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**Local roles and responsibilities**

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**7.1 Introduction**

Roles and responsibilities within safeguarding should be clear and collaboration should take place at all the following levels:

* operational;
* supervisory line management;
* Safeguarding Leads;
* senior management staff;
* corporate/cross authority;
* Chief officers/chief executives;
* local authority members and local police and crime commissioners;
* commissioners;
* providers of services;
* voluntary organisations, and;
* regulated professionals.

**7.2 Front line**

Operational front line staff are responsible for identifying and responding to safeguarding concerns and need to share a common understanding of appropriate standards of care, improper treatment, poor practice, abuse or neglect. Staff at operational level need to share a common view of what types of behaviour may be poor practice or may be abuse or neglect. They must also know how to respond to any concerns, disclosures or allegations of abuse.

Commissioners have a duty to reinforce safeguarding expectations and need to ensure that providers have systems in place so that staff can confidently raise any concerns they may have – this includes whistleblowing procedures. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the Adult. Integral to effective person-centred approaches to adult safeguarding is engaging the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging with the adult in a meaningful way, at as early a stage as possible, is key to promoting good person-centred practice.

Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The local authority is responsible for ensuring effective co-ordination at this level.

**7.3 Line managers’ supervision**

Each partner agency of the RBSAB should identify a senior manager to take a lead role in the organisational and in inter-agency arrangements. Skilled and knowledgeable supervision focused on outcomes for Adults is critical in safeguarding work. Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available.

Managers need to develop good working relationships with their counterparts in other agencies to improve cooperation locally and swiftly address any differences or difficulties that arise between front line staff or managers.

They should have access to legal advice about when proposed interventions, such as the proposed stopping of contact between family members, require applications to the Court of Protection.

**7.4 Safeguarding Lead**

Each member organisation of the RBSAB and all commissioned services should identify a senior manager to be a Safeguarding Lead.

**7.4.1 The Safeguarding Lead’s responsibilities for adults who use their services**

The Safeguarding Lead should provide advice and guidance within their organisation, liaising with other agencies as necessary. They are responsible for the management and oversight of individual complex cases. They also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

The Safeguarding Lead should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with the wishes of the person of the person who has experienced harm.

**7.4.2 The Safeguarding Lead’s responsibilities in relation to the person who is alleged to have caused harm**

The Safeguarding Lead will coordinate cases where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid, or self-employed under a contract with the organisation. Safeguarding Leads should keep in regular contact with their counterparts in partner organisations.

The Safeguarding Leads will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. Care Quality Commission, Health and Care Professions Council, Social Work England, General Medical Council, Nursing and Midwifery Council) are made promptly and appropriately and that any supporting evidence required is made available. Referrals should also be made to the Rochdale Adult Care Allegations Management Lead (AML) as appropriate. Further information can be found at [www.rochdalesafeguarding.com](http://www.rochdalesafeguarding.com)

The organisation’s Safeguarding Leads will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation. Particular care must be taken to not breach the right to a fair trial in Article Six of the European Convention on Human Rights as incorporated by the Human Rights Act 1998.

Safeguarding Leads should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.

There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults or children. These incidents should be reported to the Allegations Management Lead (AML) for those working with adults and the Local Authority Designated Officer (LADO) for those working with children. Each situation will be risk assessed individually.

The local authority Allegations Management Lead will need to work closely with the Children’s Services LADO and other Safeguarding Leads for both adults and children in the region or nationally to ensure sharing of information and development of best practice.

Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual who has been subjected to abuse or neglect to share information. It is the responsibility of the organisation employing or supervising the person with the allegation against them to be offered a right to reply, wherever possible seek their consent to share, and be informed what information will be shared, how and who with. Each case must be assessed individually as there may be rare cases where informing the person about details of the allegations may increase the risks to the adult or child.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

* where relevant and necessary, not simply all the information held;
* with the relevant people who need all or some of the information; and
* when there is a specific need for the information to be shared at that time.

For more information please see the Allegations Management procedures at [www.rochdalesafeguarding.com](http://www.rochdalesafeguarding.com)

**7.5 RBSAB Board Members**

In order for the Board to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic decisions. They also need to identify appropriate individuals from their organisations to be members of the RBSAB sub-groups. To achieve effective working relationships, based on trust and transparency, the members will need to understand the contexts and restraints within which their counterparts work. Each member of the RBSAB is expected to sign a membership agreement and abide by the RBSAB constitution.

**7.6 Corporate/cross authority roles**

To ensure effective partnership working, each organisation must recognise and accept its role and functions in relation to adult safeguarding. These will be set out in the SAB’s strategic plan as well as its own communication channels.

**7.7 Chief Officers and Chief Executives**

As chief officer for the leading adult safeguarding agency, the Director of Health and Care Integration (DASS) has a particularly important leadership and challenge role to play in adult safeguarding.

They are responsible for promoting prevention, early intervention and partnership working and are critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires them to promote a culture that is person-centred, supports choice and control and aims to tackle inequalities.

However, all officers, including the Chief Executive of Rochdale Borough Council, the Local Care Organisation ‘One Rochdale’, NHS and police chief officers should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect. The Chief Officers must sign off their organisation’s contributions to the Strategic Plan and Annual Reports.

**7.8 Local Authority Elected Members**

Local Authority Elected Members need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local Authority Elected Members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. The RBSAB includes an Elected Member as a way of increasing awareness of Members and ownership at a political level. Managers must ensure that Members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

In addition the Council’s Health, Schools and Care Overview and Scrutiny Committee, Integrated Care Board (ICB) and Rochdale Safer Communities Partnership play a valuable role in assuring local safeguarding measures, and ensuring that the RBSAB is accountable to the local community. The Integrated Care Board provides leadership to the local health and wellbeing system, ensures strong partnership working between local government and the local NHS and ensures that the needs and views of local communities are represented. Strategic Partnership Boards play a key role in assurance and accountability of the RBSAB and local safeguarding measures. Equally the RBSAB may on occasion challenge the decisions of the Integrated Care Board from that perspective.

**7.9 Commissioners**

Rochdale Strategic Commissioning (Adult Social Care) Directorate and the Greater Manchester Integrated Care Board are vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect. These arrangements are overseen by the Integrated Commissioning Board.

**7.10 Providers of services**

All service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the RBSAB in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority. They need to share information with relevant partners such as the local authority even where they are taking action themselves. Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one’s interests to unnecessarily prolong enquiries. However some complex issues may take time to resolve.

**7.11 Voluntary organisations**

Voluntary organisations need to work with commissioners and the RBSAB to agree how their role fits alongside the statutory agencies and how they should work together. This will be of particular importance where they are offering information and advice, independent advocacy, and support or counselling services in safeguarding situations. This will include telephone or on-line services. Additionally, many voluntary organisations also provide care and support services, including personal care. All voluntary organisations that work with adults need to have safeguarding procedures and lead officers.

**7.12 Regulated professionals**

Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.