of safeguarding and why this is an important area
- I will be guided and provided with assurance by group E practitioners on areas of concern

## Practitioner groups – hierarchy



## Safeguarding process

***N.B It would be expected to see a higher number of Social Services personnel at the higher levels due to Social Services being the lead agency for Safeguarding and often having the final decision in relation to the safeguarding outcomes for individuals with high level safeguarding requirements.***

Grp	All Agencies	Social Care and Early Years	Health	Education	Police	Probation	Social Services Department	Third Sector/Other
<b>A</b>	Increased awareness of safeguarding	All staff	All Staff	All Staff	All Staff	All Staff	All staff	All staff/volunteers
<b>B</b>	Know what to look for and clear knowledge of reporting process and own responsibilities	Care home workers, nursery workers, domiciliary care workers	All staff that have regular contact with patients, their families and carers. Including appropriate managers, administrators, receptionists and healthcare students	Teaching Assistants Teachers	Civilian Office Staff that have lots of interaction with public including reception staff		Support Workers	Staff/volunteer placed in roles with direct contact with children and adults known to be or likely to be "at risk"
<b>C</b>	Involved in Protection Planning and decisions around individuals in these processes.	Residential childcare workers Residential childcare Managers Nursery managers	Clinical and Medical Staff Allied Health Professionals Therapists	Headteachers Designated Safeguarding Person	All response Officers Police Community Support Officers, Uniform Officers, Detective Constables	Probation Service Worker Probation Officer	Social Services Practitioners Social Workers	Designated Safeguarding Person (or equivalent) managers/employers of services, RI some settings. Named Trustee for safeguarding in

Grp	All Agencies	Social Care and Early Years	Health	Education	Police	Probation	Social Services Department	Third Sector/Other
		Responsible Individuals (RIs) Designated Safeguarding Person (DSP)			and Detective Sergeants in all teams			most organisations
<b>D</b>	Mainly Statutory agencies that have a specific duty in relation to the Child or Adult Protection Process  Professionals with strategic responsibility for safeguarding quality assurance, improvement and policy, guidelines and protocols		Named health professionals and the equivalent  Health Board and Trust Safeguarding Leads	Education Safeguarding Lead for the Local Authority	Detective Inspectors and Detective Chief Inspectors	Senior Probation Officer	Team Managers  Operational/Service Managers  Local Authority Designated Officers/Designated Officer for Safeguarding	Specialist knowledge in one or more areas of Safeguarding practice – views are sought on a regional or national basis due to this specialist area of knowledge. E.g. Domestic abuse, mental health/mental capacity, suicide, NSPCC, Children and Older Persons Commissioner teams
<b>E</b>	As above		Clinical Professionals within National NHS Safeguarding Team		4 force leads for Safeguarding	Probation Delivery Unit Heads  Heads of Operations	Heads of Service – both Children and Adults	Expert knowledge in one or more areas of Safeguarding practice – views

Grp	All Agencies	Social Care and Early Years	Health	Education	Police	Probation	Social Services Department	Third Sector/Other
							[Director of Social Services]	are sought on a national basis due to this expert area of knowledge. (See above examples in group D)  Named Trustee for Safeguarding in organisations in these fields
<b>F</b>	All public sector leaders		Executive officers and Board Members of NHS Health Boards and Trusts	Directors of Education, School governors	Assistant Chief Constable and Chief Constable	Regional Probation Director and Head of Public Protection  Chief Executive and Assistant Chief Executive	Elected Members, Chief Executive of local authority, directors of local authority (exception of director of social services which bridges across both E and F – unique position)	Welsh government ministers

## Groups summary

	Summary
<b>Group A</b>	If you see something wrong, or you're worried about something, then you report it.
<b>Group B</b>	You have a bit more knowledge in terms of what to look out for and you're building relationships. You get a bit more insight into people's lives, but essentially if you're worried or concerned you report it. You may have a discussion with your line manager or Designated Safeguarding Person or report directly to social services.
<b>Group C</b>	<p>This is where you actually have to do something about it. Is this something we can manage within our agency on a preventative basis? For example, is it something that we can provide a more tailored service for? Or is this something that has to be elevated up to social services?</p> <p>Group C practitioners are responding to the concern you're seeing. Deciding if you are able to respond to the safeguarding concern within your own agency or whether you do need that referral to social services.</p> <p><b>You need to understand the difference between Safeguarding and Child or Adult Protection.</b></p> <p>You will also be around the table of Child or Adult Protection Conferences and part of the multi-agency plan for that person.</p>
<b>Group D</b>	This group is similar to group C, as it still an operational role, but it is a higher decision-making level. A lot of agencies wouldn't necessarily have input at this level, so we're talking mainly about statutory agencies at group D. These are the people that make really complex decisions about what happens to an individual. Based on safeguarding concerns, do they need to be placed in a secure facility? Do we need to go to court to apply for some kind of order? Do they need a specific type of care and support package in relation to a placement or a setting? These people would generally be decision makers within their respective organisations in relation to Safeguarding.
<b>Group E</b>	<p>This group is where those decisions are made that cannot be made at a lower level. For example, when the group D practitioners have to elevate it up to a higher level because it's so unusual, complex, difficult or costly in relation to safeguarding an individual or it involves a number of individuals.</p> <p>Group E practitioners also provide strategic oversight for the safeguarding process and wider safeguarding matters in the organisation.</p>
<b>Group F</b>	Executive and Senior Management level. Will listen to expert advice and use this to ensure that the organisation is complying with safeguarding requirements and can redirect resources if required.

# **Safeguarding Standards Group A**

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## Roles and responsibilities

Group A practitioners are **all** staff who join a public or voluntary sector organisation or agency in Wales. The training standards are also suitable for those in private sector settings, volunteers and elected members of local authorities.

The standards aim to give you an understanding about safeguarding and what you must do in cases of actual or potential harm or abuse.

When looking at the standards across the groups, it may look as if they are repeated, however, practitioners in different groups will need to have more detailed knowledge and understanding because of the responsibilities they have. Therefore, the training provided for each group will explore the same topics in more depth. The **training framework** will help to illustrate this.

Practitioners included in group A are required to be **aware** of safeguarding matters and therefore the standards in this group are set to reflect the minimum level of knowledge and practice required for their role. For example, a group A practitioner will be aware that there is law that safeguards people.

### [Group A Safeguarding Training Module](#)

#### Memorable principles:

- I know what the term safeguarding means
- I know what to look out for
- I know who to report to.

