

Standards for Safeguarding Adults

Refreshed in November 2017



Originally revised in December 2014 these standards were refreshed in November 2017
They were previously revised in December 2014 and had been developed in partnership by:

- Local Government Association (LGA)
- Association of Directors of Adult Social Services (ADASS)
- NHS Confederation
- NHS Clinical Commissioners
- Association of Chief Police Officers (ACPO), now National Police Chiefs Council (NPCC)

The standards have been used in numerous peer challenges and reviews and as a means of self-assessment. They have been developed by the sector and describe the characteristics of an ideal partnership. Their function is to describe 'what good looks like', particularly in relation to the three key partners in safeguarding adults, i.e. the council, NHS and Police.

Overview

There are four key themes for the standards, with a number of sub-headings as follows:

Themes	Outcomes for, and the experiences of, people who use services	Leadership, Strategy and Working Together	Commissioning, Service Delivery and Effective Practice	Performance and Resource Management
Elements	<p>1. Outcomes</p> <p>2. People’s experiences of safeguarding</p> <p>This theme looks at what difference to outcomes for people there has been in relation to Safeguarding Adults and the quality of experience of people who have used the services provided</p>	<p>3 Collective Leadership</p> <p>4.Strategy</p> <p>5 Safeguarding Adult Board</p> <p>This theme looks at:</p> <ul style="list-style-type: none"> • the overall vision for Safeguarding Adults • the strategy that is used to achieve that vision • how this is led • the role and performance of the Safeguarding Adult Board (SAB) • how all partners work together to ensure high quality services and outcomes 	<p>6. Commissioning</p> <p>7. Service Delivery and effective practice</p> <p>This theme looks the role of commissioning in shaping services, and the quality and effectiveness of service delivery and practice in securing better outcomes for people</p>	<p>8. Performance and resource management</p> <p>This theme looks at how the performance and resources of the service, including its people, are managed</p>

Outcomes for and the experiences of people who use services

This theme looks at what has actually been achieved by Safeguarding Adults and the quality of experience for people who have used the services and support.

	Ideal Service	Probes and Questions	Possible sources of evidence
1. Outcomes	<p>1.1 People at risk of abuse and neglect are safeguarded in the community and in establishments such as care homes and hospitals.</p> <p>1.2 The council and its partners' approach to safeguarding clearly has an outcome based focus</p> <p>1.3 Partners demonstrate improved safeguarding outcomes alongside wider community safety improvements</p> <p>1.4 People have access to effective criminal, civil or social justice, to resolution and recovery.</p>	<ul style="list-style-type: none"> • There is a shared approach to outcomes between the Council, NHS, Police and other partners so that all know what difference they are making • Officers and Members, executives and non-executives work across individual service and agency boundaries, and beyond traditional definitions of their roles, to improve outcomes • Outcomes for safeguarding are coherent with outcomes relating to work on domestic abuse, hate crime, anti-social behaviour, community cohesion and modern slavery • Outcomes are consistent, regardless of how old people are, whatever their disability, mental capacity or mental health problems, who pays for their care • The public (including under-represented and adults at risk of abuse and neglect), plays a part in preventing, detecting and reporting neglect and abuse • Effective prevention and early intervention is in place, as required by the Care and support statutory guidance 	<ul style="list-style-type: none"> • There is an emphasis on outcomes, community and citizen voice, throughout all strategies, plans and progress reporting and in interviews and case records • Performance reporting includes outcomes measures and quality monitoring reports (where they interface with safeguarding and provider concerns) • Case files. • Safeguarding Adults Board annual reports, plans, strategies and public information. • Safeguarding Adults Reviews, Domestic Homicide Reviews, Serious Untoward Incidents, Mental Health Inquiries, Coroners reports • Reports to the Council, Clinical Commissioning Group, Health and Wellbeing Board, Community Safety Partnership • Safeguarding Adult Board, council and management reports and publicity • Information on criminal and civil case management, National Referral Mechanism, etc.

