WIRRAL
SAFEGUARDING ADULTS
PARTNERSHIP BOARD

WIRRAL MULTI -AGENCY SAFEGUARDING ADULTS POLICY 2026 - 2028

Information sheet

Policy title	Wirral Multi-Agency Safeguarding Adults Policy
Responsible officer	Wirral Adult Social Care Safeguarding Lead
Responsible manager	Wirral Adult Social Care Assistant Director
Ratification date	1st October 2026
Implementation date	October 2026
Version updates	4
Review period	Two years, or sooner if national guidance requires
Review date	October 2028
Responsible group	WSAPB Operational Safeguarding Group

This version revises Section 1.7 to reflect the Supreme Court's judgment of 2 June 2026 in A Reference by the Attorney General for Northern Ireland [2026] UKSC 16, which departed from P v Cheshire West and Chester Council [2014] UKSC 19 and set aside the deprivation of liberty acid test. The wider text has been rewritten for clarity and consistency of voice, without any change to Wirral's safeguarding processes. Every reference to deprivation of liberty should be read in the light of the changing national framework described in Section 1.7, and that section will be revised again once national operational guidance is published.

Foreword

The Care Act 2014 placed adult safeguarding on a statutory footing for the first time and, in doing so, changed the way we understand it. It established the principle that the person knows best: that adults are the experts in their own lives, and that the proper role of services is to work alongside them rather than to decide on their behalf. The emphasis throughout is on self-determination, so that people retain their independence and exercise real choice, both in preventing abuse and neglect and in shaping how any concern about them are addressed.

This policy has been developed by Wirral Council to meet the requirements of the Care Act and its accompanying Department of Health and Social Care statutory guidance. Its purpose is to support safeguarding practice that is sound, consistent and humane across the partnership, and it is endorsed and agreed by every member of the Wirral Safeguarding Adults Partnership Board.

All organisations involved in safeguarding adults are asked to adopt this policy in respect of their own roles and functions. Each may add its own practice guidance, protocols and operational manuals, provided these remain consistent with the principles and expectations set out here.

Useful contacts

If you witness, suspect or have concerns that an adult at risk is being abused it is your responsibility to report it. Contact the Central Advice and Duty Team in confidence:

- **0151 606 2006**, Monday to Friday 9:00am to 5:00pm
- call **0151 677 6557** all other times and on public holidays
- email: cadt@wirral.gov.uk
- For further advice and information about adult safeguarding, please visit the Wirral Safeguarding Adults Partnership Board website https://wirralsapb.co.uk/

Contents

Information sheet 1
Foreword 2
Useful contacts 2
Contents 3
Glossary 4
1. Context, principles and values 6
1.1 Context 6
1.2 Statutory safeguarding duties 6
1.3 Principles 7
1.4 Making Safeguarding Personal 8
1.5 Values, supporting adults at risk of abuse 8
1.6 Mental capacity, consent and best interests 9
1.7 Deprivation of Liberty Safeguards (DoLS) 9
1.8 Advocacy and support 11
2. Adult safeguarding policy 12
2.1 What is safeguarding? 12
2.2 Who do adult safeguarding duties apply to? 12
2.3 Prevention 13
2.4 Information and advice 13
2.5 Information sharing 13
2.6 Different types of enquiries 14
2.7 Out-of-area enquiries 15
2.8 Children and young people 15
2.9 Transition 15
2.10 Carers and safeguarding 15
3. Definition of abuse 17
3.1 Types of abuse and neglect 17
3.2 Who abuses and neglects adults? 19
3.3 Safeguarding Adults Board roles and responsibilities 19
3.4 Safeguarding Adults Reviews 19
3.5 Duty of candour 20
3.6 Whistleblowing 20
3.7 Record keeping and confidentiality 20
Appendix 1: Links to useful information 21

To populate the page numbers, right click the contents list and select Update Field.

