

# ADASS Casey Commission Deep Dive – Safeguarding

## Introduction

Adult social care is, at its heart, about people. It is the invisible safety net that many individuals rely on – often unexpectedly – to keep themselves and their loved ones safe, supported, and able to live the lives they choose, in the places they call home. When life becomes unpredictable, whether through illness, ageing, disability, or a sudden crisis, people want to know that someone will be there to walk alongside them and understand. That someone is often a social worker.

Councils play a vital role in safeguarding individuals from abuse and neglect, and their work is underpinned by social work values – values of dignity, social justice, and human rights – which shape the way councils operate and remain central to their safeguarding responsibilities.

Today, an increasing number of people are facing situations characterised by uncertainty, poverty, transition, and social vulnerability, often interwoven with complex health and social needs. Meeting these challenges demands highly skilled, relationship-based practice delivered by qualified social workers and other social care workers who can support people through complexity with empathy and expertise.

## What is Safeguarding?

Adult Safeguarding has both a colloquial and legal meaning. Colloquially, it is often used by partner agencies and the public to describe situations that cause them to be concerned about the welfare of an individual. Legally, the Care Act 2014 places a duty on local authority to ‘make enquiries’ if they suspect an adult is experiencing or at risk of abuse or neglect AND, being 18yrs or older, they are eligible for intervention because they have care or support needs that make them less able to protect themselves (referred to as a ‘section 42 enquiry’).

This definition can be challenging in situations where the person is not assessed as having eligible care and support needs but is still at risk of exploitation or abuse. This can happen, for example, in Transitional Safeguarding situations where a young person is recognised as having been at risk of sexual or criminal exploitation as a child but may not be eligible for safeguarding support as an over 18years of age because they are not seen to have care and support needs despite still being at risk of exploitation or abuse. The concept of Transitional Safeguarding aims to highlight and address such situations.

A key principle of the Care Act is that of wellbeing. That includes being protected from abuse and neglect (s1 (2c)) and it is on this basis that local authorities can act to protect people as characterised by the ‘Making Safeguarding Personal’ approach.

Statutory safeguarding of adults is underpinned by the following six principles: empowerment, prevention, proportionality, protection, partnership and accountability, and set within an approach called 'Making Safeguarding Personal.' This approach, developed in response to concerns that early safeguarding practice had become process driven and too focused on 'investigation', put people back at the heart of interventions and focused on the outcomes the person wanted to achieve, resolution of the safeguarding issues and recovery from the trauma of abuse and neglect.

## The importance of wellbeing & prevention

Adult Social Care and the wider services that Councils provide seek to maximise the 'wellbeing' of its citizens and prevent needs from escalating thus promoting opportunities for people to live full lives within the communities they call home. This ethos also allows adult social care, where finances allow, to work with people at lower levels of need – this is how councils developing their 'Preparation for Adulthood' offer frame their work: by intervening early with young adults, risk of harm is reduced and young people's life chances are enhanced. Prevention in safeguarding activity can be through providing advice and signposting for those people who are not eligible for a 'section 42 enquiry'. Care and support needs may not be recognised as contributing to risks of abuse or neglect, for example regarding drug or alcohol use, mental ill-health and self-neglect. Prevention of escalation of risks, for example resulting from carer stress, may not be able to be addressed and prevented, due to prioritisation of limited resources until there is a crisis.

As the Casey Commission considers the future of adult social care, it is essential that the unique role of social work and councils in safeguarding and supporting people to live the lives they want to is fully recognised and embedded at the heart of any recommendations for reform.