# Training, learning and development standards (Group A)

## 1. Support the safeguarding of people

### a) How to work in ways that safeguard people from abuse, harm and neglect

- 1) What's meant by the term 'safeguarding'.
- 2) The main categories of abuse and neglect.
- 3) Common signs and symptoms associated with abuse, harm and neglect.
- 4) Other situational risk<sup>2</sup> areas that may lead to abuse, harm and neglect.
- 5) Overview of the legal framework and what it means in practice.
- 6) How the legal framework supports people's rights to be protected from abuse, harm and neglect.
- 7) The roles of different agencies and others involved in safeguarding people's welfare, in the context of the setting.
- 8) The role and responsibilities of practitioners in safeguarding.
- 9) Uphold the rights of people, families and carers.

### b) The factors, situations and actions that could lead or contribute to abuse, harm or neglect

- 1) Why some people could be more at risk from abuse, harm or neglect.
- 2) How someone's situation can increase the risk of abuse, harm or neglect, for example, adverse childhood experiences.
- 3) Why abuse may not be disclosed by people, family, friends or practitioners, including volunteers.

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<sup>2</sup> Risk areas can include e-safety and domestic abuse.

## c) How to report, respond and record concerns, disclosures or allegations related to safeguarding

- 1) Why it's important to report any concerns about possible abuse, harm or neglect and everyone's duty to do this.
- 2) How and when to report concerns – have an understanding of your agency or employer's reporting process or mechanisms.
- 3) What should be reported and recorded.
- 4) How to respond to suspected, disclosed or alleged harm, abuse or neglect.
- 5) Actions to take and actions to avoid if harm, abuse or neglect is suspected, disclosed or alleged.
- 6) Boundaries of confidentiality<sup>3</sup> in relation to safeguarding and information that must be shared.
- 7) Potential barriers to reporting or raising concerns.
- 8) Actions to be taken where there are ongoing concerns about abuse, harm or neglect or where concerns have not been addressed after reporting.
- 9) What the term 'whistleblowing' means.

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<sup>3</sup> [Caldicott Principles: Eight principles to make sure people's information is kept confidential and used appropriately. National Data Guardian, 2020](#)

# **Safeguarding Standards Group B**

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## Roles and responsibilities

Group B practitioners are those who spend time with people in a group setting or on a one-to-one basis. They will have a particular responsibility in relation to the people they work with and will need a higher level of knowledge than those in group A because of their direct involvement with people. The people they work with may or may not have safeguarding concerns.

If there are safeguarding concerns, there will be a clear line of reporting in the organisation and the practitioner will be aware of their responsibility to report concerns, both internally and to social services directly.

These practitioners won't have a statutory role in relation to the safeguarding process and wouldn't sit on core groups or be part of protection planning. They wouldn't be responsible for people in a 'home' setting and wouldn't be expected to give advice about safeguarding to others.

When looking at the standards across the groups, it may look as if they are repeated, however, practitioners in different groups will need to have more detailed knowledge and understanding because of the responsibilities they have. Therefore, the training provided for each group will explore the same topics in more depth. The **training framework** will help to illustrate this.

The practitioners in group B will have **more responsibility** for safeguarding therefore the standards for group B practitioners are set so that the training helps them develop a greater understanding of safeguarding matters. For example, group B practitioners will need to show that they **understand** the law **and put it into practice** throughout their day-to-day work.

### Memorable principles:

- I am a key part of the safeguarding process
- I know when, how and who to report to
- I will make sure the individual's voice is heard.

## Training, learning and development standards (Group B)

Everyone in this group will also need to know everything in group A.

### 2. Support the safeguarding of people

#### a) Legislation, national policies, and codes of conduct and professional practice in relation to safeguarding

- 1) The categories of abuse and neglect as defined in Section 197 of the Social Services and Well-being (Wales) Act 2014.
- 2) Common signs and symptoms associated with abuse, harm and neglect.
- 3) Other situational risk areas that may lead to abuse, harm and neglect.
- 4) Overview of the legal framework and what these mean in practice.
- 5) How the legal framework supports people's rights to be protected from abuse, harm and neglect.
- 6) The roles of different agencies and others involved in safeguarding people's welfare, in the context of your setting.
- 7) Legislation<sup>4</sup>, statutory guidance, national policies and codes of conduct and professional practice that relate to the safeguarding of people – both adults and children and young people – and what these mean in practice.
- 8) How legislative frameworks support people's rights to be protected from abuse, harm and neglect.
- 9) Being open and honest with people if things go wrong<sup>5</sup> or had the potential to go wrong.

#### b) How to work in ways that safeguard people from abuse, harm and neglect

- 1) The roles of different agencies and others involved in safeguarding people's welfare, in the context of your setting.
- 2) The role and responsibilities of practitioners in safeguarding.

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<sup>4</sup> [Social Services and Well-being \(Wales\) Act 2014](#), [Mental Capacity Act 2005](#) and [Children's Act 1989](#).

<sup>5</sup> Duty of candour: Understand the need to be accountable for your own work. This includes being open and honest with people if things go wrong, including providing a full and prompt explanation to the employer or the appropriate authority of what has happened.

- 3) The role of advocacy in relation to safeguarding – externally and in relation to your role.
- 4) How to establish relationships that support trust and rapport with people, families and carers.
- 5) Work in a person/child-centred way to follow the safeguarding principles while upholding the rights of people.
- 6) How to enable people to make decisions about what matters to them and stay in control of their lives.
- 7) Promote people's voice at all times, listening to their lived experience
- 8) How to support people to balance their rights and responsibilities, while making sure you uphold your duty of care.
- 9) How to promote an environment where people can express fears, anxieties, feelings and concerns without worry of ridicule, rejection, retribution or not being believed.
- 10) How to make people aware of how to keep themselves safe from abuse, harm and neglect.
- 11) How to make people aware of the risks associated with using social media, the internet and mobile phones.
- 12) How to work in ways that keep practitioners and people safe from abuse, harm or neglect.
- 13) How to access support and training to think about and improve safeguarding knowledge, skills and practice.
- 14) Know where to go for advice and support, if needed.

**c) The factors, situations and actions that could lead or contribute to abuse, harm or neglect**

- 1) Why some people could be more at risk from abuse, harm or neglect.
- 2) How someone's situation can increase the risk of abuse, harm or neglect, for example, adverse childhood experiences.
- 3) Why people, family, friends, practitioners and volunteers may not disclose abuse.
- 4) Actions, behaviours or situations that increase the risk of abuse, harm or neglect.
- 5) Features of perpetrator behaviour and grooming, including bullying, coercive control and controlling behaviour.

- 6) Learning from reviews and reports into serious failures to protect people from abuse, harm or neglect.

