

From: Diane Morton Cabinet Member for Adult Social Care
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To: Adult Social Care and Public Health Cabinet Committee – 6 May 2026

Subject: **Adult Safeguarding Update**

Classification: Unrestricted

Summary: This report is intended to update the Cabinet Committee about Adult Safeguarding and provide an overview of the adult safeguarding processes, the current context, an account of both strategic and operational perspectives, including the partnership arrangements and key challenges. The report also highlights some of the completed and ongoing work in relation to the Care Quality Commission (CQC) Improvement Plan actions and new areas for development. Please note this report does not cover the Deprivation of Liberty Safeguards (DoLS).

Recommendation(s): The Cabinet Committee is asked to **NOTE** and **COMMENT** the content of the report.

1. Introduction

- 1.1 Safeguarding responsibility is considered to be one of the core statutory functions of a local authority. To put it simply, safeguarding is about making sure people with care and support needs are kept safe from abuse and neglect, such as protecting someone who is experiencing physical abuse from a family member. The Care and support statutory guidance identifies 10 types of abuse and neglect, including physical, domestic violence or abuse, sexual abuse, psychological or emotional abuse, financial or material abuse, modern slavery, discriminating abuse, organisational or institutional abuse, neglect or acts of omission and self-neglect. It is important to note that the safeguarding duties have a legal effect in relation to organisations other than the local authority, on for example, the NHS and the Police.
- 1.2 Safeguarding risks come several sources, from family or friends, staff, organisations or even the person themselves, with most risks coming from people known to the individual. Incidents can take place in different settings, for example a hospital, care home or the person's own home. Anyone can raise a safeguarding concern – family or friends, staff or carers or a member of the public. Safeguarding is everybody's responsibility and is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.

2. National context

2.1 Baroness Casey, Chair of the Independent Commission on Adult Social Care raised her concerns about safeguarding in her letter to the Secretary of Health and Social Care in March 2026, with recommendation that an urgent review of existing adult safeguarding statutory duties and powers, to test whether the current framework provides sufficient clarity and leverage in high-risk situations. In his response, the Secretary of State confirmed that his department will create a new national safeguarding board and undertake an urgent review of adult safeguarding statutory duties and powers as you recommend. A new national safeguarding board which is chaired by the Chief Social Worker is to be established reporting to the Minister of State for Care. An urgent review will aim to identify whether this board requires new statutory powers and tests whether the current framework provides sufficient clarity and leverage in high-risk situations.

2.2 One of the challenges reported nationally and also demonstrated locally is the sheer increased in safeguarding activities. The number of safeguarding concerns raised to local authorities has been increasing over time. Between 2016/2017 and 2024/2025, the number of concerns increased by a staggering 76% (from 364,605 to 640,240). This is starkly illustrated by the following tables (1 and 2), taken from the [Cause for alarm: what can safeguarding data tell us about the challenges facing health and care services? | Nuffield Trust](#).

