

PART B – SAFEGUARDING ADULTS AT RISK

INTRODUCTION

Safeguarding adults is “protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risk and experience of abuse and neglect whilst at the same time making sure that the adult’s wellbeing is being promoted”.
The Care Act (2014)

This section applies to all situations within the Council’s operation which could potentially involve contact with adults at risk. It applies to all staff, elected members, volunteers and anyone else working for or on behalf of and/or representing the Council who may come into contact with adults at risk in the course of their work/duties, whether in someone’s home, on Council premises or in the community. It should be a priority of all of the above to ensure the safety and protection of adults at risk and to fulfil their duty to act in a timely manner regarding any concern or suspicion that an adult is being, or is at risk of being abused, neglected or exploited.

The Lincolnshire Safeguarding Adults Board (LSAB) is responsible for developing the multi-agency policy and procedures that all relevant organisations in Lincolnshire need to follow. The LSAB policy and procedures that the Council are required to follow can be accessed [here](#).

Safeguarding adults requires people and organisations to work together to prevent and stop abuse or neglect, and make sure that the adult’s wellbeing is promoted, taking account of their views, wishes, feelings and beliefs in deciding on any action.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Support vulnerable adults in making choices and having control about how they want to live;
- Focus on improving life for the adults concerned;
- Raise public awareness so that communities play their part in preventing, identifying, and responding to abuse and neglect;
- Provide accessible information so people understand the types of abuse, how to stay safe and how to raise a concern about someone’s safety or wellbeing;
- Address what has caused the abuse or neglect.

To achieve these aims, it is necessary to:

- Ensure that everyone is clear about their roles and responsibilities;
- Create strong multi-agency partnerships that provide timely and effective prevention of, and responses to abuse and neglect;
- Develop a positive learning environment to break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- Enable access to community resources (e.g. leisure facilities, town centre, community groups) that can reduce social and physical isolation which may increase the risk of abuse or neglect;
- Clarify how responses to safeguarding concerns arising from poor quality and inadequate service provision should be responded to.

MAKING SAFEGUARDING PERSONAL

Making Safeguarding Personal is a Department of Health initiative which primarily engages the second Care Act objective which is about **engaging** the person in a **conversation** about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety. People's lives and relationships are complex, and they may be ambivalent, unclear, or unrealistic about their own circumstances. Being safe is only one of the things people need, and agencies should work with the adult to establish what being safe means to them and how that can be achieved, taking account of their individual wellbeing.

Statutory safeguarding duties apply to any adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or at risk of, abuse or neglect;
- As a result of those care and support needs, is unable to protect themselves from either the risk of or the experience of abuse or neglect.

Local authority statutory adult safeguarding duties apply to adults with care and support needs regardless of whether those needs are being met, irrespective of whether the adult lacks mental capacity or not and regardless of setting – other than for prisons and approved premises (bail hostels) and include anyone who:

- Is frail due to age, ill-health, physical disability or cognitive impairment, or a combination of these;
- Has a learning disability, a physical disability and/or a sensory impairment;
- Has mental health needs including dementia or a personality disorder;
- Has a long-term illness or condition;
- Misuses substances or alcohol;
- Is a carer who provides assistance to adults and is subject to abuse;
- Is unable to demonstrate the capacity to make a decision.

ADULT SAFEGUARDING ENQUIRIES

The Care Act 2014 requires that first tier local authorities (in Lincolnshire this is LCC) **must** make enquiries or direct others to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.

The scope of the enquiry, who leads it, its nature and how long it takes, will depend on the specific circumstances. It will usually start with asking the adult their views and wishes to determine the next steps. Everyone involved in an enquiry must focus on improving the adult's wellbeing and work together to that shared aim.

The key objectives of making an enquiry about abuse or neglect are to:

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support, and redress and how these might be met
- Protect from abuse and neglect, in accordance with the wishes of the adult.
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the neglect
- Enable the adult to achieve resolution and recovery.

