



ADASS Safeguarding Adults Policy Network Protocol

Out-of-Area Safeguarding Adults Arrangements

Protocol for Inter-Authority Safeguarding Adults Enquiry and
Planning Arrangements

Table of Contents

Foreword	3
1 Introduction.....	4
2 Principles	6
3 Safeguarding Concerns	9
4 Undertaking safeguarding enquiries	10
5 Safeguarding outcomes	13
6 Implementing the safeguarding plan.....	14
7 Transitional Arrangements: Safeguarding Children and Younger Adults.....	15
8 Services commissioned by the NHS and eligibility for NHS-funded care and support	17
9 Ensuring effective communication	18
10 Resolving areas of difficulty or dispute	19
11 Good Practice in Organisational Enquiries	20
Glossary and abbreviations	23

Foreword

We are delighted to present this updated protocol, on behalf of the ADASS Safeguarding Policy Network. The protocol builds on ten years' experience of working within the Care Act 2014 and aims to support practical application of the principles of the Care Act and Making Safeguarding Personal, as they relate to adults receiving care and support outside of the area in which they are resident. The importance of supporting young people making the transition to adulthood and the complexities relating to organisational abuse are reflected in the updated sections of this document. In the context of ongoing challenges in this area of practice, we strongly encourage ADASS members to use this protocol.

We would like to thank all colleagues who have contributed to the review and update of the previous guidance to produce this protocol, including:

- Partners in Care and Health (LGA & ADASS)
- Association of Directors of Adult Social Services (ADASS) members, including Directors of Adult Services and their teams and National and Regional Safeguarding Policy Network members
- NHS England
- The Care Quality Commission
- National Network of Safeguarding Adults Board Chairs
- Research in Practice

Special thanks are also extended to the authors of the *London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures October 2025*, with reference to Organisational abuse.

The Protocol should be consulted and utilised in the context of the Care Act and Care and Support Statutory Guidance, the Mental Capacity Act, the Mental Health Act and the wider legal framework of care and support.

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1 Introduction

Purpose

This document aims to complement existing statutory guidance and local policy and procedures by providing additional guidance in responding to safeguarding concerns that involve cross-boundary considerations. ADASS members recognise the increased safeguarding risk and complexity associated with adults whose care and support arrangements cross local authority boundaries. These may arise where funding/commissioning responsibility for an adult lies with an authority in one area and where concerns about potential abuse and/or exploitation arise in another area.

The Care Act 2014 came into force on 1 April 2015. For the first time, this placed safeguarding adults on a statutory footing and brought a range of new duties and responsibilities for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. These duties include: a responsibility to ensure enquiries are made where safeguarding criteria are met; the duty to establish Safeguarding Adults Boards; a requirement to conduct Safeguarding Adult Reviews; information sharing duties and the duty to cooperate; and care providers' duty of candour. This protocol for inter-authority working on safeguarding enquiries was revised in 2016, to reflect Care Act duties, the accompanying statutory guidance and the ethos and best practice standards of Making Safeguarding Personal. It has been revised and updated in 2025 to bring it into line with changes since then. It does not cover Safeguarding Adults Reviews. For these, reference should be made to multi-agency procedures.

This guidance applies to people at home, in the community and all care and support settings in England¹, including registered care settings, supported living, community settings, family placement or hospitals. It applies to all adults at risk, as defined by s42 of the Care Act, whether or not the costs of their care and support are being met by public funds. Where safeguarding adults concerns are raised, the local authority where the risk is posed is responsible, under Section 42 of the Care Act, for ensuring that enquiries are undertaken, as required.

It is recognised that each local Safeguarding Adults Board area has local safeguarding adults procedures, and each may use slightly different terminology. ADASS aims to use clear terminology, in line with statutory guidance, but accepts that it is not possible to match local language in every case. Throughout this document the following terms are used:

Host Authority: The Local Authority in the area where the alleged risk arose or abuse occurred, and which therefore has the S42 duty to make enquiries or cause them to be made (whether or not the host authority is commissioning care and support services for the adult).

Commissioning Authority: The Local Authority or NHS Body that is responsible for commissioning care and support services for an adult at risk involved in a safeguarding adults enquiry.

There may be situations where an adult experiences abuse while being in another area for a

¹ Reference should be made to legislation and guidance in other jurisdictions within the United Kingdom, i.e., Scotland, Wales and Northern Ireland.

very short time, for example, if they are a victim of abuse on a street in a neighbouring authority, or the incident occurred while on a day trip or holiday. It is recognised that the statutory duty remains with the host authority where the alleged abuse took place. However, in these circumstances, discussions should take place between the commissioning authority and the host authority to determine who is most appropriate to undertake the safeguarding enquiry. It is essential to ensure that the person remains at the centre of the enquiry, that there is effective liaison with all agencies involved, including, for example, police or health organisations, and that timely agreement is reached on what the enquiry will include and how it will be conducted.

Where an individual is a self-funder, and there is no commissioning authority involved in commissioning care and support services, the host authority has the S42 enquiry duty, regardless of the originating area of the adult. The host local authority may, nevertheless, need to consult the local authority, clinicians or other services from the area a person originates from, if there has been historic involvement that may be relevant.

