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Safeguarding is everybody’s business

Roles and responsibilities for key statutory partners

1/ Purpose

This paper1 aims to provide clarity about the roles and responsibilities of the key statutory partners involved in safeguarding adults in England. The aim is to ensure that the right things are done by the right people at the right time, working within their own organisations, as part of multidisciplinary teams and with partners. It aims to provide a means of signposting to key resources to support effective and appropriate safeguarding services.

This is an updated version of an earlier paper[[1]](#footnote-1) that reflects the changing world in which we live[[2]](#footnote-2). Partners in the safeguarding system found that paper useful, and it is hoped that this will also be helpful, particularly for those less familiar with this area of work. This is about collective leadership and partnership, supporting partners locally, as well as sending a signal nationally that safeguarding is everybody’s business. This paper does not address broader issues of responses to safeguarding adults in the community, which are in personal relationships or not linked to service provision but focuses on safeguarding roles and responsibilities in respect of care and support services. It provides a strategic overview of the system for safeguarding adults.

2/ Context

People who use health and care services should be treated with dignity and respect, receive high quality, compassionate care and be safe from harm, abuse and exploitation2,

These concepts have now been incorporated in the Care Act 2014 and accompanying Statutory Guidance. This includes applying an overarching approach which is person centred and strength based; personalisation and empowerment being two of the six key principles for safeguarding adults.

Ensuring that this happens is the prime responsibility of those who provide and commission services and the main focus for those who regulate standards in health and care. Such provision may be integrated and multidisciplinary, or delivered in partnership and collaboration with different organisations. Regardless, the responsibilities are the same.

We know from ongoing Safeguarding Adults Reviews that challenges remain[[3]](#footnote-3). Practice is improving, but people are still not always getting the quality care and support they want, when and where they want it. Safeguarding practice is also better than it used to be, but there is still some way to go,

The Care Act’s focus on wellbeing, together with the legislative frameworks including the Equality Act and the Mental Capacity Act[[4]](#footnote-4) all provide a clear framework for action. These are based on rights and obligations, codifying the importance of balancing different rights in decision making in practice, and focusing on the person rather than process.

3/ What should be the purpose of safeguard adults’ work?

It is important to remain focused on the context and outcomes rather than just the process of safeguarding. The Care Act 2014 emphasises the need to work in partnership with people, and to intervene early to empower people to protect themselves and so prevent situations escalating (Partnership and prevention are two of the six key principles for safeguarding adults). It is important for all partners to recognise that concerns could be addressed in a number of ways[[5]](#footnote-5)

This paper (document) seeks to exemplify these points by providing clarity and support on a national level for local approaches. Whatever level people work at, they should focus on good practice, and know when to escalate a situation to allow more formal intervention.

The aims of adult safeguarding are to:

* Prevent harm and reduce the risk if abuse to adults with care and support needs
* Stop abuse of neglect wherever possible
* Safeguarding adults in a way that supports them in making choices and having control about how they want to live
* Promote an approach that concentrates on improving life for the adults concerned
* Raise public awareness so tat communities as a whole alongside professionals play their part in preventing, identifying and responding to abuse and neglect
* Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adults
* Address what has caused the abuse or neglect[[6]](#footnote-6)’

Additionally, adult safeguarding is about:

* commissioning care and support in ways which promote good quality of care and prevent situations getting worse;
* learn lessons and make changes that could prevent similar abuse or neglect happening to other people (e.g. through learning and development programmes for staff).

Overall, Safeguarding should be an approach we take in all the work we do, regardless of whether formal powers under s42 of the Care Act 2014are used or not. In order to achieve these aims, multiagency partnerships need to be strong and support positive learning.

4 / Putting the person at the centre

The vision for safe care and support services is one where the person has real choice and control over what happens – “no decision is made about me without me”. (People whose decision making is affected by mental capacity may need support to ensure their views are represented.) Actions taken therefore need to be shaped by the best outcome for the person who has suffered abuse and neglect and fully involving that person, or their representative or advocate, in decisions, in keeping with the Making Safeguarding Personal approach[[7]](#footnote-7). Trauma informed approaches and strength-based approaches to practice are essential to deliver this objective[[8]](#footnote-8).

5/ Summary of roles and responsibilities for safeguarding adults

Safeguarding is everybody’s business; it is essentially a partnership activity*.* Any safeguarding activity*,* including commissioning activity, needs to start with the person. What do they want? What is important to them? This speaks to the key challenge of being led by the views of the person or people involved whilst being conscious of the need to balance autonomy with protection, human rights with duties of care. Professional curiosity is important to enable appreciation of any factors influencing decision making regarding risk, such as coercion and control.

This then draws the focus onto someone’s decision making capacity. Whilst we must always be focused on the views of the person, whether they have the mental capacity to make the decision or not, where the person has capacity to make an decision it is their right to do so (even if others think their decision is unwise). Commissioners can ensure this approach is embedded via their practice and contracts, and this provides additional safeguards. The same is true of inspectors, and others who come into contact with people who have care and support needs. People’s welfare should be secured by good commissioning, contracts management and, for some people, by care management or other forms of review.

