LSAB

Making safeguarding personal

Lincolnshire Safeguarding Adults Board

Multi-Agency Safeguarding Adults Policy and Procedures

2022 - 2025

Introduction

This resource reflects the commitment of all organisations and practitioners that make up Lincolnshire Safeguarding Adults Board (LSAB) to work together to safeguard adults experiencing or at risk of abuse or neglect (hereon referred to as 'the adult').

All organisations involved have been consulted and worked collaboratively to update this document. They are therefore, for all organisations and all those working in them, whether they hold a strategic leadership role of work directly with adults.

Each agency must have its own safeguarding policy and procedures which is congruent with the aims and the spirit of this policy.

The Multi-Agency Policy and Procedures aim to make sure that:

- the needs, interests & human rights of adults are always respected and upheld;
- Making Safeguarding Personal (MSP) is at the centre of all safeguarding practice with a strong focus on the adult, the outcomes they want to achieve and how they may be accomplished.
- the prevention and wellbeing principle permeate all work with the adult
- the six principles of safeguarding underpin all adult safeguarding work
- a proportionate, timely, professional and ethical response is made to any adult who may be experiencing abuse;
- all staff adopt a culture of care that respects the privacy, dignity, culture and individuality of all adults under its care and staff.
- all decisions and actions are taken in line with the Mental Capacity Act 2005, where relevant / applicable.
- there is a shared approach to safeguarding
- there is a continuous development of best practice to better safeguard adults throughout Lincolnshire.

It is acknowledged that much adult safeguarding practice is unheralded, person-centred and committed to empowerment, prevention and protection. The Covid-19 pandemic has put a mirror to the very best of health and social care staff, emergency services and many other practitioners on whom people at risk of abuse and neglect rely. This resource aims to support professionals in the most effective safeguarding of adults in Lincolnshire.

This document will be updated regularly in line with local and national changes and reviewed in 2025.

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Document History	
Date	**Action**
22.03.22	V 0.6 approved at LSAB Partnership Board.
08.11.22	V0.11 approved at LSAB Executive Board.

The Policy

Context, Principles and Values

The Legal Context

The Care Act 2014 puts adult safeguarding on a legal footing and requires each Local Authority to set up a Safeguarding Adults Board with core membership from the Local Authority, the Police and the NHS (specifically local Clinical Commissioning Group/s). It has the power to include other relevant bodies.

One of the key functions of the SAB (hereon referred to as SAB) is to ensure that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

All organisations involved in safeguarding are asked to adopt this policy and procedures in respect of their relevant roles and functions, but may wish to add local practice guidance, protocols and organisation operation manuals. These procedures should also be used in conjunction with partnerships and individual organisations' procedures on related issues such as fraud, disciplinary procedures and health and safety.

The Care Act Statutory guidance defines adult safeguarding as:

"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 risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances."

Section 42 of the Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should work together to protect adults who may be a risk of or experiencing abuse and neglect. (Hereafter referred to as an 'adult at risk'). The duties include prevention, the local authority's duty to make enquiries or cause them to be made, and to establish a Safeguarding Adults Board.

The SAB must assure itself that local safeguarding arrangements are in place. It must arrange Safeguarding Adults Reviews (SARs) in accordance with defined criteria and publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) applies to everyone who works in health and social care and is involved in the care, treatment or support of people aged 16 and over who live in England and Wales where there are concerns about their ability to make particular decisions at a specific time.

It provides a statutory framework to empower and protect people who may lack capacity to make decision for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

The MCA has five key principles which emphasise the fundamental concepts and core values of the MCA. You must always bear these in mind when you are working with or providing care or treatment for people who lack capacity.

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made under the MCA for or on behalf of a person who lacks capacity must be done, or made, in their best interests.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The Act says that:

'…a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision; or
- Retain that information long enough for them to make the decision; or
- Use or weigh that information as part of the process of making the decision; or
- Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.

The type of decisions that are covered by the MCA range from day-to-day decisions such as what to wear or eat, through to more serious decisions about where to live, medical treatment or a person's finances and property. The Act sets out who can take decisions, in what situations and how they should go about this. Some types of decisions (such as marriage or civil partnership, divorce, sexual relationships, adoption and voting) can never be made by another person on behalf of a person who lacks capacity.

The Mental Capacity Act includes the Deprivation of Liberty Safeguards (DoLS) which provides additional scrutiny to protect the rights of an adult who lacks capacity to consent to arrangements for their care and treatment and needs to be deprived of their liberty in a hospital or care home, for their own safety.

The MCA introduced a new Court of Protection which is a specialist court that deals with all issues related to the MCA. It deals with decisions concerning both the property and affairs and the health and welfare of people who lack capacity. It is particularly important in resolving complex or disputed cases. The Court of Protection has the power to:

- make declarations about whether or not a person has capacity to make a particular decision;
- make decisions on serious issues about healthcare and treatment;
- make decisions about the property and financial affairs of a person who lacks capacity;
- appoint Deputies to have ongoing authority to make decisions; and
- make decisions in relation to Lasting Powers of Attorney (LPAs) and Enduring Powers of Attorney (EPAs).

S.44 of the MCA introduced a new criminal offence of ill treatment or wilful neglect of a person lacking **capacity** or who is reasonably believed to lack capacity. The MCA does not define ill treatment of wilful neglect and so these concepts should be given their ordinary meaning. The Act applies to everyone who looks after or cares for someone who lacks mental capacity. This includes both those who have the day-to-day care of that person as well as those who only have very short term care, whether they are family carers, professional carers or other carers: see the 'Code of Practice for the Mental Capacity Act' for further guidance'. A person commits an offence if he/she ill-treats or wilfully neglects a person:

- who lacks mental capacity or whom he/she believes lacks mental capacity, and
- that person has the care of the other person, or
- is the donee of a lasting power of attorney, or an enduring power of attorney created by the person who lacks capacity, or
- is a deputy appointed by the court for the person who lacks capacity.

How does this help to Safeguard adults?

Consideration of mental capacity is crucial at all stages of safeguarding adults procedures as it provides a framework for decision making to balance independence and protection. For example, this could mean determining the ability of an adult at risk to make lifestyle choices, such as choosing to remain in a situation

where they risk abuse; determining whether a particular act or transaction is abusive, or consensual; or determining how much an adult at risk can be involved in making decisions in each situation.

The ability to apply to the Court of Protection is one of the most important powers that is available in safeguarding adults. Applications can be made where an adult lacks capacity or capacity is in doubt or disputed, for the purpose of seeking capacity and best interests declarations. An application should always be made where human rights may be impacted and there is disagreement about whether the safeguarding measures proposed are in the adult's best interests.

Consideration should be given to whether the offence of ill-treatment of wilful neglect has been committed. Where it is possible that the offence has occurred, advice should be sought from the Police and they should be included in enquiries at an early stage.

1.1.3 Human Rights Act 1998

The Human Rights Act 1998 (HRA) lays down the fundamental rights and freedoms to which everyone in the UK is entitled. The rights set out in the European Convention on Human Rights (Equality and Human Rights Commission) are incorporated in the HRA. It sets out people's human rights in different 'articles', which are all taken from the ECHR. For more information, please click here.

1.1.4 How does this help to Safeguard adults?

The following are particularly relevant to Safeguarding Adults from Abuse.

- **Article 2** states that the government should take appropriate measures to safeguard life by making laws to protect adults and, in some circumstances, by taking steps to protect an adult if their life is at risk. S.42 of the Care Act 2014 aligns to this duty in respect of adults with needs for care and support. Public authorities should consider right to life when making decisions that might put the adult's life in danger or affect life expectancy. In safeguarding, this means balancing protection and independence. The court has decided that right to life does not include the right to die.
- If a person dies in circumstances that involve the state, family members may have the right to an investigation. The state is also required to investigate suspicious deaths and deaths in custody and state detention. Article 2 applies in health and social care situations and requires an independent investigation into some deaths. In safeguarding these reviews can include Coroner's inquests, Safeguarding Adults Reviews, Learning Disability Mortality Reviews and Domestic Homicide reviews and may involve a breach of Article 2 when the state or public organisations have not taken appropriate action to protect the adult.
- **Article 3 provides:** 'No-one shall be subjected to torture, or inhuman or degrading treatment or punishment'. This is an absolute right which means that inhuman or degrading treatment is unlawful, whatever the situation. Treatment may be degrading if it 'humiliates or debases an individual showing a lack of respect for or diminishing his or her human dignity or arouses feelings of fear, anguish or inferiority capable of breaking an individual's moral and physical resistance'; A good example of how this applies to safeguarding adults can be seen in the context of the abuse experienced by residents of Winterbourne View and Whorlton Hall.
- The act provides that public authorities have a proactive duty towards Adults at Risk to take 'reasonable steps to prevent ill-treatment of which the authorities had or ought to have had knowledge.' Public authorities maybe considered to be responsible for the harm and therefore will be in breach of Article 3 even where they have merely failed to prevent degrading treatment, rather than caused it. People whose disabilities make them critically dependent on the help of others are entitled to enhanced protection
- **Article 6** entitles everyone to a 'fair hearing' when a decision is made about their civil rights and obligations. This includes the right to be consulted before decisions are made, and to be given reasons for decisions. Under Section 6 of the Human Rights Act 1998, it is unlawful for a public authority to act in a way which is incompatible with any right under the European Convention. A public authority includes any local authority, the police and Crown Prosecution Service, and any person "exercising a public function, this aligns with principles of 'making safeguarding personal' which seeks to ensure that the adult is as involved as they want to be in the safeguarding process and is empowered to make their own decisions.