This protocol aims to clarify both strategic and operational responsibilities and actions to be taken by host authorities and commissioning authorities with respect to safeguarding enquiries involving people who live in one area, but for whom commissioning responsibility remains with the area from which they originated, or where a person has experienced abuse in an area other than where they normally reside.

Organisational safeguarding adults enquiries

It can be particularly complex and demanding for a host authority to manage an organisational safeguarding adults enquiry relating to a care provider when there are many different commissioning authorities involved. This can include both social care and health commissioners, and for some specialist service providers, such as secure mental health or learning disability services, can involve both local and regional specialised commissioning teams. Good practice guidance on organisational enquiries involving many commissioning authorities is therefore included.

This guidance should be read in conjunction with the following current national guidance:

- Care Act 2014 and accompanying Care and Support Statutory Guidance 2016 (including the Making Safeguarding Personal approach): [Care Act 2014 Care and support statutory guidance](#)
- Safeguarding adults: roles and responsibilities in health and care services (The Care Quality Commission, ADASS, NHSE, LGA and National Police Chief's Council (NPCC): <https://www.local.gov.uk/safeguarding-adults-roles-and-responsibilities-health-and-care-services>
- Safeguarding children, young people and adults at risk in the NHS: <https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/>
- "Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers: [NHS England » Who Pays?](#) and National framework for NHS continuing healthcare and NHS-funded nursing care: [National framework for NHS continuing healthcare and NHS-funded nursing care – GOV.UK](#)
- Organisational abuse resources and tools from PCH: [Organisational abuse resources |](#)

2 Principles

There is a range of principles that support good inter-authority safeguarding work. These principles are listed in this section and underpin the whole of this guidance, but for the sake of brevity are not repeated in every section.

Six key principles that underpin all adult safeguarding work

The following six key principles are embedded in the Care and Support statutory guidance. They apply to all sectors and settings and underpin all inter-authority safeguarding adults work:

- **Empowerment** People being supported and encouraged to make their own decisions and informed consent.

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

- **Prevention** It is better to take action before harm occurs.

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

- **Proportionality** The least intrusive response appropriate to the risk presented.

"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."

- **Protection** Support and representation for those in greatest need.

"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."

- **Partnership** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"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."

- **Accountability** Accountability and transparency in delivering safeguarding.

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

Making Safeguarding Personal

The Care and Support statutory guidance notes that in addition to the 6 principles, it is also vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals, with different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a single process that must be followed in all cases. When responding to concerns, it is essential to ascertain the wishes of each individual and to involve them in the development of any required safeguarding plan. The Care and Support statutory guidance states that an enquiry will usually start with asking the adult their view and wishes, which will often, in turn, determine what next steps to take.

Cross-Boundary Considerations

The following specific principles for inter-authority working underpin the guidance in this document:

Care and Support Statutory Guidance (14.93) states that the scope of an enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It also states that everyone involved must focus on improving the adult's wellbeing and work together towards that shared aim. Clarity about the responsibilities of host and commissioning authorities at the outset of the enquiry is essential to ensure the person's wellbeing and desired outcomes remain paramount. Negotiation at an early stage should enable clarity of roles and expectations, allow any issues to be addressed, agree timescales to mitigate drift in undertaking the enquiry, and agree who is best placed to undertake this, taking account of geographical distance.

The host authority, in holding the Section 42 Care Act enquiry duty, will have overall responsibility for ensuring there is good communication with all stakeholders, especially with regards to the planning of the enquiry and the scheduling of meetings.

The planning meeting may take place online to maximise attendance of all partners.

Where there is a commissioning authority involved in commissioning a service, that authority will contribute to the enquiry as required, and maintain overall responsibility for the person they have commissioned care and support for including needs assessment and care and support planning.

The commissioning authority has a responsibility to inform the host authority to ensure that the host authority is aware of the person in their area (see Care and Support Statutory Guidance, para19.56) Further, the commissioning authority should ensure that satisfactory arrangements are made before the accommodation begins for any necessary support services which are provided locally, such as day care, and that clear agreements are in place for funding all aspects of the person's care and support (s.19.56).

The commissioning authority should ensure, through contracting arrangements and in service specifications, that the provider has arrangements in place for safeguarding adults at risk of abuse or neglect and for managing allegations against People in Positions of Trust (PiPoT), which

should be in line with the local (host) authority Safeguarding Adults Board multi-agency safeguarding adults policy and procedures. The commissioning authority may make decisions under its contract monitoring procedures relating to its contract with the provider, including suspension of service provision from or placements with the provider.

It may be necessary for a host authority to take urgent action to safeguard an individual. During the course of an enquiry, host and commissioning authorities may agree that local services may be best placed to meet needs arising from the enquiry. The commissioning authority and the host authority may need to negotiate flexible arrangements, to enable the most appropriate response to ensure the wellbeing of the adult.

In the case of an urgent response being required, the wellbeing of the person being safeguarded remains paramount and a host authority may have to take action on behalf of the commissioning authority. In such cases, the host authority should ensure the commissioning authority is informed and involved in discussions about the response as soon as possible. The host authority may incur costs which it believes are ultimately the responsibility of the commissioning authority. Where possible, the commissioning authority should be given the opportunity to agree the costs involved, but it should be recognised that this may not always be possible, and negotiations over costs may need to take place retrospectively. In such cases, the host authority should keep costs to a minimum.