#### **d) How to report, respond and record concerns, disclosures or allegations related to safeguarding**

- 1) The importance of reporting any concerns about possible abuse, harm or neglect and everyone's duty to do this.
- 2) How and when to report any concerns about alleged abuse, harm or neglect.
- 3) How to respond if abuse, harm or neglect is suspected or alleged.
- 4) Actions to be taken where there are ongoing concerns about abuse, harm or neglect or where concerns haven't been addressed after reporting.
- 5) What should be reported and recorded, when this should happen and how this information is stored.
- 6) How to record written information that's accurate, clear and relevant with an appropriate level of detail.
- 7) The difference between fact, opinion and judgement, and why understanding this is important when recording and reporting information.
- 8) Confidential boundaries in relation to safeguarding and information that must be shared.
- 9) Potential barriers to reporting or raising concerns and how to address them.
- 10) What the term 'whistleblowing' means.



# **Safeguarding Standards Group C**

## Roles and responsibilities

Group C practitioners are those who have direct responsibility for safeguarding people:

- who have an assessing role that's linked to the safeguarding process **and / or**
- who are operating at a level where they can give advice about safeguarding to those in group A and group B **and / or**
- in a setting they work in or manage **and / or**
- with whom they spend a lot of time unsupervised and there may be safeguarding concerns

Group C practitioners also include an organisation's designated safeguarding person and people who take a more prominent role in safeguarding decisions, including those with an active role in core groups and protection planning activities.

Group C practitioners could potentially contribute to or are fully engaged in assessing, planning, intervening and reviewing the needs of people where there are safeguarding concerns.

There are two parts to group C practitioners' training:

- generic group C safeguarding training that everyone in group C must do
- extra training that's relevant to practitioners' specific roles and responsibilities.

When looking at the standards across the groups, it may look as if they are repeated, however, practitioners in different groups will need to have more detailed knowledge and understanding because of the responsibilities they have. Therefore, the training provided for each group will explore the same topics in more depth. The **training framework** will help to illustrate this.

For group C practitioners, their **safeguarding duties are greater** and they will have decisions to make about keeping people safe and when they need to put protection processes in place. These practitioners will need to have all of the knowledge and understanding of the standards in groups A and B **plus** additional knowledge to make sure they carry out their role in line with the law. For example, group C practitioners will be able to **understand** the law **and apply** it to their day to day safeguarding and protection practice.

## Memorable principles:

- I understand that giving people voice and control is an essential part of decision making – child/person-centred practice
- I understand everyone's roles and responsibilities in the safeguarding process
- I have the ability to make clear and proportionate decisions.

## Training, learning and development standards (Group C) (Equivalent to Level 3 in health)

**Everyone in this group will need to know everything in groups A and B.**

### 3. Support the safeguarding of people

#### a) Legislation, national policies and codes of conduct and professional practice in relation to safeguarding

- 1) Legislation, statutory guidance, national policies and codes of conduct and professional practice that relate to the safeguarding of people – both adults and children and young people – and what these mean in practice.
- 2) Knowledge and practical application of the Mental Capacity Act 2005 in the safeguarding context (five statutory principles).
- 3) Effectively apply the two-stage capacity test<sup>6</sup>, that is, the test specific to a person's retention and understanding of the safeguarding event
- 4) How safeguarding practice is affected by laws, national and local guidance, and organisational policies.
- 5) How legislative frameworks support people's right to be protected from abuse, harm and neglect.
- 6) The role of different agencies and other practitioners involved in safeguarding.
- 7) Being open and honest with people if things go wrong<sup>3</sup> or had the potential to go wrong.

#### b) How to work in ways that safeguard people from abuse, harm and neglect

- 1) The specific role and responsibilities of practitioners in relation to the child protection or adult protection process.
- 2) The different types of advocacy and how they apply to the safeguarding process.
- 3) Build relationships that support trust with people, families and carers, and making sure strengths and risks are given equal weight in the safeguarding process.

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<sup>6</sup> [The Mental Capacity Act](#) (MCA) It applies to people aged 16 and over

- 4) Promoting the person's voice and control is clearly shown throughout the stages.
- 5) Allow people to make decisions about what matters to them and stay in control of their lives as far as possible, including explaining decisions they don't like or don't agree with.
- 6) Uphold the rights of people, families and carers, while making sure you uphold your duty of care, and an understanding of why some rights are given more importance than others in the safeguarding process.
- 7) How to support people to balance their rights and responsibilities while making sure you uphold your duty of care, making sure that risk averse practice doesn't limit a person's ability to enjoy life.
- 8) Enable people to feel safe and confident to share their worries, concerns and feelings by providing a safe space and consistent messaging.
- 9) Raise a person's awareness of how to keep themselves safe from abuse, harm and neglect by giving them tailored and relevant information.
- 10) Raise a person's awareness of the risks associated with using social media, the internet and mobile phones, using appropriate ways of explaining those risks.
- 11) Work in ways that keep you and others safe from abuse, harm or neglect, including lone working.
- 12) Use supervision and support networks to reflect on your safeguarding practice, skills and competence, and your understanding of the strengths and risks of each person/family you're working with, including their daily lived experience.
- 13) Knowing where to go for advice and support if needed, including directly from social services.

### **c) The factors, situations and actions that could lead or contribute to abuse, harm or neglect**

- 1) Why some people could be more at risk from abuse, harm or neglect.
- 2) How a person's situation can increase the risk of abuse, harm or neglect, for example, adverse childhood experiences.
- 3) Why people may not tell others they have witnessed or experienced abuse, harm or neglect.
- 4) Actions, behaviours or situations that increase the risk of abuse, harm or neglect.

- 5) The effects of parent or carer behaviour and family factors on adults and children at risk of abuse, harm or neglect<sup>7</sup>.
- 6) Features of perpetrator behaviour and grooming including bullying, coercive control and controlling behaviour.
- 7) Learning from practice reviews and reports into serious failures to protect people from harm, abuse or neglect.

#### **d) How to report, respond and record concerns, disclosures or allegations related to safeguarding**

- 1) Accurately and confidently report any concerns about possible abuse, harm or neglect and everyone's duty to do this.
- 2) Recognise how and when to report any concerns about alleged abuse, harm or neglect and to advise others accordingly.
- 3) Actions to take and actions to avoid if abuse, harm or neglect is suspected, disclosed or alleged.
- 4) Able to escalate and act where there are ongoing concerns about harm, abuse or neglect, or where concerns have not been addressed after reporting.
- 5) Able to report and record effectively and know when this should happen and how information is stored.
- 6) How to record written information that's accurate, clear and relevant with an appropriate level of detail.
- 7) The difference between fact, opinion and judgement, and why understanding this is important when recording and reporting information.
- 8) Understand confidential boundaries in relation to safeguarding.
- 9) Understand the importance of lawful and proportionate information sharing.
- 10) Know what the term 'whistleblowing' means and how to apply your organisation's 'whistleblowing' policy effectively.

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<sup>7</sup> Parent or carer behaviour and family factors can include substance misuse, domestic abuse, stress and disguised compliance.

