

Safeguarding Adults in a changing social care landscape

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Safeguarding is everyone's responsibility

These six principles set out how we protect people's rights, dignity, and safety.

They are not just theory — they are the foundation for good practice across health, social care, education, housing, policing, and the voluntary sector.

They are embedded within the Care Act 2014 (England) and build on the principles of the Mental Capacity Act (2005) and the Human Rights Act 1998.

- Source SCIE

The core principles of safeguarding:

- **Empowerment** - People are supported and encouraged to make their own decisions and give informed consent.
- **Prevention** - It is better to take action before harm occurs.
- **Protection** - Support and representation for those in greatest need.
- **Proportionality** - The least intrusive response appropriate to the risk.
- **Partnership** - Local solutions through services working with communities.
- **Accountability** - Transparency in safeguarding practice and decision-making.

Source SCIE

Importance of Safeguarding - CQC

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

The challenges we face in ASC

- Workforce inequality with NHS and other sectors
- Limited resources – finance, people, ever ‘speculative’ regulation / legislation
- Equipment constraints
- Increasing need
- Unrealistic expectation / demands of society / AI ‘solutions’
- NHS solutions to ASC problems
- Someone always seems to know better than we do about a person they’ve never met, in a place they’ve never worked and a role they’ve never played.
- A culture of blame creating negativity about all above.



Outcomes

- Only 29% of Safeguarding referrals in the UK reach section 42 threshold (DHSC)
- Often Providers don't know when S42 is reached - or achieve any learning – or any outcomes
- We lose staff morale and increase turnover
- CQC want notifications for S42's.....
- Lack of 'partnership' = breaking down relationships
- Delegated Healthcare Tasks in Adult Social Care are a high priority for NHS

PEP- PAP

- **Prevention** – what has been prevented? Where is the shared learning from the near misses to ensure it's not repeated? What outcomes have changed? What practice has been adjusted?
- **Empowerment** – who is empowered?
- **Protection** – Who gets protected? Nobody when we lose staff and face and trust with the volume of non 'safeguarding's' produced. Only the bad news is shared,whilst the real safeguarding(s) gets brushed away and ignored.
- **Proportionality** – what is proportionate? Who is asked for feedback? Where does it go to? Who can we complain to about it?
- **Accountability** - who is accountable? What happens to them? What is done? What changes?
- **Partnership** – with whom? Who is working in partnership for the benefit of others

So What's the point?

- Pep-pap needs to mean something, be acted upon and have meaningful outcomes FOR PEOPLE (not process).
- Safeguarding needs to build trust, be real, have core principles applied meaningfully.
- This **IS** everybody's business.

Pointless –
Keeping people ‘safe’ to make them miserable!



Kindness

- Essential skill
- Respect needed
- Professional courtesy
- Kindness to each other

