

REVISITING SAFEGUARDING PRACTICE



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FOREWORD FROM THE MINISTER OF STATE FOR CARE AND MENTAL HEALTH

It is one of the duties of government to do all it can to protect its citizens from harm, abuse and exploitation.

This is a challenging task in any circumstance, but no one can disagree the last two years of pandemic restrictions have made it even more difficult to achieve. In mitigation, limits on public life have been essential to help keep the virus at bay and prevent our health and care system from becoming overwhelmed. Health and wellbeing impacts were carefully assessed and difficult choices made, but always with the greater good in mind.

That said, by their very nature, human cruelty and other factors impacting on good physical and mental health, flourish behind closed doors. That's why the role of safeguarding in adult social care has never been more critical and why our support for adult social workers and other care professionals delivering these protections must not waver.

This is about more than simply keeping someone safe, this is about respecting and protecting an individual's needs, aspirations and integrity, both mental and physical. This is about making sure the environments they inhabit, and the people and services they encounter within them, reflect these same ideals.

Increasing support for those at risk has always been a primary focus of care services, so I was particularly pleased to see the [Domestic Abuse Act 2021](#) come into effect last year. The Act provides enhanced protection for those who have suffered abuse, including additional obligations on local authorities to provide accommodation for those who remain at risk.

Allied to this, the Chief Social Worker for Adults, in partnership with Research in Practice for Adults and Women's Aid launched a [website with practice tools and case studies to support social workers](#) and other practitioners working with victims of coercive and controlling behaviour.

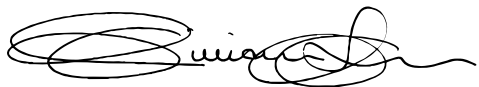
Last year also saw an emboldened response to protecting women's safety, following the tragic rape and murder of Sarah Everard, with the launch of the [Tackling violence against women and girls strategy](#). Safeguarding goes much wider than this, of course, but I mention it as an example of our collective duty to promote and sustain supportive, open and compassionate communities, where everyone feels safe, listened to and supported.

Which brings us back to this best practice guidance, which I believe encourages care and health professionals to develop their

professional curiosity, ask the right questions when fulfilling their safeguarding duties, and helps them enable citizens to live their lives to the full, free from abuse.

As with other resources of this type, this guidance also seeks to standardise adult safeguarding best practice, thus raising service quality and positive outcomes across the piece. What works in Burnley, should work in Brixton and Buckinghamshire too. Regional variation in quality and access is a common issue throughout health and care services. I believe the approaches set out here can help mitigate these imbalances.

Safeguarding isn't easy, but its effectiveness is its own reward if more lives can be saved and freed from the blight of abuse, neglect and organisational negligence. As practitioners, your empathy, compassion and experience have never been more needed. This guidance enshrines these values and empowers you to make your practice even more transformative.



Gillian Keegan MP

Minister of State for Care and Mental Health

A MESSAGE FROM THE CHIEF SOCIAL WORKER

Social workers, and other safeguarding practitioners, must always remember that people are the experts of their own lives and it is our role to work alongside them to identify strengths-based and outcomes-focused solutions - making safeguarding personal. We must work in a way that enhances individual involvement, choice and control as part of improving quality of life, wellbeing and safety.

As part of this, it is crucial that practitioners build trust and understanding with the person they support. People have complex lives and being safe and well may mean different things to different people, as well as being just one aspect of what they want to achieve.

Through this practice guidance, we hope to promote these expectations, embed practice principles that are integral to safeguarding adults, and ensure that statutory responses are informed by a consistent and person-centred approach across local authorities.

With the ongoing social impacts of the Covid-19 pandemic - known and yet to be known, we already know that safeguarding referrals are on the rise. The Local Government Association and Association of Directors of Adult Social Services have published findings from their [Covid-19 Adult Safeguarding Insight Project](#) which demonstrated that the rates of safeguarding concerns sharply declined as the national lockdown started and sharply increased immediately as lockdowns eased. Findings from this report also

pointed to the increasing complexity and barriers in both how people can report concerns, as well as how and to what extent people may experience abuse and neglect.

With the backdrop of new and heightened challenges during the pandemic such as the creation of more closed cultures and hidden harms, it is more important than ever to be informed and committed to providing the best safeguarding practice for individuals.

To support work with young adults and partnership working across adult and children and family services, we published a [knowledge briefing on transitional safeguarding](#) earlier this year. We reflected in that publication, and here again we emphasise to practitioners to remain curious and open-minded in their safeguarding practice, remembering that 'sometimes you just have to do something because it's the right thing to do'.

Lyn Romeo

Chief Social Worker for Adults in England

REFLECTIONS FROM FRAN LEDDRA AND MARK HARVEY

The Care Act 2014 provides the statutory framework for safeguarding adults. The Care Act also offers guidance on how local authorities should work to prevent and tackle abuse, keep people safe, and promote wellbeing.

Social workers are the lead professionals in undertaking these statutory duties which makes them key safeguarding practitioners. When informed and skilled in this practice area with its professional influences, partnership arrangements and core values of respect, human rights and social justice, social work is able to make a real difference to people's experiences and outcomes.

This practice guidance seeks to set out the roles and responsibilities in relation to adult safeguarding in local authorities, including the statutory duties which social workers and others with delegated responsibilities are expected to fulfil.