## Promote the safeguarding of people

### e) Promote child / person-centred practice

- 1) Support a culture of being inclusive and strengths based.
- 2) Recognise the impact of a family's cultural and religious background when assessing risk and managing concerns.
- 3) Work with the person, those close to them and relevant practitioners to develop a protection plan.
- 4) Assess the person's capacity to make decisions about risk, while balancing their rights and responsibilities.
- 5) Carry out, contribute to and support inter-agency assessments or enquiries, including gathering the person's views about risks and risk management and referring to other agencies when appropriate.
- 6) Analyse the outcome of an enquiry, the degree of risk to a person, their immediate or extended network, or to the community<sup>8</sup>.
- 7) Discuss the situation with the person or child, recording their wishes and views.
- 8) Contribute to and/or co-ordinate protection planning, resolution and recovery in an outcome-focused way.
- 9) Make safe transition arrangements at key life stages when you're considering positive outcomes with people<sup>9</sup>.

### f) Take part in safeguarding processes

- 1) Take part in child or adult practice reviews, homicide reviews, Single Unified Safeguarding Review<sup>10</sup>— practice reviews, case management reviews and domestic homicide reviews.
- 2) Present information appropriately at meetings and in written reports in accordance with the legal requirements.

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<sup>8</sup> The degree of risk to the community is considered with regard to the interests of public safety.

<sup>9</sup> Transition applies to any period in a person's life where changes happen that may affect their care and support needs. There may also be additional safeguarding considerations.

<sup>10</sup> Single Unified Safeguarding Review is currently being developed by Welsh government and will aim to replace all current reviews.

- 3) Understand processes for identifying if an adult, child or young person is known to professionals in social care and other agencies.
- 4) Understand your organisation's frameworks and assessment processes that underpin strengths-based practice.
- 5) Understand and contribute to measuring the effectiveness and quality of services.
- 6) Know how to manage and monitor allegations of abuse against practitioners in a position of trust, including escalation and seeking help.

### **g) Support others to safeguard people**

- 1) Support others to carry out their safeguarding duties.
- 2) Know when to seek and offer support in a positive working environment.
- 3) Understand the potential personal impact of safeguarding or child protection work on yourself and others.
- 4) Create and support a working environment that allows people to develop skills and knowledge in safeguarding.
- 5) Carry out supervision and provide support for other staff and peers.
- 6) Advise others about appropriate information sharing.

### **h) Work with others to safeguard people**

- 1) Work with others to proactively reduce the risk of abuse, harm or neglect.
- 2) Identify risks and contribute to risk assessments.
- 3) Work with everyone involved, where there are safeguarding concerns, and use considered judgements to manage risks and promote safety.
- 4) Recognise and use sensitively and responsibly, the power that comes from working with people and carers.
- 5) Know when to liaise with other agencies about the assessment and management of safeguarding planning.
- 6) Highlight resource or operational difficulties that might get in the way of the provision of safe care and support.
- 7) Able to take part and chair peer review and multidisciplinary meetings as needed.

- 8) Recognise when to get support and help in situations that need more expertise and experience.

### **i) Maintain professional accountability**

- 1) Understand the purpose and process of child or adult practice reviews, homicide reviews, (Single Unified Safeguarding Review)
- 2) Carry out regular documented reviews of your (and/or your team's) safeguarding practice.
- 3) Apply the lessons learned from audits, practice reviews, domestic homicide reviews and case management reviews to improve practice.
- 4) Understand information sharing, confidentiality and consent.
- 5) Understand the use of chaperones<sup>11</sup>.
- 6) Be aware of the role and remit of the regional safeguarding boards.
- 7) Understand the links between safeguarding and the criminal justice system.
- 8) Understand the role of different types of witnesses.
- 9) Understand the principles of effective safeguarding supervision and peer support.
- 10) Understand national and local frameworks for the assessment of risk and harm.
- 11) Keep your awareness of the range of resources and services available to support families up to date.

### **j) Standards that are specific to practitioners who provide substantial services to children and young people**

- 1) Understand the processes and legislation for children looked after, including services for care experienced children, as appropriate to your role.
- 2) Understand the management of the Public Health Wales Procedural Response to Unexpected Deaths in Childhood (PRUDiC<sup>12</sup>) process for the unexpected death of a child or young person.
- 3) Understand fabricated or induced illness.

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<sup>11</sup> Chaperones: See Glossary on page 49

<sup>12</sup> The PRUDiC applies to all unexpected deaths in children from birth until their 18th birthday, whether from natural, unnatural, known or unknown causes, at home, in hospital or in the community. This includes road traffic collisions, apparent suicides and murders. This does not include stillbirths and the death of pre-viable babies born before 24 weeks. [Public Health Wales Procedural Response to Unexpected Deaths in Childhood \(PRUDiC\)](#)



- 4) Consent and confidentiality in relation to young people under the age of 16, including the concepts of Gillick Competency and Fraser Guidelines.
- 5) Follow and review procedures for proactively following up children and young people who are 'not brought' to appointments or not collected from venues, and/or who are not allowed access to home visits.

**k) Standards that are specific to practitioners who provide substantial services to adults**

- 1) Explains the management of the death of an adult in a safeguarding context.
- 2) Understand the principles of consent and confidentiality in relation to adults.
- 3) Effectively apply the two-stage capacity test, that is the test that's specific to the person's retention and understanding of the safeguarding event.

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# **Safeguarding Standards Group D**

## Roles and responsibilities

Group D practitioners are those who operate at a higher level in the safeguarding process. They give advice, guidance and supervision (if applicable) to group C practitioners. They can make higher level decisions, such as if to apply for court orders.

Group D practitioners would:

- be expected to have a high level of knowledge and expertise in their area in relation to safeguarding
- be expected to contribute to and chair safeguarding reviews when needed
- be able to advise partner agencies about safeguarding matters and understand the importance of multi-agency working
- be able to justify their decision-making using legislation, process and procedures
- be aware of the importance of child/person-centred practice and the positive impact it can have on the safeguarding process
- make sure the person's voice and control is heard in the decision-making process, where possible, and would make sure the group C practitioners in their service area worked in this way.

Group D practitioners often hold specialist safeguarding roles, either in addition to a main role or as a specialist safeguarding practitioner. They will **provide advice and support** to colleagues within and outside their team and organisation. They will need the knowledge and understanding of the standards for groups A to C and also have **experience and knowledge** of working in more complex situations. For example, group D practitioners will have a thorough understanding of safeguarding and protection law. They will also support colleagues to apply the law to their practice when making decisions around a person's safety.

### Memorable principles:

- I will lead the organisation's safeguarding agenda
- I will make sure people's voices are heard at each stage of the process
- I will use my knowledge and expertise to enhance safeguarding practice.