Alongside this, there are **SIX** national principles of good practice in safeguarding adults:

Empowerment	<p>People are supported and encouraged to make their own decisions and involved through informed consent.</p> <p><i>"I am asked what outcomes I want from the safeguarding process and these directly inform what happens."</i></p>
Prevention	<p>Action is taken before harm occurs and to prevent a repeat of harm.</p> <p><i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i></p>
Proportionality	<p>The least intrusive response appropriate to the risk presented.</p> <p><i>"I am sure that the professionals will work in my interests as I see them and will only get involved as much as needed."</i></p>
Protection	<p>People in need are safe and have support and representation.</p> <p><i>"I get help and support to report abuse and neglect. I am helped to take part in the safeguarding process to the extent to which I want."</i></p>
Partnership	<p>Local services work together and with their communities to prevent, detect and report neglect and abuse.</p> <p><i>"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."</i></p>
Accountability	<p>Processes are transparent, consistent, robust, and scrutinised.</p> <p><i>"I understand the role of everyone involved in my life and so do they."</i></p>

ABUSE AND NEGLECT

There are different types of abuse and neglect, and different circumstances in which these occur. Incidents may be one-off or multiple, may affect one person or many, and may involve an act of abuse or neglect or a failure to act. The following types of abuse are defined in an adult safeguarding context:

Type of abuse	Physical examples	Behavioural Indicator
Physical	Hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, unlawfully depriving a person of their liberty.	<ul style="list-style-type: none"> • Unexplained or inappropriately explained injuries • Evidence of untypical self-harm • Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises, in regular patterns and/or in the shape of an object and/or appear on several areas of the body • Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance • Unexplained or inappropriately explained fractures at various stages of healing to any part of the body • Untreated medical problems • Sudden and unexplained urinary and/or faecal incontinence • Evidence of over-/under-medication
Sexual	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.	<ul style="list-style-type: none"> • Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained • Person appears unusually subdued, withdrawn or has poor concentration • Person exhibits significant changes in sexual behaviour or outlook • Person experiences pain, itching or bleeding in the genital/anal area • Underclothing is torn, stained or bloody. • A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant

Emotional/Psychological	emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.	<ul style="list-style-type: none"> • Untypical ambivalence, deference, passivity, resignation • Person appears anxious or withdrawn, especially in the presence of the alleged abuser • Person exhibits low self-esteem • Untypical changes in behaviour (e.g. continence problems, sleep disturbance)
Financial or material abuse	<p>Theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions, or benefits.</p> <p>Financial abuse can seriously threaten an adult’s health and wellbeing. The website ‘Friends Against Scams’ is a National Trading Standards Scams Team initiative which aims to protect and prevent people from becoming victims of scams by empowering people to take a stand against scams. Guidance on financial abuse can be found here.</p>	<ul style="list-style-type: none"> • Change in living conditions • Lack of heating, clothing, or food • Inability to pay bills, unexplained shortage of money or withdrawals from an account, or unexplained loss or misplacement of financial documents • The recent addition of authorised signers on a signature card • Sudden or unexpected changes in a will or other financial documents
Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental	<ul style="list-style-type: none"> • Person has inadequate heating and/or lighting • Person’s physical condition / appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing) • Person is malnourished, has sudden or continuous weight loss and/or is dehydrated • Person cannot access appropriate medication or medical care • Person is not afforded appropriate privacy or dignity • Person and/or a carer has inconsistent or reluctant