Glossary

Adult at risk	A person aged 18 or over who has needs for care and support, whether or not those needs are being met, who is experiencing or is at risk of abuse or neglect, and who, as a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.
Adult safeguarding	Protecting an adult's right to live in safety, free from abuse and neglect.
Advocacy	Support that enables a person to understand information, express their needs and wishes, secure their rights and represent their interests, particularly where they would otherwise have difficulty being involved in the safeguarding process.
Best interests	Where a person lacks the capacity to make a particular decision, any decision made or action taken on their behalf must be made in their best interests, as set out in the Mental Capacity Act 2005.
Carer	A family member or friend who provides, or intends to provide, care for another adult who needs support, as distinct from a paid worker, who is referred to as a support worker.
Concern	The term used where there is, or may be, an incident of abuse or neglect. It replaces the previously used term alert.
Enquiry	The action taken or instigated by the local authority in response to a concern. Its purpose is to establish whether the local authority, another organisation or a person needs to act in order to stop or prevent the abuse or neglect.
Independent Mental Capacity Advocate (IMCA)	A safeguard established by the Mental Capacity Act 2005. An IMCA represents and supports people who lack the capacity to make certain important decisions and who have no appropriate person, such as a family member or friend, to represent them.
Making Safeguarding Personal (MSP)	Person-centred and outcome-focused practice that recognises people as the experts in their own lives and works alongside them to achieve the outcomes that matter to them.
Person or organisation alleged to have caused harm	The person or organisation suspected to be the source of risk to an adult at risk.
Person in a position of trust (PiPoT)	A person who holds a position of authority and uses it, in a paid or unpaid capacity, in a way that harms, or may harm, an adult or child, or that indicates they may pose a risk.

	Wirral has separate PiPoT procedures that sit alongside this policy.
Safeguarding Adults Board (SAB)	The statutory board that each local authority must establish to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk.
Safeguarding Adults Review (SAR)	A multi-agency review undertaken where an adult with care and support needs dies or suffers serious harm as a result of abuse or neglect, and there is concern that partners could have worked together more effectively to protect them.

1. Context, principles and values

1.1 Context

The Care Act 2014 makes adult safeguarding a core function of the local authority's care and support system, rather than a matter of discretion. Chapter 14 of the Care and Support statutory guidance explains Sections 42 to 46 of the Act, which together form the statutory framework for safeguarding adults and which replaced the earlier No Secrets guidance of 2000.

The Act requires every local authority to establish a Safeguarding Adults Board, with the local authority, the police and the NHS, through the Integrated Care System, as its core members. One of the Board's central tasks is to satisfy itself that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective day-to-day practice.

Wirral Safeguarding Adults Partnership Board has adopted this policy to secure a consistent approach across the area to protecting adults from abuse and neglect. It does so within the wider set of principles that the Care Act applies to the whole system: the promotion of wellbeing; a genuinely preventative approach; the fullest possible participation of the person in decisions that affect them; consideration of the individual within their family and wider networks; the protection of people from abuse and neglect as a general duty in every case; and the keeping of any restriction on a person's rights or freedom to the minimum necessary.

1.2 Statutory safeguarding duties

Sections 42 to 46 of the Care Act set out what local authorities must do. In summary, they must:

- lead a multi-agency local safeguarding system that seeks to prevent abuse and neglect, and to stop it quickly when it occurs;
- make enquiries, or cause others to make them, where they think an adult with care and support needs may be at risk and they need to establish what action may be required;
- establish a Safeguarding Adults Board, with the local authority, the NHS and the police as core members, and develop, share and implement a joint safeguarding strategy;
- carry out a Safeguarding Adults Review where an adult with care and support needs dies or suffers serious harm as a result of abuse or neglect, and there is concern that partners could have done more to protect them;
- arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, where that is required.

Section 42(1) sets out the criteria for a statutory enquiry. Where a local authority has reasonable cause to suspect that an adult in its area, whether or not ordinarily resident there:

> (a) has needs for care and support, whether or not the authority is meeting any of those needs;
>
> (b) is experiencing, or is at risk of, abuse or neglect; and
>
> (c) as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

Section 42(2) then sets out the duty to make enquiries. The local authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case, and if so, what action and by whom. Where all three parts of Section 42(1) are met, this constitutes a statutory Section 42 enquiry.

1.3 Principles

Six principles underpin all adult safeguarding work and run through every part of this policy. Each is set out below alongside an outcome expressed in the first person, in the voice of the person at the centre, as drawn from the Care Act statutory guidance. Together they describe not only what safeguarding should achieve, but how it should feel to the person who experiences it.

Principle	Outcome for the person
Empowerment. Adults are supported and encouraged to make their own decisions, with the information they need to do so.	I am consulted about the outcomes I want from the safeguarding process, and these directly inform what happens.
Prevention. Strategies are developed to prevent abuse and neglect, and to promote resilience and self-determination.	I am given clear, simple information about what abuse is, how to recognise the signs, and what I can do to seek help.
Proportionality. The response is proportionate and the least intrusive possible, balanced against the level of risk.	I am confident that professionals will work in my interest, and will only get involved as much as is needed.
Protection. Adults are offered ways to protect themselves, within a coordinated response to abuse and neglect.	I get help and support to report abuse, and to take part in the safeguarding process as far as I want. I feel part of the process, and it is not something that happens around me.
Partnership. Local solutions are found through services working together within their communities.	I am confident that information is shared appropriately, in a way that respects its personal and sensitive nature, and that agencies work together to find the best response for my situation.
Accountability. There is accountability and	I understand the role of everyone involved in my life, and so do they.

transparency in the way safeguarding is delivered.	

