



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

Safeguarding standards group C

National safeguarding training, learning and development
standards - group C

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Important points to note

1. These standards refer to some role examples, but do not identify all roles and responsibilities across the sector. It is incumbent, therefore, on organisations to identify within their own workforce which roles fit into the specific groups. When determining appropriate training for each individual member of staff, the organisation will need to satisfy itself which group each staff member will fit into. If organisations or managers are unsure of which group is the appropriate one, and the role may straddle more than one group, the expectation is that the practitioner will be trained up to the higher group, for example if a worker straddles group B and C, then they should be trained at group C level.
2. Throughout the standards, any practitioner commencing in a new role from group B onwards, it is expected that they will have completed training in the previous groups prior to commencement in role. If not, they should be supported to complete the training within the first six months of their induction period.
3. In groups C to E there is an expectation that practitioners will undertake both generic and role specific training. The generic section will include training that all practitioners in these groups will need to complete regardless of role or organisation. In addition to the generic training, however, the role specific training will need to be formally agreed as part of the individual's personal training and development plan and will reflect the specific elements within their role and responsibilities.

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.

The **National Safeguarding Learning and Development Framework** gives details about training for group C practitioners. The framework acknowledges that practitioners in this group may hold additional specific safeguarding responsibilities for their role. For some practitioners, their regulatory / professional body may define the training required for the 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. The **learning and development 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.

There is generic group C safeguarding training that everyone in group C must do.

Additional training that is relevant to a practitioners' specific roles and responsibilities will be needed following completion of the generic group C training.

This will be different for individual practitioners even within agencies and organisations, for example within health some paediatricians within group C will require specialist training, learning and development in undertaking and reporting on child protection medicals. This specialist training, learning and development will often be defined and required by professional and/or regulatory bodies and will be defined at a national or agency level. There may also be local agreements for specific training, learning and development requirements.

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.

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. Refer to the whole list of legislation within the introduction section
2. Knowledge and practical application of the Mental Capacity Act 2005 in the safeguarding context (five statutory principles), where applicable.
3. Effectively apply the two-stage capacity test^[1], that is, the test specific to a person's retention and understanding of the safeguarding event, where applicable
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 wrong³ 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.
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. A person's capacity and their understanding of the risk of abuse, harm or neglect
6. The effects of parent or carer behaviour and family factors on adults and children at risk of abuse, harm or neglect[\[2\]](#).
7. Features of perpetrator behaviour and grooming including bullying, coercive control and controlling behaviour.
8. 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 or allegations related to safeguarding. [3]

See: [Section 5 Safeguarding allegations / concerns about practitioners and those in positions of trust](#)

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.

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 / or 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[\[3\]](#).
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[\[4\]](#).
10. Follow and review procedures for proactively following up children and young people or adults who are 'not brought' to appointments or not collected from venues, and / or who are not allowed access to home visits.

f) Take part in safeguarding processes.

1. Take part in child or adult practice reviews, domestic / mental health / offensive weapon homicide reviews, in future, to be taken forward as the Single Unified Safeguarding Review [\[5\]](#) and any case management reviews, when required.
2. Present information appropriately at meetings and in written reports in accordance with the legal requirements.
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 (for those with supervisory responsibility).

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 / or 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 Practice Reviews or Adult Practice Reviews, Domestic Homicide Reviews, Mental Health Homicide Reviews and Offensive Weapons Homicide Reviews. (These reviews will all become part of the 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. Be aware of the role and remit of the regional safeguarding boards.
6. Understand the links between safeguarding and the criminal justice system.
7. Understand the role of different types of witnesses.
8. Understand the principles of effective safeguarding supervision and peer support.
9. Understand national and local frameworks for the assessment of risk and harm.
10. 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 use of chaperones[\[6\]](#).
3. Understand the management of the Public Health Wales Procedural Response to Unexpected Deaths in Childhood (PRUDIC[\[7\]](#)) process for the unexpected death of a child or young person.
4. Understand fabricated or induced illness.
5. Consent and confidentiality in relation to young people under the age of 16, including the concepts of Gillick Competency and Fraser Guidelines.

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.

[1] [The Mental Capacity Act](#) (MCA) applies to people aged 16 and over

[2] Parent or carer behaviour and family factors can include substance misuse, domestic abuse, stress and disguised compliance.

[3] [Safeguarding allegations / concerns about practitioners and those in positions of trust](#) - Wales Safeguarding Procedures

[3] The degree of risk to the community is considered with regard to the interests of public safety.

[4] 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.

[5] Single Unified Safeguarding Review is currently being developed by Welsh Government and will aim to replace all current reviews, specifically Adult Practice Reviews, Child Practice Reviews, Domestic Homicide Reviews, Mental Health Homicide Reviews and Offensive Weapons Homicide Reviews (OWHR). The OWHR is being developed by the Home Office in consultation with Welsh Government. The Single Unified Safeguarding Review is being developed to conduct one review against a single incident which will meet the requirements of each individual review

[6] Chaperones: See [Glossary](#)

[7] 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 \(PRUDiC\)](#)