There is evidence to suggest a large variation in how local authorities fulfil their duties from the training and capabilities of practitioners to the numbers of enquiries that are carried out following a safeguarding concern being raised. Local authorities will also have different structures, local challenges and priorities, and different ways of working with their partners which can further widen this variation.

Although each person and their concern may be unique, it is important that good practice principles remain consistent as well as the application of our duties under the care act in adult safeguarding

across the country. This will ensure people receive the best quality care and support that is informed by legislation and practice and improves outcomes.

Fran Leddra and Mark Harvey,
CSW, 2019 - 2021

Myth:

People in harmful or dangerous situations won't know what's best for them – they shouldn't take any risks and should be protected from the situation as a priority

Reality:

Good social work practice ensures people are supported and encouraged to make their own decisions and informed consent

INTRODUCTION

This guidance is designed for practitioners within local authority adult social services, or where these are delegated who are involved in safeguarding adults. Safeguarding is often used as a broad term to refer to services that seek to protect individuals from exploitation or abuse or address instances of these when they arise.

This guidance specifically focuses on adult safeguarding – the statutory safeguarding duties that are outlined in sections 42 to 46 of the Care Act 2014. These safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

This guidance seeks to reinforce the roles and responsibilities within local authorities when applying these duties. It outlines key expectations and good practice for practitioners who carry out the statutory function within local authorities, such as adult social workers, and those with delegated responsibilities for decisions. It does not intend to be prescriptive but instead brings together key information and effective practice approaches to promote consistency and good practice across England. It may be updated as research, practice and systems continue to evolve and improve.

Whilst this practice guidance is specifically aimed at local authority adult social care services, it is important to recognise that statutory adult safeguarding duties are equally supported by other partners. ADASS and LGA have published an overview of these roles and responsibilities. Professionals across a wide range of services must collaborate and share information or concerns sensitively to prevent and address instances of abuse or neglect regardless of the setting. It is equally important that lessons are shared across these organisations, through Safeguarding Adults Boards to create a culture that encourages continuous learning and practice improvement. As such, this guidance may be helpful for all those who work with adults that may be experiencing or at risk of abuse or neglect as it can be used as a repository of good practice and key resources that support effective partnership working.

Part 1 of this guidance outlines what is meant by adult safeguarding and what applying the statutory duties involves, including local roles and responsibilities. Part 2 of this guidance explores what 'good' adult safeguarding looks like in practice, core practice principles for person-centred practice and examples of how these are embodied in instances where individuals need support. Part 3 of this guidance offers tools, reflective questions and further reading which can be used to embed the expectations and good practice outlined in Part 1 and Part 2.

When an individual is not eligible for a response under the statutory duty

It is important to note that where statutory adult safeguarding duties are not appropriate to an individual or their circumstance, existing legislation and flexibilities remain that provide levers for local authorities to ensure that the individual is safe and well. This may include consideration of:

- Section 2 of the [Care Act 2014](#) emphasises the importance of local systems and professionals preventing, reducing or delaying the development of needs for care and support and striving to reduce needs that are known and already exist.
- Section 1 of the [Care Act 2014](#) emphasises the importance of the wellbeing principle which applies equally to those who do not have eligible care and support needs but become known to the system,
- Legislation such as the [Care Act 2014](#), the [Equality Act 2010](#), the [Human Rights Act 1998](#) and the [Mental Capacity Act 2005](#) all provide clear frameworks for ensuring people's rights are central to decision making and practice and emphasises that public bodies must remain vigilant to upholding these rights.

Local authorities should work closely with their partners to ensure these wider responsibilities are fulfilled to promote wellbeing and provide advice regardless of whether a statutory adult safeguarding duty applies or whether the local authority identifies an action for itself following a safeguarding enquiry. This may include consideration of:

- Responsibilities of providers to provide safe and high-quality care and support
- Responsibilities of commissioners to ensure they are assuring themselves that commissioned services are appropriate, safe and effective in improving outcomes
- Responsibilities of the Care Quality Commission (CQC) to ensure that regulated providers comply with established standards of care or that appropriate action is taken if this is not the case
- Responsibilities of the Police to protect citizens from crime harm and danger, protect life and property, and to support system partners where a serious risk to an individual is identified

PART 1: WHAT IS ADULT SAFEGUARDING AND WHY DOES IT MATTER

What is meant by adult safeguarding

Section 14 of [Care and Support Statutory Guidance](#) defines safeguarding as

‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’

Under sections 42 to 46 of the Care Act 2014, local authorities have statutory adult safeguarding duties which are to:

- make enquiries, or cause others to do so, when a concern has been raised about an adult in its area (whether or not they are ordinarily resident in it) to establish whether an action should be taken to prevent or stop abuse or neglect.
- set up a Safeguarding Adults Board.
- arrange, where deemed appropriate, for an independent advocate to represent an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review;
- co-operate with each of its relevant partners in order to best protect the adult.

