



Gofal Cymdeithasol **Cymru**  
Social Care **Wales**

# Glossary

Glossary of terms for the National safeguarding training, learning and development standards

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Go to <https://socialcare.wales/resources-guidance/safeguarding-list/national-safeguarding-training-learning-and-development-standards/safeguarding-standards-glossary> for the latest version.

We've made every effort to use the same terms in the National safeguarding training, learning and development 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:** [These](#) 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 abuse, alcohol abuse, parental separation or drug abuse is present.

**Chaperone:** A [chaperone](#) looks after a child(ren) in their care during performances and other activities. They are approved by a local authority where a parent or teacher can't accompany a child.

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 when a person with whom you are personally connected with, repeatedly behaves in a way which makes you feel controlled, dependent, isolated, humiliated or scared.

### **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:** [This](#) 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.