



OLDHAM SAFEGUARDING ADULTS BOARD

Safeguarding Supervision Guidance



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1. Introduction and Purpose

- 1.1 Oldham Safeguarding Adults Board (OSAB) recognise that working to ensure adults with care and support needs are safeguarded from abuse or neglect or where they present a significant risk to themselves, or others is demanding and requires sound professional judgements to be made. It may also be stressful for the professionals involved.
- 1.2 The Care Act Statutory Guidance states that *'regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations'*, and that *'skilful and knowledgeable supervision focused on outcomes for adults is critically important in safeguarding work'*.
- 1.3 Due to differences of individual agencies, staff groups and the services they deliver, there is no one preferred model of safeguarding supervision. Thus the aim of this guidance is to set out safeguarding supervision principles, with some suggested models for practice to assist in the delivery of safe practice. It is intended to provide an overarching framework for all staff working in multi-agency agencies whilst acknowledging that many have different management structures, and existing proportionate and effective supervision systems that reflect the structure and role of each agency. This guidance outlines the core functions and minimum standards of effective supervision which OSAB requires all partner agencies to closely consider alongside some key aspects of practice that should be considered in supervision sessions from a safeguarding perspective.
- 1.4 The aim of this guidance is to develop and promote a culture in Oldham that values and engages in regular supervision and support within the context of safeguarding.

2. Definition and Functions of Safeguarding Supervision

- 2.1 Supervision is an accountable process which supports, assures, and develops the knowledge, skills, and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes. For those working in safeguarding, this should optimise the capacity of adults who use services to be safe and to lead independent and fulfilling lives and be able to participate in safeguarding arrangements.
- 2.2 Safeguarding Supervision uses the supervisory relationship to promote positive outcomes for adults. It facilitates the practitioner to be able to take responsibility for their own practice and response to the safeguarding needs of adults with care and support needs. This relates specifically to the people they support but also generally in their professional development. As a result, the functions of safeguarding supervision should:
 - Enable practitioners to reduce the negative impact of human factors on their performance through the recognition of personal triggers and the personal and organisational resources they have to support them in developing and sustaining resilience in the face of challenging and complex work.
 - Facilitate the development of the knowledge and skills that are needed for good safeguarding practice.
 - Challenge inconsistencies in the interpretation of information and reasoning processes such as biases and assumptions.
 - Enhance the ability of practitioners to work effectively with colleagues within their own agency and from other agencies. Supervision should enable staff to be supported to change and develop their own behaviour and practice and to develop and foster effective relationships with others, both staff and adults at risk.
 - Contribute to organisational responsibility for competent accountable performance.
 - Achieve the goals and objectives of the agency.
- 2.3 All staff have a responsibility to access safeguarding supervision if they are concerned about the welfare of

an adult with care and support needs and require support and advice about whether action is needed to safeguard the adult in a way that is proportionate, and person centred. Good quality supervision can help to:

- Keep a focus on the adult, outcomes, and their involvement in the safeguarding process.
- Avoid 'drift' in case management.
- Provide a forum for challenging fixed views.
- Review the evidence base for agreed actions and decisions.
- Agree ways in which the adult themselves can be supported to contribute to being safeguarded.
- Address the emotional impact of the work.
- Assist in the 'debriefing' process following complex or distressing cases.
- Develop specific practice areas.

2.4 It is recognised that staff and volunteers working in voluntary sector organisations, including faith, community, and leisure groups etc., may not have recourse to a specialist safeguarding lead within their organisation. Where additional support or guidance is needed, alongside their line manager, they should seek support from the named person within their safeguarding policy and/or [contact the OSAB Business Unit](#) who can signpost them to an appropriate contact within the OSAB membership. Where voluntary organisations work with or involve adults with care and support needs, as a minimum they should routinely include discussion of any safeguarding issues or concerns with in their supervision framework and be clear about their route for onward reporting and escalation of concerns.

3. Safeguarding Supervision Minimum Standards

3.1 The following are minimum standards for the supervision of staff working with adults at risk. They have been produced to assist line managers in all OSAB partner agencies.