## **Training, learning and development standards (Group D)**

**Everyone in group D will also need to know everything in groups A to C.**

### **4. Support the safeguarding of people**

#### **a) How to work in ways that safeguard people from abuse, harm and neglect**

- 1) Understand the specific role and responsibilities of practitioners in relation to the child or adult at risk process when there's a need for escalation.
- 2) Understand the different types of advocacy and how they apply to the safeguarding process and the decision making needed at this level.
- 3) Ensure there's a supportive culture for building relationships that create trust with people, families and carers and making sure strengths and risks are given equal weight in the safeguarding process.
- 4) Ensure the person's voice and control is clear to see at each stage of their involvement.
- 5) Ensure your workforce is encouraged to enable people to make decisions about what matters to them and stay in control of their lives as far as possible, including explaining decisions they don't like or don't agree with.

### **Promote the safeguarding of people**

#### **b) Promote child/person-centred practice**

- 1) Be responsible for promoting a culture of being inclusive and strengths based.
- 2) Make sure staff are trained to recognise the impact of a family's ethnic, cultural and religious background when assessing risk and managing concerns.
- 3) Make sure staff are trained to assess the person's capacity to make decisions about risk, while balancing their rights and responsibilities.
- 4) Make sure your workforce is supported to carry out, contribute to and support inter-agency assessments or enquiries, including getting the person's views about risks and risk management, and referring to other agencies when appropriate.

### **c) Participate in safeguarding processes**

- 1) Consider other multi-agency frameworks and assessment processes that underpin outcome-focused practice.
- 2) Lead your organisation's understanding and contribution to measuring the effectiveness and quality of services.
- 3) Contribute to or lead on the development and updating of internal and regional safeguarding policies, procedures and protocols.
- 4) Ensure correct procedures are in place and advise others about the need for information sharing in line with legislation.
- 5) Understand the referral process and pathways at all levels.

### **d) Support others to safeguard people**

- 1) Ensure your managers and partners are supported to help others to carry out their safeguarding duties.
- 2) Ensure you promote a supportive environment and that your staff know when to seek and offer support.
- 3) Ensure the workforce are aware of the emotional impact safeguarding may have, and where and when to seek help.
- 4) Ensure your workforce is aware of how to manage and monitor allegations of abuse against practitioners in a position of trust, including escalation and seeking help.
- 5) Support staff to be able to present information appropriately at meetings and in written reports, in accordance with the legal requirements.
- 6) Create and support a working environment that allows people to develop skills and knowledge in safeguarding.
- 7) Complete or undertake supervision of group C practitioners and provide support for other staff and peers.
- 8) Ensure your workforce understands the processes for identifying if an adult, child or young person is known to professionals in social care and other agencies.

## **e) Work with others to safeguard people**

- 1) Identify and contribute to decisions that discuss high risk people, such as Multi-Agency Public Protection Arrangements (MAPPA).
- 2) Where there are safeguarding concerns work with colleagues and other agencies to safeguard adults and children at risk.
- 3) Ensure your managers and group C practitioners know when to liaise with other agencies about the assessment and management of safeguarding planning.
- 4) Work to resolve and escalate resource or operational difficulties that may affect the provision of safe care and support.
- 5) Deal with an insufficient response from organisations or agencies.
- 6) Be able to escalate matters via the Dispute resolution protocols when necessary.
- 7) Participate in and chair peer review and multi-disciplinary meetings as needed.
- 8) Be able to get support and help in situations that need more expertise and experience.
- 9) Be able to advise colleagues about approved local, regional and national guidance, policy and procedures.
- 10) Help with learning opportunities and providing updates.
- 11) Comply with the duty to co-operate<sup>13</sup> (if applicable).

## **f) Maintain professional accountability**

- 1) Understand the purpose and process of chairing child or adult practice reviews, homicide reviews and Single Unified Safeguarding Reviews (SUSR).
- 2) Analyse regular documented reviews of your own (and/or your team's) safeguarding practice.
- 3) Embed the principles of effective safeguarding supervision and peer support.
- 4) Influence local, regional and national frameworks for the assessment of risk and harm.

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<sup>13</sup> Duty to co-operate: [Wales Safeguarding Procedures](#)

- 5) Lead on applying the core values and principles of safeguarding across the organisation.

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# **Safeguarding Standards Group E**

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## Roles and responsibilities:

The roles in group E are those who have the 'final decision or say' about safeguarding decisions during the safeguarding process. They can advise about high level, complex situations and 'make a call' about any safeguarding decisions that need to be made.

Certain decisions in the safeguarding process can't be made below this level. These include the higher levels of care and support packages (placements) that are sometimes needed because of safeguarding concerns. Some agencies may not have people that operate at this level because of the high level of expertise, knowledge and decision-making powers – directly relating to the safeguarding process – needed.

The people who operate at this level would also advise other agencies on their area of expertise and would be able to lead regional or Wales and UK National safeguarding work in this area. They would routinely be involved in regional or national groups that look at safeguarding issues, including national initiatives and complex reviews.

Group E practitioners wouldn't necessarily be the people at the highest levels in organisations, as these may be in group F (which would consist of elected members, board members and chief executives). The people in group F have higher decision-making powers in general but wouldn't get involved in the details of the safeguarding process and making decisions in relation to this process. They may not also have the knowledge needed to give specialist advice and guidance about safeguarding matters.

## Memorable principles:

- I have strategic oversight of every safeguarding matter in the organisation
- I will aim to make sure we have enough resources to meet the organisation's safeguarding duties
- I will use my knowledge and influence to improve safeguarding practice regionally and nationally.

## Group E: Specialist roles or sector leaders

### a) Core competencies (sector leaders)

**People may carry out these tasks or may delegate to others and will have oversight and accountability of, and for, the work.**

- 1) As set out in groups A to D.
- 2) Provide support and make sure you contribute to safeguarding appraisal and provide appropriate oversight for safeguarding across the organisation.
- 3) Ensure staff across the organisation have access to the necessary safeguarding training and development opportunities, and there's protected time for learning. Be assured that evaluation and monitoring is taking place linked to findings and recommendations from practice reviews.
- 4) Promote the ideal that all safeguarding training is multi-agency, wherever possible, from group B upwards.
- 5) Be accountable for safeguarding quality assurance and improvement to make sure there are robust processes and to bring about innovation and change to improve safeguarding across the organisation.
- 6) Take a strategic and professional lead across the organisation on all aspects of safeguarding.