1.4 Making Safeguarding Personal

Making Safeguarding Personal is a sector-led approach, developed through the Association of Directors of Adult Social Services and the Local Government Association, that places the person firmly at the centre of their own safeguarding. Its starting point is that people are the experts in their own lives, and that the task of practitioners is to work alongside them to resolve their situation and support their recovery. As it is often expressed, it marks a shift from a process punctuated by conversations to a series of conversations held together by a process.

In keeping with this, the policy adopts the principle of no decision about me without me. The adult, and where appropriate their family and carers, work with agencies to find the right way to keep the person safe and to support them in making informed choices. The result should be a service that is genuinely person-centred and focused on the outcomes the person themselves identifies; that is planned and delivered in a joined-up way across organisations; and that can adapt as circumstances change. Making risk visible and understood, rather than something to be avoided at any cost, is central to both empowering and safeguarding adults.

Making Safeguarding Personal is not confined to the formal Section 42 enquiry; it applies across the whole spectrum of safeguarding activity. Partners should take a broad and community-minded approach, recognising that people differ in their histories, circumstances, preferences and ways of living, and that it is therefore unhelpful to impose a single, invariable process whenever a concern is raised.

1.5 Values, supporting adults at risk of abuse

Safeguarding carries the highest priority across all partner organisations and is reflected in their corporate priorities. The following values shape how that priority is put into practice:

- people are able to access support and protection so that they can live independently and keep control over their lives;
- safeguarding options are discussed with the adult according to their wishes and preferences, with proper account taken of any factors relating to their disability, age, gender, sexual orientation, race, religion, culture or lifestyle;
- the adult at risk is the primary focus of decision-making, determining the safeguards they want and being offered options that allow them to keep choice and control;
- all action begins from the assumption that the adult is best placed to judge their own situation and knows best the outcomes and the wellbeing they wish to achieve;
- the person's views, wishes, feelings and beliefs are paramount, and are central to a personalised way of working;
- there is a presumption that adults have the capacity to make informed decisions, and where a person is assessed as lacking capacity for a particular decision, that decision is made in their best interests under the Mental Capacity Act 2005;
- adults at risk have access to supported decision-making, involving an advocate where appropriate, and to accessible information and advice;

- all decisions are made with the adult and are reasonable, justified, proportionate and ethical, with timeliness determined by the person's own circumstances;
- every effort is made to ensure that adults at risk are afforded appropriate protection under the law, and have full access to the criminal justice system where a crime has been committed.

1.6 Mental capacity, consent and best interests

The Mental Capacity Act 2005 begins from a position of respect for autonomy: a person must be assumed to have the capacity to make their own decisions, and must be given every practicable form of help to do so, before any conclusion is reached that they cannot. Five principles give this effect. A person is assumed to have capacity unless it is established otherwise. They are not to be treated as unable to make a decision unless all practicable steps to help them have been tried without success. They are not to be treated as unable to decide merely because the decision appears unwise. Any act done, or decision made, for a person who lacks capacity must be done in their best interests. And before that act is done, regard must be had to whether the same purpose could be achieved in a way less restrictive of the person's rights and freedom.

Where a person is assessed as lacking the capacity to make a particular decision, a best interests decision is made on their behalf. Capacity is specific to the decision in question and may fluctuate over time, so a person may be able to make some decisions but not others, and may regain capacity later. Even where a person is found to lack capacity, they must still be supported and encouraged to take part in the safeguarding process as fully as they are able. In all of this, due regard must be given to the Mental Capacity Act and its Code of Practice.

1.7 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards form part of the Mental Capacity Act 2005. They provide a lawful route for authorising arrangements in a care home or hospital that amount to depriving a person of their liberty, where that person lacks the capacity to consent to the arrangements and the arrangements are judged necessary and in their best interests. The safeguards carry with them the right to representation and the right to challenge the deprivation. Where a person is deprived of their liberty in any other setting, or is aged 16 or 17, authorisation is sought instead from the Court of Protection.

Important note on the current legal position. The law on deprivation of liberty changed materially on 2 June 2026. In A Reference by the Attorney General for Northern Ireland [2026] UKSC 16, the Supreme Court took the rare step of departing from its own 2014 decision in P v Cheshire West and Chester Council [2014] UKSC 19, setting aside the acid test that had governed this area since then. The national framework, including the relevant codes of practice and operational guidance, is now being revised in response, and every reference to deprivation of liberty in this policy should be read in that light.