	capacity to assess risk for themselves.	<p>contact with health, social services, etc.</p> <ul style="list-style-type: none"> • Callers/visitors are refused access to the person • Person is exposed to unacceptable risk
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation, or political views, racist, sexist, homophobic or ageist comments or jokes. It also includes not responding to dietary needs, not providing appropriate spiritual support.	<p>May not always be obvious. May also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse, and harassment so all the indicators listed above may apply to discriminatory abuse.</p> <p>A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices, or lifestyle choices</p>
Organisational Abuse	Includes neglect or poor care in a person's home or in an institution e.g. a hospital or care home; from isolated incidents or ongoing ill treatment; through neglect or poor practice due to an organisations structure, policies, processes, and practices.	
Self-Neglect & Hoarding	<p>Self-Neglect: When a person is unable or unwilling to care for their own essential needs. It covers a range of behaviour including neglecting personal hygiene, health or surroundings and includes refusal of support.</p> <p>Hoarding: Excessive collection and storing of items, often in a chaotic manner, to the point where living space cannot be used for its intended purpose. There are typically 3 types: compulsive hoarding; bibliomania; animal hoarding. A link to the clutter scale for compulsive hoarding can be found here.</p> <p>The Lincolnshire Multi-Agency Hoarding Protocol is now live on the Lincolnshire County Council Website here If you require further support for someone who may be a hoarder, please refer to the Hoarding Protocol.</p> <p>You can also use the link to make a professional referral for a Safe and Well Check through the SHERMAN campaign which is a free assessment of the fire risks within people's homes should you have concerns about their safety or your own home.</p> <p>The SHERMAN campaign highlights seven factors that put people at greater risk of having a fire, or being less likely to react to a fire.</p> <ul style="list-style-type: none"> Smoking Hoarding Elderly people or those who live alone Reduced mobility, hearing or visual impairments Mental Health issues Alcohol misuse, drugs/medication dependence Needing care or support 	

Modern Slavery	Includes slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters coerce, deceive and force individuals into abuse, servitude, and inhumane treatment. For more information please see chapter 7.
Cultural Abuse	<p>Female genital mutilation (FGM): a procedure where the female genitals are deliberately cut, injured, or changed, but where there's no medical reason for this to be done. For more information click here.</p> <p>Forced marriage: A marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence.</p> <p>Honour based violence: Practices to control behaviour or punish people within families or other social groups, perceived to protect cultural and religious beliefs and/or honour when perpetrators perceive that a relative has shamed the family and/or community.</p>

Criminal Exploitation of Vulnerable Adults: This relates to vulnerable adults who are used, through whatever means, to engage in criminal activity by other adults who are able to coerce them to do so. The coercion is achieved through grooming, intimidation, acts of violence and debt bondage. The individuals involved may not identify themselves as being 'exploited' as such, but it is clearly to their detriment that they are involved in this type of activity. More information on this can be found in **PART G – County Lines and Cuckooing**.

Safeguarding is everyone's business: It is vital to begin to establish the facts at the earliest opportunity (for example, the behaviours that are occurring and the circumstances in which they are happening).

Where a concern, complaint or allegation is raised, you must discuss this with the Designated Safeguarding Officer or Deputy Safeguarding Officer to enable them to facilitate an internal exercise to look for:

- Past Incidents
- Concerns
- Risks and
- Patterns

RECOGNISING ABUSE AND NEGLECT

Recognising abuse or neglect is not easy. Abuse can happen anywhere: in someone's own home, in a public place, in a hospital or care home; when an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

- Spouses / partners and other family members;
- Friends and acquaintances;
- Neighbours and local residents;
- People who deliberately exploit adults they perceive as vulnerable to abuse;
- Paid staff or professionals; and
- Volunteers and strangers

The Care Act also identifies self-neglect as a safeguarding adult concern.