Table 1

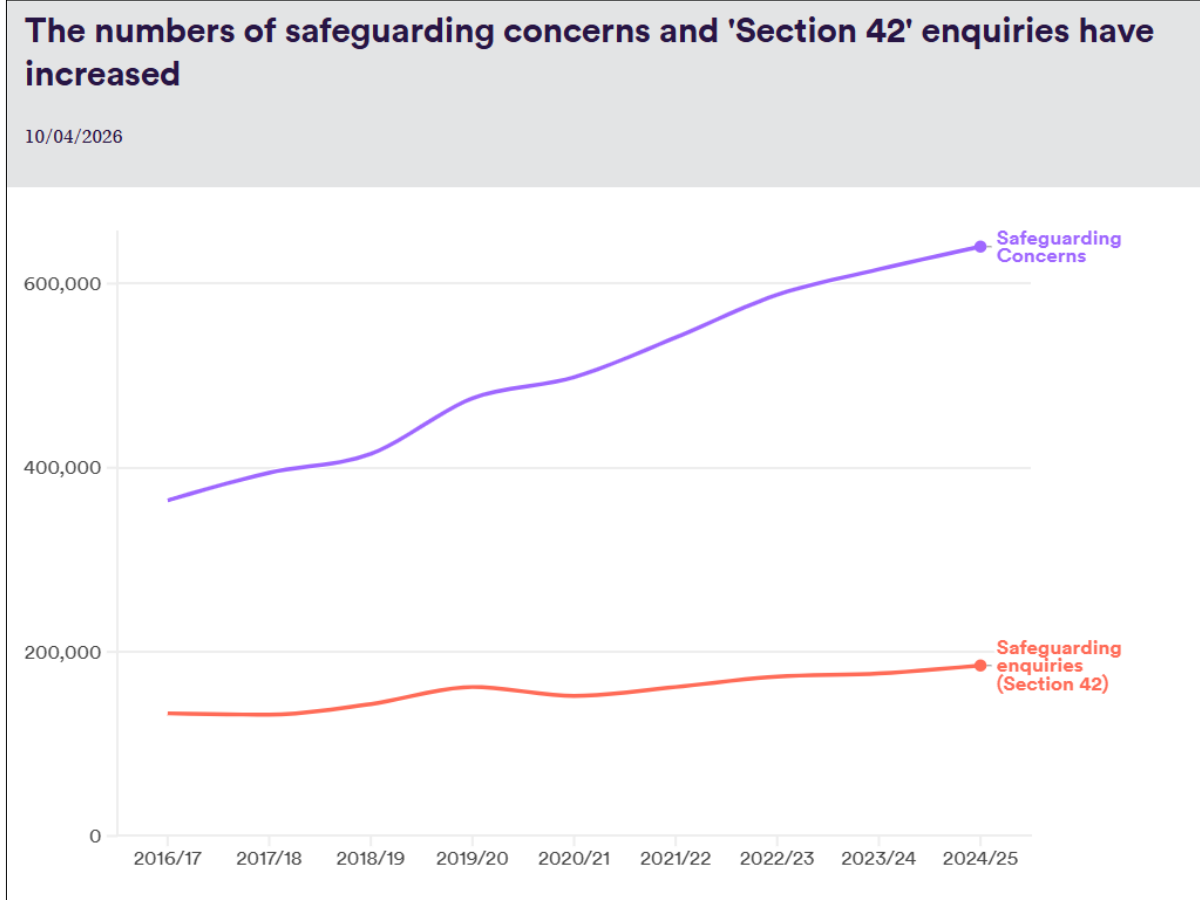
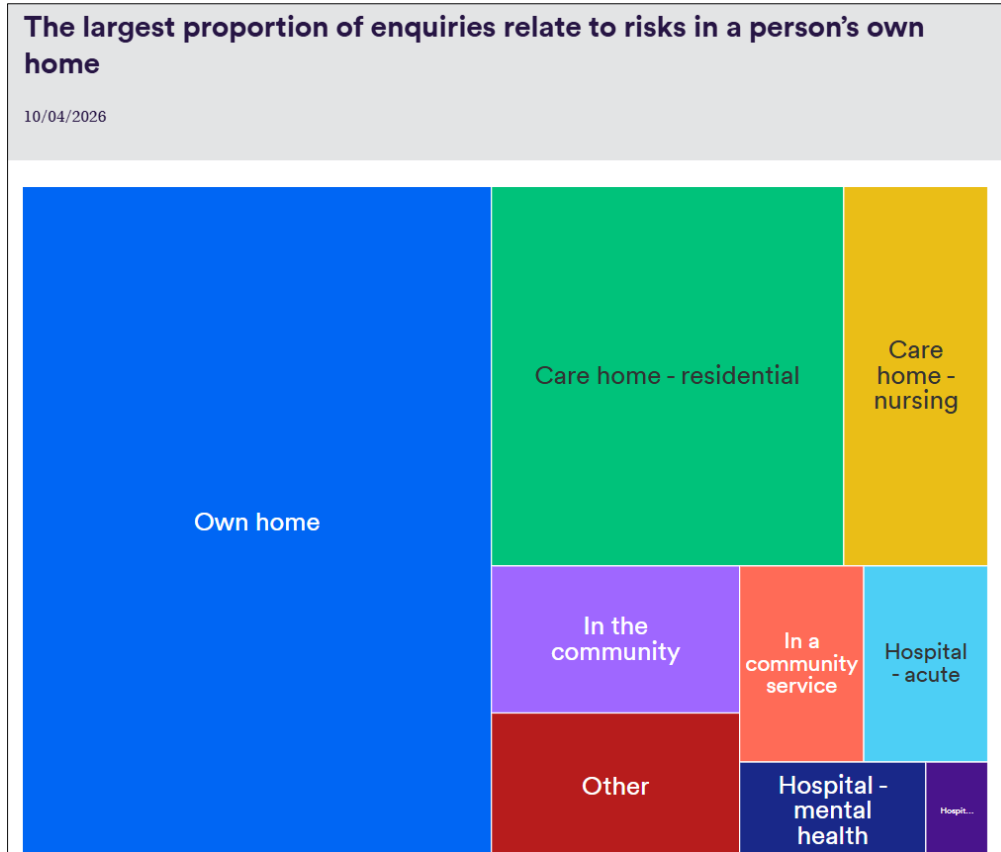