Wirral is awaiting national guidance from the Department of Health and Social Care and, in line with the advice of the Association of Directors of Adult Social Services, is taking a careful and considered approach to implementation. This section will be revised once that guidance is published. In the meantime, practitioners must continue to seek advice from

the DoLS team and from Legal Services in any case in which a deprivation of liberty may be in question.

What has changed

Until June 2026, an arrangement was generally treated as a deprivation of liberty wherever three conditions were met:

- the person was under continuous supervision and control,
- was not free to leave, and
- lacked the capacity to consent to the arrangement.

The Supreme Court held that this bright-line approach was too crude, that it produced an over-extensive reading of what it means to be deprived of one's liberty, and that it had never in fact been adopted by the European Court of Human Rights. The former test, taken on its own, no longer answers the question.

The multifactorial approach

Whether a person is deprived of their liberty now calls for a multifactorial assessment of their actual situation, in which no single factor is decisive. The relevant considerations include the type, duration, effect and manner of implementation of the restrictions in question; the nature of the setting and how ordinary or how restrictive it is, so that care provided in a person's own home or family home is weighed quite differently from care in a hospital or secure setting; any limitations that flow from the person's own physical or mental condition, rather than from the arrangements made for them; the purpose for which the measures are imposed; and the person's own wishes, feelings and any valid consent. The elements of the former acid test remain relevant, and may well be necessary, but they are no longer sufficient on their own to establish a deprivation of liberty.

Consent and the person's wishes and feelings

The judgment also recast the question of consent. A person who lacks capacity under the Mental Capacity Act may nonetheless be able to give valid consent to their confinement, provided they have a basic awareness of their living arrangements and can convey, through their wishes and feelings, whether they are content with them. Mere compliance, or the absence of objection, is not enough. Where a person is able to express a view but their attitude is genuinely in doubt, no inference of consent should be drawn. The effect is to place renewed weight on listening closely to the person, and on giving proper respect to what they communicate, in every case.

Practical implications

In practical terms, fewer arrangements are now likely to amount to a deprivation of liberty requiring a DoLS authorisation or an application to the Court of Protection. The protection of people who lack capacity will rest more heavily on rigorous best interests decision-making under the Mental Capacity Act, on the right to respect for private and family life under Article 8 of the Human Rights Act, and on the wider duties of the Care Act 2014, than on the Article 5 process alone. Sound best interests decision-making, the discipline of choosing the least restrictive option, and timely access to advocacy and review remain essential safeguards in every case.

Handling cases until national guidance is issued

Until national operational guidance is issued, the following applies in Wirral:

- existing DoLS authorisations and Court of Protection orders remain in force, and must not be removed or allowed to lapse without advice from the DoLS team and Legal Services;
- new requests will continue to be received and triaged, and urgent situations will always receive an immediate response;
- all decisions on care and treatment must continue to comply with the Mental Capacity Act and its Code of Practice;
- any case of serious dispute may still require an application to the Court of Protection.

This section should be read together with Wirral's Mental Capacity Act and deprivation of liberty practice guidance, and with the staff briefing issued by Wirral Adult Social Care in the wake of the judgment.

1.8 Advocacy and support

The Care Act requires the local authority to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or a Safeguarding Adults Review, where that adult would otherwise have substantial difficulty in being involved and there is no other suitable person to assist them. Substantial difficulty is judged across four areas:

- understanding the relevant information,
- retaining it,
- using or weighing it, and
- communicating one's views, wishes and feelings.

There is an important distinction between the Independent Mental Capacity Advocate, established under the Mental Capacity Act, and the independent advocate provided for by the Care Act. An independent advocate cannot carry out the statutory functions of an Independent Mental Capacity Advocate, although where an Independent Mental Capacity Advocate is already in place they may also take on the Care Act role. The advocacy duty applies from the first point of contact and at every subsequent stage, whether assessment, planning, review, a safeguarding enquiry or a Safeguarding Adults Review.

2. Adult safeguarding policy

2.1 What is safeguarding?

At its simplest, adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. In practice it is more than a set of procedures. It is a way of working, in partnership with the adult, that seeks both to prevent abuse and neglect and to respond well when concerns arise, so that people are safe and able to protect themselves, are treated fairly and with dignity and respect, are protected when they need to be, and can readily obtain the support and services they need.

The aims of safeguarding follow from this: to stop abuse or neglect wherever it can be stopped; to prevent harm and reduce the risk of it; to safeguard adults in a way that supports their choices and their control over how they wish to live; to concentrate on improving the person's life rather than simply administering a process; to raise public awareness so that communities play their part; to provide accessible information and support; and to address the causes of abuse, and not only its symptoms.