These duties apply in the instance where an adult:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Further resources

- Norfolk Safeguarding Adults Board have produced [guidance](#) to support practitioners and partners to be clear on the differences between statutory adult safeguarding and general safeguarding practice.
- NICE have produced quick guide on [Good practice in safeguarding training](#) [Good practice in safeguarding training](#) | [Quick guides to social care topics](#) | [Social care](#) | [NICE Communities](#) | [About](#) | [NICE](#) for registered managers of care homes and a quick guide on [Creating a safeguarding culture](#) [Creating a safeguarding culture](#) | [Quick guides to social care topics](#) | [Social care](#) | [NICE Communities](#) | [About](#) | [NICE](#) for registered managers of care homes
- NICE have also produced guidelines for [Safeguarding adults in care homes; indicators of individual abuse and neglect](#) and [indicators of organisational abuse and neglect can be found here - Safeguarding adults in care homes \(nice.org.uk\)](#)
- The LGA have worked with ADASS to develop and deliver a support offer to help councils and their partners embed the Making Safeguarding Personal (MSP) approach and have developed a series of tools to support and improve safeguarding practice. [Making Safeguarding Personal](#) | Local Government Association

Myth:

Self neglect always requires a safeguarding response

Reality:

There is a fine balance to be struck regarding proportionality. The right of the individual to take risks balanced against the duty to protect health and wellbeing

Roles and responsibilities in local authorities

The roles and responsibilities are set out and defined in the [Care and support statutory guidance](#) and professional practice expectations identified within this wider document.

Senior leaders

Principal Social Workers (PSWs), Directors of Adult Social Services (DASSs) and other senior leaders have a responsibility to ensure that their workforce is empowered and informed to be able to deliver effective and quality adult safeguarding. This will include ensuring that their information and practice frameworks are up to date, identifying and addressing gaps in their capabilities, and ensuring supervisors and managers are well-equipped to do the same. It will also mean ensuring that their service and wider organisation have the right groundwork to enable person-centred, high quality safeguarding practice. The National Framework of Standards for good practice and outcomes in adult protection work for leaders in social care can be found here: [safeguarding.pdf \(adass.org.uk\)](#)

PSWs should advise the Director of Adult Social Services (DASSs) and/or wider council in complex or controversial cases and on developing case or other law relating to social work practice

PSWs lead on ensuring the quality and consistency of social work practice in fulfilling its safeguarding responsibilities. In particular they should have extensive knowledge of the legal and social work response options to specific cases and in general.

For further detail, Research in Practice have published a comprehensive [Leader's Briefing](#) on safeguarding in light of the Care Act. The LGA and the Association of Directors of Adult Social Services (ADASS) Safeguarding Network have also worked with key partners to bring together a consolidated list of key safeguarding resources for council, care provider and wider partners' staff. ([Safeguarding resources | Local Government Association](#))

Directors of Adult Social Services (DASSs), Principal Social Workers (PSWs), and other senior leaders should:

- **Ensure their workforce are well trained and informed** by regularly seeking the views of their practitioners and ensuring they can speak openly and honestly with them, their supervisors and managers about any aims, concerns or gaps in their development. It's important to encourage practitioners to take time and opportunities to reflect on their practice, learn from others and share their expertise. This may be through learning events, peer supervision, and opportunities to learn from and with children's safeguarding practitioners and other system as highlighted in [Overview | Safeguarding adults in care homes | Guidance | NICE Safeguarding adults in care homes \(nice.org.uk\)](#).
- **Embed collaboration in their organisation** by recognising the value that different practitioners, partners and people they support bring and ensuring that organisational structures, policies and practices maximise this value. It's also important for senior leaders to identify barriers to collaboration and inconsistencies between practitioners, services and systems and seek to tackle this. Senior leaders may wish to do this by creating a forum for collaboration and continuous learning, building strong networks with system partners for joined up working and information sharing, and setting clear expectations for all.
- **Promote trauma-informed practice** by ensuring services are structured and delivered in ways that maximise the safety and

trust of people who use them. Trauma can impact on a person's ability to form trusting relationships, feel safe within services or to recognise a situation that may be causing them harm. It's important that senior leaders ensure their workforce, particularly those with safeguarding responsibilities, are aware and conscious of these impacts when delivering services, building positive relationships with people and seeking to identify, prevent or address their experience of abuse or harm. It is equally important for practitioners to understand the impact that any trauma-related work may have on them, and for senior leaders to ensure there are support networks and resources made available.

- **Ensure workloads are reasonable** and help practitioners to maintain a relational practice in delivering safeguarding by ensuring flexibility, adaptability, and willingness to understand both the social and personal aspects of the individual or family to help them to feel safe and cared for. Similarly, taking time to be reflective, and creating a relationship-based practice can bring effective and positive change, and help individuals or families to establish what needs to be done to address any safeguarding concerns.
- **Build and promote positive relationships** with local care providers. This can support and head off at the pass safeguarding concerns tipping into whole service thresholds. Possibly, consider promoting forums where local providers can represent and be represented so they have a voice and a positive relationship with those commissioning/identifying services for the population.

Social workers

There will be a wide range of professionals involved in safeguarding adults in a local authority adult social care service and we know from regional analyses and research studies that have focused on specific types of abuse and neglect that there are weaknesses in practice. This section will focus on social workers but the advice may be transferable to other professionals' safeguarding practice. Social workers will be responsible for undertaking or overseeing safeguarding enquiries, even when delegated to other professionals. The local authority is still the statutory agency for delivery. The police lead on criminal investigations into concerns. Social work values are closely aligned with the core practice principles for safeguarding practice, as they focus on human rights, choice, control, equality and social justice. When trained and skilled in this practice, social work can make a tangible difference to people's lives by centring plans on the person's needs and wishes and acting as a bridge across services and systems.