- Each OSAB partner agency should have a written policy for the supervision of staff working with adults with care and support needs which reflects these standards.
- Supervision should be provided by an appropriately experienced supervisor. Each agency has a responsibility to assure itself that supervisors are sufficiently competent, experienced, and qualified in working with others to assure the safety of Adults. All members of staff acting in a Supervisor role should be able to demonstrate that they maintain the up-to-date knowledge required to offer support to others involved in safeguarding adults.
- All staff should have regular, planned, protected time and space for case supervision whether this is on a one to one or group basis. This should be uninterrupted time that is a priority for both the supervisor and supervisee(s). Dates and times should be planned in advance and should not be changed or cancelled without an alternative time being made promptly.
- Supervision should take place within a safe, contained environment where the supervisee has the capacity to think and reflect.
- For one to one supervision there should be a written supervision agreement signed and dated by supervisee and supervisor, for group supervision this should be a group agreement. The agreement confers importance and status to supervision. The supervision agreement will detail frequency and duration of supervision, practical arrangements, agendas, content, and dates for review.
- Case supervision should be person-centred and should result in clear agreement about who will now do what in relation to the adult to safeguard and promote their well-being, including supporting them to be able to engage in the safeguarding process.
- A written record should be kept of each session in line with the specific agency's own supervision policy.
- Decisions relating to adults should be recorded (or cross referenced) on the supervisee's supervision records and person's case file or record within 24 hours of the decision being made.
- Supervision records will be kept securely by the agency in line with agency policies and procedures.
- An open culture of learning and development should be promoted, where good practice is celebrated, and mistakes are used to learn and develop.
- The supervisor and supervisee share a joint responsibility for the supervisory relationship and for

preparing for the session. For groups, this will involve shared responsibility of all participants, which should be based on mutual respect and trust and where all feel able to question and challenge assumptions and decisions.

- There should be a developed and monitored Training Needs Assessment encompassed within the supervisory relationship.
- Discussions in practice supervision should be confidential unless:
 - An Adult may be at risk of significant harm or of harming others.
 - There is unsafe practice placing people at risk.
 - There is illegal activity.
 - There are other significant concerns about the wellbeing of the supervisee.

Where appropriate, the supervisee should be made aware that a concern, such as those listed above, may need to be raised.

- Other issues, such as concerns about practice, should not be taken outside of supervision without advising the supervisor/supervisee first. Supervision records are the property of the agency, and the agency has access to Supervision records for audit or inspection purposes.
- Each agency should have a process for handling complaints and disagreements with regards to supervision. The complaint or disagreement should be discussed, agreed, and recorded with the supervisee. This will usually involve an agreement to involve the supervisor's line manager in a three-way discussion to resolve any issue that the supervisee and supervisor cannot resolve themselves. Such discussions should take place with reference as needed to any professional resolution processes, bullying and harassment policies, grievance processes or other policies as necessary.

4. Safeguarding Supervision Formats

4.1 Unplanned Contact In The Working Environment vs Planned One-to-One Safeguarding Supervision

Whilst ad hoc conversations can be both timely and helpful, staff should be discouraged from sharing information or seeking advice on safeguarding issues in 'corridor conversations'. This setting is not conducive to good communication and is not sufficiently private to discuss confidential or personal details of cases. A suitable private area should be found to continue the discussion and the case/situation should then be brought to a future formal supervision session.

One-to-One Safeguarding Supervision is planned supervision with a trained safeguarding supervisor. The supervisee presenting any cases for discussion will be responsible for implementing any agreed actions. This is recommended for staff that hold clinical caseloads.

4.2 Responsive Supervision

This refers to requests made from any professional to the supervisor for advice and support on practice or safeguarding issues when they have concerns about a child(ren) or family or adults at risk. This advice should be sought as and when issues arise and should not be delayed by waiting for regular planned supervision. The supervisee presenting any cases for discussion will be responsible for implementing any agreed actions.