- **Article 8** ECHR provides: 'Everyone has the right to respect for (their) private and family life, (their) home and correspondence'. This is a qualified right which means that public authorities may only interfere with this right where this is in accordance with the law and is necessary in a democratic society in the interests of:
    - Public safety;
    - The prevention of disorder or crime;
    - The protection of health or morals; or
    - The protection of the rights and freedoms of others.
- The interference by public authorities must be proportionate to the risk or other reason for acting. This article is directly linked to issues of consent and when it may be necessary to proceed without consent for the purposes of safeguarding. It also links to the safeguarding principle of 'proportionality'.
- **Article 14** prohibits discrimination on any ground in the way that people access their rights under the Convention. The following section outlines the main issues and relevant legislation in relation to equality, diversity and human rights which should be applied when implementing

1.1.5 Equality Act 2010

The Equality Act 2010 ensures there is consistency in what an organisation does to provide services in a fair environment and comply with the law. This includes all the people who use its services, their family and friends and other members of the public, staff, volunteers and partner agency staff.

The Equality Act references 'protected characteristics: all of which must be considered when implementing safeguarding procedures. These are

- age;
- disability;
- gender reassignment;
- race;
- religion or belief;
- sex;
- sexual orientation;
- marriage and civil partnership;
- pregnancy and maternity.

1.1.6 How does this help to Safeguard adults?

An organisation's commitment to equality and diversity means that every person supported by it has their individual needs comprehensively addressed. They will be treated equally and without discrimination. This is regardless of any protected characteristics or another aspect that could result in them being discriminated against.

Failure to make reasonable adjustments in the care of a certain group with a protected characteristic (for example, a learning disability) may violate the Equality Act. Public bodies should have a process by which they consider how to promote equality.

All partners should express their commitment to equality and diversity by:

- respecting the ethnic, cultural and religious practices of people who use their services and making practical provision for them to be observed as appropriate;
- reassuring people who use the service that their diverse backgrounds enhance the quality of experience of everyone who lives and works in any service provided by it;
- protecting people's human rights – treating them and their family and friends, fairly and with respect and dignity;
- accepting adults who use the service as individuals;

- supporting people to express their individuality and to follow their preferred lifestyle, also helping them to celebrate events, anniversaries or festivals which are important to them;
- showing positive leadership and having management and human resources practices that actively demonstrate a commitment to the principles of equality and diversity;
- developing an ethos throughout its service that reflects these values and principles;
- expecting all staff to work to equality and diversity principles and policies and to behave at all times in non-discriminatory ways;
- provide training, supervision and support to enable staff to do this;
- having a code of conduct that makes any form of discriminatory behaviour unacceptable. This applies to both staff, people who use services and their family and friends, which is rigorously observed and monitored accordingly.

1.1.7 Types of discrimination

All staff involved in the safeguarding process should be familiar with the following types of discrimination.

- Direct discrimination occurs when a person is treated less favourably than others in similar circumstances on the grounds of race, colour, national or ethnic origins, sex, marital status, sexuality, disability, membership or non-membership of trade union, 'spent convictions' of ex-offenders, class, age, political or religious belief.
- Discrimination by association applies to race, religion or belief, sexual orientation, age, disability, gender reassignment and sex. This is direct discrimination against someone because they associate with another person who possesses a protected characteristic (see Section 3.2, Protected characteristics below).
- Perception discrimination is against an individual because others think they possess a particular protected characteristic. It applied even if the person does not actually possess that characteristic.
- Indirect discrimination occurs when a condition or requirement is imposed which adversely affects one particular group considerably more than another.
- Harassment is defined as unwanted, un-reciprocated and / or uninvited comments, looks, actions, suggestions or physical contact that is found objectionable and offensive. Harassment is particularly liable to occur as part of sexual or racial discrimination.
- Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act, or because they are suspected of doing so. People are not protected from victimisation if they have maliciously made or supported an untrue complaint.

1.1.8 The Mental Health Act 1983

The Mental Health Act 1983 (as amended 2007) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. Many people who receive inpatient treatment on psychiatric wards have agreed to go into hospital voluntarily as informal patients. However, some people may be in hospital without their consent and agreement. This is because they have been detained under the Mental Health Act for assessment and or treatment (often called being 'sectioned').

Under Sections 135 and 136 of this Act, Police have the authority to remove mentally disordered persons to a place of safety.

1.1.9 How does it help to Safeguard adults?

The act is designed to protect the rights of people with mental health problems and to ensure that they receive appropriate treatment and aftercare and are only admitted to hospital against their will when it is absolutely necessary to ensure their well-being or safety, or for the protection of other people.

Section 127 deals with the ill-treatment or wilful neglect of mentally disordered patients within hospitals or nursing homes or otherwise in a person's custody or care.

In addition, other offences may be relevant. When considering a safeguarding concern, it is important to also consider whether a crime may have been committed and to seek advice and involvement of the Police at the earliest opportunity where this may be the case.

1.1.10 Other Relevant Law

- Sections 20 and 21 of the **Criminal Justice and Courts Act 2015** - ill treatment or wilful neglect by care workers or care providers;
- Section 121 **Anti-social Behaviour, Crime and Policing Act 2014** causing a person who lacks capacity to enter into marriage;
- Section 76 of the **Serious Crime Act 2015** controlling and coercive behaviour in an intimate or family relationship;
- **Corporate Manslaughter and Corporate Homicide Act 2007**- gross breach of duty of care causing a person's death;
- Section 63 **Medicines Act 1968** (Adulteration of Medicinal Products)
- Regulations 214(2) and 255(1)(b) of The Human Medicines Regulations 2012 – unlawfully administering medication;
- Section 4 Fraud Act 2006 abuse of position;
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- The Children Act 1989 (updated 2004) and The Children and Social Work Act 2017 For more information on these Acts and other relevant safeguarding Children legislation and statutory guidance please see here
- Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. All agencies working with an adult at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

1.1.11 Sexual Offences Act 2003

The Sexual Offences Act (SOA) 2003 prohibits any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

For more information, please click here

1.1.12 Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2021

The Safeguarding Vulnerable Groups Act (SVGA) 2006 aims to reduce the harm or risk of harm to children and adults at risk by preventing people who are deemed unsuitable to work with them from gaining access to them through their work. Organisations with responsibility for providing services or personnel to children and adults at risk have a legal obligation to refer relevant information to the Disclosure and Barring Service.

For further information see here

1.1.13 Public Interest Disclosure Act 1998

An important part of providing care is ensuring a working environment that encourages people to challenge practices in their own workplace. The law offers some protection from victimisation to people who blow the whistle under the Public Interest Disclosure Act (PIDA) 1998. The parameters of 'protected disclosure' are set out in the Employment Rights Act (ERA) 1996. The person making the disclosure should not commit an offence in doing so (e.g., breach the Official Secrets Act 1989) and must reasonably believe one or more of the following:

- that a criminal offence has been committed, is being committed or is likely to be committed
- that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject
- that a miscarriage of justice has occurred, is occurring or is likely to occur
- that the health or safety of any individual has been, is being or is likely to be endangered

- that the environment has been, is being or is likely to be damaged
- that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed. (ERA1996).

NHS staff have access to Speak Up Guardians and can raise concerns anonymously.

1.1.14 Duty of Candour

The regulation puts a legal duty on all care providers registered with the CQC to be open and transparent with people using services, and their families, in relation to their treatment and care. The duty is regulated by the CQC. For more information, please see here.

Principles

The policy and procedures are based on The Six Principles of Safeguarding that underpin all adult safeguarding work.

Table 1: The Six Principles of Safeguarding that underpin all adult safeguarding work

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interests and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

The Lincolnshire multi-agency adult safeguarding policy and procedures are built on strong multi-agency partnerships working together with adults to prevent abuse and neglect where possible and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

1.2.1 Making Safeguarding Personal

Making Safeguarding Personal (MSP) sits firmly within the Care and Support Statutory Guidance

It means that safeguarding adults:

- is person-led

- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing, and safety

Making Safeguarding Personal is a practice approach to safeguarding adults (regardless of capacity), not a procedure or tick box exercise. It is a practitioner using the skills of professional curiosity and relationship-based practice to work with people to understand what matters to them and what outcomes the individual wants for their wellbeing and to be safe, at a time and pace of the persons choosing. It should influence how practitioners think about safeguarding adults, what they do, and how they do it.