Social workers should strive to:

- **Develop legal literacy** to ensure that they are informed of the different and wide-ranging legal duties, rights and responsibilities that will impact on someone.
- **Embody a person-centred, outcomes-focused approach** that enables the person to share their wishes and how they would like their needs to be considered and responded to. As part of this,

social workers should make use of the [strengths-based approach](#) and apply [Making Safeguarding Personal](#) tools to improve safeguarding practice. These approaches will support social workers to maximise a person's choice and control, communicate effectively with the person, and ensure risks are managed in a positive way. The NICE quick guide '[Evidence for strengths and asset-based outcomes | Quick guides to social care topics | Social care | NICE Communities | About | NICE, whilst not specifically about safeguarding embodies this approach](#)

- **Be interested** and look at the full picture of someone's experience. Research in Practice have published a [strategic briefing](#) to support and encourage professional curiosity in safeguarding adults. Acting upon concerns or seeking more information can prevent serious harm and improve a person's outcomes, particularly as those who work with people are often able to notice changes in a person's condition or lifestyle in a way that others may not. The MSP Toolkit ([Making Safeguarding Personal toolkit | Local Government Association](#)) produced with RiPFA guides you through the best approach and effective application of safeguarding with a range of helpful tools and practice based case examples.
- **Build strong networks** with other professionals and system partners by having systems and expectations in place for information sharing and encouraging continuous learning through regular reflective sessions and sharing of professional knowledge.

- **Keep a focus on prevention** and anticipating risks before they occur by forward planning and building trust and rapport with the person they provide care and support for so that they understand their goals and needs. When a plan is put in place to keep a person safe and well, social workers should ensure that there is long-term planning with the aim to prevent or minimise any patterns of harm.
- **Change and improve their organisation** where they identify any processes, practices or policies that may hinder or can improve safeguarding practice. This could mean identifying gaps in service provision, seeking to improve gaps in workforce capabilities or creating more efficient ways to communicate and join up with partners. Social workers may want to engage with their supervisors or senior leaders such as their Principal Social Worker or Director of Adult Social Services.
- **Reflect on own practice** by recognising their achievements and strengths as well as capability gaps and areas of improvement. It's important to record and incorporate feedback into the quality of own practice and that of peers and the wider organisation. Social Work England have a range of resources on how social workers can meet their requirements for [Continuous Professional Development](#). The NICE guidance 'Safeguarding adults in care homes' [NG189] can be found here: [Overview | Safeguarding adults in care homes | Guidance | NICE](#)

Commissioners

Local authorities, CCGs (CCGs will become Integrated Care Boards ICBs) in 2022), NHS England and commissioners have responsibilities to ensure that commissioned services are safe, appropriate and outcomes focused. This will include removing or minimising any barriers to keeping people safe and well and preventing or addressing any experiences of abuse or harm.

The Care Quality Commission (CQC) has roles and responsibilities for safeguarding adults and children. Safeguarding is a key priority for CQC who have a key role in monitoring, inspecting and regulating services to make sure they meet the fundamental standards of quality and safety. [Brief guide Inspecting Safeguarding v2.pdf \(cqc.org.uk\)](#)

Commissioners should strive to:

- **Work in partnership** with health and social care providers and voluntary services to ensure that safeguarding responsibilities are being followed.
- **Co-produce local market position statements** so that their services reflect the needs and wishes of people and communities, anticipate needs and demands, and are accessible and inclusive.
- **Embed person-centred values** into local commissioning approaches so that services are designed with service demand, people's aspirations and needs, and diversity and inclusion in mind from the outset. Commissioners may find it useful to use the

key practice principles in this guidance as a checklist to ensure this. The LGA have a [useful resource](#) on Making Safeguarding Personal for commissioners and providers.

- **Ensure there are escalation processes in place** if the quality or safety of a service is identified to be poor. Commissioners should ensure that people are able and informed of how to raise or escalate any concerns.
- **Commission a diverse and accessible range of services** that can prevent, reduce, delay or stop any instances of abuse, neglect or harm and is informed by a thorough assessment of current and emerging local needs. It's important to be creative and open to all types of services that can support this aim for example by identifying, commissioning or supporting access to services with the community that can prevent social isolation or loneliness.
- **Quality and monitoring** visits are consistent and regular to ensure good oversight of the care being provided and maintain relationships with services

Safeguarding Adults Boards (SABs)

Local authorities are responsible for the establishment of SABs. The Care Act 2014 specifies that there are three core members:

- the local authority
- clinical commissioning groups (CCGs)
- the police – specifically the chief officer of police.

A SAB should have a range of members bringing different skills and experience to meetings, but all members should have attended safeguarding awareness training and have:

- an understanding of abuse and neglect and their impact
- knowledge of local safeguarding services
- personal commitment to the six safeguarding principles
- a clear understanding of their role and that of their agency within the SAB.
- The chair of a SAB may be an employee of one of the member agencies of the SAB but may alternatively be a person independent of any of them.