Personal characteristics that <u>increase</u> vulnerability may include:	Personal characteristics that <u>decrease</u> vulnerability may include:
<ul style="list-style-type: none"> • Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self-esteem • Experience of abuse • Childhood experience of abuse • Drug/alcohol addiction 	<ul style="list-style-type: none"> • Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or, if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem
Social/situational factors that <u>increase</u> the risk of abuse may include:	Social/situational factors that <u>decrease</u> the risk of abuse may include
<ul style="list-style-type: none"> • Being cared for in a care setting, i.e. more or less dependent on others • Not receiving the right amount or the right kind of care • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour 	<ul style="list-style-type: none"> • Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Good knowledge and access to a range of community facilities • Remaining independent and active • Access to sources of relevant information

While targeted fraud or internet scams are often done by strangers, in most cases of abuse, the abuser is known to the adult and in a position to gain their trust or to exert pressure or have power over them.

Anyone can witness or become aware of abuse and neglect. Everyone has a role in identifying when an adult is at risk. The adult may say or do things that provide a clue e.g. making a complaint, calling for an urgent response, voicing a concern, or issues may emerge during a needs assessment. Regardless of how a concern is identified, you must be vigilant on behalf of those who are unable to protect themselves, knowing what to do and where to get advice.

All adults, regardless of their background, should be given the same level of support and protection.

Always give regard to a person’s religion or belief. Those with disabilities or different nationalities, victims of trafficking, domestic abuse and bullying may have additional care needs. Those with autism may be more likely to suffer abuse or neglect.

CARERS AND SAFEGUARDING

Sometimes a carer (e.g. family member or friend) may:

- Witness or speak up about abuse or neglect;
- Experience intentional or unintentional harm from the adult they care for or from professionals and organisations they are in contact with; or,
- Unintentionally or intentionally harm or neglect the adult they support.

The needs of the carer **and** the adult they care for must be considered, including:

- Whether a carer's assessment is needed to explore their individual needs; and whether or not joint assessment is appropriate in each individual case;
- Whether the carer and/or the adult they care for need independent advocacy;
- the risk factors that may increase the likelihood of abuse or neglect occurring;
- Whether a change in circumstance changes the risk of abuse or neglect; a change in circumstance should trigger a review of any care and support plan;
- Where abuse or neglect may be unintentional, whether the carer is struggling, and needs support or help (without losing the focus on safeguarding the adult);
- Where abuse or neglect is deliberately intended to cause harm, whether immediate steps are needed to protect the adult and/or whether a criminal investigation by the police is needed.

Whenever a carer speaks up about abuse or neglect, it is essential that they are listened to and, where appropriate, a safeguarding enquiry is undertaken.

PEOPLE ALLEGED TO BE RESPONSIBLE FOR ABUSE OR NEGLECT

Sometimes the person alleged to have carried out the abuse has care and support needs themselves and/or is unable to understand the significance of questions put to them or their replies. They have a right to support from an 'appropriate' adult if they are questioned in relation to a suspected crime under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an 'appropriate' adult. If those alleged to be responsible for abuse lack capacity, they are entitled to the help of an Independent Mental Capacity Advocate

CONSENT

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- There is an aspect of *public interest* (e.g. not acting will put other adults or children at risk);
- There is a *duty of care on a particular agency* to intervene (for example the police if a crime has been or may be committed);
- Seeking consent is not possible and you have a safeguarding concern;
- Consent has been refused but you feel the referral is reasonable, justified, and proportionate.

MENTAL CAPACITY, CONSENT TO REFER

The Mental Capacity Act 2005 defines capacity as the ability to make a particular decision or take a particular action at the time the decision or action needs to be taken.

The Act applies to everyone aged over 16 and sets out five statutory principles:

1. Always assume a person has capacity to make their own decisions unless it is established that they lack capacity;
2. All practicable steps to help the person decide must have been taken without success;
3. A person must not be treated as lacking capacity and being unable to make a decision merely because they make an unwise decision;
4. Any action taken or decision made on behalf of a person who lacks capacity must be in their "best interests". A record of the action or decision and the reasons for it must be made;

5. An act or decision on behalf of a person who lacks capacity must aim to be the least restrictive of their rights and freedom of action.