4.3 Peer Group Safeguarding Supervision

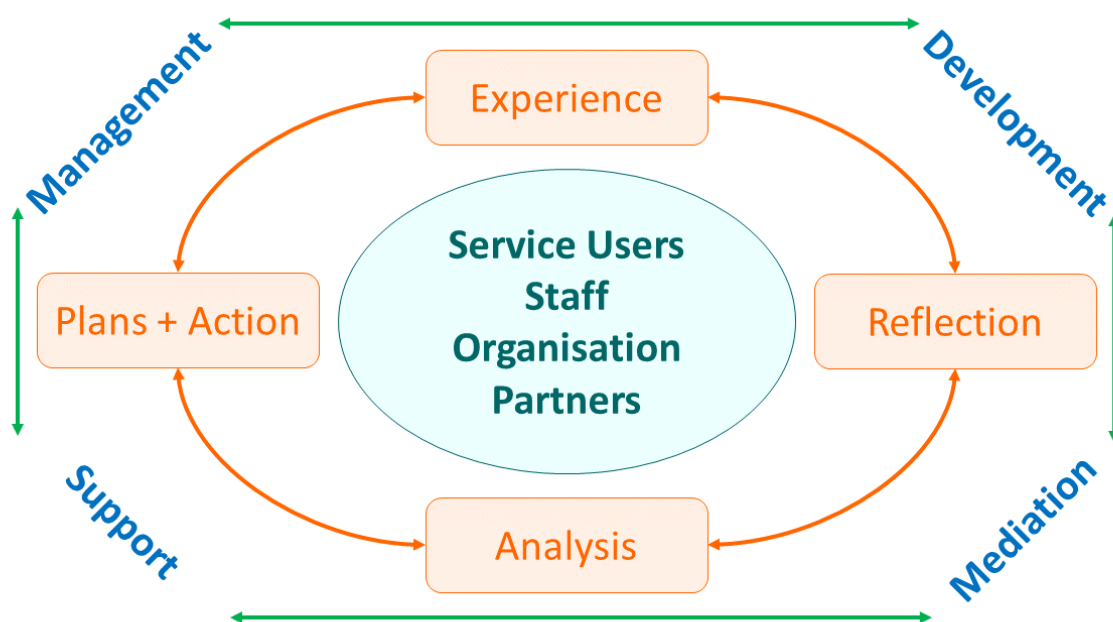
Peer Group Safeguarding Supervision can be considered by any team that has common caseloads or across teams where staff report similar safeguarding challenges or issues. The purpose of safeguarding supervision groups is to support a team in working effectively to ensure a more appropriate care provision. This ensures that there is consistent and a cohesive approach to safeguarding. The purpose of group supervision is to discuss safeguarding cases constructively, to challenge practice, review case studies and to discuss learning points from internal reviews, Local Child Safeguarding Practice Reviews (LSCPRs), Safeguarding Adult Review (SARs), Domestic Homicide Reviews (DHRs) and changes in policies and protocols.

Group supervision should be facilitated by someone with the right skills and experience. Consideration must be given to ensuring all group members are able to participate and benefit from the session and that there are clear ground rules should performance issues be identified.

5. The Importance of Reflective Supervision

- 5.1 Reflective supervision is an important part of all Safeguarding Supervision regardless of the format used (see section 4). It is the activity within the session whereby the supervisor asks the supervisee to reflect on certain situations or cases to consider whether a different perspective can be provided, and an alternative approach taken that may impact positively on progress or effect a different end result. It is important that staff working with adults are provided with Reflective Supervision as part of their supervision programme.
- 5.2 It is acknowledged that not all workload and casework discussions will require a reflective approach as some discussions may only need a management decision or confirmation that the work is on track with some suggestions made. However, in certain circumstances, the discussions need to be more reflective and will always inform why certain decisions are taken thereby providing a context on why those decisions were made.
- 5.3 Recording of reflective discussion should be included within supervisee files, as would be the case for any management supervision, but also within any relevant case files so that there it is clear why certain decisions and courses of action have been taken.

6. The Overarching Safeguarding Supervision Model: '4x4x4'



- 6.1 The 4x4x4 supervision model (above) was first developed by Tony Morrison (2005) and reflects the key principles of good supervision. It recognises that supervision makes a difference to adults and carers, that relationships are central to this, and that critical reflection underpins helpful discussions. Consideration should be given to utilising this model regardless of the supervision format used (see section 4).
- 6.2 The 4x4x4 supervision model is an integrated framework which demonstrates the interdependence of all elements. At the centre, there are the four stakeholders in the supervisory process (Service users, Supervisees, Organisation, and Partners) these are people that need to be kept in mind during any

supervision session. Around the four stakeholders is the reflective cycle (Experience, Reflection, Analysis, and Plans/Action - based on Kolb's Learning Cycle) in order to put critical reflection at the heart of supervision sessions. The final set of four elements are the functions of supervision (Management, Development, Support, and Mediation); supervision must attend to all of these functions in order to support good practice. The management function refers to the quality and quantity of the work being undertaken. The development function is concerned with continuous improvement. The support function refers to support the supervisee's wellbeing. And the mediation function is concerned with the supervisee's relationship with their organisation.