An effective SAB will;

- **assure itself that safeguarding approaches within their area support the principles of personalisation**
- **work with partners and citizens to prevent abuse and neglect where possible**
- **ensure agencies and practitioners respond in a timely and proportionate manner when people raise safeguarding concerns**
- **Learn from and respond to safeguarding trends within their area**
- **Will ensure that individuals and organisations are competent in their delivery of safeguarding practice**
- **assure itself that safeguarding practice is continuously reviewed to ensure good quality and responsive practice, enhancing the quality of life of adults in its area**

SABs have a key role in local authorities to provide strategic oversight and leadership of safeguarding practice. Their main objective is to assure itself that local safeguarding arrangements and partners act to help and safeguard adults in its area who meet the criteria set out in Chapter 14 of the Care Act Safeguarding Guidance, which provides the legal framework for sections 42 to 46 of the [Care Act 2014](#). A local SAB oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect across systems.

The [Care and Support Statutory Support Guidance sets out](#) a SAB's three main duties;

- Section 43, Part 1, Schedule 2 of the Care Act 2014 (Chapter 14.152 of the guidance) sets out that an SAB must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan should be evidence based and be informed by all available evidence and intelligence from partners.
- it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (see link below) and subsequent action;
- (Chapter 14.162 of the guidance) sets out that SABs must conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act.

As such, SABs play an important reflective and constructive role in ensuring that local processes and practices are role-modelled on the values and principles that underpin effective safeguarding. SABs, particularly Chairs of SABs, should have strong links with their counterparts in other areas and with system partners which put them in a unique position to influence and role model effective safeguarding practice and minimise gaps and barriers to whole system, integrated responses that contribute to the prevention of abuse and neglect.

Members or Chairs of SABs should strive to:

- **Challenge language, practice and policies** that do not embody or enable holistic, person-centred and outcomes-focussed safeguarding practice. This may be through meetings, communications, feedback and reporting. Mechanisms should be in place to ensure that any concerns can be raised and dealt with efficiently and effectively, and practices and policies can be continuously monitored with regular feedback and accountability.
- **Review and interrogate organisational enablers and barriers** to multi-agency, effective safeguarding of adults. It's important for organisational structures, processes, practices and policies to fulfil a consistent aim of providing high quality safeguarding that has the core practice principles at its heart. SABs will have a key role in ensuring this aim is fulfilled and encouraging and inviting a wide range of views and challenge from system partners, holding leaders to account and ensuring continuous system improvement

- **Create a positive culture of continuous learning and development** by identifying and seeking feedback on any gaps and opportunities that can be addressed to better the safeguarding offer and practices in the local authority and ensuring learning and development opportunities are made available to practitioners. This includes reflecting on any recent experiences, outcomes and Safeguarding Adult Reviews ([Analysis of Safeguarding Adult Reviews, April 2017 – March 2019 \(local.gov.uk\)](#)) to identify and learn from lessons and challenges. It's important for SABs to share this learning and expertise on a local, regional and national level, and likewise draw on learning from other areas or emerging practice approaches. National guidance such as that published by NICE can help.
- **Establish and promote ways to co-produce policies and strategies** so that they are informed by the roles and views of professionals, providers and system partners, and are informed by the people who rely on a service or safeguarding practice, their families, communities, advocates or carers. Where policies and strategies are developed or reviewed or where decisions have been made, it's important for these to have considered the impacts of trauma and life experiences, as well as the impact on protected characteristics, equality, diversity and inclusion.
- The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) Safeguarding Network have worked with key partners to bring together a consolidated list of key safeguarding resources for council, care provider and wider partners' staff. [Safeguarding resources | Local Government Association](#).

Working together to safeguard adults

It is vital for safeguarding practitioners in local authorities to work effectively with their partners to prevent, investigate and resolve safeguarding concerns. This section outlines some of the ways that practitioners can do this and helpful resources to ensure that the person, their community, and system partners are involved and kept informed from the outset.

Working with the person

Good safeguarding practice acknowledges the complexity of people's lives, the many enablers and barriers they may face to keeping them safe and well and most importantly, what they want to do about it. It can sometimes be a challenge for practitioners to balance a person's priorities and aspirations for safety and wellbeing with their professional judgement of risks and the evidence they are presented with. Person-centred and strengths-based practice approaches are key to finding this balance.

Safeguarding practitioners including carers and safeguarding carers who have a range of roles regarding safeguarding – they can be the person who raises the concern, themselves be vulnerable to harm and abuse, or can be abusers themselves. Carers may be involved in situations that require a safeguarding response, including witnessing or speaking up about abuse or neglect.

At the start of the safeguarding enquiry, the enquiry lead should ask the person at risk what they would like the enquiry to achieve and how they would like to be involved. The enquiry lead should ensure that the resident at risk has the chance to review and revise their desired outcomes throughout the process. Social workers will need, where appropriate, to work closely with carers and the same principles apply.

To do this it is important to:

- **Build mutual trust and understanding with the person** to establish their aims and aspirations and make expectations and next steps clear at all stages. The [Making Safeguarding Personal](#) approach provides a framework for safeguarding practitioners to support people to be safeguarded in a way that prioritises the person and works toward immediate resolution and recovery, as well as longer term healing and prevention. The LGA have published [a set of case studies](#) that illustrate how the Making Safeguarding Personal approach have improved outcomes in nine council areas. It is also important to build mutual trust with carers and family members where it is appropriate, and safe to do so, with their consent or in their best interests under the Mental capacity Act.