### b) Core competencies (specialist roles)

- 7) Continue to maintain your skills and expertise in your specific field of knowledge to support the safeguarding process.
- 8) Give strategic and expert advice and guidance, with the aim of continually improving the quality of safeguarding activity to improve outcomes for those identified as having safeguarding concerns.
- 9) Providing specialist advice and guidance to, and managing the expectations of, commissioner organisations' boards and executives on all matters relating to safeguarding, including regulation and inspection.
- 10) Give strategic and expert advice to service planners and commissioners, making sure all services that are commissioned meet the statutory requirement to safeguard and promote the welfare of people.

## Knowledge, skills, attitudes and values

**Group E practitioners should have the knowledge, skills, attitudes and values set out in groups A to D.**

### c) Knowledge

- 1) An in-depth knowledge of relevant Wales and UK National and international policies and implications for practice.
- 2) Know when legal advice is needed in relation to court matters and be able to use this advice to decide on a course of action, if needed.
- 3) Lead the implementation of national guidelines and audit the effectiveness and quality of services across the organisation against quality standards.
- 4) Robust awareness of different specialties and professional roles within your organisation and other agencies.

### d) Skills

- 1) Lead (or delegate) the organisation's contribution to a safeguarding review (such as child practice reviews, adult practice reviews or domestic homicide reviews), drawing conclusions and developing an agreed action plan to address the lessons learned.
- 2) Lead and collaborate with colleagues in local, regional and national safeguarding networks.
- 3) Give supervision, appraisal and support for group D practitioners.
- 4) Lead (or delegate) multi-disciplinary team reviews.
- 5) Evaluate and update local procedures and policies in light of relevant Wales and UK National and international issues and developments.
- 6) Reconcile differences of opinion among staff in your organisation and other agencies, including acting if a complaint is received from a partner agency about safeguarding practice.
- 7) Proactively deal with strategic communications and the media (if needed by their role) on safeguarding across the organisation.

- 8) Lead on, analyse and delegate robust safeguarding population-based needs assessments that establish current and future service requirements across the organisation.
- 9) Influence decisions around service investment challenges and opportunities to safeguard people and present an evidence-base to executive officers.
- 10) Give high-level strategic presentations to influence organisational development.
- 11) Work in partnership on strategic projects with senior officers and safeguarding colleagues locally, regionally and nationally.

**e) Attitudes and values**

As set out in groups A to D.

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# **Safeguarding Standards Group F**

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## Roles and responsibilities

Group F practitioners are the most senior people in an organisation. One person in any public sector organisation will be ultimately responsible for safeguarding. This would normally be about corporate safeguarding and this is not the same as being the highest decision maker in the safeguarding process (as set out on page 11). All group F practitioners should have access to safeguarding advice and expertise from designated or named professionals.

Group F practitioners don't need the same in-depth knowledge of safeguarding as group E practitioners because they don't necessarily need to have the same level of expertise and skills. But they do need to have the basic awareness of safeguarding covered in group A. They will also need to complete relevant ad-hoc training, such as the Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV) and Single Unified Safeguarding Review that's aimed at this group.

## Memorable principles:

- I provide leadership that embraces safeguarding in the public sector and promotes multi-agency working at all times
- I understand the core elements of safeguarding and why this is an important area
- I will be guided and provided with assurance by group E practitioners on areas of concern

## **Group F: Specialist roles and sector leaders (Equivalent to Level 5 in health)**

### **a) Core competencies**

- As set out in group A.
- Ensure the organisation meets relevant Wales and UK national guidance and standards for safeguarding.
- Promote a positive culture of safeguarding, including making sure there are procedures for safer staff recruitment, whistleblowing, appropriate policies for safeguarding (including regular updating) and that staff and the public are aware the organisation takes safeguarding seriously and will respond to concerns about people's welfare.
- Appoint an executive director lead for safeguarding.
- Ensure good safeguarding and protection practice is happening throughout the organisation.
- Ensure operational services are resourced to support and respond to the demands of safeguarding effectively.
- Ensure an effective safeguarding training and supervision strategy is resourced and provided.
- Ensure and promote appropriate, safe, multi-agency partnership working practices and make sure information sharing practices happen within the organisation.
- Ensure there are robust governance processes in place to provide assurance about safeguarding.
- Ensure child and adult safeguarding policies and procedures work effectively together.

### **b) Knowledge, skills, attitudes and values**

- Understand the potential causes and consequences of gross negligence.
- Understand the agencies involved in safeguarding and protection, their roles and responsibilities, and the importance of multi-agency co-operation.

- Understand about the statutory obligations to work with the regional safeguarding board and other safeguarding agencies, including the voluntary sector.
- Understand the ethical, legal and professional obligations around information sharing related to safeguarding and protection.
- Understand the statutory obligation to be involved, take part in and implement the learning from practice reviews, domestic homicide reviews and other review processes, such as the procedural response to unexpected deaths in children (PRUDIC).
- Understand about the need to provide and comply with staff training in commissioning and provider organisations and that this is an organisational necessity.
- Understand about the importance of safeguarding and protection policies for personnel, including the use of vetting and barring and safe recruitment. Be aware of the need to keep them up to date and to review them at regular intervals to make sure they continue to meet the organisation's needs.
- Understand about the regulation and inspection processes and the implications for the organisation if the standards aren't met by commissioners or providers.
- Understand the importance of regular reporting and monitoring of safeguarding arrangements within provider organisations.
- Understand the board level risk relating to safeguarding and the need to have arrangements in place for rapid notification and action for serious incidents, including reporting duties to the police in accordance with current legislation.
- Understand and be aware the board needs to have access to appropriate specialist advice about safeguarding and protection matters from designated professionals.



## Appendix 1 – Glossary

We've made every effort to use the same terms in the National Safeguarding Training Standards as the Wales Safeguarding Procedures. You can find more information about these terms in the [Wales Safeguarding Procedures' glossary](#).

We've also highlighted other terms used in the standards to explain them in more detail here:

**Adverse Childhood Experiences:** [Adverse Childhood Experiences](#) are traumatic events, particularly those in early childhood that significantly affect people's health and well-being.

These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present.

**Chaperone:** A [chaperone](#) looks after a child/children in their care during performances and other activities. They are approved by a local authority where their parent/carer (who has parental responsibility for them) or teacher can't accompany a child. A teacher may also need chaperone approval if completing duties outside of normal school hours.

A [formal chaperone](#) is an appropriately trained person whose role is to observe examinations or procedures carried out by health practitioners. Chaperones are present to support and protect patients and healthcare practitioners.

**Coercive control:** [Coercive Control](#) is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim.

### **Confidentiality:**

Someone's safety and welfare takes precedence over the need to maintain professional confidentiality. The practitioner should make the nature and purpose of the request clear, and record the request and response in writing.