Providers of care and support services have rights and responsibilities, and may be required by the host authority to undertake an enquiry. The provider may have duties as an employer and service provider, where there are poor practices or disciplinary issues to be addressed. The host authority must ensure effective and timely communication with the provider of care and support throughout the enquiry, ensuring that all information sharing is person-led and outcome-focused. An open culture relating to safeguarding should be encouraged, working in partnership with the provider to ensure the best outcome for the adult. This includes the requirement for the care provider to inform the host authority of the names of adults affected by the safeguarding concerns, including people who may be funding their own care, and also, where relevant, the commissioning authority for each person.

Under Section 67 and 68 of the Care Act, relevant local authorities have the duty to arrange independent advocacy for adults, if required. The host authority will be responsible for ensuring that the views and wishes of the adult are sought as early as possible, and where there is a requirement for independent advocacy to be arranged, the host and commissioning authorities should liaise as early as possible on how this should be achieved for each adult.

The following sections describe the respective roles of the host authority, commissioning authority and service provider at each stage of the safeguarding process from raising a safeguarding concern, through undertaking the safeguarding enquiry, achieving an outcome for the person and ongoing responsibilities for safeguarding planning and review.

3 Safeguarding Concerns

Host Authority

A safeguarding concern could be raised in the first instance with either a host authority or a commissioning authority. Where the concern is first raised with the host authority, they must always seek to inform all involved commissioning authorities, as soon as possible, of any allegations involving one or more of the people for whom they commission support. This is the case whether the person is at risk of, or has experienced the alleged abuse or is thought to be the source of risk.

Once a safeguarding concern has been raised with the host authority, it is the host authority's responsibility to lead the initial response to the concern in consultation with the commissioning authority/authorities. In some circumstances it may be necessary for the host authority to take immediate action to protect the adult, for example, by contacting the police or other emergency services. In liaison with the commissioning authority, the host authority will seek, where appropriate, medical assessment of any injuries or other health concerns. Where concerns involve a Person in a Position of Trust, there should be a requirement to follow the Safeguarding Adults Policy of the relevant SAB, including consideration of risk to others with care and support needs.

If, as part of the initial safeguarding plan, it is necessary to help an adult move to a place of safety, this should be done wherever possible by agreement with the adult, their formal representatives and significant others, such as relevant family members and informal carers, and the commissioning authority. Funding responsibilities remain with the commissioning authority. Protection arrangements will be reviewed throughout the enquiry process. Lack of initial agreement about arrangements for funding should not prevent the host authority from taking the necessary steps to protect the person.

The host authority will coordinate the enquiry in line with Making Safeguarding Personal principles, gather information regarding the concern, including information which may be held by other agencies, for example police, Care Quality Commission or health agencies in relation to the provider and/or people involved, ensuring prompt notification to the commissioning authority and other relevant agencies.

The host authority will allocate a suitably qualified worker, such as a social worker, nurse or safeguarding manager, to act as the named lead coordinator with overall responsibility for the enquiry.

Commissioning authority

The commissioning authority should notify the host authority of the care and support arrangements commissioned in their area (Care and Support Statutory Guidance, 19.56). When the commissioning authority is notified of a safeguarding concern they will:

- Ensure immediately that the host authority has been made aware
- Check whether the commissioned care and support continues to meet the person's

needs within a safe environment.

- If relevant and necessary, seek an alternative service and/ or accommodation, whilst ensuring that the current provider has made adequate provision for the immediate protection and meeting of the person's care needs until the move occurs, liaising with the host authority where appropriate
- Provide all relevant information to the host authority's named lead coordinator.

Service provider

Providers have a duty to inform the regulator of any safeguarding concerns that arise for any adults using their support or services. If the provider is registered with the Charity Commission as a charitable organisation, they also have a duty to report safeguarding concerns to the Charity Commission.

All safeguarding concerns should be raised with the host local authority and the commissioning authority, in line with multi-agency procedures, regardless of the source of risk and/ or allegations.

When raising a concern, the provider should give clear contact details, and information on what has been done to date to safeguard any adults at risk. Where concerns involve a Person in a Position of Trust, the provider should follow the Safeguarding Adults Policy of the relevant SAB, including consideration of risk to others with care and support needs and take immediate action, if required, to safeguard these adults. This will support the local authority in their duty to make enquiries or cause enquiries to be made.

4 Undertaking safeguarding enquiries

Host authority

It is the host authority's responsibility to ensure that the Section 42 enquiry is conducted in accordance with the local decision-making processes contained within the adult safeguarding procedures. This may involve arranging a planning discussion or meeting and ensuring all appropriate commissioning authorities and other relevant local agencies are invited to contribute. The named lead coordinator should liaise with all commissioning authorities regarding the planning arrangements to facilitate maximum contribution. A multi-agency planning discussion may require involvement from the relevant NHS body, the Police and the Care Quality Commission (CQC). See Section 8 for more information on care and support/ admissions commissioned by the NHS.

See also *Safeguarding adults: roles and responsibilities in health and care services* (Care Quality Commission) <https://www.local.gov.uk/safeguarding-adults-roles-and-responsibilities-health-and-care-services>

The named lead coordinator will endeavour to ensure that all agencies are working together effectively, taking account of Making Safeguarding Personal principles, and may chair planning discussions or meetings where required. They will invite the commissioning authority to

participate in the planning arrangements, with the expectation that all commissioning authorities commissioning of people affected by the allegations will contribute. The commissioning authority should provide all relevant information to the planning process, including written reports.