Table 2



2.3 Raising a Safeguarding Adults Concern

Kent has an Adult Safeguarding Online Concern form available on the Kent.gov website - [Tell us about an adult safeguarding concern form](#)

2.3.1 The Concern form has both public and professional online versions and has been recently revised to provide more guidance to the referrer and improve the information being provided in relation to the person and their circumstances, to assist with the application of the statutory criteria. In addition, we have provided key contact details to avoid duplication of referrals for the same person and identified issues. and added resources such as a [Kent and Medway Threshold tool](#) to highlight what would and would not constitute the need to raise a safeguarding concern. Due to the high numbers of safeguarding concerns received in relation to self-neglect, additional information is now sought from the referrer, to ascertain if their Concern meets the necessary criteria prior to the form submission.

2.3.2 Kent Strategic Adult Safeguarding and Medway Adult Social Care collaboratively created the Kent and Medway Threshold Tool, to provide a best practice guide for decision making in relation to Safeguarding. This tool has been approved by the Kent and Medway Safeguarding Adults Board (KMSAB) and is hosted on both the KMSAB Website and Kent.gov.

3. Key Safeguarding activities

3.1 Adult Safeguarding

3.1.1 Adult Safeguarding is the protection of an adult's right to live safely, free from abuse and neglect, while promoting their well-being and autonomy. Section 42 of the Care Act 2014 criteria states that statutory safeguarding enquiries should be made by the local authority where a person is 18 years or over and the person has needs for care and support; is experiencing, or at risk of, abuse or neglect; and as a result of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it.

3.1.2 The local authority must carry out the safeguarding duties alongside other duties of the Care Act 2014, and work in line with Making Safeguarding Personal (MSP) which is a 'personalised approach that enables safeguarding to be done with, not to, people' and the six principles of safeguarding, Empowerment, Prevention, Proportionality Protection, Partnership and Accountability.

3.2 Managing safeguarding work in Adult Social Care

3.2.1 Operational Safeguarding Teams receive and manage safeguarding concerns and enquiries across four local teams. Safeguarding concerns (*a Safeguarding concern is the initial referral raised by a professional or member of the public, sent to the local authority*) are triaged against the statutory safeguarding criteria and if the criteria is met, the concern would be progressed to an enquiry (*a Safeguarding enquiry is led by the local authority and is undertaken to establish whether any action needs to be taken in relation to the concerns raised, and if so, by whom.* legislation.gov.uk). All safeguarding work is directly managed by safeguarding teams within the localities to provide an end-to-end safeguarding response to improve consistency, communication, reduce duplication and improve local intelligence around quality of local resources.

3.2.2 Kent also has a Strategic Safeguarding Team, who manage statutory review processes for Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews/Domestic Abuse Related Death Review (DHR/DARDR) and Child Reviews. Currently there are 29 open SARs and 21 DHRs being managed. Following a review, actions will be developed from recommendations within the report completed for each review. The Strategic Safeguarding Team manages the action plans for all statutory reviews undertaken, completing the necessary quality assurance actions required, such as the development of learning briefings, completing dip test audits, or make recommendations to improve practice.