It is worth holding in mind that being safe is only one of the things people want for themselves. Practitioners should establish with the adult what safety means to them, and how it can best be achieved, and should be wary of pressing safety measures that take no account of the person's wider wellbeing, as defined in Section 1 of the Care Act 2014.

2.2 Who do adult safeguarding duties apply to?

The duties apply wherever the local authority has reasonable cause to suspect that an adult in its area, whether or not ordinarily resident there, meets the three conditions set out in Section 42(1):

- that they have needs for care and support, whether or not those needs are being met by the local authority;
- that they are experiencing, or are at risk of, abuse or neglect; and that,
- as a result of those needs, they are unable to protect themselves against the abuse or neglect or the risk of it.

Where each condition is met, the authority must make, or cause to be made, whatever enquiries it considers necessary, and a statutory Section 42 enquiry follows.

The definition reaches widely. It includes every adult who meets the criteria, whatever their mental capacity; adults who direct their own care and support through personal or health budgets; adults whose needs have not been assessed as eligible, or have been assessed as falling below the eligibility threshold; adults who fund their own care; and children and young people in the particular circumstances described in Section 2.8.

Adults in custodial settings, such as prisons and approved premises, fall outside the scope of this policy, since responsibility for those arrangements rests with prison governors and the relevant prison and probation services. Even so, the Board retains a duty to assist on adult safeguarding matters, the local authority must assess the care and support needs of prisoners, and the NHS commissions the health services that contribute to safeguarding in these settings.

2.3 Prevention

Section 2 of the Care Act requires local authorities to provide preventative services: those that help to prevent, delay or reduce the development of care and support needs. Prevention is most effective when organisations work together and take a broad, community-minded approach, and it falls to the Board to keep an overview of prevention strategies and to connect them with the relevant local partnerships, which may include the Health and Wellbeing Board, quality surveillance arrangements and community safety partnerships.

Prevention can take many forms: identifying adults at risk of abuse; raising public awareness; providing information, advice and advocacy; cooperating across agencies; training and education; integrated policies, procedures and quality and safeguarding strategies; community links and support; the proper use of regulation and legislation; a proactive approach to Prevent; and safer recruitment supported by the Disclosure and Barring Service. Prevention belongs at every stage of safeguarding, and is especially important at the point of closure, when the work turns to building the resilience of the adult, their network and, where appropriate, the wider community as part of recovery.

2.4 Information and advice

Information and advice are among the most effective means of preventing or delaying the need for services, and in safeguarding they are often the first step in responding to a concern. Every organisation should be able to provide such help, or to signpost people to it. It should cover how to raise concerns about the safety or wellbeing of an adult with care and support needs; the different forms that abuse and neglect can take; how people can keep themselves and others safe; the safeguarding adults process; and the work of the Board.

Information may be relatively general, but advice should be tailored to the person, recognising that people communicate in different ways. So far as possible it should be offered in the manner the person prefers, and in a format they can understand, consistent with the Equality Act 2010, with reasonable adjustments made so that disabled people enjoy equal access. The opportunities to provide or signpost to information and advice arise at many points: at first contact; during or after an enquiry; when developing safeguarding and risk management plans; and through complaints or feedback that bring a concern to light.

2.5 Information sharing

It is good practice to seek a person's consent before sharing their personal information, although in adult safeguarding this is not always possible or realistic. Where there are safeguarding concerns, professionals have a duty to share information, and the lesson of countless reviews is that a failure to do so can contribute directly to serious harm. Information should be shared with consent wherever it can be, but the right to confidentiality is not absolute: it may be overridden where sharing is necessary, for example in the interests of public safety, to support a police investigation, or because of the implications for a regulated service.

Any sharing should be guided by the welfare of the adult, or of others who may be affected, and should follow the principles set out in the Caldicott review: that information is shared on a need-to-know basis and in the person's interests; that confidentiality is not the same thing as secrecy; that informed consent should be sought, but may be overridden where it cannot be obtained and others are at risk; and that organisations should never offer inappropriate assurances of absolute confidentiality where abuse is in question.

Where an adult declines to consent, practitioners must consider whether there is an overriding public interest that justifies sharing in any event. Such circumstances might include where the person lacks the capacity to make the decision; the prevention or investigation of crime; the need to prevent serious harm, distress or a threat to life; a risk to other adults or to children; situations in which the person is under duress, coercion or undue influence; cases in which staff are implicated; where the threshold for a multi-agency risk assessment conference is met; or where a court order or other legal authority requires it. The list is not exhaustive, and wherever possible the appropriate Caldicott Guardian should be involved. Decisions should be recorded with care, and taken in line with the law on confidentiality and with the General Data Protection Regulation and the Data Protection Act 2018.