The planning process will agree roles and responsibilities for undertaking the enquiry, with overall responsibility for coordination of the enquiry remaining with the host authority. Within the planning discussion it may be necessary to assign tasks to the commissioning authority. If the commissioning authority is not present then the named lead coordinator is responsible for confirming agreement with the commissioning authority about the tasks to be assigned.

The planning process will also set out a clear communication and engagement plan which will include communication with all service users, families, carers and advocacy services, including Independent Mental Capacity Advocate (IMCA) services where appropriate, and Care Act advocacy services where substantial difficulties are identified. This plan should be reviewed regularly. The host authority will share the minutes with all invitees, including when a regulated service is involved.

The planning process will also agree whether, and if so, how, other commissioning authorities will be informed of the concerns raised and why, and who will do this.

The named lead coordinator will ensure that all decisions and agreed actions are fed back to a commissioning authority in the event that they are absent from a planning discussion, and will liaise with the commissioning authority throughout the enquiry. This is to ensure that:

- The outcomes sought by the adult are clarified and jointly agreed by the adult or their appointed representative, in consultation with their advocate, where advocacy is in place, the host authority and the commissioning authority.
- Considerations of capacity and best interests will be integral to decision-making.
- Evidence or other information from any work undertaken by the commissioning authority is incorporated into the enquiry.
- The commissioning authority is kept up-to-date on progress with the enquiry.

Commissioning authority

The commissioning authority should liaise with the host authority's named lead coordinator regarding the methodology and timing of the Section 42 enquiry. The commissioning authority should provide a representative with appropriate authority for decision making to attend and participate in any planning meetings which may be convened by the host authority.

The commissioning authority should provide all relevant information to the enquiry via the host authority's named lead coordinator. In planning the enquiry, it may be necessary to assign tasks to the commissioning authority. It is expected that the commissioning authority has an established relationship with the adult at risk and their relatives or representatives. They may therefore be the most appropriate organisation to ascertain the person's views and wishes and to undertake initial enquiries with them.

The host and commissioning authorities will confirm how the following will be undertaken and

commissioned/ appointed respectively:

- Mental capacity assessment (undertaken by commissioning authority relevant professional)
- Advocacy (commissioned by the host authority).

Service provider

The host authority may discuss the concern with the provider, decide whether any further actions are required, and may cause the provider to make enquiries. Care and support statutory guidance is clear that the provider has duties as both a service provider and as an employer. These duties include:

- Dealing with employment/disciplinary issues
- Protecting adults at risk whom the provider supports
- Investigating incidents, where required
- Assuring commissioners and regulators
- Preventing reoccurrence and risk to others, including PiPoT procedures.
- Reporting concerns.

The statutory guidance is clear that the provider should look into the concerns unless there is a compelling reason why it is inappropriate or unsafe to do this. Compelling reasons would include:

- A serious conflict of interest on the part of the employer, for example a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated.
- Concerns having been raised about ineffective past enquiries or serious, multiple concerns
- A matter that requires investigation by the police.

Where the provider is looking into concerns, they must be mindful of the requirement fully to involve the adult, and in particular, to ask them or their representatives what they would like as an outcome following the raising of the safeguarding concern and consult with their carers or relevant family members as appropriate. This should be recorded and reported to the host local authority, as part of the enquiry.

Where concerns involve a Person in a Position of Trust, the provider should follow the Safeguarding Adults Policy of the relevant SAB, including consideration of risk to others with care and support needs and take immediate action, if required, to safeguard these adults.

Providers should supply information to the host authority about any commissioning authorities responsible for the adults involved in the enquiry, providing contact details, so that the host authority can liaise with them. They should also provide information on any adults at risk who are self-funders. If the information is not provided, the host authority may refer to the local Safeguarding Adults Board procedure on S45 of the Care Act, which places a duty on individuals and organisations to supply relevant information required to safeguard individuals.

Providers should work together with the host local authority in discussing what the enquiry

should cover, and also with relevant commissioning authorities to ensure they are fully informed when reassessing needs. This may involve participation in safeguarding meetings in line with local multi-agency procedures.

Following completion of the safeguarding enquiry, the host authority will share the enquiry report(s) with any relevant commissioning authority in order to discuss the content of the report and any required safeguarding arrangements.

The purpose of this discussion is:

- To share the outcome of the enquiry
- To agree recommendations regarding the outcome of the enquiry, including the extent to which it has been able to achieve the outcomes for the adult at risk, or what more they would like to happen
- To identify any different views and the potential opportunities to resolve them
- To agree how communication with the person, their family, carers or advocate regarding the outcome of the enquiry and content of the report(s) will take place, ensuring the person remains at the centre of the work
- To agree how the attendance of the adult, their family, carers or advocate at any meetings should be facilitated and/or their views reflected in the outcome
- To discuss the recommended content of the safeguarding plan where appropriate
- To agree arrangements for ongoing review of the safeguarding plan.

If a service provider has undertaken the enquiry, they will liaise with the host authority on their findings so that the host authority can decide whether any further actions are required.