However, Making Safeguarding Personal does not mean 'walking away' if a person declines safeguarding support and/or a S42 enquiry. That is not the end of the matter. Empowerment must be balanced for example, with Duty of Care and the principles of the Human Rights Act (1998) and of the Mental Capacity Act (2005). Best practice in working with risk must be considered.

For MSP to be truly embedded within safeguarding practice it requires leadership at operational and strategic levels; cultural change; staff support and development; engaging with people and across partnerships and promoting the values and principles that are set out in Human Rights Act (1998), Care Act (2014), and Mental Capacity Act (2005).

For more information and a suite of resources to support MSP please see here.

1.2.2 Prevention

It is important to note that where statutory adult safeguarding duties are not appropriate to an individual or their circumstance, existing legislation and flexibilities remain that provide levers for local authorities to ensure that the individual is safe and well. This may include consideration of:

• Section 2 of the Care Act 2014 emphasises the importance of local systems and professionals preventing, reducing or delaying the development of needs for care and support and striving to reduce needs that are known and already exist.

• Section 1 of the Care Act 2014 emphasises the importance of the wellbeing principle which applies equally to those who do not have eligible care and support needs but become known to the system.

The Care and Support Statutory Guidance (DHSC, 2020) states one of the aims of adult safeguarding is to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. Strategies for the prevention of abuse and neglect is a core responsibility of a SAB.

Knowing how to stop abuse and neglect and prevent it happening in the first place should be at the forefront of safeguarding developments.

Prevention is one of the guiding principles of a person-centred approach to safeguarding adults as outlined in the Care Act 2014, it should be integral to every part of safeguarding strategy and practice from prior to a safeguarding concern through to beyond the closure of a safeguarding enquiry.

Lincolnshire Safeguarding Adults Board (LSAB)'s Prevention Strategy details and breaks down preventative action to three levels, along with how it is intended to implement preventative initiatives at each level. Please see here for LSAB Prevention Strategy.

1.2.2 Advocacy

The Care and Support Statutory Guidance and Advocacy Charter say that advocacy is: "supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need". Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice."

This code of practice for advocacy details the core principles within the Advocacy Charter. If these principles are applied consistently within advocacy practice in safeguarding adults, then this will support delivering Making Safeguarding Personal and Care Act principles.

The Care and Support Statutory Guidance offers further clarification about responsibilities in commissioning and providing advocacy: "Everyone should have access to information and advice on care and support and keeping safe from abuse or neglect...there may be some people who require independent advocacy to access that information and advice."

Under the Care Act consideration of an advocate should be made at the first point of contact with the person or carer. The Care Act is clear that this is the stage where the assessment begins as information starts to be gathered, and it is therefore where the duty to make independent advocacy available, if required, also begins. Local authorities must arrange an independent advocate to facilitate the involvement of a person in safeguarding enquiries and Safeguarding Adult Reviews if two conditions are met. That is, if an independent advocate were not provided then the person would have substantial difficulty in being fully involved in these processes and second, there is no appropriate individual available to support and represent the person's wishes who is not paid or professionally engaged in providing care or treatment to the person or their carer.

Where a need for independent advocacy is identified any referral should be made at this point. Not only does this prevent any delays in the Care and Support process and meeting of needs but it also supports the Independent Advocate to fulfil their role effectively. They have extensive and specific duties under the Act and need time to build up rapport with the person, to agree how best to support them to be as involved as possible in the Care and Support process.

1.2.3 An Appropriate Person

The duty to make an Independent Advocate available does not apply if the Local Authority is satisfied that there is somebody else who would be an appropriate person to represent and support the person or carer.

Somebody wishing to represent and support the person's (or carer's) involvement may only be deemed appropriate if:

a. They are not engaged in providing care or treatment for the person they wish to support (in either a professional or paid capacity);

b. They are not implicated in any enquiry relating to abuse or neglect;

c. The person they wish to support has capacity and can consent to being represented and supported by them; or

d. Where the person lacks capacity or is not able to consent, the Local Authority is satisfied that being represented and supported by the person wishing to do so would be in their best interests;

e. The person wishing to represent the person (or carer) has demonstrated that they have adequate direct contact with the person they wish to support in order to do so effectively;

f. The person wishing to represent the person (or carer) has demonstrated adequate knowledge of the Care and Support process in which they will be supporting them to be involved in;

g. The person wishing to represent the person (or carer) has demonstrated they are able to act independently from the Local Authority;

h. The person wishing to represent the person (or carer) is not employed by or involved with the Local Authority in any way;

i. There is no conflict of interest or dispute between the person (or carer) and the person wishing to represent them; and

j. Where the person lacks capacity there is no conflict of interest or dispute between the person wishing to represent them and the Local Authority about what is best for the person.

It is not sufficient for a person wanting to support and represent a person or carer under the Care Act to know them well or love them deeply. They must demonstrate that they are able to support the person to be actively involved with Local Authority processes.

The Local Authority has the final decision about whether someone is appropriate. If a person is deemed inappropriate this does not mean they cannot be involved in the Care and Support process and should still be consulted (where the person or carer consents or it is deemed by the Local Authority to be in their best interests to consult).

If the Local Authority feels a person may be appropriate but later finds otherwise (perhaps they have not had adequate contact with the person) then the duty to make independent advocacy applies because the person no longer has someone appropriate to support them.

If the Local Authority provides independent advocacy and later finds that a person who they thought was inappropriate is appropriate, then the duty to provide independent advocacy no longer applies. However, in

this situation the statutory guidance in clear that consideration should be given to continuing the advocacy support if this would be of benefit to the person or carer.

The Care Act allows for urgent safeguarding reviews or enquiries to begin if an advocate has not been arranged however in both circumstances the duty continues and an advocate needs to be appointed as soon as possible. Where a need for an Independent Advocate is identified the Care and Support Process should **not** proceed without one being appointed. The Local Authority has a duty to ensure independent advocacy is available and it is a breach of this duty if advocacy is not available when needed. Care and Support functions undertaken, and decisions made in this situation are unlawful and subject to legal challenge. The exceptions are when urgent Care and/or Support is being implemented without assessment to meet needs or reduce the risk of abuse and neglect.

1.2.4 Situations When an Independent Advocate must be appointed (if the Local Authority feels it is required)

In general, under the Act a person with a substantial difficulty in being involved in their assessment, plan or review will only become eligible for an Independent Advocate when there is no other appropriate person to support them. However, the Care Act does specify 3 exceptions to this. In each of the following cases if the Local Authority feels that the person requires support to facilitate and maximise their involvement in the Care and Support process an Independent Advocate must be made available:

a. Where the person is likely to be accommodated in an NHS hospital for a period of 28 days or more;

b. Where the person is likely to be accommodated in a residential home or care home for a period of 8 weeks or more; or

c. Where there is a disagreement or dispute between the Local Authority and person wishing to represent the person or carer and both agree that the involvement of an Independent Advocate would be beneficial to the person

1.2.5 Independent Mental Capacity Advocate (IMCA)

The Mental Capacity Act 2005 makes provision for an Independent Mental Capacity Advocate (IMCA) to assist a person who lacks capacity to make decisions.

An IMCA must be instructed, and then consulted for people lacking capacity who have no-one else to support them, other than paid staff in relation to decisions proposing:

- Serious medical treatment
- Long term change of accommodation or
- In hospital for 28 days or longer.

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005vii, and an Independent Advocate introduced under the Care Act 2014. Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.The statutory guidance states that the Local Authority may liaise with the IMCA already involved to establish whether they are appropriate and able to support the person under the Care Act. This enables a seamless advocacy service for the person and prevents them having to repeat their story to different advocates.

1.2.6 Support to adults

A requirement under the Equality Act 2010 is for provision and adjustments to enable disabled people equal access to information and advice. Ensuring equality may reduce or remove substantial difficulty. Access to other services for example, translators should always be considered to ensure that the adults are afforded every opportunity to participate and be involved.

1.2.7 Risk Management

The focus must be on the management of risks not just a description of risks. Employers need to take responsibility for the management of risk within their own organisation and share information responsibly where others may be at risk from the same source. The Local Authority may be ultimately accountable for the quality of Section 42 enquiries, but all organisations are responsible for supporting holistic risk management, with the adult and in partnership with other agencies.

Safeguarding is fundamentally about promoting the safety and well-being of an adult in line with the above six principles. This involves risk management, which is used:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers;
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes;
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

Effective risk management strategies identify risks and provide an action or means of mitigation against each identified risk and have a mechanism in place for early escalation if the mitigation is no longer viable. Contingency arrangements should always be part of risk management. Risk assessments and risk management should take a holistic approach and partners should ensure that they have the systems in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.