		<ul style="list-style-type: none"> • Prosecution levels and criminal civil case management are improving • Consideration is given, and appropriate action is taken, in relation to information received from the public 	<ul style="list-style-type: none"> • Prosecution rates for MCA section 44 offences and other relevant measures (e.g. coercion and control or modern slavery offences)
2. People's experiences of safeguarding	<p>2.1 Partners have enabled high levels of expressed, positive experiences from people who have used safeguarding services</p> <p>2.2 Partners have fully engaged people who use services in the design of their services</p> <p>2.3 Delivery accords with the public sector Equality Duty</p> <p>2.4 Safeguarding is personalised and people are empowered</p>	<ul style="list-style-type: none"> • People experiencing safeguarding services are treated sensitively and with dignity and respect • Advocacy is available and used appropriately for people who are (or may have been) experiencing abuse, including Care Act 2014 advocates, independent advocates for Mental Capacity (IMCA), Domestic Violence (IDVA) and Mental Health (IMHA) • There is support available for people who have experienced abuse • Risk is supported, managed and mitigated proportionately for each individual • Victims of abuse and neglect and witnesses are supported through the criminal justice system • Outcomes are defined by the individuals concerned or, where people lack decision-making capacity, by their representatives or advocates 	<ul style="list-style-type: none"> • Feedback from people who have used safeguarding services and actions taken as a result, for example from Healthwatch or voluntary or community sector organisations. • Aggregated reports from reviews • Protocols, strategies, examples of involvement of people who use services • Documentation and protocols that use respectful language / evidence of co-production of documentation with people who use services. • A range of methods for engaging with people about safeguarding e.g. a focus group or forum of people who use care services and their carers • File audits and case files, including risk assessments • Performance management information • Reports evidencing implementation of the Making Safeguarding Personal

		<ul style="list-style-type: none"> • Progress on implementing the Making Safeguarding Personal approach in the Council and by all partners • The safeguarding process is proportionate, puts individuals in control and where this is not possible (for instance where criminal investigation and action is undertaken or where there is concern that an individual or organisation could harm others) this is fully discussed and the person's views taken into account as much as possible • The Mental Capacity Act (2005) is embedded in organisations and forms part of commissioning activity • Deprivation of Liberty Safeguards are applied appropriately where an individual lacks mental capacity • There are services available to support informal carers, to support the improvement of relationships, and for abusers to address their behaviours where appropriate • Wider family members, friends and neighbours are engaged in safeguarding vulnerable adults when this is appropriate • Court of Protection is involved as appropriate to individuals' needs 	<p>approach e.g. training records, safeguarding meeting minutes</p> <ul style="list-style-type: none"> • Benchmarking Making Safeguarding Personal progress against regional/national analysis • Making Safeguarding Personal returns or feedback from survey data • Any report relating to equalities and diversity especially where there is a safeguarding focus • Deprivation of Liberty Standards (DoLS) reports • Reports on Mental Capacity Act (MCA) activity such as training, Best Interests meetings, referrals to IMCA services • Policies, procedures and training related to MCA are in place • Reports on commissioning and use of advocacy
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Leadership, Strategy and Working Together

This theme looks at the overall vision for Safeguarding Adults; the strategy that is used to achieve that vision and how this is led at all levels in the organisations involved.

	Ideal Service	Probes and Questions	Key documentation and evidence
3. Leadership	<p>3.1 There is recognised and active leadership from the Independent Chair of the Safeguarding Adults Board (SAB) creating a culture of challenge.</p> <p>3.2 There is recognised and active leadership to safeguard adults in each of the statutory partner organisations.</p> <p>3.3 There is joint and co-ordinated leadership with and by other key partners</p>	<ul style="list-style-type: none"> • The council has a strong lead; there is additionally strong collective leadership within and between the key partners and effective leadership by the SAB Chair, which creates an environment for effective challenge • Senior officers/managers (in the council, NHS and Police), key councillors and non-executive board members, Police and Crime Commissioners communicate to their organisations how Safeguarding Adults contributes to the well-being of individuals and communities and work across individual service and agency boundaries, and beyond traditional definitions of their role, to improve outcomes • There are clear and agreed structures, accountabilities, roles and responsibilities at Member and officer leadership level for Safeguarding Adults • All Leaders promote Safeguarding Adults as core business for their organisation and the community and make the links to other strategic priorities (including quality and safety, domestic abuse, hate crime, anti-social behaviour and community cohesion) • Officer leaders communicate clearly the legislative frameworks within which safeguarding sits, including in relation to mental health and capacity, regulation, domestic abuse etc. 	<ul style="list-style-type: none"> • Leadership responsibilities have been allocated and are actively discharged • Evidence of safeguarding in governance processes and reports • Evidence of organisational executive responsibilities • Cabinet and Scrutiny reports and reports to relevant Committees and Boards of partner organisations • Stated cross-party support for the improvement of Safeguarding Adults