- **Maximise co-production in practice, process** and policy. Co-production recognises that people are the expert of their own lives and their knowledge and experiences are valuable in designing the support and services that they receive. It also means recognising the lessons that can be learned from people's experiences and feedback and ensuring that these inform system and practice improvements. It's important to note that consulting with or informing the person of decisions is not co-production, which requires practitioners to apply principles of empowerment and partnership of people in all their interactions and processes. [Think Local Act Personal's Making It Real framework](#) outlines how to deliver and embed this vision.
- **Take a positive risk approach** that is not risk-averse and supports the person to take informed risks where they want to and feel able to. Birmingham's Safeguarding Adults Board have produced a helpful [Risk Enablement Tool](#) that supports practitioners to strike a balance between a person's wellbeing and safeguarding and preventing them from experiencing abuse or neglect. Other helpful resources include [Solihull Safeguarding Adults Board's risk assessment and threshold tool](#), the [LGA's framework for understanding and responding to risk](#), and [Think Local Act Personal's person-centred approach to risk](#).

Working with communities

Local authorities must consider the communities in their local area and create strong links with them to ensure effective safeguarding, commissioning and delivery of services. In order to work effectively with communities, it is important to:

- **Raise awareness of the types of exploitation and abuse** that individuals may face to ensure that communities as a whole, alongside professionals, play a part in preventing, identifying and responding to instances or risks of abuse and neglect.
- **Raise awareness of what to do to raise a concern** with the local authority or system partners when concerned about the safety or wellbeing of oneself or another adult in the community.
- **Ensure that information is accessible** to help people fully understand how to keep themselves and others safe and well and how local authorities play a part in this. It is important that expectations and outcomes from a safeguarding concern are made clear – the tool 'Myth-busting adult safeguarding' in this guidance can support dispelling some of the common misconceptions about the process.

- **Work with communities to understand barriers** including any particular difficulties or experiences that some individuals or groups may face, and any disparities between communities, and how safeguarding practice can be informed of this and consider concerns from a holistic, intersectional and trauma-informed perspective.
- **Commission or enable access to community services or resources** that can support prevention of abuse or neglect, such as leisure facilities and community networks that may reduce the possibility of social and physical isolation.

Working with system partners

An individual's set of circumstances can be complex, as can be the outcome they want to reach to protect their wellbeing and keep themselves from harm. It is vital for effective safeguarding that system partners and professionals work with one another to achieve the best outcome for individuals, taking into account their full set of needs and wishes. System partners may broadly cover different sectors that the individual needs support from such as the Police, health, housing, justice and leisure. It is important to:

- **Develop effective multi-agency partnerships** that are embedded within local authority safeguarding processes such as through the creation of multi-disciplinary teams or bespoke adult safeguarding partnerships. It is important that practitioners and organisations are informed about their roles and responsibilities and that of others.
- **Set expectations for sharing information** across systems in a considered and sensitive manner which ensures that all partners are informed throughout of the handling of a safeguarding concern or the outcome of an enquiry. Likewise, ensure there are processes in place to escalate concerns across systems and that this does not solely focus on responses, but encourages timely and effective prevention and risk management. Practitioners may wish to consider incorporating the NICE summary versions of safeguarding adults in care homes [NG189 Indicators of individual abuse and neglect visual summary \(nice.org.uk\)](https://www.nice.org.uk/guidance/NG189) [NG189 Indicators of organisational abuse and neglect visual summary \(nice.org.uk\)](https://www.nice.org.uk/guidance/NG189)
- **Create a positive learning environment** that encourages practitioners across systems to share feedback and lessons learned from their experiences, and best utilises the expertise of a diverse set of professionals.

- Commissioners should contribute to improving safeguarding practice in the care homes they work with, by:
 - sharing key messages from Safeguarding Adults Reviews and
 - helping care homes to learn from their own experience of managing safeguarding concerns.
- Local authorities should ensure that there is a process for care homes to discuss safeguarding concerns with social workers or other qualified safeguarding practitioners without formally making a safeguarding referral.

These resources provide useful guidance on partnership working to safeguard adults

- [Bridging the Gap](#) knowledge briefing on transitional safeguarding emphasises the importance of working across agencies, particularly across children and adult services, to best protect young people at risk of exploitation or abuse.
- Therapeutic interventions after abuse and neglect - [Therapeutic interventions after abuse and neglect | Quick guides to social care topics | Social care | NICE Communities |](#)
- Safeguarding adults in care homes [Tools and resources | Safeguarding adults in care homes | Guidance | NICE](#)

Myth:

If an individual is not eligible for a safeguarding response under the Care Act, the local authority does not need to take any action

Reality:

There are always ways to support people; even when care act safeguarding provisions (s.42-s.46) are not engaged there are other broader duties in the Care Act which would be relevant to those who do have care and support needs

PART 2: AS A SAFEGUARDING PRACTITIONER WHAT DOES GOOD ADULT SAFEGUARDING PRACTICE LOOK LIKE?

Core practice principles

This section outlines the practice principles, as outlined in the Care Act 2014, that are core to delivering effective adult safeguarding. It will be helpful to reflect on each principle and how you think you are embodying it. Some questions to consider may be:

- Can you identify how you have demonstrated the principle in your practice?
- Can you identify any gaps in your knowledge or expertise, or any barriers to fully embodying this principle in practice?
- Are your current systems, processes and policies developed with this principle in mind? If not, how can you embed it in your organisation?
- What learning is there from your local population, data or Safeguarding Adult Reviews that will be helpful in implementing this principle in practice?

1. Empowerment

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

The principle of empowerment means to ensure that people are being supported and encouraged to make their own decisions and give informed consent. People must always be treated with dignity and respect, with practitioners working alongside them to ensure they receive quality, person-centred care that ensures they are safe on their terms.