Where an individual is not able to protect themselves without support, the aim should be to support them to make their own informed decisions which preserve their safety. However, people involved in safeguarding need to acknowledge that there is a balance to be struck between risk and an individual's right to make their own informed decisions, even if others consider the decision to be unwise or puts the individual at risk. The importance of their right to make decisions about their own life, which is part of an individual's well-being, needs to be considered as well as the safeguarding concerns.

1.2.8 Co-operation and Information Sharing

Learning from recommendations of Safeguarding Adult Reviews, the importance of effective multi-agency working is a common feature. The Local Authority retains responsibility as the lead co-ordinating organisation. All other relevant organisations and partners, including NHS bodies; the Departments of Social Security, Employment and Training; the Police and Probation Services have legal duties and responsibilities in relation to safeguarding of adults. Organisations contributing to effective inter-agency working can achieve this through creative joint working partnerships that focus on positive outcomes for the individual(s). Cooperation between organisations that take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies and awareness raising also supports the aims and objectives of Health and Wellbeing Boards, and Community Safety Partnership.

Local authorities and partner organisations should co-operate to deliver effective safeguarding, both at a strategic level and in individual cases, where they may need to ask one another to take specific action in that case. This co-operation and information sharing for safeguarding purposes is supported by all data protection legislation where there is a lawful basis, such as the Care Act, for sharing personal data and compliance with the Caldicott Principles will help to ensure that information sharing is justified and proportionate.

Section 6, the Care Act 2014 describes a general duty to co-operate between the Local Authority and other organisations providing care and support. This includes a duty on the Local Authority itself to ensure co-operation between its adult care and support, housing, public health and children's services.

Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably.

The Care Act 2014 sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of cooperation are not limited to these matters. The five aims include:

- Promoting the wellbeing of adults needing care and support and of carers;
- Improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
- Smoothing the transition from children to adults' services;
- Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect and;
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect and applying those lessons to future cases.

The Care and Support statutory guidance 14.185 states the following: In the past, there have been instances where the withholding of information has prevented organisations being fully able to understand what 'went wrong' and so has hindered them identifying, to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

Furthermore, 14.186 states An SAB may request a person to supply information to it or another person. The person who received the request must provide the information to the SAB if:

- The request is made in order to enable or assist the SAB do its job

Organisations that refuse to comply with requests for co-operation or information should provide written reasons for the refusal.

The SAB needs to be assured that any shared learning identifies where cooperation has strengthened adult safeguarding and where improvements may be needed, publicising the effectiveness in its annual report.

1.2.9 Information Sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been highlighted as a difficult area of practice. The Care Act 2014 Section 45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the SAB as detailed above. Sharing information between organisations as part of day-to-day safeguarding practice is covered by the common law duty of confidentiality, the General Data Protection Regulation (GDPR"), Data Protection Act 2018, the Human Rights Act 1998 and the Crime and Disorder Act 1998. As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

Helpful guidance to ensure that information sharing is justified and proportionate is set out in the Caldicott principles.

Partner organisations may be asked to share information through agreed information sharing protocols. Each SAB should have a protocol in place for information sharing, with clear governance on how it will be implemented.

1.2.10 Confidentiality

A duty of confidence arises when sensitive personal information is obtained and/or recorded in circumstances where it is reasonable for the subject of the information to expect that the information will be held in confidence.

Adults at risk provide sensitive information and have a right to expect that the information about themselves that they directly provide, and information obtained from others will be treated respectfully and that their privacy will be maintained.

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action. Whenever possible, informed consent to the sharing of information should be obtained. However:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information **within organisations**. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

Example: sharing of information between organisations where public interest outweighs protecting confidentiality; taken from a Lincolnshire Safeguarding Adult Review (SAR)

"(David) Informed staff that prior to going in to ward 2 his flat mate (Adult9) held him hostage for 2 weeks and would not let him go anywhere, would barricade the doors shut to prevent him from leaving. Stated he was physically assaulted by (Adult9) on numerous occasions has been hit on his back with the chain of the dog lead and punch in the face so hard he was knocked unconscious.

CPN1 encouraged (David) to report this incident to the police which he declined stating he would be at more danger if he did this.

“I asked (David) if he consented for me to contact safeguarding adults which he agreed to but again declined the police involvement”.

This example describes a situation whereby a serious crime has been committed, necessitating the sharing of information between organisations, without David's consent.

Whether information is shared with or without the adult at risk’s consent, the information sharing process must abide by the principles of the General Data Protection Regulation (GDPR). The GDPR should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

In those instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person’s best interest.

1.3 Well-being

Section 1 of the Care Act 2014 states that Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as ‘the wellbeing principle’ because it is a guiding principle that puts wellbeing at the heart of care and support. For safeguarding, this would include safeguarding activities in the widest community sense and is not confined to safeguarding enquiries under Section 42 of the Care Act 2014.

Paragraphs 14.14 and 14.15 of the Guidance support the need for the safeguarding to be person led and outcome focused.

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised"

‘Well-being’ is a broad concept, and it is described as relating to the following areas:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;

- Control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of accommodation.
- The individual's contribution to society

All organisations working with adults who are or may be at risk of abuse and neglect, must aim to ensure that they are supporting people to make their own informed and safe decisions as well as taking or prompting action to protect people who are not able to protect themselves. This should underpin every activity through consistent safeguarding adults work. This includes any safeguarding activity that is outside the scope of a Section 42 Care Act 2014 enquiry.

1.4 Values - Supporting adults at risk of abuse and neglect

Safeguarding has the highest priority across all organisations. There is a shared value of placing safeguarding within the highest of corporate priorities. Organisations are judged on the effectiveness of safe communities and their values towards safeguarding adults who may be at risk of abuse or neglect.

Values include:

- People are able to access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The individual's views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- People will have access to supported decision making;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and have support to explore options so that they can take, exercise and maintain choice and control over their own lives;
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical;
- Timeliness should be determined by the personal circumstances of the adult at risk;
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.
- All decisions made with the adult at risk must take account of mental capacity; decisions influenced by coercion and control and wider duties surrounding public and vital interests;
- Where risks are high and a capacious adult at risk has declined a safeguarding response, there remains a duty of care to take reasonable steps to engage the person in protection planning and reduce the harm to the person and/or others who may be at risk.

2. Safeguarding and Partner Organisations

2.1 Safeguarding Definition

Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' (Care and Support statutory guidance, chapter 14). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

a. Safe and able to protect themselves from abuse and neglect;

b. Treated fairly and with dignity and respect;

c. Protected when they need to be;

d. Able easily to get the support, protection and services that they need.

2.1.1 What it is not:

Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high-quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and protect life and property
- specialised domestic abuse intervention
- disciplinary procedures

2.1.2 The aims of Adult Safeguarding are to:

a. Stop abuse or neglect wherever possible;

b. Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;

c. Safeguard adults in a way that supports them in making informed choices and having control about how they want to live;

d. Promote an approach that concentrates on improving life for the adults concerned;

e. Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;

f. Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and

g. Address what has caused the abuse in order to learn lessons to reduce the risk of reoccurrence.

h. Work collaboratively with organisations to safeguard adults rather than apportion blame

2.2 Who might be an adult at risk of abuse and neglect?

The duties for safeguarding adults as laid down in the Care Act 2014 apply where an adult (18 years and older):

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

The duties are applicable to:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;

- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;

The duties are not applicable to:

- Adults in custodial settings i.e., prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters.
- Children and young people aged 17 and under. However, where someone is aged 18 or over but is still receiving Children's Services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements, with close liaison with Children's Services.

Additionally, Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. All agencies working with an adult at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

2.3 Types and indicators of abuse and neglect

There are 10 categories of abuse described within the Care and Support Statutory Guidance. These categories are expansive and cover a range of abusive situations or behaviours. It is important to recognise that exploitation is a common theme in nearly all types of abuse and neglect.

The Statutory Guidance (para 14.17) states that: "Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the 3 stage criteria will need to be met before the issue is considered as a safeguarding concern".

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic Abuse** is 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including 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, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Click here for further information.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or

poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission** – including 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.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

2.4 Self-neglect

There is no single operational definition of self-neglect however, the Care Act makes clear it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself from neglect. The Department of Health (2016) defines it as, 'a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'. Skills for Care identify three distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or wellbeing;
- Lack of care of one's environment which places the person at risk of significant harm (e.g., health or fire risks caused by hoarding).
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect may result from a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues (including personality disorders and dementia), substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. However, if self-neglect results from free and informed personal choice, where the adult is able to care for themselves but chooses not to, this is not a safeguarding issue.

The Care Act does not set out additional powers to intervene in circumstances of self-neglect and the Mental Capacity Act 2005, will usually provide a framework for intervention in these circumstances.