5 Safeguarding outcomes

Host authority

Once the enquiry is completed, conclusions should be reached on whether the desired outcomes of the adult at risk have been achieved, the level of any remaining risks and whether any further actions are required. This could include, for example, where a professional or staff member has been established as the source of risk, a referral to a professional regulator, the Disclosure and Barring Service (DBS), or both, in addition to requirements and conclusions resulting from criminal or coronial investigations.

These decisions are made by the named lead coordinator in consultation with the adult and other parties involved in the enquiry. If a meeting is required to discuss the outcome of the enquiry and any further action required, the host authority will arrange the meeting in liaison with the adult or their representative and the commissioning authority.

Commissioning authority

If a meeting is required, the commissioning authority will attend. The commissioning authority will ensure that where appropriate, family members are invited to the meeting. If required, the

commissioning authority will support families to access the meeting either online or in person, and where agreed, cover any reasonable travel costs. This is not the responsibility of the host authority.

Where the adult, their family, carers or advocate cannot attend the outcome meeting, the commissioning authority will be responsible for ensuring that their views are obtained so that they can be represented within the process and for ensuring that the outcome of the meeting is fed back to them.

Where the need for an individual safeguarding plan is identified, the outcome meeting will discuss and agree the protection arrangements to be put in place by the commissioning authority.

Further actions may also be agreed, which relate to a service provider or a wider group of service users.

Service Provider

As a result of the outcome discussions, further action may be required by the care provider. These could include training for staff, changes to operational guidelines, making referrals to regulators, the Disclosure and Barring Service, or both.

6 Implementing the safeguarding plan

Host Authority

Following the enquiry, a safeguarding plan may be required to confirm actions needed and who is responsible for each action. A safeguarding plan is not a care and support plan; it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution.

The **Safeguarding Plan** should set out:

- The views, wishes and goals of the adult and level of risk that she/he/they is/are comfortable with (where the person lacks the capacity to express this, a decision may be required in their best interests)
- What steps are to be taken to assure the future safety of the adult at risk, in line with their wishes
- The provision of any support, treatment or therapy, including ongoing advocacy
- Any changes needed in the way services are provided (e.g. same gender care or placement; request for a court-appointed deputy)
- How best to support the adult through any action they may want to take to seek justice or redress
- Any ongoing risk management strategy as appropriate.

The plan should outline the roles and responsibilities of all individuals and agencies involved and identify the lead professional who will monitor and review the plan, and when this will happen. Safeguarding plans should be person-centred and outcome-focused, and should be made with the full participation of the adult involved. In some circumstances it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations a specific review of the safeguarding plan may be required. If the safeguarding plan needs to be reviewed, the timescales for this should be agreed jointly by all involved, in line with Making Safeguarding Personal principles.

If any tasks are allocated to the host authority relating to the care setting, it will be the responsibility of the host authority to keep the commissioning authority and other relevant agencies informed of progress made or any additional concerns raised.

The host authority also has responsibility to feedback information on progress and/or concerns to health and social care commissioners and the Care Quality Commission. The host authority must share meeting minutes with the CQC when the allegations involve a regulated service, even if CQC has not been represented at the outcome discussion.

Commissioning authority

The commissioning authority will notify the host authority of completion of any protection actions agreed following the enquiry. Ongoing protection planning and review of safeguarding plans for each individual is the responsibility of their commissioning authority.

Service Provider

The provider's participation in further safeguarding meetings may be needed in line with local multi-agency procedures, to review whether the desired outcomes of the adult at risk have been achieved, whether the safeguarding plans are working and whether any further actions are required.

7 Transitional Arrangements: Safeguarding Children and Younger Adults

Safeguarding Children's legislation and procedures cover children and young people up to the age of 18 years. Safeguarding Adults legislation and procedures cover all adults from the age of 18 years. However, Transitional Safeguarding requires an approach to safeguarding adolescents and young adults fluidly across developmental stages, despite the differences between the legal frameworks for children and adults and recognises the particular impact of trauma on a young person's development, which may make it more difficult for them to protect themselves from abuse. This impact may be particularly acute for care experienced young people, who may be accommodated or placed outside their original local authority area.

When the person who is alleged to have been abused or harmed is over the age of 18 years by

the time the safeguarding incident is reported, but the incident occurred prior to the young person reaching 18 years, any investigation into the concern will be led by Children and Young People's services in the area where the individual was physically present (the host authority) at the time of the incident, in partnership with Adults Safeguarding services. This is of particular importance when the abuse or harm is ongoing, for example, when the individual is experiencing sexual or criminal exploitation or self-neglect, as it is likely that the safeguarding plan will need to be delivered by adult services.

When the person is over 18 and the alleged incident occurred after they were 18, the duty to carry out any investigation into the concern will be held by the host local authority's Adults Safeguarding team, regardless of which local authority was providing services to them as a child. However, any children's services that have been involved recently (even if their support has ended) should be invited to contribute to the enquiry, to ensure good quality information sharing. There should be some flexibility in this approach according to individual circumstances. It may be counterproductive to the adult at the time of crisis to have new and unfamiliar practitioners involved, especially if case management, support and monitoring responsibilities remain with children's services. This is consistent with normal practice under s42(2) of the Care Act, which empowers the local authority responsible for the adult safeguarding enquiry to decide whether another agency should take the lead in conducting the enquiry or take action to protect the adult, if they are better placed to action this.