Assessing capacity involves a two-stage test:

1. Is there an impairment of or disturbance in the functioning of the person's mind or brain?
2. If so, is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision? A person is unable to make a decision if they cannot:
 - Understand "relevant information" (e.g. the nature of the decision, why it is needed, the likely effects of deciding one way or another or of making no decision), or
 - Retain the information in their mind, or
 - Use or weigh that information in the process of making the decision, or
 - Communicate their decision to others

Remember – people may make what others consider to be unwise choices, even when they have capacity.

Capacity may vary as a result of illness, injury, medication, or other circumstances. Staff will need to use their professional judgement and seek guidance from a Safeguarding Officer or Adult Social Care in order to help adults to manage risk and give them control of making their own decisions.

If you have concerns about the mental capacity of an adult, please refer to the Designated Safeguarding Officer or Deputy Safeguarding Officer who will assist you to complete a mental capacity assessment tool to help determine next steps. This can be found [here](#).

It is important to note that just because someone is old, frail or has a disability, this does **NOT** mean that they are inevitably 'at risk' or that they lack capacity. A person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. It is equally important to note that people with capacity can also be vulnerable.

It is vital to try and decide whether an adult has the mental capacity to make decisions about their own safety or to give informed consent about:

- a referral being made;
- the actions that may follow under multi-agency policy and procedures;
- their own safety, including understanding the potential for longer-term harm as well as immediate effects;
- what action they need to take to protect themselves from future harm.

For consent to be meaningful and legal, two criteria need to be satisfied:

- The person must have the capacity to consent, AND
- The consent must be their own choice, and must be given freely and not through coercion, intimidation or pressure from family or professionals.

If the person **has** capacity, you must always seek their consent to make a referral.

If you are concerned that the person **does not have** mental capacity, a referral or further action may still be needed. Always do this in the person's best interests. If there is time, without causing undue delay, seek advice from the Designated Safeguarding Officer or a Deputy Safeguarding Officer. If a decision is needed quickly, make it, recording all actions and decisions and the reasons for these.

ADVOCACY

If there is a concern that an adult at risk of abuse or neglect requires an advocate to help them to understand and make decisions, the County Council has a duty consider whether the adult requires an independent advocate to represent and support the adult in an enquiry.

There are two distinct types of advocacy:

Instructed advocates: they take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person;

Non-instructed advocates: they work with people who lack the capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the adult.

RESPONDING TO AN ADULT WHO IS MAKING A DISCLOSURE

- Stay calm;
- Speak to them in a private and safe place. It is essential that the person alleged to have caused harm is not present;
- Listen carefully to what they are telling you and get as clear a picture as you can. Avoid asking too many questions at this stage unless for clarification;
- Let them talk at their own pace;
- Do not give promises of complete confidentiality – **do not promise to keep secrets**. Explain that you have a duty to tell a designated safeguarding officer and that the adult at risk's concerns may be shared with other professionals who could have a part to play in protecting them;
- Reassure the adult at risk that they have done the right thing in telling you;
- Reassure the adult at risk that they will be involved in decisions about what will happen;
- Explain that you will try to take steps to prevent them from further abuse or neglect;
- If they have specific communication needs, provide support and information in a way that is most appropriate to them;
- Do not be judgemental;
- Do not jump to conclusions;
- Record in writing all the details that you are aware of and what was said, using the person's own words, as soon as possible.

In your record you should include:

- The date and time;
- The person's name, address, and date of birth;
- The nature of the allegation;
- A description of any visible injuries;
- Your observations, for example a description of the person's behaviour and physical and emotional state;
- Exactly what the person said and what you said. Record the person's account of what has happened as soon as possible;
- Any action you took as a result of your concerns, e.g. who you spoke to and resulting actions. Include names, addresses and telephone numbers;
- Sign and date what you have recorded (signature not required with electronic form);

- Store the information in accordance with relevant procedures, e.g. GDPR;
- Report to relevant person – follow the Council’s reporting procedures or, in an emergency, contact Adult Social Care and/or the Police.