2.4.1 Hoarding

- The Care Act 2014 includes Hoarding as self-neglect.
- The World Health Organisation (WHO) has classified Hoarding as a recognised disorder.

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered, precluding activities for what they are designed for. Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the thought of getting rid of the items, leading to excessive accumulation of items, regardless of actual value.

Where disrepair and lack of services/amenities are the responsibility of a landlord, then the Private Sector Housing Enforcement within the Environmental Health Team have a duty under the Housing Act 2004 to act for prescribed levels of hazards.

The Care Act 2014 states the duty on the local authority that was previously found under s.48. National Assistance Act 1948 is to take reasonable steps to prevent or mitigate loss or damage to property of adults who have been admitted to hospital or to a residential care home; where the adult is unable to protect or deal with the property and no suitable arrangements have been made. The definition of personal property includes any pets. The Local Authority have a duty under the Animal Welfare Act 2006 (AWA) to ensure the welfare needs of those animals are met whilst they are responsible for them.

For more information please see: LSAB Hoarding Protocol

2.5 Transitions

Together the Children and Families Act 2014 and the Care Act 2014, create a comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people. The Care Act 2014 includes an explicit requirement which states that children and adult services must cooperate for the purposes of transition to adult care and support.

When someone turns 18, they legally become an adult and it must be recognised that most young people will manage this move to adulthood well, receiving support from their family, friends and communities. However, this transition is a process, not an event, and not all young people have support readily available, and this can be magnified in our young people leaving care.

Both the children's and adults systems have the twin responsibilities for preventing abuse and neglect. There should be robust joint working arrangements between children's and adults' services for young people who meet the safeguarding criteria. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult s afeguarding team. Where appropriate, they should involve the local authority's children's safeguarding colleagues as well as any relevant partners (for example, police or NHS) or other persons relevant to the case.

The point of transition for care experienced young people is exacerbated by their individual vulnerabilities as care leavers, but also by the differences in thresholds to access services. The LSAB recognise this as a complexity to be mindful of when working with care leavers. Many young adults may not qualify for a safeguarding response as they do not have an identified care and support need, yet evidence shows that care experienced young people can experience a range of harms and threats which can lead to increased impact over time.

Where an individual is identified as being at risk but may still not have met the threshold for a safeguarding response, prevention remains key. Agencies signed up to the LSAB and the LSAB prevention strategy recognise the importance of liaison and partnership working when supporting care experienced young adults. The best method for achieving enhanced support to this vulnerable group is to secure their consent and to liaise with the leaving care service and engage in the pathway planning process with the young person and their leaving care worker.

2.6 Who abuses and neglects adults?

Anyone can carry out abuse or neglect including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers

The Care Act 2014 recognises that it is context and not the attributes of the adult at risk that lead to abuse and neglect. Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

2.6.1 Children and Young People who abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures and a referral and close liaison with children's services should take place. Where the alleged abuser is under 18 years, it is essential that Children's services are engaged at the earliest possible stage for appropriate professional support and advice for the young person.

2.6.2 Child to Parent Violence

Domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members, regardless of gender or sexuality this may include partners, parents and other relatives (for example grandparents, aunts, uncles), some of whom will be adults at risk as defined by this policy.

Where abuse perpetrated by a child is disclosed, there should be a joined-up approach between adult and children's services to ensure a holistic approach which can assess the risk to all family members who may be affected, either because they have experienced or observed the abuse. Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risk and then work together to ensure that the safety of all those at risk is prioritised. In high-risk situations it may be relevant to access the multi-agency risk assessment conference (MARAC) process.

2.6.3 Informal (unpaid) Carers, Young Carers and Safeguarding

The Care Act recognises the equal importance of supporting carers and the people they care for and adult carers can be eligible for support in their own right. This is determined through a Carer's assessment.

Section 1 of the Care Act 2014, alongside Section 96 and Section 97 of the Children and Families Act 2014, offers a joined up legal framework to identify young carers and parent carers and their support needs. 'Young carer' means a person under 18 who provides or intends to provide care for an adult. The Care Act places a duty on the local authority to assess young carers before they turn 18, so that they have the information they need to plan their future.

Circumstances in which a carer could be involved in a situation that may require a safeguarding response includes when:

- A carer may witness or raise concerns about out abuse or neglect;
- A carer who has needs for care and support may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.
- A safeguarding enquiry should not be viewed as a punitive response to a safeguarding concern and can be helpful in ensuring that a robust plan is put in place to keep carers safe and reduce strain which may lead to further abuse or neglect. The police will be informed where intentional harm may have occurred.

2.6.4 People in Positions of Trust

It is a requirement of the Care Act 2014 Statutory Guidance that Safeguarding Adults Boards (SABs) should establish and agree a framework and process for any organisation to respond to allegations against “anyone who works, (in either a paid or an unpaid capacity,) with adults with care and support needs”.

Please find LSABs Protocol for Responding to Concerns about a Person in a Position of Trust (PiPoT) here.

2.6.5 Dealing with non-recent allegations of abuse or where the adult is no longer at risk

The criteria for undertaking a statutory enquiry under the Care Act s42 duty applies where a local authority has reasonable cause to suspect that an adult in its area has needs for care and support, is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. The duty to make enquiries under the Care Act relates to abuse or neglect, or a risk of abuse or neglect that is current and so where concerns relate to historic abuse or neglect, where the person is no longer at risk, (for example the adult has died) the adult will not be the subject of statutory enquiry under these procedures. However, information should be shared with relevant partners to determine whether they demonstrate a potential current risk of harm to other adults and to ensure that this risk will be addressed through other investigations and processes (e.g., complaints, inquests, and regulatory, commissioning, health and safety investigations). If, during these enquiries and processes, there is a reasonable belief that other identifiable individuals are at risk of, or experiencing abuse or neglect, safeguarding referrals should be made through the usual processes.

In cases where an adult has died or suffered serious abuse or neglect, and where there is concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under section 44 of the Care Act and the LSAB should be notified of the concern. Organisations should submit a Significant Incident Review Notification should be submitted.

Where an adult dies whilst a safeguarding enquiry is on-going, whilst the duty to undertake a statutory safeguarding enquiry ends, the safeguarding enquiry undertaken thus far should be appropriately brought to an end by the completion of appropriate documentation and where possible appropriate to do so, conclusions reached The LCC Safeguarding team will notify all parties involved that enquiries relating to the individual will cease, and will ensure that, where the death may have related to the abuse or neglect, the Police Coroner and LSAB are kept informed where appropriate. Whilst enquiries related to the individual will end, the LCC Safeguarding Officer will continue to work with partners to mitigate any potential risk to others and the enquiry will be completed when the LCC Safeguarding Officer and Principal Practitioner are assured that appropriate action has been taken to mitigate this risk.

Where concerns are raised about historic abuse of a person who was under 18 at the time the abuse occurred, these should be reported to Children's Services.

2.6.6 Criminal Investigations

Although LCC has the lead role in making safeguarding enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential.

The police may be required to provide advice and guidance on what might constitute criminal activity, whether the threshold for a criminal offence is likely to have been met and what options are available to support adults who are at risk of becoming victims of crime.

Police investigations should be coordinated with LCC Safeguarding team to ensure appropriate information is shared in a timely manner and to avoid duplication, for example by undertaking joint visits. Criminal investigations will always take priority and will always be police led. The S.42 Safeguarding enquiry will continue whilst the criminal investigation is on-going and the criminal investigation should not prevent or delay immediate actions being taken to ensure the safety and well-being of the adult at risk; robust coordination and information sharing will be key to managing this effectively.

Where actions for partner agencies or providers arise because of police investigations, these should be reported into the safeguarding process to ensure a coordinated response to addressing the actions with appropriate governance arrangements.

Once the Safeguarding Officer is satisfied that appropriate action has been taken to mitigate risk to the adult, the Safeguarding enquiry can be closed, even when the criminal investigation is on-going. However, in some cases, the current management of risk will be dependent on actions put in place whilst the police investigation is on-going, e.g., where restrictions are in place because the person posing a risk has been released under investigation or with bail conditions. In such cases, the Safeguarding Officer will not close the enquiry until satisfied that appropriate action has been taken to reduce the risk of the abuse or neglect reoccurring.

2.6.7 Ill treatment and wilful neglect

The police will determine whether there should be criminal investigations of people in positions of trust where there is ill treatment and wilful neglect. There are a number of possible offences which may apply, including the specific offences mentioned below.

- Section 44 Mental Capacity Act 2005 makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.
- Section 127 Mental Health Act 1983 creates an offence in relation to staff employed in hospitals or mental health nursing homes where there is ill-treatment or wilful neglect.
- Sections 20 to 25 of the Criminal Justice and Courts Act 2015 relate to offences by care workers and care providers.