A final caution is in order. The principles of confidentiality that protect the interests of the adult must not be confused with those that protect the management interests of an organisation. The latter have their place, but they can never be allowed to override the welfare of the adult. The Data Protection Act is not a barrier to sharing information; it is a framework for sharing it appropriately.

2.6 Different types of enquiries

A safeguarding enquiry is any enquiry made or instigated by the local authority once it has received a safeguarding concern. There are two kinds.

The statutory safeguarding enquiry. Where the adult meets the Section 42 criteria described in Section 2.2, the local authority is required by law to make enquiries, or to ensure that they are made.

The non-statutory, or discretionary, enquiry. The local authority will sometimes choose to enquire into the situation of an adult who does not meet the Section 42 criteria. Such enquiries are not required by law. They may concern an adult who is believed to be experiencing, or to be at risk of, abuse or neglect, and who does not have care and support needs but may have support needs of another kind.

The people who may be considered for either form of enquiry are varied. They include people with learning disabilities, people with mental health needs, older people, and people with a physical disability or impairment. They may also include adults affected by abusive care practices, neglect and self-neglect, domestic abuse, sexual exploitation, hate crime, female genital mutilation, forced marriage, modern slavery, human trafficking, honour-based abuse or anti-social behaviour. A person's need for support to protect themselves may be heightened by factors such as controlling and coercive behaviour, physical frailty or chronic illness, sensory impairment, behaviour that challenges, drug or alcohol problems, social or emotional difficulties, or poverty and homelessness, and such vulnerability can come and go. It is important to remember that many adults do not recognise that they are being abused or exploited, particularly where there is an abuse of power, a dependency or a close relationship, or a reluctance to speak out for fear of making things worse.

The local authority leads in making enquiries, but it may cause others to carry them out. The circumstances will often point to who is best placed to do so, whether a care provider, a health professional or a social worker, while the police lead any criminal investigation. The local authority decides who is the most appropriate person or agency, when a case may be closed, and whether the Section 42 duty has been satisfied. A criminal investigation takes

precedence over other enquiries, but never over the adult's wellbeing, and close cooperation between agencies is essential to keep the person safe throughout.

2.7 Out-of-area enquiries

Where a safeguarding concern arises for a person who is living temporarily in another local authority's area, it is the host authority that takes the lead for assessing and coordinating the enquiry. This commonly arises where a person is receiving hospital or residential care away from home, whether funded by the local authority or by the individual. Partners should have regard to the relevant Association of Directors of Adult Social Services arrangements for out-of-area safeguarding.

2.8 Children and young people

Local authorities hold specific duties under the Children Act 1989 towards children in need, under Section 17, and children at risk of significant harm, under Section 47. Everyone working with adults and children, across health, social care and the voluntary sector, shares a responsibility to safeguard children whenever they become aware of a child at risk, and should follow the local safeguarding children partnership procedures, which are founded on the Working Together to Safeguard Children guidance. Where a child is placed at risk by the behaviour of a parent or carer, adult workers should make a referral into children's services.

Where the person alleged to have been abused or harmed has passed the age of 18 by the time the matter is reported, but the events occurred while they were still a child, the investigation will be led by children and young people's services, in line with the relevant arrangements.

2.9 Transition

Together, the Children and Families Act 2014 and the Care Act provide the framework for transition as a child approaches adulthood at 18, while the Mental Capacity Act applies from the age of 16. The duties under both Acts fall to the local authority, but this does not lessen the need for all organisations to work together, so that the arrangements for safeguarding adults operate seamlessly alongside those for children and young people.

For young people who meet the criteria, there should be robust joint working between children's and adults' services. The young person's needs should remain at the forefront of support planning, through a coordinated multi-agency approach, and any assessment should take account of safeguarding and risk. Care planning must ensure that the young adult's safety is never placed at risk by delay in providing the services they need. Where safeguarding issues are continuing, and it is expected that the young person will require adult safeguarding once they turn 18, this should be addressed within transition planning. In particular, it should be made clear what information and advice the young person has received about adult safeguarding, whether they need advocacy and support, whether a mental capacity assessment is required and who will undertake it, whether best interests decisions will be needed, and whether any application to the Court of Protection is called for.

2.10 Carers and safeguarding

A carer may become caught up in a situation that calls for a safeguarding response in several ways. They may witness or speak out about abuse or neglect; they may themselves suffer harm, whether intended or not, at the hands of the adult they support or of the

professionals and organisations they deal with; or they may, intentionally or unintentionally, harm or neglect the adult they care for, whether alone or with others. Whether the harm is deliberate or not, safeguarding under Section 42 of the Care Act may be required.