Responding to Allegations or Concerns against a Member of Staff, Elected Member, Volunteer or any other Person

You should always:

- Take the allegation or concern seriously
- Consider any allegation or concern to be potentially dangerous to the person
- Record in writing all the details that you are aware of as soon as possible

If an allegation of abuse is made against a member of staff, elected member or volunteer, the Designated Safeguarding Officer must be informed immediately. They will inform the Chief Executive (providing that the allegation is not against them) and Local Authority Designated Officer for Allegations (LADO). Consideration will be given to suspending the member of staff or moving them to alternative duties not involving contact with adults at risk, in accordance with the Council’s Disciplinary Policy and Procedure. If the Designated Safeguarding Officer is the subject of the suspicion/allegation, the report must be made directly to the Chief Executive.

If the complaint is against someone other than a member of staff, elected member, volunteer, contractor or consultant i.e. parent, carer, other service user, then the Designated Safeguarding Officer must be informed in line with the Council’s reporting procedures.

REPORTING CONCERNS

Anybody subject to this policy may witness or be informed of an issue that they feel should be referred to Adult Social Care.

The first priority must always be to ensure the safety and wellbeing of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners should, wherever practicable, seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to consent, action may need to be taken if:

- Others are or will be put at risk if nothing is done;
- It is in the public interest to take action because a criminal offence has occurred.

If anyone to whom this policy applies thinks an adult is being abused, or that their safety is at risk, they should raise their concerns.

If you think someone is being abused or you think their safety is at risk, then it is important to tell someone. If you are worried about an adult and think they may be a victim of neglect, abuse or cruelty, please call the CSC on 01522 782155 or out of hours 01522 782333. You do not need to know everything about the situation or what is happening. You may just be worried or feel that something is not right.

If you believe a crime has been committed and there is an immediate risk of danger, you should telephone the Police on 999. If you believe a crime has been committed but there is no immediate danger, you should call 101 to report your concerns.

Customer facing, front line services are most likely to come across safeguarding concerns in their day to day roles and should have an enhanced level of awareness. These staff groups/services will be more experienced in engaging with external agencies to report safeguarding concerns and should do so wherever possible (this should still be logged through the Council's reporting system).

When an adult safeguarding referral is made, Lincolnshire County Council will apply the six objectives of the safeguarding enquiry to the discussions with colleagues and although the local authority is the lead agency for making enquiries, it may require others to undertake them.

The specific circumstances will often determine who the right person to begin an enquiry is. Statutory guidance sets out that in many cases a professional who already knows the adult will be the best person; for example, this could be a housing support worker or community safety officer.

It is possible that the Council will have allegations referred to them by third parties. For example, neighbours may contact staff to advise that they suspect that the welfare of an adult at risk is suffering. Under these circumstances staff should encourage those reporting such concerns to contact the police or the CSE for adults accordingly.

Officers should be aware that in the case of professional referrals relating to an adult at risk, the assumption of the Safeguarding Adults Team at Lincolnshire County Council is that the adult at risk may be told where the referral has come from. Any referral made by an officer of the Council is regarded as a professional referral but can be made in the name of the Designated Safeguarding Officer.

You must be aware that if there is a need by Adult Social Care or the Lincolnshire Safeguarding Adults Board to open an Adult Protection Plan or Serious Case Review you may be called in to give evidence. In these instances, you will be supported by the Designated Safeguarding Officer or Deputy Safeguarding Officer.