## Key issues for consideration

### Resources

- **Underfunding** – Lack of resource in the system makes it difficult to prioritise prevention and wellbeing. Interventions are often episodic and short-term and in response to crises. We need a system that enables early intervention and longer-term relationship-based interventions where needed, including addressing safeguarding risks.
- **Monitoring and measuring** – A focus on the right metrics is essential. The current mandatory safeguarding data collection system does not provide information to evidence performance. The CQC has developed an effective model for seeking data, but KPIs have yet to catch up and so do not support a fully informed picture for either Directors of Adult Social Care or Government. Current data focuses on 'incidence' and volume, not pathways, process or quality and outcomes.
- **Workforce:** Currently there are no specialist safeguarding role requirements in Adult Social Care. The complexity and risk associate with adult safeguarding is of growing public interest, the need for advanced legal literacy is clear. The need for robust post qualifying training is being constantly raised within ADASS networks

- **Whole system pressures** – Crisis intervention rather than prevention is a default action due to other pressures on the system such as acute hospital where timely discharge is vital. However, this should not be in opposition to ensuring people are safeguarded effectively.

## Legal Frameworks

- **Complex legal Systems:** in addition to the Care Act, safeguarding work is characterised by a need to understand and apply The Mental Capacity Act (MCA), The Mental Health Act (MHA) and for younger adults the Children Act. The binary approach to safeguarding children and adults creates differences in culture and eligibility criteria, that can lead to misunderstandings, over or under involvement and some people not being able to access the safeguarding support they need e.g. care experienced young adults.
- **Rights based practice is essential to safeguarding adults:** upholding Human Rights, balancing risks and rights, requires legal literacy, a focus on empowerment and advocacy, in order to achieve resolution and recovery.

## Workforce

- **Competence not just training** – it is people that safeguard people, not processes. Understanding and skills are needed to ensure poor practice and risks are identified and dealt with early. Confident and competent social workers are essential to delivering effective safeguarding services. This relies on practice informed by evidence-informed practice, (from research and expertise from people with lived experience) as well as confident and competent managers providing reflective supervision.
- **Invest in legal literacy & advanced relationships practice skills** – a new specialist social work role is needed incorporating advanced understanding and application of MCA, MHA and safeguarding legislation. Skills to engage with people in complex situations need to be evident along with the ability to support other colleagues to do the same.
- **The opportunity offered by the introduction of Liberty Protection Safeguards (LPS)**– The decision to move ahead with the implementation of LPS provides an opportunity to embed more effective frontline practice, which will support safeguarding adults.

## Delayed implementation of policies and procedures

- **The need to work at pace to address issue with the Deprivation of Liberty Safeguards (DoLS)** – whilst we welcome the consultation on the Code of Practice for LPS and the MCA the 5 years of delay to date have meant lost opportunities to improve practice and drive culture change. Any proposed changes from the Casey Commission need to work in tandem with the implementation plans for LPS.
- **Making the aspirations of the Care Act a reality** – there is widespread support for the Care Act, but so far insufficient funding to prioritise wellbeing and the early intervention that could prevent risks escalating to crisis responses, and more intrusive safeguarding approaches being needed. The fear of the financial implications of accepting state funded care could be a barrier

to people accepting support, leading to safeguarding concerns such as neglect and self neglect.

- **People in Positions of Trust (PiPoT) practice is not consistent:** These policies were intended to replicate the 'Local Authority Designated Officer' (LADO) in Child Protection – a system designed to consider allegations and risks where a person about whom there are safeguarding concerns in one area of their lives is also working with or caring for adults with care and support needs in another. Currently, practice is inconsistent leaving people at potential risk.
- **The development of the National Care Service:** As plans develop around a national care service, a key pillar needs to be the promotion and protections of rights. A NCS should, therefore, set the standards and governance structures in a more cohesive and over-arching way – so bring s.42 (adults), s. 47 (children), s.13 (mental health), and so on, closer together at a national level, provide the structure and promote the importance of those safeguards. The Local Authorities would still run the operations, but the oversight and harmonisation of those concepts should be the job of the NCS.