3. Definition of abuse

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, with people and organisations working together to prevent and stop both the risk and the reality of harm, while always promoting the person's wellbeing. People lead complex lives, and may be uncertain, ambivalent or unrealistic about their circumstances, and their relationships may be no less complicated. Abuse may be a single act or a pattern of acts; it may affect more than one person; and it may arise as much from a failure to act, or an omission, as from a deliberate act. It can occur in any relationship and any setting, may amount to a criminal offence, and may cause significant harm or exploitation.

What matters, in deciding whether something amounts to abuse, is not intent but impact: the effect of the act on the person, and the harm, or risk of harm, that follows. Practitioners should therefore look beyond isolated incidents to the patterns that may lie behind them, since repeated instances of poor care can signal a deeper problem, and what is now understood as organisational abuse. Patterns vary. They include serial abuse, in which a perpetrator seeks out and grooms those they target; long-term abuse within a continuing relationship, such as domestic abuse or sustained psychological abuse; and opportunistic abuse, such as theft. Careful recording, and the appropriate sharing of information, are what make such patterns visible.

3.1 Types of abuse and neglect

The Care and Support statutory guidance identifies the following forms of abuse, while making clear that organisations should not regard the list as closed, and that the particular circumstances of each case must always be weighed. All three parts of Section 42(1) must be satisfied before a matter is addressed under Section 42.

Type of abuse	Description
Physical abuse	Assault, hitting, slapping, pushing, the misuse of medication, restraint, or inappropriate physical sanctions.
Domestic abuse	Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between people aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. It can include psychological, physical, sexual, financial and emotional abuse, forced marriage and honour-based abuse. A specific offence of controlling or coercive behaviour was introduced by the Serious Crime Act 2015.
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, and sexual acts to which the adult has not consented or was pressured into consenting.
Psychological abuse	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber

	bullying, isolation, or the unreasonable and unjustified withdrawal of services or support networks.
Financial or material abuse	Theft, fraud, internet or postal scams, doorstep crime, and coercion in relation to a person's financial affairs, including their will, property, inheritance or financial transactions, as well as the misuse or misappropriation of property, possessions or benefits. Scams should be reported to the police and to local Trading Standards.
Modern slavery	Slavery, servitude, and forced or compulsory labour, including human trafficking. A person is in slavery if they are forced to work through mental or physical threat; owned or controlled by an employer through abuse or the threat of it; dehumanised or treated as a commodity; or physically constrained or restricted in their freedom of movement.
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation or political views, including racist, sexist, homophobic or ageist comments, harassment, slurs, hate incidents or crimes, or excluding a person from activities because they are not liked.
Organisational abuse	The mistreatment, abuse or neglect of an adult by a regime, or by people in a setting or service where the adult lives or which they use, including neglect and poor care practice arising from the structure, policies, processes or practices of an organisation. It can range from a one-off incident to ongoing ill-treatment.
Neglect and acts of omission	Ignoring medical, emotional or physical care needs; failing to provide access to appropriate health, social care or educational services; and withholding the necessities of life, such as medication, adequate nutrition and heating. It includes a failure to intervene in dangerous situations, particularly where the person lacks the capacity to assess risk for themselves.
Self-neglect	A wide range of behaviour concerning a person's personal hygiene, health or surroundings, including hoarding. Self-neglect may not prompt a Section 42 enquiry, and an assessment should be made on a case-by-case basis. Whether a safeguarding response is needed depends on the person's ability to protect themselves by controlling their own behaviour, recognising that there may come a point at which they are no longer able to do so without external support.

The list is not exhaustive. Other forms of harm are increasingly recognised, among them exploitation, which now cuts across every category and includes sexual exploitation, criminal exploitation such as county lines, and financial exploitation such as cuckooing. Radicalisation, too, is understood as a form of exploitation, comparable to grooming, and

may take place face to face or online. Sections 36 to 41 of the Counter-Terrorism and Security Act 2015 place a duty on local authorities and their partners to support people who are vulnerable to being drawn into terrorism, delivered in England and Wales through the Channel programme.

3.2 Who abuses and neglects adults?

Anyone can abuse or neglect an adult. The list of those who do is uncomfortable but instructive: spouses and partners; other family members; neighbours, friends, acquaintances and local residents; people who deliberately seek out those they perceive as vulnerable; paid staff and professionals who hold a position of trust; volunteers and strangers; carers; and other adults with care and support needs. Abuse can happen anywhere, in a person's own home, in a public place, in a hospital, a care home or a college, and whether the adult lives alone or among others.

3.3 Safeguarding Adults Board roles and responsibilities

Every local authority must establish a Safeguarding Adults Board, whose central purpose is to assure itself that local arrangements, and the partners within them, act to help and protect adults who meet the definition of an adult at risk. The Board carries three core duties. It must publish a strategic plan for each financial year, developed with local involvement and in consultation with Healthwatch, setting out how it intends to meet its objectives. It must publish an annual report on what it and its members have achieved during the year, including the findings of any Safeguarding Adults Review and the action taken in response. And it must conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act.