If concerns are raised about a provider that provides services for people both under and over the age of 18, such as specialist colleges, the host authority will be responsible for clarifying whether their children or adults safeguarding services will act as named lead coordinator for any enquiry necessary. This means that the named lead coordinator may need to liaise with children's services, adult's services or both from each commissioning authority.

The leaving care provisions in the Children Act 1989 place a duty on local authorities to act as good 'corporate parents' and provide continuous support for children and younger adults who have been accommodated under the Children Act 1989, up until the age of 25, even if they are no longer living in the same area. This includes requirements to keep in touch with them, regularly review their pathway plan, allocate a personal advisor and provide financial assistance in some circumstances. In addition, Part 3 of the Children and Families Act 2014 and the SEN Code of Practice place a duty on local authorities to assess the educational needs of young people with learning or other disabilities and implement an Education Health and Care Plan [EHCP] in conjunction with health partners, to support them until the age of 25 if they remain in education.

Whilst leaving care duties are clearly important, the Supreme Court has been explicit that these do not supplant the legal duties owed under the Care Act to safeguarding adults with care and support needs or provide ongoing care and support to those reaching 18 with eligible needs. The Supreme Court commented that the purpose of leaving care duties is '*not to supplant the substantive regime, but to ease the transition (usually) to adult independence.*'²

Consequently, where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding

² R (Cornwall Council) v Secretary of State for health and others [2015] UKSC 46, para. 30

team. When the younger adult is 18–25 and is being supported by the commissioning authority children’s services (e.g., SEND or leaving care) it is critical that there is communication, information sharing and joint working with the host authority’s safeguarding adults’ services.

Where appropriate, the host safeguarding adults services should involve the commissioning local authority’s children’s safeguarding colleagues as well as any relevant partners (e.g., police or NHS) or other persons relevant to the case. The same approach should apply for complaints or appeals, as well as where someone is moving to a different local authority area after receiving a transition assessment but before moving to adult care and support. When a young person is in care, it is the responsibility of the Adult Social Care Service for the local authority that the young person is in the care of to carry out the transition assessment, as until the young person turns 18, they remain ordinarily resident in the area that took them into care. This avoids gaps in assessment and provision of care and support in cases when it is unclear where the young person will live, or whether their ordinary residence will change after they turn 18.

Safeguarding children, young people and adults at risk in the NHS

<https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/> clarifies that the local authority should notify the Secretary of State for Education and Ofsted via the Child Safeguarding Online Notification System if a care leaver dies before their 25th birthday. It is not mandatory to carry out a rapid review or local child safeguarding practice review, but the guidance sets out that if local partners think that learning can be gained, they may wish to undertake a local child safeguarding practice review. This may be particularly relevant if no adult services were involved with the individual and it appears that this may have been because there were barriers to effective transition planning for adulthood. However, it may be more appropriate for the SAB to carry out a safeguarding adult review, or for the SAB and LSCP to jointly commission this. In any event, both the SAB and LSCP should agree the terms of reference for the review including sign-off procedures, and commit to contributing to the review process and delivering the action plan that results from the learning.

8 Services commissioned by the NHS and eligibility for NHS-funded care and support

Integrated care Board (ICB) Responsibilities Regulations define “continuing care” as “care provided over an extended period of time to a person to meet physical or mental health needs which have arisen as the result of illness”. This therefore includes, but is not limited to, NHS Continuing Healthcare (NHS CHC), as defined in the [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#) (the “National Framework”). “Continuing care” may include packages of care arranged jointly by an ICB and a local authority, where the individual has been deemed not eligible for NHS CHC but has some health needs identified that are beyond the power of the local authority to fund.

In order to meet an individual’s continuing care needs, the placing ICB arranges to provide them with:

- Accommodation in a care home or independent hospital (that is, a hospital not run by an NHS Trust or NHS Foundation Trust) located outside of the ICBs geographical area.

- At least one planned healthcare service (other than simply NHS FNC) connected with the provision of that accommodation.

Then the placing ICB retains commissioning responsibility for that person, in respect of those services, regardless of which GP the individual is registered with. This continues for as long as the individual requires a continuing care package (that is, they remain resident in accommodation and continue to require services), whether this is provided in the same physical location or another (*Who Pays?* s.14.5).

The National Framework for NHS Continuing Healthcare and NHS-funded nursing care states that if an NHS body is assessing a person's needs (whether or not potential eligibility for NHS Continuing Healthcare has been identified) and the assessment indicates a potential need for care and support that may fall within a local authority's responsibilities, it (the NHS body) should notify the local authority of this in order for the local authority to then fulfil its responsibilities (s.49).

Where an individual who is in receipt of NHS Continuing Healthcare becomes the subject of a safeguarding concern, this must be addressed by the responsible ICB using the local safeguarding procedures (i.e. where the individual is currently living). ICBs are reminded of their duties under the Care Act 2014 to co-operate with the local authority and local authorities are reminded of their responsibilities to make enquiries and also their responsibility to ensure, where appropriate, that an individual subject to a safeguarding enquiry has access to independent advocacy (s.190).

Local authorities should ensure that they have arrangements with NHS partners to receive such information about NHS-funded placements from outside their area. This supports host authorities, working in partnership across health and social care to be aware of NHS placements in their area.