6.3 The checklist below can be used by supervisors to strengthen the 'support function' and recognise the impact of safeguarding work on an individual's wellbeing.

- Monitor the overall health and emotional wellbeing of supervisees especially with regard to the effects of stress.
- Create a safe place for supervisees to look at their practice and its impact on them as a person.
- Debrief and give supervisees permission to talk about feelings.
- Help supervisees explore emotional blocks to their work.
- Clarify the boundaries between support, counselling, and consultation.
- Explore discrimination issues in a safe setting.
- Support supervisees who experience any form of abuse or discrimination from colleagues, service users or others.
- Clarify when the supervisee should be advised to seek external counselling (and any relationship this has with performance monitoring).

7. Reflective Supervision Considerations, Tools and Resources

7.1 Introduction: Areas of Practice to Keep In Mind

When reflecting on certain situations or cases within a supervision session it is important that both the supervisor and supervisee are mindful of key considerations from a safeguarding perspective. Ten brief examples of these are provided below alongside links to some further information and resources. Please note, this list is not exhaustive.

7.2 Adult Safeguarding Principles

The six key adult safeguarding principles, as enshrined in the Care Act 2014 should be considered in all safeguarding adults work including effective safeguarding supervision:



Empowerment: Presumption of person led decisions and consent



Protection: Support and representation for those in greatest need



Prevention: Prevention of harm and abuse is a primary objective



Proportionality: Proportionality and least intrusive response appropriate to the risk presented



Partnership: Local solutions through services working with communities



Accountability: Accountability and transparency in delivering safeguarding

7.3 Safeguarding Leads

It is important that supervisors and supervisees are aware of their organisational safeguarding lead or team. These practitioners are able to offer advice and support about safeguarding including multi-agency and single-agency processes particularly in relation to difficult areas of practice which cannot be resolved inside the safeguarding supervision framework.

7.4 Record Keeping

Safeguarding supervision is a platform to reinforce what records need to be kept in respect of any individual. Record keeping is an integral part of Social Work, Nursing, Midwifery, Allied Health Professionals', and Police practice and is essential to the provision of safe and effective practice. Records include anything that refers to the care of the individual. Records can be called as evidence as part of Coroners' inquests or criminal proceedings; statutory safeguarding review and Local Authority investigations; Professional Fitness to Practice Committee hearings; Serious Incident and Root Cause Analysis investigations; and disciplinary investigations.

Courts of law tend to adopt the approach that 'if it is not recorded, it has not been done'. Good record keeping shows how decisions related to care were made, while poor record keeping increases the risk of harm when making decisions. All practitioners must comply with Information Governance and Data Protections Policies within their agency to ensure that personal information is dealt with legally, securely, and effectively, to deliver the best possible care.

- [Supporting guidelines on record keeping from an NHS perspective](#) is available via the NHS Professionals Website.
- A [resource aimed at supporting social workers and other social care staff to improve recording skills](#) has been provided by the Social Care Institute for Excellence (SCIE).

7.5 Working with Complexity

Supervision is an opportunity to reflect on situations and cases and recognise when there is a need for support from other agencies or escalation. Practitioners often work with individuals with multiple needs who are at serious risk of harm or abuse or where an individual's situation or behaviour places them, or others, at risk of harm or abuse. [Wicked Problems](#) have been characterised as follows:

- The problem is not understood until a solution has been developed. The problem is ill structured, an evolving set of interlocking issues and constraints.
- The problem has no stopping rule. Solutions are not right or wrong, simply better, worse, good enough or not good enough.
- The problem is unique with many factors and conditions all embedded in a dynamic social context. Solutions are always custom designed and fitted.

- There are no alternative solutions, maybe no solutions, there may be a host of solutions that are devised and another host that are never even thought of.
- The problem requires a group of people who care about the problem enough to work together to solve it, skilled at building shared understanding, commitment, ideas, and possible solutions through collaborative processes.

The OSAB Tiered Risk Assessment and Management (TRAM) Protocol includes advice about when and how to escalate risk into a multi-agency setting, as well as how to run shared multi-agency risk management processes that balance positive risk taking with an individual's human rights and the safety of those around them. Safeguarding supervision is a platform to identify the concern, consider single-agency and multi-agency contributions to minimise risks, the role and responsibilities of own agency (such as lead professional) as well as identifying when a case should be escalated, and legal advice sought.