The local authority, the Integrated Care System and the chief officer of police for the area must all be represented on the Board. The Board may include such other organisations and individuals as the local authority considers appropriate, having consulted its core partners, and may invite further partners to particular meetings or to its wider work. It should satisfy itself that it has the involvement of everyone necessary to discharge its duties, and information about how it works should be readily accessible both to partner organisations and to the public.

3.4 Safeguarding Adults Reviews

Section 44 of the Care Act requires the Board to arrange a Safeguarding Adults Review where there is reasonable cause for concern about how it, its members or partner organisations worked together to safeguard an adult with care and support needs, and where either the adult has died, including by suicide, and the Board knows or suspects that this resulted from abuse or neglect, or the adult is still living but the Board knows or suspects that they have suffered serious abuse or neglect, a potentially life-threatening injury, serious sexual abuse, or serious or permanent impairment of their health or development.

The Board may also undertake a review in other cases where doing so would promote learning and improvement capable of preventing future deaths or serious harm, including cases that shed useful light on how organisations work together but that do not meet the statutory threshold. The purpose of a review is not to apportion blame but to establish what can be learned about the way local professionals and agencies work together: it draws together and analyses the findings of the individual agencies involved in order to make

recommendations for future practice. The Board identifies the patterns and trends that emerge across reviews, and supports agencies in making the changes those findings require.

3.5 Duty of candour

The duty of candour requires every health and adult social care provider registered with the Care Quality Commission to be open with people when something goes wrong. The regulations impose a specific duty wherever harm to a person from their care or treatment crosses a defined threshold. It is a legal requirement, and the Care Quality Commission may take enforcement action where it is breached. Partner organisations must support people and their carers who wish to raise concerns about the care, treatment or services they have received, and must respond to any complaint helpfully and honestly.

3.6 Whistleblowing

Every employer has a responsibility to foster openness among its staff and to give clear priority to the protection of adults at risk. The procedures that allow staff to raise concerns about the practice they encounter, often known as codes of conduct or whistleblowing procedures, should be owned and actively promoted by the organisations that employ them. Any member of staff or volunteer who is concerned about the way an adult at risk is being treated in their workplace should follow their own organisation's whistleblowing procedure. The Public Interest Disclosure Act 1998 protects those who raise a genuine concern from suffering a reprisal at work.

3.7 Record keeping and confidentiality

Organisations keep full records whenever a concern arises, and of any work carried out under the safeguarding adults procedures, including every concern raised; their own policies should guide how those records are made and stored. Throughout the process, the records kept must be detailed and factual, noting the date and circumstances of conversations and interviews and capturing every decision taken. Such records may be disclosed in court as evidence in a criminal case, or required if the Care Quality Commission decides to take action against a provider, and records held by providers should be available to commissioners and regulators alike. Arrangements for making records available to those affected by an enquiry should be consistent with fairness and with due regard to confidentiality. All information must be held in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

Appendix 1: Links to useful information

The following national documents form the legal and policy framework for adult safeguarding. Frameworks and models are credited to their original sources, and other local authorities' policies are not cited as the source of Wirral's processes.

Care Act 2014 statutory guidance (Department of Health and Social Care). The statutory guidance explaining how the Care Act works in practice, including Chapter 14 on adult safeguarding. Available at https://www.gov.uk/government/publications/care-act-statutory-guidance.

Mental Capacity Act 2005 Code of Practice. Statutory guidance on how the Mental Capacity Act works in practice. The Code and related guidance are under review following the Supreme Court judgment described in Section 1.7.

A Reference by the Attorney General for Northern Ireland [2026] UKSC 16. The Supreme Court judgment of 2 June 2026 on deprivation of liberty and valid consent, which departed from P v Cheshire West and Chester Council [2014] UKSC 19. The judgment and press summary are available from the National Archives at https://caselaw.nationalarchives.gov.uk/uksc/2026/16.

Making Safeguarding Personal (ADASS and LGA). Guidance to support outcome-focused, person-centred safeguarding practice.

SCIE: Adult safeguarding, sharing information. Guidance from the Social Care Institute for Excellence to support good practice in sharing the right information, at the right time, with the right people.

Disclosure and Barring Service. Helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Available at https://www.gov.uk/government/organisations/disclosure-and-barring-service.

Professional regulators. Standards of conduct and proficiency are set by the relevant regulators, including the Nursing and Midwifery Council, the General Medical Council, and the Health and Care Professions Council for social workers in England.