2.6.8 Support for vulnerable witnesses in the criminal justice process

Research has found that sometimes evidence from victims and witnesses with learning disabilities is discounted. This may also be true of others such as people with dementia. It is crucial that reasonable adjustments are made, and appropriate support given, so people can get equal access to justice;

- Guidance should include reference to support relating to criminal justice matters which is available locally from such organisations as Victim Support and court preparation schemes;
- Some witnesses will need protection; and the police may be able to get victim support in place.

Special Measures were introduced through legislation in the Youth Justice and Criminal Evidence Act 1999 (YJCEA) and include a range of measures to support witnesses to give their best evidence and to help reduce some of the anxiety when attending court. Measures in place include the use of screens around the witness box, the use of live-link or recorded evidence-in-chief and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately.

Vulnerable Adult Witnesses (Section16 YJCEA) have a:

- Mental disorder
- Learning disability, or
- Physical disability

These witnesses are only eligible for special measures if the quality of evidence that is given by them is likely to be diminished by reason of the disorder or disability.

Intimidated Witnesses (Section 17 YJCEA): Intimidated witnesses are defined by Section 17 of the Act as those whose quality of evidence is likely to be diminished by reason of fear or distress. In determining whether a witness falls into this category the court takes account of:

- The nature and alleged circumstances of the offence;
- The age of the witness;
- The social and cultural background and ethnic origins of the witness;
- The domestic and employment circumstances of the witness;
- Any religious beliefs or political opinions of the witness;
- Any behaviour towards the witness by the accused or third party

Also falling into this category are:

- Complainants in cases of sexual assault;
- Witnesses to specified gun and knife offences;
- Victims of and witnesses to domestic violence, racially motivated crime, crime motivated by reasons relating to religion, homophobic crime, gang related violence and repeat victimisation;
- Those who are older and frail;
- The families of homicide victims.

Registered Intermediaries (RIs) have been facilitating communication with vulnerable witnesses in the criminal justice system in England and Wales since 2004.

Special measures include practical and emotional support to victims and witnesses (either for the defence or for the prosecution) provided by the Witness Service. Support is available before, during and after a court case to enable adults and their family and friends to have information about court proceedings and could include arrangements to:

- Visit the court in advance of the trial;
- Consider the use of screens in court proceedings;
- The removal of wigs and gowns;
- The sharing of use of intermediaries and aids to communication.

If the person alleged to have caused harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an 'appropriate adult' under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice.

There is an automatic referral to Victim Support services for all victims of crime whether they are deemed vulnerable or not.

2.7 Partner Organisations

Safeguarding Adults from Abuse and or Neglect is Everyone's responsibility and therefore, a system wide approach to Safeguarding is necessary. This section sets out the specific roles and responsibilities of statutory and key agencies in respect of the duty to safeguard adults at risk of or experiencing abuse or neglect in Lincolnshire.

2.7.1 Safeguarding Adult Referral Points

Each organisation must have its own operational policy on how it manages adult safeguarding concerns, including a list of referral points with up-to-date contact details, so that staff and the public know how to report abuse and neglect. Referral points may be through a contact centre or specific access team or other locally agreed arrangements. The Local Authority is the main referral point for referrals where there is a reasonable belief that the three statutory criteria for safeguarding are met.

2.7.2 Safeguarding Managers/Leads in all organisations

Safeguarding adults' lead throughout refers to members of staff responsible in an organisation to provide:

- Managerial support and direction to staff in that organisation
- Decision making for concerns raised by members of staff and/or members of the public

2.7.3 Lincolnshire Safeguarding Adults Board

The Care Act 2014 introduced a requirement for a Safeguarding Adults Boards (SAB) to be set up by all local authorities to coordinate local work to safeguarding adults who have needs for care and support. The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults who meet the safeguarding criteria.

The LSAB is a multi-agency partnership, consisting of statutory and voluntary organisations, and has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across Lincolnshire and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services and awareness and responsiveness of further education services. The LSAB requires intelligence on safeguarding in all providers of health and social care in the county, not just those with whom its members commission or contract. It is important that LSAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse and neglect. This includes commissioners, as well as providers of services.

LSAB is not responsible for the safeguarding of individuals in prison or in approved premises. where prison governors and the National Probation Service respectively have responsibility.

The LSAB has a wide range of partners who contribute to the work of the Board, see the website for further details at: https://www.lincolnshire.gov.uk/lsab/partners/131092.article

The purpose of the LSAB is:

- ★ **preventative** in contributing to the development of cultures, systems and processes that support adults at risk of abuse or neglect, ensuring that wherever possible, harm does not arise to them
- ★ **reactive** in instigating Safeguarding Adults Reviews (SAR) following a death, or other situation that meets the criteria set out in the Act
- ★ **developmental** in drawing out and disseminating the learning from reviews, keeping local organisations up to date with national developments, and building and nurturing inter agency networks that support the safeguarding agenda
- ★ **co-coordinating** by adopting a whole-systems approach to safeguarding, working with multiple agencies and perspectives, providing leadership and coordination.

In their work, the LSAB must:

- follow the guidance of and undertake recommendations arising from the Care Act 2014 and other relevant guidance and good practice
- work in partnership to improve the wellbeing and safety of adults at risk in their area and prevent abuse and neglect
- champion the safeguarding adults agenda across their local area
- participate in the national development of best practice
- develop an annual Safeguarding Adults Board Strategic Delivery Plan
- publish an annual report on the effectiveness of adult safeguarding within their area
- undertake Safeguarding Adults Reviews (SARs) when required
- act in accordance with the principles in Making Safeguarding Personal, including taking a proactive approach to community involvement.

2.7.4 Accountability and the Chair of the LSAB

The Independent Chair of the Safeguarding Adults Board is accountable to residents in the area covered by the SAB through: the statutory annual report; required to be sent to the Chief Executive and leader of the Local Authority, the Police and Crime Commissioner and the Chief Constable, the local Healthwatch and the Chair of the Health and Wellbeing Board; the strategic plan, reporting to the Chief Executive of the Local Authority for that area; and to the partners of the Safeguarding Adults Board.

2.7.5 Lincolnshire County Council – Lead Agency

In Lincolnshire the upper tier Local Authority, and therefore lead agency for Safeguarding adults in Lincolnshire, is Lincolnshire County Council and responsibility for safeguarding adults is held by Adult Care and Community Well-being directorate. The Care Act 2014 requires that each local authority must:

- make enquiries, or cause others to do so, if there is reasonable cause to suspect an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and as a result of their needs is unable to protect themselves. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by who.
- set up a Safeguarding Adults Board (SAB)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
- co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.
- The Local Authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom, and to ensure that such action is taken when necessary. In this role if the Local Authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

2.7.6 Non statutory safeguarding enquiries

The Local Authority is not required by law to carry out enquiries for those individuals who do meet the criteria for Safeguarding under S.42 of the Care Act 2014. However, may do so at its discretion.

2.7.7 LCC Safeguarding Adults Team

The Safeguarding Adults Team is part of the Adult Care and Community Well-being directorate at Lincolnshire County Council. The team has specific responsibilities in relation to the Lincolnshire County Council's duties in respect of Safeguarding Adults. They are responsible for making decisions on the duty to make, or cause others to make, enquires under S.42 of the Care Act. The team work with professionals, service users, carers and other interested parties to provide information and advice to colleagues across Lincolnshire to encourage and support continuous improvement.

Safeguarding Officers work within the safeguarding team and are suitably qualified professionals with responsibility for leading and coordinating all adult safeguarding enquiries.

The Safeguarding Officer has overall responsibility to ensure that:

- S.42 referrals and enquiries progress in accordance with statutory safeguarding responsibilities and principles.
- The adult with care and support needs is involved in all decisions at every stage of the enquiry that affect their daily life as far as possible
- Those who need to know are kept informed and are involved in the enquiry
- The response of the organisations involved in the Adult Safeguarding process is co-ordinated, and information is shared in line with the information- sharing agreement and recorded;
- If required, a safeguarding plan is agreed with the adult if they have mental capacity to participate in this, or in the best interests of the person if they have been assessed not to have the mental capacity to make decisions in this area;
- All safeguarding documentation is completed including monitoring information.

2.7.8 Principal Practitioners

LCC Safeguarding Team Principal practitioners are suitably qualified professionals who hold line management responsibility for Safeguarding Officers in the Safeguarding Adults Team. They are responsible for ensuring that:

- Decision making in respect of referrals and enquiries is robust and defensible
- The principles of MSP are embedded and evidenced throughout enquiries
- Providing supervision and guidance to Safeguarding Officers to support enquiries
- Chairing Safeguarding Strategy Meetings and Case Conferences
- Quality assuring and authorising all enquiries to ensure that statutory duties are met and local policies and procedures have been followed.
- Working across the safeguarding network in Lincolnshire to develop robust partnerships, processes and initiatives to reduce and prevent the experience of abuse and/or neglect and reduce the need for safeguarding intervention.
- Be the first point of escalation to resolve professional disagreements.