"Practitioners must share information in accordance with the Data Protection Act 1998 and the common law duty of confidentiality. Both allow for the sharing of information and should not be automatically used as a reason for not doing so. In exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the professional deems it to be in the public interest. One of the exceptional circumstances is in order to prevent abuse or serious harm to others." *Working Together to Safeguard People Volume 1*

As long as you can stand by what you've done and justify that it was in the child or person's best interests then that is the correct thing to do. Bear in mind, lack of information sharing is a recurring theme over the last decade in both child and adult practice reviews.

**Duty of candour:** Understand the need to be accountable for your own work. This includes being open and honest with people if things go wrong, including giving a full and prompt explanation to your employer, or the appropriate authority, of what's happened. The [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) sets out the duty for an NHS body.

**Duty of care:**

- Always act in the individual and others' best interests
- Don't act, or fail to act, in a way that results in harm
- Act within your competence and escalate if unsure.

**Fabricated or induced illness:** This happens when a parent or carer exaggerates or deliberately causes symptoms of illness in a child. The parent or carer will try to convince professionals or others that their child is ill or that their condition is worse than it really is.

The parent or carer doesn't necessarily intend to deceive, but their behaviour is likely to harm the child. For example, the child may have unnecessary treatment or tests, be made to believe they're ill or have their education disrupted.

**Fraser guidelines:**

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at **whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent**. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

**Other examples of safeguarding frameworks:**

[Multi-Agency Risk Assessment Conference \(MARAC\)](#)

[Multi-Agency Public Protection Arrangements \(MAPPA\)](#)

[Female Genital Mutilation \(FGM\) Duty](#)

[Contextual Safeguarding](#)

[Prevent duty guidance](#)

**Parent or carer behaviour and family factors:** These can include substance misuse, domestic abuse, stress, disguised compliance and mental health.

**Perpetrator:** A person who carries out a harmful, illegal or immoral act. You can find examples of perpetrator behaviour in the [Wales Safeguarding Procedures](#).

**Practice review:** [Safeguarding practice reviews](#) are carried out on behalf of the regional safeguarding boards. They are a way for all partner agencies to identify the lessons that can be learned from particularly complex or difficult cases and to put changes in place to improve services in light of these lessons.

The purpose of the review system is to promote a positive culture of multi-agency learning and best practice.

**PRUDIC ([Procedural Response to Unexpected Deaths in Childhood](#)):** This procedure sets a minimum standard for a response to unexpected deaths in infancy and childhood. It describes the process of communication, collaborative action and information sharing following the unexpected death of a child.

The PRUDiC applies to all unexpected deaths in children from birth until their 18<sup>th</sup> birthday, whether from natural, unnatural, known or unknown causes, at home, in hospital or in the community. This includes road traffic collisions, apparent suicides and murders. This does not include stillbirths and the death of pre-viable babies born before 24 weeks.

**[Outcome focused](#):** These are realistic and agreed goals that the person accessing services or provision and their key worker, can work towards. They are usually based around supporting the person's well-being. Outcomes will vary from person to person and child to child because they're about what matters to that individual.

**Strengths based:** A [strengths-based approach](#) looks at – in a collaborative and child or person-centred way – the person's abilities and circumstances. You need to get a full picture of their life, so it's important to engage and work with others, such as other agencies and the person's network, with the appropriate consent.

**Two-stage capacity test:** [The Mental Capacity Act](#) (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things, such as what to wear or what to buy for the weekly shop, or serious life-changing decisions, such as whether to move into a care home or have major surgery.

The MCA sets out a two-stage test of capacity:

- 1) Does the person have a mind or brain impairment as a result of an illness, or external factors such as alcohol or drug use?
- 2) Does the impairment mean the person is unable to make a specific decision when they need to? People can lack capacity to make some decisions but have capacity to make others. Mental capacity can also fluctuate with time – someone may lack capacity at one point in time but may be able to make the same decision at a later point in time.

**Whistleblowing:** [Whistleblowing](#) is the term often used when someone who works for an organisation wants to raise a concern in the public interest with someone in authority. It's usually about wrongdoing, such as fraud, public safety, safeguarding, malpractice, danger, illegality or covering up these issues.

When you 'blow the whistle', you raise concerns and report suspected wrongdoing or dangers in relation to your organisation, staff or the services provided for local communities. This includes:

- criminal activity

- failure to comply with any legal or professional obligation or regulatory requirements
- miscarriages of justice
- danger to health and safety
- damage to the environment
- deliberately covering up any of the above.

This may help you understand the types of issues that may be raised (but it's not a full list):

- the abuse of children or vulnerable adults (physical, sexual or emotional)
- breaking policies and procedures, including the standing orders, financial procedures and employee code of conduct
- conduct and behaviour likely to damage your organisation's reputation or financial well-being, such as corrupt or irregular use of public money or resources
- failing to protect personal and sensitive information (data protection)
- providing poor value for money
- releasing confidential information without authorisation
- serious negligence and mismanagement
- abuse of power
- a miscarriage of justice
- fraud and corruption, for example, giving or receiving something as a bribe.

## Appendix 2 – DESIGNATED SAFEGUARDING PERSON (DSP\*)

### Purpose of the role

*“The DSP should possess the necessary skills and qualities for the role, which will have a strong focus on communication with people and professionals.*

*This can be a demanding role and will require a level of expertise, knowledge, resources and support.” (Keeping Learners Safe, 2019)*

To take the lead in ensuring that appropriate arrangements are in place to keep children and adults safe.

To promote the safety and welfare of children and adults at risk at all times.

The designated safeguarding person (DSP) is the identified person within the organisation who:

- is available to discuss safeguarding concerns;
- should be consulted, when possible, as to whether to raise a safeguarding concern with the local authority;
- will manage any immediate actions required to ensure the individual at risk is safe from abuse;

**\*Organisations may identify with this role under a different title. Whilst the titles may differ, the activities of the role should overall mirror the duties listed here.**

### Duties and responsibilities

There is a mix of operational and strategic responsibilities for every DSP (or team of DSPs) and therefore you do not personally have to cover each and every point noted below. However, you do have to make sure that your organisations has all the duties and responsibilities covered.

#### Operational

1. May participate in developing and reviewing safeguarding and protection policies and procedures on behalf of their organisation.
2. Take a lead role in implementing safeguarding and child protection policies and procedures: ensuring all safeguarding issues concerning children and adults at risk are responded to appropriately.

3. Make sure children and adults at risk and their parents / carers or family members know who they can talk to if they have a welfare or safeguarding concern and understand what action will be taken in response.
4. Receive and record information from anyone who has concerns about a child or adult at risk.
5. Take the lead in responding to information that may constitute a safeguarding concern, including a concern that an adult may present a risk to children or adults at risk. This includes:
  - a) assessing and clarifying the information
  - b) making reports (referrals) to statutory agencies as appropriate
  - c) consulting with and informing the relevant members of their organisation's management
  - d) following their organisation's safeguarding policy and procedures.
6. Liaise with, pass on information to and receive information from statutory agencies such as:
  - a) the local authority child protection services
  - b) the police.