3.2.3 The Strategic Safeguarding Team also work closely with partners in the KMSAB, in relation to the development of multi-agency policies, including the Kent and Medway Safeguarding Adults Board Multi Agency Risk Assessment Meeting (MARM), for people who are not receiving a statutory service but may be at high risk of harm. In addition, the Strategic Safeguarding Team oversee aspects of

quality assurance and the review and development of internal safeguarding processes and procedures including forms, tools and relevant guidance.

3.3 Kent and Medway Safeguarding Adults Board (KMSAB)

3.3.1 The KMSAB is a statutory body created under the Care Act 2014 and is hosted by Kent County Council (KCC). The Board is chaired by an Independent Chair and aims to ensure all member agencies are working together to help keep adults safe from harm and protect their rights. The Board produces annual report which is published on the KMSAB website.

3.3.2 KCC Adult Social Care colleagues work closely with the Board and multi-agency partners in response to statutory responsibilities including the completion of SARs, alongside developing multi-agency policies and guidance, providing assurance in relation to safeguarding processes for each agency, sharing data and developing learning/training for staff.

3.4 Adult Safeguarding Concerns received by Kent Adult Social Care

3.4.1 Concerns received as of 8 April 2026

- April 2024 to March 2025 - 22,595
- April 2025 to March 2026 - 24,565

3.4.2 Increases in the numbers of national safeguarding concerns raised have been noted and in the last published data from the annual Safeguarding Adults Collection (SAC - [Microsoft Power BI](#)), the total number of safeguarding concerns reported by local authorities between 1 April 2024 and 31 March 2025 was 640,240, an increase of 4% from the previous year (615,530). The total average number of safeguarding concerns per 100,000 adults was 1379, with Kent at 1771.

3.4.3 The high numbers of safeguarding concerns received in Kent have been noted and further work is required to address this. Joint work with Medway Council has led to the setting of a shared agenda of the Kent and Medway Safeguarding Adults Board Executive Group and at the System Quality Group led by the Integrated Commissioning Board, to raise awareness amongst partners and providers and to identify system wide solutions.

3.5 Data Analysis

3.5.1 Improved data recording in relation to safeguarding concerns has provided greater visibility on which of the partner agencies and provider organisations is raising the most safeguarding concerns to adult social care. Further analysis has been undertaken to cross reference our referral information, alongside the numbers that do not progress to an enquiry. This information is shared with partners via the KMSAB Quality Assurance Working Group. The data has also enabled our internal Locality Safeguarding Teams to identify local partners who make most referrals that do not progress, to build greater knowledge and understanding.

3.5.2 The Strategic Safeguarding Team has worked with internal colleagues, partners and providers and has developed a 'what makes a good referral' presentation, and work continues to develop this offer, including producing an infographic to share with partners.

3.5.3 As highlighted in 2.3, the one of the most common category of abuse received by adult social care is in relation to self-neglect, of which approximately 80% of these concerns did not progress to an enquiry. The Strategic Safeguarding Team has undertaken various strands of work to address this issue which includes changes made to the safeguarding referral form' and the development of the internal self-neglect risk assessment tool for colleagues which assists in establishing if the concern meets statutory criteria for safeguarding or requires a partner agency response such as holding a multi-agency self-neglect meeting.

3.6 Partnership Working

3.6.1 In North Kent there is currently a weekly test and learn meeting for external providers and partners, to discuss safeguarding with a member of the Safeguarding Team with a view to reducing safeguarding concerns that do not meet the statutory Section 42 criteria, improving working relationships and knowledge around safeguarding. In addition, the internal KCC safeguarding performance report has been enhanced to identify if the person has had any previous safeguarding raised or any currently open ('trigger protocol'). This reduces duplication and assists with effective oversight.