- The [TRAM Protocol](#) is available on the OSAB website.
- A [short TRAM Protocol Summary Guide](#) and a two-page [TRAM Protocol Flowchart](#) are also available.
- The TRAM Protocol is supported by [OSAB Lead Professional Guidance](#) and [OSAB Guidance Where the Individual or Family are Not Engaging with Services](#).

7.6 Making Safeguarding Personal and a Strengths Based Approach

Making Safeguarding Personal can be promoted in all reflective supervision sessions. It is a way of working that should be seen across all practice areas, not limited to safeguarding, where practice is person-centred, outcomes focused, and strengths based. Making Safeguarding Personal engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety.

The Social Care Institute for Excellence explained that 'Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services'.

- [Making Safeguarding Personal Resources](#) from the Local Government Association.
- [Strengths-Based Social Work Practice With Adults - Roundtable Report](#) from the Department of Health.
- [Strengths-Based Approaches](#) from NHS Safeguarding.

7.7 Trauma Informed Practice

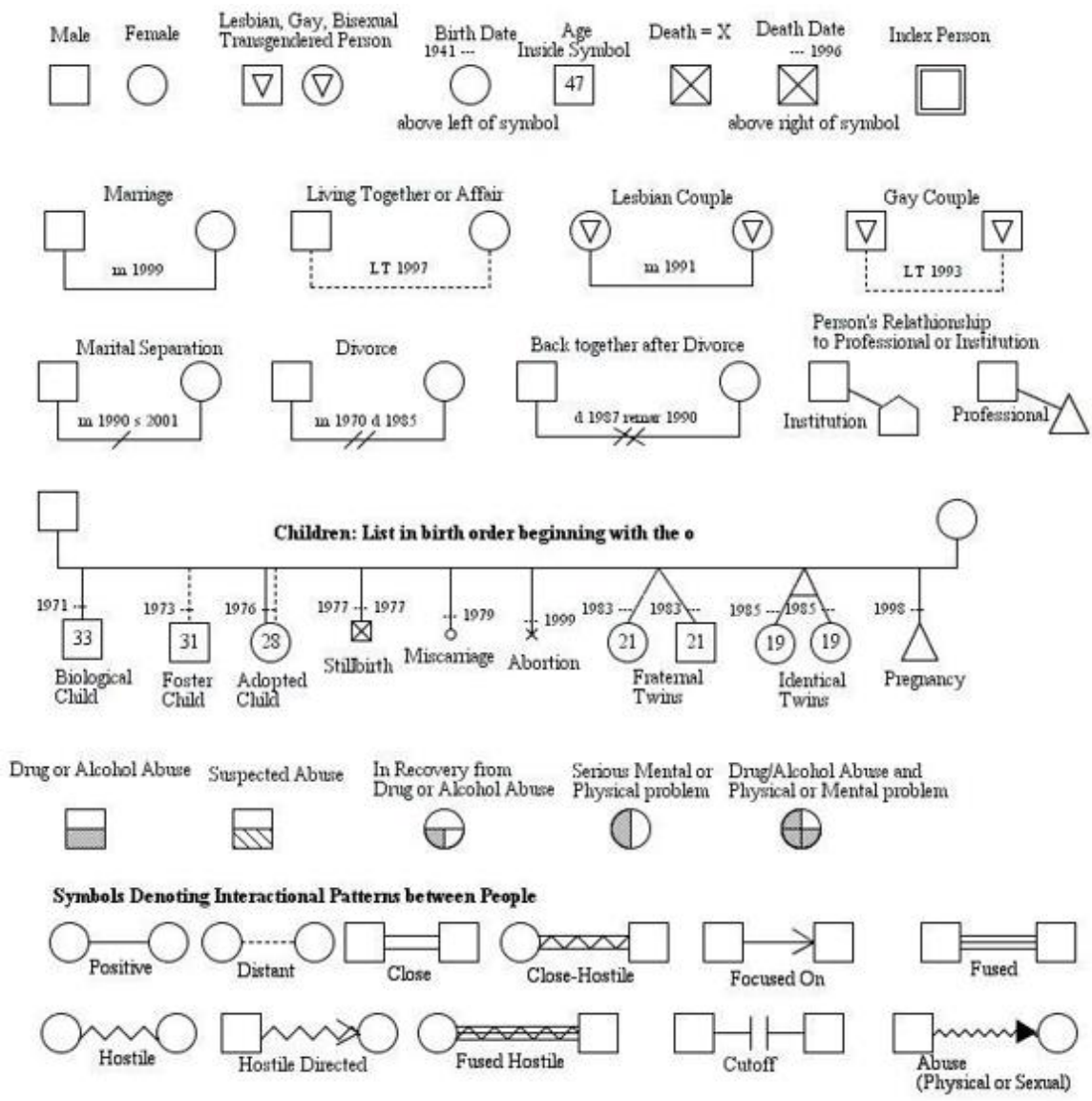
Trauma results from an event, series of events, or set of circumstances that is experienced by a person as harmful or life threatening. While unique to the person, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional, or spiritual well-being. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships. Trauma can impact a person in many ways and can contribute to the way people think, feel and act. These may be expressed in different ways by different people.