This includes making formal reports (referrals) to statutory agencies when necessary.
7. Store and retain records according to legal requirements and the organisation's own safeguarding policy and procedures.

### **Strategic**

1. In partnership with senior officers and managers within their organisations, make sure that everyone working or volunteering with or for children and adults at risk, including board of trustees/management committee members, understand their agency safeguarding policy and procedures and know what to do if they have concerns about a child or adult at risk.
2. Work closely with their management committee / board of trustees and senior safeguarding lead to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding practice.
3. Report regularly to the management committee/board of trustees on issues relating to safeguarding concerns, to ensure that safeguarding and protection is seen as an ongoing priority issue and that safeguarding requirements are being followed at all levels of the organisation.

4. Be familiar with and work within multi-agency procedures developed by the local agencies and Regional Safeguarding Boards.
5. Attend regular training in issues relevant to safeguarding and share knowledge from that training with everyone who works or volunteers with or for children and adults at risk within their organisation.

**Appointment to this role is subject to satisfactory vetting and barring checks.**

### **Training for nominated DSPs:**

DSPs must have received relevant safeguarding training that is specific to their role. This training should be refreshed regularly in accordance with the National Safeguarding Training Standards, and they should keep up to date with any changes in safeguarding legislation and guidance,

*“If a person is named as the Designated Safeguarding Person (DSP) it is essential that they undertake appropriate safeguarding training. Wales has different safeguarding legislation to England and it is important to undertake training that is suitable for people operating in Wales.” (Working Together to Safeguard People: Code of Safeguarding Practice)*

### **Contacting agency DSPs**

All practitioners should know who to contact in their agency for advice and they should not hesitate to discuss their concerns no matter how insignificant they may appear.

*“The Safeguarding Policy should name one person to act as the Designated Safeguarding Person (DSP).” (Working Together to Safeguard People: Code of Safeguarding Practice)*

The Safeguarding Policy should make this very clear and name the actual person/team and their contact details.

Whilst every effort should be made to seek advice from the designated safeguarding person, a practitioner may need to contact social services directly, particularly where:

- contacting the designated safeguarding person would result in undue delay and thereby places someone at risk;
- the designated safeguarding person has been contacted and they have not taken action and the practitioner thinks it is necessary;
- the concern relates to the designated safeguarding person and there is no other appropriate alternative manager to contact.

## Contacting social services for guidance

In Wales you have a duty to report. If you are unsure, can't discuss with anyone or not sure what to do next – make the report.

If, after seeking advice in one's own agency, there is uncertainty as to whether to report concerns, these can always be discussed with social services who will provide guidance as to what to do next.

When seeking guidance from social services, it is important to recognise:

- the responsibility to decide whether to make a report remains with the referrer;
- seeking advice does not of itself constitute a report;
- it is the responsibility of the referrer to make clear that they want to make a report;
- all telephone reports should be followed up in writing within 24 hours.

The need to seek advice should never delay any emergency action needed to protect a child or adult believed to be at risk.

## Outcomes of agency and social services initial discussions

The outcome of any initial discussion may be:

- a report to social services regarding concerns that the child or adult is at risk;
- a referral to social services for an assessment of potential care and support needs;
- that the child or adult is not at risk of abuse and consideration should be given to provision either from the agency itself or other agencies;
- no further action is necessary other than to record concerns and outcomes of the discussions.
- *“A response of no further action must not deter further reports if a practitioner's concerns continue or circumstances change.” (WSP)*

## Practitioner disagreements

*“Practitioners who made the report should be advised if they disagree with the decision and cannot resolve the matter then the disagreement should be addressed using the Regional Safeguarding Board's Resolution of Professional Concerns and Differences protocol.” (WSP)*



## **Recording initial discussions**

Any discussion about a child or adult at risk - both those that occurred within the agency and those with social services - should be recorded in writing. The recording should include:

- the date, time and names of those who took part in the discussion;
- the information-shared and the sources;
- the rationale for the decision made, including decisions to take no further action;
- what actions will be undertaken and by whom.

Any practitioner with concerns about an individual should document their concerns, whether or not further action is taken.

All local authorities should have an identified senior manager responsible for safeguarding who is accountable and responsible for allegations against professionals and those in positions of trust.

**As terms are used differently at times within different agencies we wanted to clarify the difference between the DSP and the Designated Officer for Safeguarding:**

### **DSP: (Group C)**

The DSP is the identified person within the organisation who is available to discuss safeguarding concerns. They should be consulted as to whether to raise a safeguarding concern with the local authority, will manage any immediate actions required to ensure the child or adult at risk is safe from abuse. All practitioners should know who to contact in their agency for advice and they should not hesitate to discuss their concerns no matter how insignificant they may appear.

### **Designated Officer for Safeguarding (DOS): (Group D)**

The nominated person within a local authority who is responsible for managing and monitoring safeguarding allegations in relation to paid and unpaid social care workers. Providing advice, information and guidance to employers and voluntary organisations around safeguarding allegations and concerns in relation to practitioners/volunteers. This is a delegated role from the Local Authority Designated Officer (LADO), if in place.

## Appendix 3 – Useful resource

### Legislative and Procedural Resources:

[Social Services and Well-being \(Wales\) Act 2014](#)

[Wales Safeguarding Procedures](#)

[Mental Capacity Act 2005](#)

[Children and Young Persons Act 2008](#)

[Violence Against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015](#)

[Safeguarding Children: Working Together Under the Children Act 2004](#)

[Regulation and Inspection of Social Care \(Wales\) Act 2016 RISCA](#)

[Wellbeing of Future Generations \(Wales\) Act 2015](#)

[The Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#)

[The Serious Crimes Act 2015](#)

[European Convention on Human Rights](#)

[Universal Declaration of Human Rights](#)

### Guidance:

[Part 7 Guidance Volumes 1-6 SSWB\(Wales\)Act 2014](#)

[Keeping learners safe: The role of local authorities, governing bodies and proprietors of independent schools under the Education Act 2002](#)

[Procedural Response to Unexpected Deaths in Childhood \(PRUDiC\)](#)

### Individual Agency Training Standards:

[NHS Intercollegiate Document \(ICD\) Wales](#)

[Good Work: A Dementia Learning and Development Framework for Wales](#)

[Safeguarding Awareness Training Pack - Social Care Wales](#)

### Learning and Development Resources:

[SCW learning and development resources](#)

[Older People's Commissioner for Wales Domestic Abuse research](#)

[Children's Social Care Research and Development Centre \(CASCADE\)](#)

[NSPCC resources](#)

Police Safeguarding Notification Briefing

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