During the Safeguarding Adults process, it is possible for a reassessment of the person's needs to be undertaken and, as a result, they may be assessed as eligible for Continuing Healthcare. In this case the funding responsibility to meet the person's needs may transfer from the commissioning local authority to the NHS. It is the responsibility of the commissioning authority to liaise with the NHS in such circumstances.

Where care and support (the placement) is fully-funded by the NHS, there may, nevertheless, be the need for the host authority to liaise with the local authority of the originating area of the person. This may be associated with historic involvement, or because a person may return to the originating area and may have support commissioned under S117 of the Mental Health Act 1983. In such cases, the local authority is required to be jointly involved with the NHS in commissioning s117 aftercare services. Similarly, when a person has services commissioned by a regional specialised commissioning team, there may be the need for the host authority to liaise with an NHS body in the person's originating area, as well as the regional specialised commissioning team.

9 Ensuring effective communication

Throughout the safeguarding enquiry, the host authority and the commissioning authority must stay in close communication. The named lead coordinator and all commissioning authorities must be kept informed of any changes that affect the enquiry or interim protection arrangements.

The following decisions about a service provider will be taken on a case-by-case, risk-assessment basis and should be shared with all commissioning authorities, if the decisions relate to relevant safeguarding adults matters:

- Suspension of admissions to services
- Application of contracting sanctions
- Implementation of a service improvement action plan.

Where the host authority becomes aware during a safeguarding enquiry, that a care provider can no longer provide a safe service, this must be clearly communicated to all commissioning authorities.

Any immediate actions that are required to safeguard service users, such as transferring residents from one service to another, must be discussed as early as possible with all commissioning authorities.

10 Resolving areas of difficulty or dispute

Professional disagreements should be resolved at the earliest opportunity in line with local procedures, ensuring that the safety and wellbeing of the adult at risk remains paramount. Challenges to decisions should be respectful and resolved through co-operation. Disagreements can arise in a number of areas and staff should always be prepared to review decisions and plans with an open mind. Assurance that the adult at risk is safe takes priority. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation. In the event that operational staff are unable to resolve matters, more senior managers in both the host and commissioning authorities should be consulted.

The named lead coordinator within the host authority must immediately report to their senior managers any situations of difficulty or dispute which create risks to ensuring safeguarding outcomes are achieved, for example:

- Where it is recognised that the provider can no longer meet the needs of their service users and an alternative is not immediately available
- Where there is disagreement about funding
- Where commissioning and hosting authorities are in dispute about the implementation of this protocol.

Where there is a dispute over the implementation of this guidance, funding, the investigation process or findings, it is vital that the safety and wellbeing of the adult takes precedence. The host and commissioning authorities should ensure that the safety of the person is secured or maintained and that the investigation remains focused on their needs and that of their family carers, prior to the resolution of any dispute. Disputes between the host and commissioning

authorities should be escalated to the relevant Social Care and Health Directors, Police Commanders and/ or SAB Chair, as relevant.

11 Good Practice in Organisational Enquiries

The principles and guidance throughout this protocol apply to all cases where funding/ commissioning responsibility for an adult lies with an authority in one area and where concerns about potential abuse and/or exploitation subsequently arise in another area, whether this is for a single adult at risk or a number of adults at risk.

Adults who require specialist care and support may be supported outside of the commissioning authority, as specialist services will not be available in all areas, which results in the relevant adults receiving care and support at a distance from their social network, including family. This also decreases the likelihood of alternative services being readily available if required.

Assessment, information-sharing and professional judgement is required to determine whether poor practice has become organisational abuse. Several individual safeguarding enquiries at the same place/within the same organisation may indicate wider organisational concerns about poor quality care or indicate the need for further review³.

When a safeguarding adults concern involves a number of adults at risk of abuse or harm, and a number of commissioning authorities, the task of coordinating the enquiry becomes much more complex. Whilst the roles and responsibilities described in this protocol are principally unchanged when there is such an enquiry, it is essential that all authorities have a clear understanding of their respective roles and responsibilities, regardless of distance from the service where the alleged concerns arose.

Service standards and commissioning requirements should be dealt with as distinct from safeguarding as appropriate.

In particular, all commissioning authorities must actively support the host authority to ensure no further risk is posed to any adult affected by the issues under investigation.

There are some key matters, which, if managed carefully, will support the progress of the enquiry. The key difference is that organisational enquiries have wider strategic implications and careful consideration is required to ensure effective, timely and responsive actions.

The process must be supported by a comprehensive communications plan covering the essential communications at every stage of the process. This includes the media co-ordination and management that may be required.

Further guidance is available here: [Organisational abuse resources | Local Government Association](#).

³ London Multiagency Adult Safeguarding Policy, Practice Guidance and Procedures, 2025, p.25.

Strategic Oversight

When it becomes evident to a host authority that the degree, complexity and severity of safeguarding concerns indicate that an organisational enquiry is required, the host authority should initiate a strategic management group. This board will invite commissioning authorities to identify the most appropriate senior manager to represent their organisation and take responsibility for any required actions, setting up a sequence of meetings to aid communication and wider strategic decision making. Membership may be extended to other key strategic bodies involved or to other advisers or independent persons, such as:

- Care Quality Commission
- Health and Safety Executive
- Trading Standards
- Police
- Legal adviser
- Specialist adviser with expertise pertaining to the type of service under investigation
- Press and communications adviser.

