



ASSOCIATION OF
CHIEF POLICE OFFICERS

Safeguarding adults

Roles and responsibilities in health and care services

1. Purpose

This paper¹ provides clarity about the roles and responsibilities of the key agencies involved in adult safeguarding. The aim is to ensure that the right things are done by the right people at the right time, working within their own agency and with partners.

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 and abuse.²

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 care. Clarity on roles and responsibilities is especially important at a time when:

- public and political concerns have been raised by a number of shocking failures of care and cases of abuse that have shaken confidence in the care system
- major organisational changes in the NHS, and the transfer of safeguarding responsibilities to new organisations, have led to some uncertainty
- the Care Act, as it comes into effect, will place adult safeguarding arrangements on a statutory basis and bring in new duties.

3. What should be achieved through action to safeguard adults?

It's important to remain focused on outcomes rather than just the process of safeguarding. The outcomes should be to:

¹ This paper focuses on care quality and adult safeguarding issues in the context of health and social care services and does not directly address the broader issues of responses to adult safeguarding in the community which are not linked to such services or in relation to abuse and neglect in personal relationships.

² This includes having due regard to the need to eliminate discriminatory abuse, harassment and victimisation.

- To **promote well-being** and **prevent abuse and neglect** from happening in the first place
- Ensure the **safety and wellbeing** of anyone who has been subject to abuse or neglect
- **Take action against those responsible** for abuse or neglect taking place
- **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).

4. Putting the person at the centre

The vision for adult social care and health services is one where the person has real choice and control over what happens – “no decision is made about me without me”. (People who lack capacity need someone to represent them in their best interests.) 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. Work is currently underway to develop best practice³ to achieve this aim and the following diagram shows how agencies should work together so that they are in the right relationship to the person they are trying to help to protect.



³ Making Safeguarding Personal

5. Summary of roles and responsibilities for adult safeguarding

- There is some concern nationally that the development of adult safeguarding working arrangements has resulted in too much focus on a specific process (of referral, strategy meeting, investigation, protection planning, case conference and review) and not enough on agreeing which actions will achieve the most positive outcomes for people. In some cases, other powers and actions could be used more quickly and beneficially rather than solely pursuing current formal safeguarding procedures. An appropriate balance needs to be struck between referring cases on for safeguarding investigation and an understanding of what other remedies there are available which could tackle and resolve the issue.
- **Safeguarding is everybody's business.** Therefore providers are required to meet essential/fundamental standards of care and people using services are safeguarded additionally through monitoring by providers and commissioners, regulation and inspection. People's welfare should also be secured by good commissioning, contracts management and, for some people, by care management or other forms of review.
- It is for local safeguarding partnerships to make an agreement about how decisions are made, in different health and social care settings, as to what should be appropriately considered a safeguarding issue and addressed through a safeguarding investigation and what should be more appropriately dealt with through other routes including complaints, employment law, contract monitoring and compliance, regulation and quality improvement processes. All of these routes, used effectively, will safeguard people. The important thing is for all options to be considered, recorded and co-ordinated and for the best interests of the person who has been abused always to be at the forefront of people's minds.
- A common theme in the learning from Serious Case Reviews for children and adults has been that information about poor and dangerous services was not collated or linked with other information so that intervention might have taken place before serious harm or death occurred. Local partnerships therefore need to have effective procedures for sharing information and means of communication in place to intervene before a problem becomes a crisis.
- At a local level some partnerships have set up multi-agency groups which regularly review data and intelligence about care services and plan joint actions. Good practice would be to ensure that there is effective information sharing between staff responsible for monitoring the performance of care providers and those responsible for investigating safeguarding incidents. This is needed to ensure that co-ordinated and proportionate action is taken to tackle poor care and that the threshold into safeguarding investigation is kept under regular review.
- 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.

Safeguarding Adults Boards <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 Workers/Care Managers <ul style="list-style-type: none"> • 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 	Specialist Safeguarding staff <ul style="list-style-type: none"> • Be champions in their organisations • Provide specialist advice and co-ordination • Respond to concerns • Make enquiries • Work with the person subject to abuse • Co-ordinate who will do what – e.g. criminal or disciplinary investigations. 	Police <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 	