2. Prevention

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

The principle of Prevention recognises the importance of taking action before harm occurs and seeking to put mechanisms in place so that they don't re-occur.

In practice this could look like:

- Immediate actions to take if there is a concern that abuse or neglect has or may take place.
 - Seek medical attention if needed
 - Record what you have found
 - Seek advice from a safeguarding lead
 - Check for other indicators
 - Discuss with a manager or supervisor
 - Monitor the situation to see if it improves
 - After taking these steps, if the situation does not improve, raise your level of concern to 'abuse or neglect is suspected'

3. Proportionality

I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

The principle of Proportionality means to decide the least intrusive response appropriate to the risk presented by the individual. The Care Act 2014 emphasises the importance of considering an individual's wishes and circumstances and avoiding basing decisions on assumptions about a person's appearance, conditions or behaviour. This ensures that responses are balanced and holistic.

4. Protection

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

The principle of Protection involves organising and delivering support and representation for those in greatest need who may not be able to do so themselves.

5. Partnership

I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

The principle of Partnership recognises that effective safeguarding cannot be delivered in isolation of other partners and systems that interact with or impact on a person. Local solutions are best achieved through services working with their communities, professionals and services as a whole.

6. Accountability

I understand the role of everyone involved in my life and so do they.

The principle of Accountability means recognising the importance of being open, clear and honest in the delivery of safeguarding and ensuring there are mechanisms in place to hold practitioners, services or systems to account.

Myth:

Practitioners don't have time to keep people updated when they are reviewing a referral or making an enquiry – what's important is knowing which agency will lead the response and leaving them to it

Reality:

Partnership working is time effective and improves joint working between agencies and professionals that have different roles and expertise

Understanding and spotting forms of abuse and neglect

This section will outline the types and patterns of abuse and neglect which may give rise to a safeguarding concern. This list is not exhaustive, and it is important to note that each type can take multiple forms and may occur at the same time as another, as well as impact or be experienced differently by people of different genders, ages, backgrounds and communities.

Under each type of abuse and neglect, a scenario is illustrated where high-quality adult safeguarding was able to improve outcomes for the individual. When reading these scenarios, you may find it helpful to reflect on these questions:

- How were the core practice principles put into practice? Which one was key to improving outcomes?
- Have you encountered similar scenarios in your practice? How did you or your colleagues respond?
- What risks did you identify in each scenario? Were these managed in a positive, person-centred way?

Physical abuse

Physical abuse may take the form of:

- assault;
- hitting;

- slapping;
- pushing;
- inappropriate use of restraint;
- inappropriate use of physical sanctions;
- misuse of medication.

Domestic abuse

Domestic abuse can manifest itself in many ways including psychological, physical, sexual, financial, emotional or based on honour. The [Domestic Abuse Act 2021](#) defines domestic abuse as occurring between two people (aged 16 and over) who are 'personally connected to each other' and the behaviour is deemed 'abusive'. Behaviour is 'abusive' when any of the following is identified:

- physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse;
- psychological, emotional or other abuse.

Practitioners who suspect domestic abuse or are working with a victim should consider the following key legislation:

- [Serious Crime Act 2015](#) which includes coercive and controlling behaviour in intimate and familial relationships as an offence. The accompanying [statutory guidance](#) outlines the investigation of coercive or controlling behaviour.
- [Domestic Abuse Act 2021](#) which provides new and greater protections for victims, such as duties on local authorities to provide accommodation.

The Chief Social Worker for Adults worked alongside Research in Practice for Adults and Women's Aid to launch a [website](#) with practice tools and case studies that support social workers and social care practitioners who suspect or are working with victims of coercive and controlling behaviour. It may also be helpful to refer to the NICE guideline on Domestic violence and abuse: multi-agency working, (PH50, 2014), the NICE quality standard on Domestic violence and abuse, (QS116, 2016) and the NICE quick guide Recognising and responding to domestic violence and abuse a quick guide for social workers These resources could be helpful when practitioners work with suspected or known victims of domestic abuse.

Sexual abuse

Sexual abuse may take the form of:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting

Sexual abuse may also take the form of sexual exploitation which can involve coercion and an exchange for basic necessities or something that the perpetrator seeks to gain from the victim. Research in practice has a helpful [brief guide](#) on sexual exploitation.

In seeking to detect or prevent sexual abuse or exploitation, practitioners may want to take an intersectional approach and be conscious of people who may be at more risk than others such as people who are homeless, have been or are being trafficked, are known to be using drugs and alcohol, or have a history of sexual abuse.

Psychological abuse

Psychological abuse may take the form of:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

Myth:

Safeguarding responses are only needed after a concern has been raised or an obvious crisis has happened

Reality:

Prevention and early support is key for effective safeguarding

Financial abuse

Financial abuse may take the form of:

- theft
- fraud
- Scams including internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

Some of the potential signs or indicators may be:

- change in living conditions
- lack of heating, clothing or food
- unexpected or sudden inability to pay bills
- unexpected or sudden changes in financial accounts, documents or unexpected change of behaviour, or loss of trust in professionals should the person be experiencing any of the above from people they know.