2.7.9 Out of Hours

Adult social care operates an Emergency Duty Team (EDT) outside normal working hours, at weekends and over statutory holidays. This team will respond to urgent requests for social care intervention which cannot wait until the next working day.

If staff who work for other organisations, including others who work out of hours, become aware that an adult is being abused or neglected, they should take the necessary steps to mitigate immediate risk, this may include arranging emergency medical treatment, contacting friends and family in agreement with the adult, calling the police or other emergency services. If, after these actions have been taken, the immediate risk of harm has been managed, a referral will be made to LCC Customer Service Centre on the next working day, in line with the agencies own policies and procedures. The only exception would be if, after taking all appropriate action, there remains a significant risk of harm which requires urgent social care intervention and cannot be mitigated until the next working day.

Whilst EDT do not undertake S.42 enquiries, where it has not been possible to put measures in place to manage immediate risk until the next working day, EDT will work in partnership with other services to ensure that necessary and proportionate action is taken to manage and monitor immediate risk until the next working day.

It is important to note that making a referral to EDT does not delegate responsibility to the EDT. It is important that the referrer works in partnership with EDT to manage any immediate risk to the adult and consideration is given to others who may be at risk.

2.7.10 Timescales

The adult safeguarding procedures do not set definitive timescales for each element of the process; however, target timescales are indicated. These timescales should be considered within the ethos of the Making Safeguarding Personal agenda. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies proactively to monitor concerns to ensure that drift does not prevent timely action and place people at further risk. Divergence from any target timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants;
- It would not be in the best interests of the adult at risk;
- Significant changes in risk are identified that need to be addressed;
- Supported decision making may require an appropriate resource not immediately available;
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised.
- The outcome of the safeguarding enquiry is linked to other enquiries which are not completed.
- A period of monitoring and review is required to ensure safeguarding plans are robust and effective.

2.7.11 Strategy meetings

- Safeguarding strategy meetings are an inter-agency forum to share information and plan the progress of the enquiry and any subsequent protection planning. These meetings will be used to examine the information and evidence presented by the various agencies and is a decision-making forum in relation to the most appropriate way forward with the enquiry or other action outside of section 42.

2.7.12 Cross-boundary and inter-authority adult safeguarding enquiries

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements over responsibilities. The rule for managing safeguarding enquiries is that the Local Authority for the area where the abuse occurred or is likely to occur has the responsibility to carry out the duties under Section 42 Care Act 2014, but there should be close liaison with the placing authority.

The 'placing Local Authority' continues to hold responsibility for commissioning and funding a placement. However, many people at risk live in residential settings outside the area of the placing authority. In addition, a safeguarding incident might occur during a short-term health or social care stay, or on a trip, requiring police action in that area or immediate steps to protect the person while they are in that area. The placing authority will need to be informed at all stages and will need to take steps to assure itself that arrangements for care and support are robust and appropriate.

The initial lead in response to a safeguarding concern should always be taken by the Local Authority for the area where the incident occurred. This might include taking immediate action to ensure the safety of the person or arranging an early discussion with the police when a criminal offence is suspected. Further action should then be taken in line with Making Safeguarding Personal on the views of the adult, and the Care and Support statutory guidance, on who is best placed to lead on an enquiry.

The key to robust cross-boundary and inter-authority adult safeguarding enquiries is good communication and it is therefore essential to identify a key contact within the other authority and ensure they are involved and informed throughout the process.

2.7.13 Director of Adult Social Services (DASS)

As chief officer for the lead adult safeguarding agency, the DASS has a particularly important leadership and challenge role to play in adult safeguarding.

Responsibility to lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect through partnership working is a key part of a DASS's role and critical in the

development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS promoting a culture that is person-centred, supports choice and control and aims to tackle inequalities.

2.7.14 Councillors and Lead Members

The Local Government Association identifies there are crucial roles for councillors in examining how safeguarding is experienced by local people, how people were consulted and involved in developing policies and monitoring services, and how they were involved in their own safeguarding plans and procedures.

Councillors as community leaders, championing the wellbeing of their constituents, are in a key position to raise awareness of adult safeguarding. They may also become aware of individual cases of abuse through their work with constituents and so have a duty to report it.

As part of their governance role, holding council executives and partner organisations by asking questions about the safety of adults in their area and accounting to their constituents for what has been done

Local Authority Health Scrutiny Functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships have a valuable role in assuring local safeguarding measures and ensuring that the LSAB is accountable to local communities.

The lead member in Lincolnshire Council has responsibility for the political leadership, accountability and direction of the council's services for adults. The portfolio holder has a role in ensuring that the various departments within a council work together to promote wellbeing, prevent social exclusion and to protect adults at risk with care and support needs from abuse.

Councillors who are portfolio holders for children's services will need to be aware of the links with adult safeguarding. There may be specific examples where the crossover is particularly clear, for example, the period of transition from children to adult services or when an adult may be a risk to children.

2.7.15 Lincolnshire Police

Lincolnshire Police work together with the Lincolnshire Safeguarding Adults Board and other partner agencies to safeguard and promote the welfare of all adults at risk.

Living a life that is free from harm and abuse is a fundamental right of every person and Lincolnshire Police are committed to assisting adults who may be at risk of harm within their communities by helping to identify them, working in partnership with other agencies to ensure they receive the help and support they need, protecting them from anti-social behaviour and investigating allegations of abuse against them.

Lincolnshire Police recognises that the police are responsible for carrying out completely and exclusively any criminal investigation in a case of suspected injury or harm to an adult with care and support needs. Such investigations are as important as any other serious investigation and will be treated as such.

The responsibility to investigate suspected abuse of adults with care and support needs is shared between the Protecting Vulnerable Persons Unit and Adult Safeguarding. Allegations of assaults committed towards adults in care settings or by those in a position of trust or with a responsibility of care towards the adult will be dealt with by a dedicated team of officers from the Protecting Vulnerable Persons Unit.

Lincolnshire Police will ensure that officers investigating the abuse of adults with care and support needs are sufficiently trained to do so and thereby can make good decisions to keep them safe from harm.

Working in partnership with other agencies Lincolnshire Police will:

- Identify adults at risk within the community and accurately assess the risks to them, making appropriate referrals to partner agencies.
- Take any immediate action necessary to intervene and effectively safeguard adults at risk.
- Share information and participate in multi-agency decision making meetings to provide the best outcome for the adult.
- Fully investigate criminal offences and hold offenders to account through the criminal justice system.

2.7.16 Lincolnshire Fire and Rescue Service

Lincolnshire Fire and Rescue Service carry out Safe and Well checks to targeted groups, many of whom access care and support services.

Staff are trained to recognise and report concerns that an adult may be at risk, in line with Lincolnshire's Safeguarding Adults Policy and Procedures. In addition to this, all operational personnel, including the Officer cadre, carry out annual Safeguarding training. The training ensures that all personnel are aware and familiar with current safeguarding processes and procedures and can support vulnerable members of the public.

All safeguarding concerns raised are directed to the LCC Customer Service Centre by the member of staff raising the concern after being discussed with the services' Safeguarding Champion for guidance, if required. All processes will follow the Safeguarding flowchart Annex H on LFR Service Order 49.

2.7.17 Frontline Practitioners and Regulated professionals

Operational Front-Line Practitioners have arguably the most important role in Safeguarding Adults and Children in Lincolnshire. Through engaging with service users, undertaking assessments, case holding and, in some instances, service delivery responsibilities, operational front-line professionals may have existing knowledge of a number of adults at risk and their individual circumstances. These practitioners are therefore, well placed to develop a holistic view of the Safeguarding risks that may be presenting. Identification of Safeguarding and poor practice concerns will require 'professional curiosity' and will require front line Practitioners to make holistic risk assessments of the circumstances of the individual adult.

Frontline practitioners and their managers are responsible for identifying and responding to allegations of abuse and sub-optimal practice. In some instances, Practitioners will be working with individuals where there are current safeguarding concerns or enquiries. Whilst a Safeguarding referral may be made to gain access to specialist advice and support, the responsibility for Care Management and for ensuring the Adult is safe from harm does not delegate or end everyone's responsibility to safeguarding the adult at risk and a multi-agency approach will be required and will include those already involved with the adult.

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.

2.7.18 General Practitioners (GPs)

GPs have a significant role in Safeguarding Adults. This includes:

- Raising safeguarding concerns should they suspect or know of abuse;
- Playing an active role in Enquiry Discussions or Meetings and Safeguarding Plan Meetings;
- Undertaking relevant Enquiries where the Local Authority requests these are made;
- Providing professional evaluation of health information about an adult with care and support needs where appropriate.
- GP consortia should ensure that effective training and reporting systems are in place to support GPs and GP practices in this work.