3.7 Care Quality Commission (CQC) Improvement

3.7.1 The focus of the CQC Improvement Plan actions concerning safeguarding, centred on improving consistency of practice, performance and relationship with providers. Work undertaken by Strategic Safeguarding includes;

Consistency of Practice and Performance

- Monthly Audits of Safeguarding Enquiries between September – November 2025. Audit criteria centred around CQC identified areas of for improvement.
- Online Safeguarding Concern form changes. The changes were made to ensure that partner agencies had appropriate signposting to other routes of referrals, for example; details to raise a Care Needs Assessment, information on self-neglect criteria, information on pressure ulcers from the Department of Health. In addition, to address issues of duplication in safeguarding concerns raised, contact details of operational teams have been provided within the online safeguarding form, to encourage the referrer to contact the relevant team in the first instance for an update, rather than raising a new referral.
- Identification of agencies raising the highest number of Safeguarding concerns using the adult social care safeguarding data report which contributes towards the KMSAB Data Dashboard. In addition, the data reporting has also been discussed as part of the agenda within the KMSAB Executive Group.

- Safeguarding interface meetings with partners to improve consistency of practice, and to provide feedback on safeguarding concerns raised, where appropriate.
- During Safeguarding Adults Awareness Week 2025, Strategic Safeguarding provided an internal presentation, with a focus on the volume of Safeguarding concerns raised by KCC colleagues.
- As highlighted in 3.2, the recent introduction of safeguarding teams within the localities to provide an end-to-end safeguarding response, is a positive step forward in terms of improving consistency and reducing transfers of support for the person, between teams.

Relationship with Providers;

KCC have worked consistently with providers over the past year in relation to raising awareness of safeguarding criteria. Work undertaken includes:

- Safeguarding Provider Network meeting was held on 18 November 2025 with 57 attendees from a range of providers.
- a 'trigger protocol' was incorporated within Mosaic (Adult Social Care client recording system) to identify previous and duplicate safeguarding concerns for a person.
- Safeguarding awareness sessions held in October 2025.
- MARM awareness sessions held with adult social care staff, and external colleagues which include substance misuse providers.

4. Future developments

4.1 The Strategic Safeguarding team are currently working on a number of different areas of work, such as;

4.2 **Notification pathway for Providers** - working closely with internal colleagues from Commissioning, Performance, Innovation and Partnerships and Adult Short Stay Services, Strategic Safeguarding is scoping an alternative pathway to enable Providers to send low-level 'notifications' to the local authority which would not require a safeguarding response. This follows analysis of safeguarding data, which highlights that social care providers account for the highest proportion of safeguarding concerns received by the local authority, but with only approximately 20% progressing to a safeguarding enquiry.

4.2.1 In Surrey they have a similar alternative pathway for their Providers which has seen a significant decrease in the number of Safeguarding concerns received. Strategic Safeguarding have met with both Surrey Safeguarding leads, and representatives from CQC to ensure that any proposed measures embedded within Kent were appropriate and improved the outcomes for the adults we support.

4.2.2 To further assist Providers, a dedicated Safeguarding Threshold Tool, highlighting what a low-level concern would be, will be developed to provide support with decision making in relation to referrals.

4.3 Ongoing improvements to Safeguarding Online Concern form

4.3.1 As part of the changes to the online safeguarding form, to avoid any unnecessary delays in ensuring the person receives that correct support in a timely way; Strategic Safeguarding is currently adding signposting information in relation to Mental Health Services which may be more suitable for the person's needs at that time.

5. Conclusions

5.1 The above information provides an overview of the current position in relation to adult safeguarding in Kent and nationally. As highlighted the ongoing collaborative working with both partners and providers is essential to improve the awareness of safeguarding criteria and ensure that all referrals are appropriate for the route chosen by the referrer, be it safeguarding or for a care needs assessment for example.

5.2. The work undertaken by Strategic Safeguarding and colleagues, will also aid the continuous improvement cycle, ensuring our processes are as effective as they can be, improving both the quality of the information received at the point of referral, and the overall outcome for the person at the centre of the concern. The work with partners and providers is seen as essential in relation to building a safer system around safeguarding for people living in Kent.

6. Recommendations

6.1 Recommendation(s): The Cabinet Committee is asked to NOTE and COMMENT the content of the report.

7. Background Documents

Documents referred to within the body of the report as follows;

Kent and Medway Threshold Tool –

https://kmsab.org.uk/assets/1/kent_and_medway_threshold_tool.pdf

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