WHAT HAPPENS WHEN YOU REPORT ABUSE OR NEGLECT

The Care Act (2014) requires Lincolnshire County Council (LCC) to undertake enquiries, or to cause others (potentially including appropriate Council staff) to do so, if they reasonably suspect an adult who meets the criteria is, or at risk of, being abused or neglected. The purpose of an enquiry is to decide whether LCC or any other agency should do something to help and protect the adult. The adult should always be involved from the start of the enquiry unless that would increase the risk of abuse. If they have severe difficulty in being involved or if there is no one appropriate to support them, LCC must arrange for an independent advocate to represent them. The objectives of an enquiry into abuse or neglect are to:

- establish the facts;
- ascertain the adult's views and wishes;
- assess the need for protection, support, redress, and how this might be met;
- protect the adult from the abuse and neglect, in line with their wishes;
- make decisions about further action against the person or organisation causing the abuse or neglect;
- enable the adult to achieve resolution and recovery.

The first priority is always to ensure the safety and wellbeing of the adult.

The process should be empowering and supportive. Wherever practicable, the consent of the adult will be sought before taking action but action may need to be taken if others are or will be put at risk

if nothing is done, or if it is in the public interest because a criminal offence has occurred. Complex cases need to involve a social worker: for example, if abuse or neglect is suspected within a family. In other cases, a professional who already knows the adult or who has specific knowledge may be better placed to do an enquiry e.g. health professionals for medical issues or housing issues. If LCC asks another agency to make the enquiry, they must set timescales and what action will follow if this is not done.

On completion of the enquiry, the outcome should be notified to LCC who must determine with the adult what, if any, further action is needed, agreeing an action plan, to be recorded on their care plan. Agencies must agree:

- what steps are to be taken to assure their safety in future;
- the provision of any support, treatment or therapy including on-going advocacy;
- any modifications to the way services are provided;
- how to support the adult through any action they take to seek justice or redress;
- any on-going risk management strategy as appropriate;
- any action to be taken regarding the person or organisation causing the concern.

Actions could include disciplinary or criminal investigations, supporting the person through mediation, developing safeguarding plans or securing fuller assessments by health and social care agencies. A criminal investigation takes priority over all other enquiries but a multi-agency approach will be agreed to ensure that the interests and wishes of the adult are considered throughout, even if they do not wish to give evidence or support a prosecution. The welfare of the adult and others, including children, requires continued risk assessment to ensure the outcome is in their interests and supports their wellbeing.

ACTING TO PROTECT AN ADULT AT RISK AND DEAL WITH IMMEDIATE NEEDS

In an emergency, or if there is an immediate concern for the person's safety or wellbeing:

- **Call 999** for an ambulance if they are injured and/or for the police if you suspect a crime has been committed;
- Inform the appropriate LCC Customer Service Centre (CSC);
- Take steps to ensure they are not in immediate danger (without risk to yourself);
- Avoid disturbing evidence: try to secure the scene e.g. lock the door;
- Consider the risk to any other adults or children;
- Support the person to contact the police themselves if a crime has been or may have been committed;
- Provide reassurance, whilst being clear that you need to report the issue.

Also, as soon as possible after the emergency has been resolved:

- Record exactly what happened on the relevant safeguarding referral form;
- Notify the Designated Safeguarding Officer or their deputy;
- Ensure that your record is signed, dated, and securely stored.

If a person is at risk of significant harm, or if they have made a disclosure or a direct or indirect allegation about a person or organisation outside SHDC, including a relative, carer or employee of that organisation:

- Take the allegation or concern seriously;
- Speak to them in a private and safe place;

- Ensure that the person alleged to have caused harm is not present;
- Make sure they are and feel safe and know what is happening;
- Evaluate the risk the adult; do this on the same day as the concern is identified;
- **Ask for consent to share the information** (although you may not need consent if there is significant harm, it is still good practice);
- Record the details on the relevant Safeguarding Referral Form, using their own words;
- As soon as possible, contact LCC's Customer Service Centre who will tell you what to do next. Write this down;
- Notify the Designated Safeguarding Officer or their Deputy;
- Ensure that your record is signed, dated, and securely stored.