Supervisees should be supported to reflect on their work and experiences and encouraged to recognise and understanding the ways in which present behaviours and difficulties can be understood in the context of past trauma.

- [OSAB Trauma Informed Practice Guidance for Practitioners](#) is available on the OSAB website and includes a section about trauma informed support for frontline workers.
- [Practice Informed By Trauma Podcast](#) from OSAB.

The Think Family approach is widely recognised as key to effective safeguarding practice with both children and adults. Using a Think Family approach means securing better outcomes for adults, children, and families by coordinating the support and delivery of services from all agencies and recognising that no one exists in isolation and our complexity is best reflected in a whole-family approach. During reflective supervision, supervisors and supervisees need to explore and understand family networks, ensure they look beyond the primary client and consider the impact of any difficulties on all family members. Safeguarding reviews have shown that multi-agency teams supporting vulnerable children and adults have repeatedly failed to understand the dynamics within families and how these impact on plans to safeguard and protect. Practitioners must explore and understand family networks in order to be effective in their work to support them. The concept of family means different things to different people. Families can include an extended network of relatives and friends; this is often dynamic.

The use of genograms should be encouraged via safeguarding supervision. A genogram is a visual tool which shows a family tree of at least three generations. It is used to give a pictorial representation of a family system. Genograms are a foundational tool used in systemic practice, where there's a focus 'on relationships and a recognition 'that individuals are always embedded in their social context' (Burns, 2018). Genograms help practitioners to be curious about relationships in the family from the perspective of different family members. Because they are pictures, they enable engagement with ideas and information about a family in a different way than a written report. Some standard symbols for genograms are shown below.



(Taken from [Lincolnshire Children's Services Procedures Manual](#))

- [Think Family summary](#) from NHS Safeguarding.
- [Think Family – Think Solutions That Benefit Everyone](#) is a Blog from the Department of Health and Social Care.
- [Using Genograms In Practice](#) guidance from Research in Practice.
- [How to Complete a Genogram](#) Training Presentation from Oldham Safeguarding Children Partnership.

7.9 Professional Curiosity and Challenge

Good supervision, information sharing and open discussion at key decision making meetings to ‘check and test’ information can be crucial in ensuring practitioners are not over reliant on individuals and carers self-reporting and running the risk of proceeding on false information. Professional curiosity is about not taking things at face value. Practitioners asking questions and seeking explanation from individuals and carers is something to be valued; healthy challenge is good and can provide assurance that an assessment of a situation is accurate.

- [OSAB Professional Curiosity Guidance](#) is aimed at practitioners and management.
- Waltham Forest Council has produced a good [3-minute summary video](#).

7.10 Legal Literacy

Legal literacy is the ability to connect relevant legal rules with the professional priorities and objectives of ethical practice. It originates in debates about whether legal rules or an ethical duty of care lie at the heart of practice. The [chart on the next page](#) is designed to prompt discussion with supervisees about where complex cases may fit within a safeguarding context, solution, and pathway. It can also guide both supervisor and supervisee to an escalation within their own agency and/or across several agencies in addition to identifying when organisational legal advice is necessary (e.g. during consideration of an application to court of protection, high court, or inherent jurisdiction). Click on the chart to view a copy on the OSAB website suitable for printing.

Human Rights Act

- [OSAB Adult Safeguarding Human Rights: One-Page Guide](#)
- [Human Rights Act General Guide](#) available on the Mind Website.

NHS Constitution

- [Handbook to the NHS Constitution for England](#) from HM Government.

The Children Act

- [Child Protection System In The UK](#) available via NSPCC Learning.