This body of strategic decision makers should be briefed regularly by the named lead coordinator, maintaining an overview of the enquiries and any themes or trends that arise within the findings. It is useful for each commissioning authority to identify a single point of contact for initial communication purposes.

The board's responsibility will be to:

- Establish and maintain a complete picture of the concerns, overseeing strategic risk assessment and management, including decisions on escalation as required (including to a ministerial level)
- Devise and implement a communications plan, with particular reference to service users, families, senior managers, politicians, staff, regulators and the media
- Oversee the enquiry and make decisions on resources needed to support it, including a decision about whether a dedicated multi-agency team is required
- Review the strategic commissioning impacts resulting from interim and longer-term protection requirements
- Ensure that each authority fulfils its role and responsibilities as required (it is worth noting that the host authority may not have any contractual arrangements with the care setting in question)
- Make decisions as to what and when information should be shared with other agencies and individuals who are not directly involved or affected by the enquiry.
- Take account of the collective impact on individuals affected and those that remain within the care setting.
- Make strategic links to other organisations, such as ADASS, ADCS, ACPO, as appropriate.
- Agree closure of the enquiry, including how lessons learned should be shared
- Ensure a shared understanding of Making Safeguarding Personal principles is incorporated into the actions of the strategic management board.

Operational Management

In line with this guidance, the named lead coordinator will coordinate the planning and monitoring of the enquiry, agreeing the tasks to be undertaken by each of the authorities involved and reviewing progress.

They should liaise with all commissioning authorities on a regular basis to check the progress of agreed activities. It is of particular benefit in organisational enquiries to have a regular meeting of all staff undertaking the enquiries to take stock of the findings to date, identifying any emerging trends or themes and to check whether any changes are required to the enquiry plan or protection arrangements.

The named lead coordinator will provide regular briefings to the strategic management board and consult the board on strategic matters.

Glossary and abbreviations

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition.

Adult at risk: a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Adult safeguarding: means protecting a person's right to live in safety, free from abuse and neglect.

Advocacy (under the Care Act): taking action to help people who experience substantial difficulty contributing to the safeguarding process or consenting to safeguarding measures to say what they want, secure their rights, represent their interests and obtain the support they need.

Best Interests: the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision, or taking any action, on that person's behalf must do so in the person's best interests. This is one of the principles of the MCA.

Care Quality Commission (CQC): the national body responsible for regulating and inspecting registered care providers

Care setting: the location where a person receives care and support from health or social care organisations (or both). This includes but is not restricted to a person's home, hospitals, hospices, short break (previously referred to as 'respite') units, care homes, care homes with nursing, and day opportunities arrangements.

Commissioning: the cyclical process of assessing needs, planning and purchasing services and monitoring their quality and effectiveness to achieve the best possible outcomes for the person, group or population.

Commissioning Authority: the Local Authority or NHS Body that has commissioned a service from a provider (that may be located outside their Authority) for the adult at risk.

Concern: is the term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously use term of 'alert'. A safeguarding concern should be raised with the local authority safeguarding service.

Contracting: is the means by which a process is made legally binding. Contract management is the process that then ensures that services continue to be delivered to the agreed quality standards.

Disclosure and Barring Service (DBS): It provides a checking service to check if a person has a criminal record or is on one or more of the barred lists. It also maintains the two barred lists, that is, a list of those who are barred from working with children and a list of those who are

barred from working with adults with care and support needs.

Enquiry: establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously, this may have been referred to as a 'referral'.

Host Authority: is the authority where the alleged abuse or neglect occurred or is at risk of occurring.

Integrated Care Boards (ICBs): are statutory NHS bodies with a range of statutory duties, including safeguarding adults and children. They commission services for their registered populations and for unregistered patients who live in their area. ICBs are responsible for commissioning most hospital and community healthcare services.

Making Safeguarding Personal: is about person-centred and outcome-focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them. It involves establishing what the adult at risk, or their representative if they lack capacity wishes to achieve or be achieved as a result of the safeguarding concern being raised, and working towards that.

NHS Continuing Healthcare: ongoing care and support that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#)). This care is commissioned through NHS funding streams and the NHS is responsible for overseeing services commissioned this way.

Organisational abuse: the mistreatment, abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.' (Care and Support Statutory Guidance, 2016)

Outcome Meeting or discussion: convened to share the outcome of the enquiry with the adult and other relevant people and organisations; to agree any further actions required to support and protect the adult at risk and set out a plan, if required, for monitoring the risks for adults where risk remains.

Person in a Position of Trust (PiPoT): Care Act Statutory Guidance states that Safeguarding Adults Boards need to establish and agree a framework and process for how allegations against people working with adults with care and support needs should be notified and responded to. Where such concerns are raised it is necessary for the provider to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Regulated Provider: an individual, organisation or partnership that carries out activities that are specified in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These services are regulated by the Care Quality Commission (CQC).

Safeguarding Adults Procedures: Multi-agency procedures designed to support staff to prevent harm and to oversee and undertake enquiries into allegations or risks of adult abuse or neglect.

Safeguarding Plan: a detailed plan of actions to be taken by identified individuals in order to ensure the adult is protected from the risk of further abuse or harm, in line with their wishes.