There may be safeguarding concerns that are referred to adult social care about a person’s welfare (perhaps the way they are living, or the decisions being made), but which won’t lead to a safeguarding enquiry under s42 of the Care Act[[9]](#footnote-9). There are different ways of resolving problems and guidance can help social workers decide what is the best way to resolve a concern that may prevent potential abuse or neglect. The local Safeguarding Adults Board is responsible for ensuring there are local multi-agency policies and procedures to assist everyone locally to be able to protect adults with care and support needs at risk of abuse or neglect [[10]](#footnote-10), which translate national good practice into local guidance[[11]](#footnote-11). The important thing is for all options to be considered, recorded and co-ordinated and for the views and best interests of the person who has been abused always to be at the forefront of people’s minds.

Information sharing has been shown to be a key element in safeguarding adults[[12]](#footnote-12); and lack of information sharing is a key feature of many Safeguarding Adults Reviews[[13]](#footnote-13). As well as information sharing regarding individual people who are at risk of abuse or neglect, information sharing about care and support provision is essential. Sometimes people misunderstand data sharing restrictions and do not appreciate that when there are any safeguarding risks, information can be shared if necessary without consent.[[14]](#footnote-14) Effective information sharing between staff responsible for monitoring the performance of care providers and those responsible for investigating safeguarding incidents is necessary to ensure that co-ordinated and proportionate action is taken to tackle poor quality care and support, and that safeguarding enquiries and other forms of investigation are undertaken appropriately. Improving service quality is critical to preventing safeguarding risk.

Safeguarding Adults Boards should also take note of the keys themes of the National Analysis of Safeguarding Adults Reviews, which looked at 2 years-worth of SARS from across England[[15]](#footnote-15), and consider which priorities are relevant locally for action and inclusion in their annual strategic plans.

Exploitation – NB in reference to care and support services

Other partnerships -

The simplified diagram below summarises the range of powers and responsibilities that agencies should be using to tackle abuse and neglect. Reference should be made to more detailed national guidance, the statutory responsibilities of organisations and professionals and local policies and procedures on adult safeguarding[[16]](#footnote-16). It provides a visual representation of the range of partners in adult safeguarding. Proposal that this is a ‘jig saw’ diagram rather than a hierarchy, with the person at the centre, including SAB, social care and health providers, specialist safeguarding resource/staff, service and professional regulators, police and criminal justice system, professionals and practitioners eg social workers, and social care and health commissioners

# Safeguarding Adults - summary table of roles & responsibilities

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| --- | --- | --- | --- |
| **Safeguarding Adults Boards – strategic leadership role**  Hold partners to account  Monitor outcomes and effectiveness  Use data and intelligence to identify risk and act on it  Co-ordinate activity |  |  |  |
| **Social Care and Health Providers – includes clinicians in this**  Show leadership and routinely monitor activity  Meet the required service quality standards  Train staff in safeguarding procedures and ensure they are effectively implemented  Investigate and respond effectively to incidents, complaints and whistleblowers  Take disciplinary action against staff who have abused or neglected people in their care | **Social Care and Health Commissioners**  Build safeguarding into commissioning strategies & service contracts  Review and monitor services regularly  Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place |  |  |
| **Clinicians – move elsewhere**  Apply clinical governance standards for conduct, care & treatment & information sharing  Report incidents of abuse, neglect or undignified treatment  Follow up referrals  Consult patients and take responsibility for ongoing patient care  Lead and support enquiries into abuse or neglect where there is need for clinical input. | **Social Care professionals**  Identify and respond to concerns  Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want  Build managing safeguarding risks and benefits into care planning with people  Review care plans  Lead and support enquiries into abuse or neglect  Be curious – apply professional curiosity | **Safeguarding leads**  Be champions in their organisations  Provide specialist advice to colleagues and co- ordination  Respond to concerns – move int left column  support enquiries  Work with the person subject to abuse or neglect – include in left column also  Co-ordinate who will do what – e.g. criminal or disciplinary investigations. | **Police**  Investigate possible crimes  Conduct joint investigations with partners  Gather best evidence to maximise the prospects for prosecuting offenders  Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support |
| **Professional Regulators**  Set the culture and professional standards  Apply the Fit to Practise test  Take action where professionals have abused or neglected people in their care | **Care Quality Commission**  Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high- quality care  Intervene and take regulatory action on breaches  Publish findings including performance ratings |  |  |

1. Reference to earlier version via weblink [↑](#footnote-ref-1)
2. In particular this revision builds on the Care and Support Guidance (2020) accompanying the Care Act 2014 add weblink [↑](#footnote-ref-2)
3. Refer to National SAR analysis add weblink Also this refresh has been triggered by abuse scandals such as Whorlton Hall and Atlas Home (do we need references?) [↑](#footnote-ref-3)
4. Add weblinks for legislation [↑](#footnote-ref-4)
5. Add LGA/ADASS concerns briefings [↑](#footnote-ref-5)
6. Para 14.11 Care and Support Statutory Guidance (2020) [↑](#footnote-ref-6)
7. Add Weblink to MSP webpages at LGA [↑](#footnote-ref-7)
8. TIA and SBA in safeguarding references [↑](#footnote-ref-8)
9. Link to concerns work on lGA webiste [↑](#footnote-ref-9)
10. Care and Support Statutory guidance section 14.139 [↑](#footnote-ref-10)
11. Weblink to s42 decision making and concerns work on LGA website [↑](#footnote-ref-11)
12. SCIE 2019 info sharing resource [↑](#footnote-ref-12)
13. Refer to SAR analysis - check [↑](#footnote-ref-13)
14. Need some sort of reference here [↑](#footnote-ref-14)
15. Add weblink [↑](#footnote-ref-15)
16. Need to list the relevant key documents here [↑](#footnote-ref-16)