The Care Act

- [The Care Act Basics](#) includes useful resources from the Local Government Association.
- An [OSAB 7-Minute Briefing about making a Safeguarding Adult Referral](#), a [one-page guide to Adult Safeguarding Procedures](#) and the OSAB Multi-Agency Adult Safeguarding Policy and Procedures ([Part 1](#) and [Part 2](#)) are available on the OSAB website.

Mental Capacity Act

- The [OSAB Multi-Agency Mental Capacity Act & Deprivation of Liberty Safeguards Policy and Procedure](#), and the supporting documents below can be found on the OSAB website:
- [OSAB Practical Guide to Assessing Capacity and Making Best Interests Decisions under the Mental Capacity Act](#)
- [OSAB Executive Functioning Guidance](#)
- [OSAB Best Interest Meeting Guidance](#).

Human Rights Act

Article 2 - Right to Life. Includes DNACPR notices compliance with the Mental Capacity Act (MCA) and Best Interests (BI); links between child safeguarding and domestic abuse; withdrawal of treatment and Court of Protection; neglect and omission of care; self-neglect and mental health (suicide).

Article 3 - Prohibition of Torture. Includes organisational abuse (culture), trafficking and domestic servitude.

Article 4 - Prohibition of Slavery and Forced Labour. Includes Modern Slavery, Child Sexual Exploitation, sexual exploitation of adults, forced labour, domestic servitude.

Article 5 - Liberty. Includes Deprivation of Liberty and Mental Capacity.

Article 6 - Right to Fair Trial. Includes right to consultation before decisions are made; accurate reporting and record keeping; rigour around thorough investigations, court applications, complaints and assessments.

Article 8 - Respect for Private and Family Life. Includes MCA; BI; information sharing; commissioning and placing a person in a setting away from home; regulating sexual relations; regulating family contact.

Article 9 - Freedom of Thought, Conscience, and Religion. Includes MCA wishes, beliefs and values during BI; cultural competence; Prevent/Channel.

Article 10 - Freedom of Expression. Includes option to refuse care or treatment.

Article 13 - Right to Effective Remedy. Includes damage claims; complaints and ombudsmen; criminal sanctions for staff.

Article 14 - Prohibition of Discrimination. Includes treatment or care of people with Learning Disabilities, mental health diagnosis etc.

NHS Constitution

The NHS is founded on a set of values that bind together the communities and people it serves and its staff. Seven key principles guide the NHS in all it does:

1. The NHS provides a comprehensive service, irrespective of gender, race, disability, sexual orientation, religion, belief, gender reassignment, pregnancy/maternity/marital/civil partnership status. The service is designed to improve, prevent, diagnose, and treat both physical and mental health problems with equal regard.
2. Access is based on clinical need and not ability to pay. NHS services are free of charge, except in limited circumstances.
3. Aspires to highest standards of excellence and professionalism. Provides high quality care that is safe, effective, and focused on patient experience. Respect, dignity, compassion and care should be at the core of how people are treated.
4. The patient will be at the heart of everything the NHS does. Services must reflect, be coordinated and tailored to the needs and preferences of the patient, families and carers.
5. Works across organisational boundaries; working in partnership with other agencies in the interests of patients, local communities and wider population.
6. Committed to providing best value for money. Provide effective, fair and sustainable use of finite resources.
7. Accountable to the public, communities, and patients. Government sets the framework for the NHS for which it is accountable to parliament for its operation. Treatment decisions and the detailed organisation of services are taken locally by patients with their clinicians.

The Children Act

The fundamental principles of the Children Act 1989 are:

- Parents have duties to their children as well as rights over their upbringing (i.e. the concept of parental responsibility).
- Courts must prioritise a child's welfare when considering their upbringing.
- Family members are the best caregivers unless intervention is needed.

The Act places a duty on local authorities to promote and safeguard the welfare of children in need by providing a range of services (section 17). If a Local Authority believes that a child has suffered or is at risk of suffering significant harm it may decide to take the child into care to help keep them safe.

Emergency Protection Orders (section 47) have the effect of granting the Local Authority parental responsibility and allows them to remove the child from parents' care. The court will make an EPO where it is satisfied that there is a reasonable cause to believe that the child is likely to suffer significant harm if not removed.

Care Orders (section 31) may only be granted the court if certain criteria are met:

- the child is suffering or is likely to suffer significant harm and
- that the harm is attributable to:
 - the care given to, or likely to be given to the child if the order were not made
 - the child being beyond parental control

Under the Children Act 2004, many agencies, including local authorities, police and health services, are under a duty to ensure they consider the need to safeguard and promote the welfare of children when carrying out their functions (section 11).