		<ul style="list-style-type: none"> • Key councillors, non-executive board members and officers are knowledgeable about safeguarding and keep abreast of local, regional and national developments and learning (including enquiries, Safeguarding Adults Reviews etc.) • Partners actively champion the key equalities duties • Leaders are supported by appropriate training and resources. 	<ul style="list-style-type: none"> • Minutes of Community Safety Partnerships • Examples of support and training for leaders • Feedback or appraisal of SAB Chair • Interviews
4. Strategy	<p>4.1 Safeguarding is embedded in corporate and service strategies across the council and partners</p> <p>4.2 The SAB has a published an Annual Strategic Plan (and longer-term strategy) which the Council and all partners support to deliver</p> <p>4.3 The Council and all Partners have a mechanism to deliver the agreed Safeguarding Adults Strategic Plan</p> <p>4.4 Partners can evidence the impact and outcomes achieved from</p>	<ul style="list-style-type: none"> • The Safeguarding Adults strategies and plans interface with other relevant strategies and plans (Think Local Act Personal, Community Safety, including domestic violence, anti-social behaviour and hate crime, Policing, Health, Equalities and Diversity, Modern Slavery, Transforming Care, Community Cohesion and Capacity Building) • The council's plans integrate personalisation and safeguarding including helping people needing care and support to stay safe and in control of their lives and services, managing risk and choice • The process of developing strategies has been inclusive and includes the Council, NHS, Healthwatch, Police, CPS, voluntary and community sectors, and people using services etc. • There is a Joint Strategic Needs Assessment with robust information about the needs of the full range of adults needing care and support who are at risk of harm and abuse and the strategy that is based upon those needs • There is a clear strategy for improving Safeguarding Adults outcomes, and implementing Making Safeguarding Personal • Partners know what the views and experiences of people who have used services are and have incorporated these in its vision, strategies, 	<ul style="list-style-type: none"> • Corporate, ASC and Partners' strategies and plans • Commissioning and contracting documentation • LSAB reports • Policies and procedures • The vision is articulated by the leaders and all employees across the Council and by its partner organisations • Joint Strategic Needs Assessment (JSNA) and Joint Health and

	implementing the Safeguarding Adults Strategic Plan.	plans and priorities. These are also incorporated into commissioning processes <ul style="list-style-type: none"> The SAB Strategic Plan is variable and accessible publicly. It is available or can be made available in different formats so people understand and are aware of their local authority area's proposals 	Wellbeing Strategies (JHWS)
	Ideal Service	Probes and Questions	Key documentation and evidence
5. Safeguarding Adults Board	<p>5.1 The SAB meets its statutory duties as set out in the Care Act Section 43, Schedule 2.</p> <p>5.2 There is multi-agency commitment to safeguarding</p> <p>5.3. Safeguarding is effective at all levels (prevention and intervention)</p>	<ul style="list-style-type: none"> The Safeguarding Adults Board demonstrates effective leadership and co-ordinates the delivery of Safeguarding Adults policy and practice across all agencies, with representatives who are sufficiently senior to get things done. Partners contribute human and financial resources to the board to enable it to function effectively. The Safeguarding Adults Board produces an Annual Report, Strategic Plans, Safeguarding Adults Reviews (SAR) as required and delivers functions outlined in Care and support statutory guidance. The Safeguarding Adults Board provides challenge and support on the outcomes for, and experiences of, people needing services and the impact and effectiveness of service delivery to its member organisations. The Safeguarding Adults Board has a clear understanding of how well it is performing and what difference it makes through regular self-assessment and benchmarking and has a positive attitude to learning and improving across partners. The Safeguarding Adults Board safeguards adults both proactively, through awareness raising and prevention of abuse and neglect, and 	<ul style="list-style-type: none"> Board reports and minutes Council Executive and Scrutiny reports and minutes CCG, NHS Trust, NHSE, Police Authority and other Board papers and minutes