If someone makes allegations against a member of staff, elected member, volunteer, key contractor, consultant or directly commissioned provider acting on behalf of the Council, regardless of your role or status or theirs, **YOU MUST ALWAYS ACT!**

WHAT TO DO IF SOMEONE MAKES A THREAT OF SUICIDE

If someone indicates over the phone that they are going to take their own life, simply asking about their suicidal thoughts or feelings will not push someone into doing self-destructive. In fact, offering an opportunity to talk about those thoughts or feelings may reduce the risk that someone may act upon their suicidal feelings.

Start by asking questions.

The first step is to find out whether the person is in danger of acting on suicidal feelings. Be sensitive, but ask direct questions, check details, and give further information such as:

- Check the details of what has been said (explaining again may get them to realise what they said and explain they do not mean it);
- Check their contact number and current location (in case you need to call them back or send someone to the address);
- Ask if they are thinking about committing suicide;
- Ask who is with them (either an adult for support or a child that may need safeguarding);
- Inform them of the Samaritans number 116123
- Inform them of the number for the Lincolnshire NHS 24 helpline 0303 123 4000
- Recommend they make an appointment with their GP;

If the call gets cut off and you are unable to get back in touch and you have concerns that the person is going to take their life or hurt themselves or another person, please call 999 and request a safe and well check immediately.

In all cases you should report the incident to the Designated Safeguarding Officer accordingly.

RECORD KEEPING

Good record keeping is essential. Whenever a complaint or allegation is made, all agencies should keep clear and accurate records with all relevant records put into a file to record all action taken.

Always and as soon as possible, make a factual record of everything that happened, was said, and was seen, including:

- The date and time and the person's name, address, and date of birth;
- The nature of the allegation or incident and, if possible, the name, address, date of birth, employer of the person alleged to have caused the harm;
- Factual observations e.g. any visible injuries, the person's behaviour, physical/emotional state etc.;
- Exactly what they said, using their own words, and exactly what you said;
- Their consent to share the information;
- All actions you took e.g. who you spoke to and all resulting actions so far. Included names, addresses and telephone numbers wherever possible;
- Sign and date your record and store the information securely.

Where there is a file for the individual, the record should be stored in their file.

REPORTING TO THE POLICE

The police take any crime against an adult at risk seriously, and will investigate it thoroughly, professionally, and compassionately. The police work very closely with partner agencies to ensure effective information sharing, risk assessment and decision-making takes place every time an incident of abuse is reported.

There are now special measures that can be put into place to help vulnerable people through the court process. These measures have allowed many people who may once have been denied access to the criminal justice system the opportunity to give their evidence in court. The police will discuss these special measures with victims at the earliest stage possible in the investigation.

VULNERABLE ADULTS PANEL AND TEAM AROUND THE ADULT

Through the work of frontline teams in public service there will be occasions where additional concerns or support needs for residents are identified that do not fall directly under the definition of safeguarding, or meet the threshold for a s42 enquiry. However, individuals may be known to a number of agencies, concerns for their wellbeing raised by practitioners or the local community and a co-ordinated multi-agency response is needed to offer support. These can be complex cases and can sometimes be met with a reluctance to engage with services. A creative or problem solving approach is often needed, or additional support from partner agencies and services. The Vulnerable Adult Panel and Team Around the Adult are not designed to replace other processes and procedures such as MAPPA, MARAC or Lincolnshire Safeguarding Adults Board procedures. The Vulnerable Adult Panel will co-ordinate a multi-agency response to complex cases to provide access to appropriate support, assistance or accommodation. Where a referred individual scores above 31 on the Triage Tool, involvement of Team Around the Adult can be considered. This gives district council officers a pathway into additional support and bespoke intervention, where an individual has complex needs and where all traditional methods have been exhausted and were unable to resolve the situation.

WELLBEING LINC'S

Wellbeing Lincs is a countywide preventative service aimed at adults 18+. It is designed to promote confidence in living independently. It is funded by Lincolnshire County Council and delivered on contract by the district councils working together. More information can be found [here](#).