The Care Act

The Care Act 2014 provides for a single national threshold for eligibility to care and support.

Section 1 - Promoting individual wellbeing. The principle applies to adults, adult carers, and children. The wellbeing duty does not apply to the NHS; however, it is assumed when the NHS and Local Authorities work together.

Section 2 - Preventing needs for care and support. Enables Local Authorities to provide early intervention to prevent the need for more costly intensive support.

Section 3 - Promoting integration of care and support. Should be prioritised when there is evidence that effective integration materially improves wellbeing such as end of life care.

Section 4 - Provide information and advice including in relation to adult safeguarding.

Sections 6 & 7 - Cooperation including specific cases. Local Authorities must cooperate with partners and each partner must cooperate with them to exercise its functions (partners could be other Local Authorities, NHS Trusts, police, housing, probation, GPs etc)

Section 42 - Safeguarding Enquiries. Undertaken when there is reasonable cause to suspect an adult with care and support needs, is experiencing or is at risk of abuse or neglect and because of those needs, is unable to protect themselves. Enquiries must be undertaken to decide whether action should be taken in the adult's case.

Section 68 - Independent advocacy in safeguarding enquiries and reviews. Effective safeguarding means promoting people's rights as well as physical safety.

Mental Capacity Act

The MCA 2005 provides a framework to empower and protect people who may not be able to make their own decision and provides best practice and common law principles concerning people who lack mental capacity and those who take decisions on their behalf.

Section 1 - Key Principles:

- Assume capacity unless it is proved otherwise.
- Give all appropriate help before concluding someone cannot make their own decisions.
- Accept the right to make what might be seen as eccentric or unwise decisions
- Always act in the best interests of people without capacity
- Decisions made should be the least restrictive of their basic rights and freedoms.

Sections 2 and 3 - The Test for Capacity. The relationship between MCA and adult safeguarding is always under scrutiny. The House of Lords Select Committee stated: 'a consistent theme was the tension between empowerment...and the tendency of professionals to use the Act for safeguarding purposes. Prevailing professional cultures of risk aversion and paternalism have inhibited the aspiration of empowerment from being realised'.

Section 4 - Best Interest. Avoid discrimination, consider all relevant circumstances, future capacity of person, participation of person, Court of Protection considerations, person's past, present wishes or feelings, consultation with relevant others, and documenting decisions

Section 6 - Restriction & Restraint. Must be necessary, proportionate and recorded.

Legal Literacy

7.11 Control and Coercion

Supervision is useful in supporting supervisees to consider the possibility of the people they support being subject to coercive and controlling behaviour. People experiencing coercive control live in fear of the consequences of going against 'the rules' that the person perpetrating the abuse has set up for them to follow. Coercive control can impact a person's decision making. The tactics of coercive control include threats, intimidation, isolation, and control over aspects of everyday life. This is now recognised in the [statutory guidance](#), when police are encouraged to ask 'questions about rules, decision making, norms and fear in the relationship, rather than just what happened'. There are some key implications of this that must be considered:

- There is a need for awareness that the person will be adapting their behaviour and decisions to minimise their risk. They may be fearful of the consequences of resisting, and fearful of the possible negative impact that outside intervention may have on them.
- There is a need to remember the person knows the situation best and knows the level of risk they are facing. Practitioners should not attempt to impose or force a decision (e.g. to leave a relationship); but should instead, focus on building trust.

Assessing and recording Mental Capacity around the relationship decision is of utmost importance. Where a person does not have an impairment of their mind or brain, but it seems that they cannot make a decision freely because they are experiencing coercion, undue influence or constraint, their decision-making capability must be respected. An 'unwise' decision to have a relationship with someone who is abusive does not mean that someone lacks mental capacity to make that decision. In extreme cases where there is a serious risk to life, and where all other legal and support avenues have been exhausted, an application can be made to invoke the inherent jurisdiction of the High Court. However, the courts will always strive not to undermine the principles in Section 1 of the Mental Capacity Act, especially in relation to unwise decisions.

- [Supporting People With Social Care Needs Who Are Experiencing Coercive Control: Mental Capacity And Coercion](#) has been produced by Research in Practice to aid understanding of the law and case law.
- Home Office [Controlling or Coercive Behaviour Statutory Guidance Framework](#).