		<p>responsively, by creating frameworks to effectively respond once concerns are raised.</p> <ul style="list-style-type: none"> • The Safeguarding Adults Board uses data, information and intelligence to identify risk and trends and formulates action in response to these. • The Safeguarding Adults Board has good quality legal, medical, nursing, social work and other advice available to it as necessary. • There are strong links between the Safeguarding Adults Board, Health and Wellbeing Board, Community Safety Partnership, Children’s Safeguarding Board and Quality Surveillance Groups. • There are clear protocols in place that integrate different agency procedures – for instance between Safeguarding Adults Reviews, Serious Untoward Incidents, Children’s Serious Case Reviews, Domestic Homicide Reviews, Mental Health Reviews etc. • There are mechanisms in place to ensure that the views of people who are in situations that place them at risk of abuse, and carers, inform the work of the Safeguarding Adults Board. • Reporting mechanisms (to the Safeguarding Adults Board and from the Safeguarding Adults Board to the Council and the Boards of partner organisations) are clear and effective. • Partners work in an atmosphere and culture of co-operation, mutual assurance, accountability and ownership of responsibility. • Evidence is in place to support requirements as set out in Schedule 2, Care Act 2014 and the Care and support statutory guidance 2017. 	
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Commissioning, Service Delivery and Effective Practice

This theme looks at how services are commissioned in relation to local needs and then how they are actually provided, including the involvement of people using services.

	Ideal Service	Probes and Questions	Key documentation and evidence
6. Commissioning	<p>6.1 The council and the NHS commission safe and cost - effective services</p> <p>6.2 The council and the NHS have developed mechanisms for people who are organising their own support and services to manage risks and benefits</p> <p>6.3 Safeguarding is a proportionate, balanced, inclusive and appropriate process and not used as a substitute to other more appropriate arrangements</p>	<ul style="list-style-type: none"> • Commissioners and contractors (council and NHS) set out quality assurance and service standards that safeguard people and promote their dignity and control. Clear expectations and reporting requirements are placed on providers. • Contract monitoring has a focus on safeguarding and dignity and any shortfalls in standards are addressed. • Providers meet essential/ fundamental standards and quality improvement is tracked and acted on. Providers meet essential/ fundamental standards and quality improvement is tracked and acted on. • Commissioning and contracting with regulated providers functions alongside the Care Quality Commission (CQC) and Healthwatch. • Reporting across providers is tracked and under or over – reporting patterns addressed. • Quality in health and social care services is managed across the NHS, Council and CQC (with links to Quality Surveillance Groups) so that abuse and neglect is prevented. • Actions take place to safeguard individuals (whether funded by the host or other local authorities, or by individuals themselves) to safeguard people when standards in services put people at risk e.g. manage provider failure. 	<ul style="list-style-type: none"> • Specifications and contract monitoring reports • Management and SAB reports • Case files • Documented accreditation schemes • CQC, QSG and Healthwatch reports • Information for the public about how to choose services and supports that meet their needs and give them a fair deal • Evidence of quality assurance process in commissioning to oversee local provider quality

		<ul style="list-style-type: none"> • There are options for the use of accredited and managed Personal Assistants for people with Direct Payments, Personal Budgets and Personal Health Budgets. 	
7. Delivery and effective practice	<p>7.1 Partners have robust and effective service delivery that makes safeguarding everybody's business</p> <p>7.2 Domestic violence, hate crime, modern slavery, anti-social behaviour and community cohesion work includes adults needing care and support</p> <p>7.3 Safeguarding activity is improving outcomes for people and enables them to reach justice, resolution and recovery</p> <p>7.4 Safeguarding is personalised and meets the requirements of law and guidance</p> <p>7.5 Clear role for Principle Social</p>	<ul style="list-style-type: none"> • The council and its partners can clearly demonstrate good policies, practices and procedures in the delivery of Safeguarding Adults, which are understood and followed by staff at all levels • People do not fall through the net (and are not passed from pillar to post) between complaints, safeguarding, commissioning, social work, social care, care management, police action, personalisation, community safety and/or community support services (however locally structured) • Clear understanding of what abuse is across all agencies and the public and what to do if suspected. Clear on where to go and who to contact • There are effective arrangements for making enquiries that ensure the right professionals or agencies are involved and that the proposed action is effective and proportionate and timely • Supporting agencies help people to weigh up and manage benefits and risks whilst choosing care and support ensuring service users are empowered • A range of approaches to enable people to reach resolution and recovery from abuse and neglect e.g. social work and psychology support methodologies are such as counselling, assertiveness support, family group conferencing and family/couples therapy etc. • The proposed action is personal and proportionate. • There are regular social care or health reviews of individuals that identify any potential safeguarding concerns. • Care and support and protection plans are clear and incorporate requirements for monitoring and review and their effectiveness is monitored. 	<ul style="list-style-type: none"> • Policies and procedures and the awareness and utilisation of them by staff • Guidance for staff and partners (including such tools as flow charts) • Information and advice for the public • File audits & Multi-agency case file audits • Interviews • Practice observation • Any staff surveys • Staff views of support from safeguarding 'specialists' • Safeguarding Adult returns including comparative information • Safeguarding training statistics