Financial abuse is not only material, it can impact on a person's mental health and wellbeing as it may be perceived as a loss of control over an important aspect of their lives. It may lead to social isolation and loneliness and may impact on the person's relationships with others, particularly if the perpetrator may have been someone they trust. In some instances, it can also result in financial hardship where the victim faces difficulty meeting their everyday living or care costs.

In seeking to detect or prevent financial abuse, practitioners may want to be conscious of people who may be at more risk than others such as older people, people with learning disabilities or neurodiverse conditions, and people with existing debt. Some helpful resources include:

- Research in Practice's [brief guide](#) on financial abuse.
- The Centre for Policy on Ageing's [report](#) on the financial abuse of older people
- Increasing awareness of risks posed by financial scams – research by Professor Keith Brown, University Bournemouth – [Financial scams](#)

Modern slavery

Modern slavery may take the form of:

- slavery;
- human trafficking;
- forced labour and domestic servitude;
- perpetrators using means to coerce, deceive or force individuals into a cycle of abuse, servitude or inhumane treatment.

Modern slavery may not immediately seem like it warrants an adult social care or adult safeguarding response as local responses may be led by community safety or justice teams. However, modern slavery should be considered an adult safeguarding concern and local authorities have statutory duties to provide support for suspected or known victims. This is set out in the Care Act 2014 and the Modern Slavery Act 2015.

Practitioners who are working with a victim of modern slavery or are involved in identifying potential victims should consider key guidance and tools such as:

- The [Modern Slavery Act statutory guidance 2020](#) which outlines the signs that someone may be a victim, the support available to victims and responsibilities of public bodies and professionals.

- Guidance on the [National Referral Mechanism](#) for identifying and referring potential victims of modern slavery and ensuring they receive appropriate support.
- The National Crime Agency have [useful resources](#) to support practitioners spot signs of modern slavery

Discriminatory abuse

Discriminatory abuse may take the form of:

- harassment
- slurs or similar treatment because of:
 - race
 - gender and gender identity
 - age
 - disability
 - sexual orientation
 - religion

Practitioners should familiarise themselves with [the types of discrimination and people's rights](#), as well as rights and responsibilities under the [Equality Act 2010](#). Under the Public Sector Equality Duty, public bodies are expected to pay due regard for eliminating unlawful discrimination, harassment and other prohibited conduct under the Equality Act 2010. The LGA have published an [Equality Framework](#) to support local authorities to put this duty into practice when working with people in their local areas and within their own organisations.

Organisational abuse

Organisational abuse can take the form of suspected or reported neglect and poor practice within an institution or care setting, including the care provided in an individual's own home. This could be a one-off incident or may take the form of on-going, long-term or recurring poor treatment of a person. Practitioners should consider where the abuse in the organisation is being perpetrated and whether it is being enabled by the structure, policies, processes, or practices within the organisation.

If the setting is regulated, practitioners should work closely with system partners who can support investigations and development of an action plan, such as the Care Quality Commission. Practitioners may also want to consider how the service being suspected of organisational abuse has paid regard to safeguarding people from abuse and improper treatment under the [Health and Social Care Act 2008](#), and whether there has been any unlawful deprivation

of liberty under the terms of the [Mental Capacity Act 2005](#). Public authorities also have responsibilities under various articles of the Human Rights Act 1998 Article 2 – Right to Life/ Articles 3, 5, 6, 8. (positive and negative)

NICE summary version of [indicators of organisational abuse and neglect](#) from the NICE guideline, [Safeguarding adults in care homes](#), NG189, 20211, which partners could consider incorporating into their safeguarding policies to help drive consistency of

Neglect and acts of omission

Neglect and / or acts of omission may include:

- ignoring medical, emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

Self-neglect is used to describe a wide range of behaviours which relate to neglect to care for one's own personal hygiene, health or surroundings. The person themselves may not recognise the impact of their behaviour or may not use the same terminology to describe their own situation. Ultimately, self-neglect becomes a cause for concern where there are serious risks identified to an individual's health, wellbeing or lifestyle. Self-neglect may take the form of a neglect of nutrition or hydration, or behaviours such as hoarding. Research in Practice have published a comprehensive [practice tool](#) to support practitioners to understand and engage with experiences of self-neglect and make informed decisions.

Practitioners should review each experience on a case by case basis and remain curious to whether incidents are one-off or multiple, affects the people around an individual, and whether there are any patterns of harm that may be an indication of other types of abuse or poor mental health. Some of these patterns of harm may also indicate a case of organisational abuse if instances of poor care are recurring or seem to affect multiple people in an organisation. It is important to share information with system partners if this is suspected, particularly in the CCG or ICS in future and the CQC where this is relevant.

Myth:

Once a concern has been raised with the local authority, it is their responsibility to resolve the situation

Reality:

Safeguarding is a collective responsibility working across multiple partners who can help address safeguarding concerns

Revisiting good practice

This document is intended to encourage all safeguarding practitioners and those responsible for adult safeguarding to reflect on and revisit their current practice. It is important that senior leaders use this document as part of a process to assure themselves of the quality and responsiveness of their adult safeguarding work. They should also check themselves against other like Local Authorities in the application of Section 42 and conversion of concerns to enquiries to ensure consistent application of the care act across England. This will require PSWs and DASSs across regions to work closely to develop parity of application.

Adult safeguarding is everyone's business, with all organisations and individuals involved ensuring that they are up to date with their knowledge, research and local learning to ensure a personalised and informed response to adult safeguarding.