## Governance and Learning

- **Safeguarding Adults Reviews (SARs): National Learning**– Two national analyses of SARs have now reported – but the systematic dissemination and review of learning need more thought. Regular analysis of SARs would be able to continue to identify and provide evidence of the key areas for national learning to inform ongoing improvement priorities, inform the Chief Social Worker's annual report and national priorities for work.
- **ASC Assurance** – The CQC assurance system for Adult Social Care has highlighted both excellent and very poor safeguarding practice, with a significant number of Local Authorities requiring improvement in their safeguarding services (approximately 40% of all assessments). Government needs to support the sector to maximise the learning and improvement activities from assurance. Local authority assessments have the potential to be a rich evidence base to inform both policy and practice.
- **Safeguarding Adults Boards (SABs)**– All local authority areas must have a SAB that brings together local partners and holds systems to account. However, more consistency is needed regarding the remit of SABs in relation to what they have oversight of, and how concerns are addressed and escalated. For example, what role should Boards have in monitoring the implementation of Right Care Right Person (RCRP) and the safety of the Mental Health System? If AMHP routinely report not being able to admit people under section in a timely manner due to lack of beds, or a SAR reports lack of specialist placements, does the SAB have a role to play in escalating this information to a national level? How can government ensure that issues escalated from SABs or from SARs that need to be addressed nationally are resolved.
- **Prioritising safeguarding** – There is an opportunity currently to learn from the CQC inspections of local authorities and other activities such as the Partners in Care and Health Safeguarding Workstream where good practice has been identified and share that learning with others. Peer challenge has been shown to be exceptionally effective but needs funding and coordination. This takes national level prioritisation.

## Partnership working

- **Safeguarding is a verb not a noun** – it is a shared activity that needs to be prioritised by all partners.
- **All system partners** need to be working together on at a local, regional and national level. Local authorities cannot do it alone, it is a systems activity, which is supported by the statutory guidance. *We hope that the Casey review will highlight this key message*
- **At a local, regional and national level** – systems need to be encouraged to work together to address challenges and inform government where challenges cannot be resolved without national intervention. The Right Care, Right Person National Oversight Board provides an example and opportunity to show how systems can develop and work to address complex issues that affect people's safety

## Transitional safeguarding

- **Contribute to a multi-agency 'early help' offer for young adults** so that safeguarding needs are addressed and care and support needs are reduced or delayed.
- **Improve transition planning** where there are safeguarding needs, that is developmentally informed and not only based on age.
- **Consider all-age exploitation strategies** given that adult social care, as the lead for adult safeguarding under the Care Act.
- **Trauma informed practice is essential:** To understand and respond to the very real challenges faced by many young people who previously been known to children's services.

See [transitional-safeguarding-briefing-for-sector-leaders-FINAL.pdf](#)

## Organisational Abuse

- **Organisational abuse** came to public attention when Panorama highlighted the treatment of Adults with a Learning Disability at Winterbourne View in 2011. Despite heroic efforts by MPs, government and professional leaders, subsequent serious case [reviews \(EG Whorlton Hall 2019\)](#) have continued to show that challenges of changing entrenched patterns of culture and behaviour – particularly (but not exclusively) in the private sector.
- **The Mental Health Act 2025:** The removal of those with learning disabilities or autism from the long term use of the Mental Health Act (unless they have other co-occurring mental health conditions that require inpatient care) provides another opportunity to consider how to improve support in this area, but the Code of Practice being a key area of influence in front line practice.
- **[Safeguarding people across organisational boundaries:](#)** recently updated, this ADASS guidance provides an opportunity to address some key issues, but it is only as effective as the willingness of different services to use it. A particular issue picked up in the Whorlton Hall review was how difficult it was for local safeguarding boards to have any oversight of facilities in their areas if they did not themselves commission care there.

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<sup>1</sup> Awaiting royal assent at the time of writing

## Wider Workstreams linked to Adult Safeguarding

- The role of safeguarding in cases involving young adults (who are often neurodiverse) who come to the attention of the Prevent program, or criminal justice more broadly, is an issue open to discussion
- Safeguarding Powers: there is also an ongoing debate around whether or not Social Workers (or other Adult Social Care Professionals) need specific safeguarding powers similar to those already available in Scotland.

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