	<p>Worker (PSW) in relation to quality of frontline practice.</p> <p>7.6 Individuals and organisations are clear about their roles and responsibilities</p>	<ul style="list-style-type: none"> • There are regular social care or health reviews of individuals that identify any potential safeguarding concerns • People who are, or may be, experiencing abuse are involved in all decisions about them. • People in the community raise concerns regarding safeguarding. • People's rights are safeguarded through proper application of the law, including the Care Act, Mental Health and Mental Capacity Acts, Police and Criminal Evidence Act, Domestic Violence and Human Rights legislation • There is effective policing that safeguards people in the community and which responds to concerns in institutions • Specialist safeguarding staff/ safeguarding adult teams support others in identifying and addressing safeguarding issues • Safeguarding Adults staff are alert to when there are children in the household and there is joint work with Children's Services with families where both adults and children may be experiencing abuse • Information sharing protocols are clear so that information is shared appropriately across agencies and is effectively acted on. Staff are confident in using these arrangements • Partners have a range of proportionate, appropriate and effective responses to safeguarding concerns, with the right professional input • Agencies have arrangements for assuring high quality professional practice of their staff. • All staff have regular supervision that facilitates good decision-making support and an appraisal scheme that operates at all levels and which addresses development and performance. 	<ul style="list-style-type: none"> • Safeguarding adults data including comparative information • SAB Strategic Plan • Safeguarding review Action Plans • Healthwatch reports on safeguarding • Information sharing protocols • Evidence of activity monitoring by the Principal Social Worker
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Performance and Resource Management

This theme looks at how the performance and resources of the service, including its people, are managed.

	Ideal Service	Probes and Questions	Key documentation and evidence
8. Performance and Resource Management	<p>8.1 Services are held accountable through performance measures, including quality measures, towards the outcomes for people in the strategy</p> <p>8.2. Services can evidence their delivery of improvement through the SAB Delivery Plan</p>	<ul style="list-style-type: none"> • There is a strategic plan setting out clear objectives and targets • There is a performance management framework that captures the safeguarding adult pathway and includes information from all partners • Local workforce and training plans provide people with the right skills, knowledge and competencies for safeguarding adults • All staff have regular supervision that facilitates good decision - making support and an appraisal scheme that operates at all levels and which addresses development and performance in safeguarding adults • There is cross-sector training and development including equality awareness training • There is effective post qualifying training and support that enables professionals to practice to advanced standards and effectively work with complex cases • There is effective legal advice and the criminal and civil law is used to effectively safeguard people • There is a range of systems that improve the quality of services on the front line, including through quality assurance, performance reporting and mechanisms (such as file and practice audits, customer feedback, practice forums and mystery shopping) 	<ul style="list-style-type: none"> • A suite of indicators including quantitative and qualitative measures of performance that is reported regularly to senior and team managers • Summaries of training activity • Skills and confidence as demonstrated in interviews and through file audits • Serious case reviews • Overview and scrutiny agendas and reports with evidence of follow up

		<ul style="list-style-type: none">• The outcomes people want are defined by them and the extent to which they are realised is measured and aggregated• A learning culture is evident. Partners learn from both best practice and from things that don't go well. Safeguarding Adults Reviews (serious case reviews, domestic homicide reviews etc) are used as the basis of improvement for the future. There are mechanisms to monitor the impact of learning.▪ Arrangements for the role and process of overview and scrutiny are clear and effective, with council resources devoted to them to ensure effectiveness.	
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