2.7.19 East Midlands Ambulance Service NHS Trust (EMAS)

All EMAS Staff are required to always act to safeguard the health and well-being of children and vulnerable adults.

EMAS 'Front-line' workers are in a unique position, as they may be the first to be aware that patients, families or carers are experiencing difficulties and they may have valuable information about the home environment and the initial story. This contribution can be vitally important in the investigation and management of cases of suspected abuse. They have the opportunity to note important pre-disposing factors such as the home environment and the initial story. It is no longer considered enough to mention concerns to hospital staff or other health care workers as being sufficient to protect an adult from risk/suffering significant harm.

EMAS have a duty to ensure that the appropriate professionals are made aware of the concerns and not to investigate. In all cases of suspected abuse EMAS should hand over their concerns to the receiving staff at the hospital and raise a safeguarding referral. For patients who are left on scene all effort should be made to ensure their safety and signpost them to appropriate service.

EMAS have a duty to investigate allegations that have been raised against the trust under direction from the local authority.

2.7.20 Commissioners

Commissioners from the local authority, NHS and CCGs are all 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. Commissioners have a responsibility to:

- Ensure that people who commission their own care are given the right information and support to do so from providers who engage with Adult Safeguarding principles and protocols;
- Ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance;
- Ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the Lincolnshire Adult Safeguarding Policy and Procedures;
- Ensure that managers are clear about their leadership role in Adult Safeguarding in ensuring the quality of the service, the supervision and support of staff, and responding to a concern and undertaking an enquiry about an adult with care and support needs;
- Commission a workforce with the right skills to understand and implement Adult Safeguarding principles;
- Ensure staff have received induction and training appropriate to their levels of responsibility;
- Liaise with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users;
- Ensure that services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with;
- Maintain service quality and with a principle of prevention by putting in place processes for reporting, addressing and reviewing service quality issues.
- Ensure that commissioners (and regulators) regularly audit reports of service quality issues, risk of harm and require providers to address any issues identified.

2.7.21 Care Quality Commission (CQC)

The Care Quality Commission (CQC) help to safeguard people by:

- Using information received (particularly when concerns are raised about abuse, harm or neglect) to look at the risks to people who use care services.
- Referring concerns to local councils and/or the police for further investigation.
- Carrying out inspections, where the CQC talk to people who use services to help identify safeguarding concerns.
- Publishing findings on safeguarding in inspection reports.
- Acting if care services do not have suitable arrangements to keep people safe.
- Working with partners such as the police, local councils, health agencies, other regulators and government departments.

2.7.22 HealthWatch

HealthWatch is the national consumer champion in health and care with significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HealthWatch has potentially a central role to play, not least in empowering people to speak out on their own behalf and wherever they see signs that others' right to safety and protection are being breached.

HealthWatch representatives may participate in announced and unannounced 'enter and view' visits in services that deliver publicly funded health or social care services. HealthWatch representatives need to be able to recognise and report safeguarding concerns in line with the local safeguarding procedures.

2.7.23 District Councils

District Council staff visit people in their own homes and are active in the community while delivering a variety of services. Officers are trained to recognise and report concerns that an adult may be at risk of harm in line with local procedures. In cases where there is a concern, they can discuss this with their line manager or the Council's nominated Safeguarding Officer, which will result in appropriate action including referral.

2.7.24 Probation Services

The Probation Service supervise people on probation within the community and during custodial sentences. They are responsible for pre-sentence assessment of people convicted of offences and subsequent delivery of Suspended Sentences and Community Orders imposed by the Court including rehabilitation activities, accredited programmes and unpaid work.

The Probation Service also supervise people in custody, planning for resettlement including where appropriate imposition of licence conditions for post custody supervision. Work with victims of offending behaviour is another key aspect of Probation Service work. The overall aim is 'Preventing victims by changing lives' as they work to reduce the risk of reoffending and harm posed by people under probation supervision.

Partnership working is critical both through rehabilitative services commissioned directly by the Probation Service and in multi-agency forums including MAPPA and MARAC. Adult safeguarding is a thread through all forms of probation practice both in terms of identifying adults who may be at risk from those under supervision and considering vulnerability of people on Probation who may have complex needs or themselves be at risk from abuse.

2.7.25 Prisons and Approved Premises

Under the Care Act 2014, prisons and approved premises have responsibility for safeguarding prisoners with needs of care and support. Local authority duties for safeguarding enquiries (Section 42) and safeguarding adults reviews (Section 44) do not apply to adults living in prisons or approved premises.

Although LSAB has no jurisdiction over prisons or approved premises, the Care Act statutory guidance (chapter 17) states that Local Authorities should consider inviting prison and probation staff to be members of Safeguarding Adult Boards. The inclusion of prison and probation staff on safeguarding adult boards should be agreed with all statutory board members and the SAB "can act as a forum for members to exchange advice and expertise to assist prison and probation staff in ensuring that all people in custodial settings are safeguarded".

2.7.26 NHS Trusts

As a publicly funded NHS body Lincolnshire NHS Trust's expect high standards from all its employees and, in line with the key principles of the constitution. The Trust's aspire to the highest standards of excellence and professionalism in the people it employs, the education, training and development they receive and, in the leadership, and management of the organisation.

The NHS Trusts have a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (preventing violent extremism / radicalisation).

2.7.27 Department of Work and Pensions (DWP)

DWP's focus regarding safeguarding is to ensure we have the services and tools in place to help our most vulnerable customers identify, access and engage with the support that they need when they have multiple barriers. A massive part of our work is looking at where elements of our customer experience need improving, right from policy design through to service delivery. Our Advanced Customer Support Senior Leader covering Lincolnshire, works with external partners to understand and then champion those improvements within DWP. They also support our most vulnerable claimants to access third party and external support as well as to navigate our own processes and systems. We also gather insight from data sources that help us to target our support to customers who are at most risk of harm.

3.Working with Care and Support Providers

3.1 Introduction

This section explores work with providers as a means for responding to where safeguarding concerns are identified as serious matters within an organisation as opposed to single concerns that may be addressed under Section 42 (safeguarding responsibilities). Safeguarding concerns in this sense relate to patterns of reported abuse or neglect, about one provider, or where a single concern indicates a serious matter that warrants closer inspection under adult safeguarding processes. In some instances, safeguarding action may be initiated following a Safeguarding Adult Review or run in parallel to one.

The focus of this section is on prevention, in particular actions that might be taken in response to concerns about quality issues, to reduce the risk of escalation to safety and safeguarding issues.

The Care and Support statutory guidance clarifies that the Adult Safeguarding duties under the Care Act are not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) assuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.

3.2 Duty of Candour

The Francis Report recommended the development of a culture of openness, transparency and candour in all organisations providing care and support. Since October 2014, NHS providers are required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The duty is part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities from October 2014 and for all other service providers or registered managers, from April 2015 under regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For more information, please see here https://www.themdu.com/guidance-and-advice/guides/duty-of-candour

3.3 Quality and Assurance arrangements

Lincolnshire has arrangements and systems in place that are designed to monitor and respond to quality and safety concerns in provider services. There are for example regular information sharing meetings between the Local Authority, the CQC, and Clinical Commissioning Groups which will escalate concerns to the NHS England Quality Surveillance Group as necessary.

3.3.1 Service Quality Review Meeting

Sharing information on quality and safeguarding, strengthening the relationship and knowledge sources from commissioning, safeguarding, CQC, CCG and front-line practitioners assists in driving up standards. Formal mechanisms for sharing information between agencies are helpful to determine risk levels and the most proportionate response. The purpose of such mechanisms is to ensure both soft and hard intelligence, available agencies is brought together in an effective and cohesive manner to facilitate timely action.

LCC Commercial team have implemented a monthly formal information sharing meeting, with key partners including CQC and the CCG. This meeting aims to:

- Reduce the risk of provider failure and the need for safeguarding under through early warning systems
- Enhance the standards of care and support by sharing early indicators
- Target resources effectively to meet needs and reduce duplication
- Support prevention strategies

- Strong partnership working and support to providers in order to provide continuous service improvements

3.4 Organisational abuse

Organisational safeguarding is an umbrella term defined as, 'the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.' (Care and Support statutory guidance, 2014)

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of the individuals at risk. Organisational abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that Organisational abuse is most likely to occur when staff:

- Receive little support from management;
- Are inadequately trained;
- Are poorly supervised and poorly supported in their work; and
- Receive inadequate guidance.

Early identification

Hull University (Abuse in Care Project, 2012) identified over ninety individual indicators or warning signs for concern. A summary of factors which can increase the likelihood of abuse occurring within provider settings are drawn from these indicators:

- Management and leadership
- Staff skills, knowledge and practice
- Residents' behaviours and wellbeing
- The service resisting the involvement of external people and isolating individuals
- The way services are planned and delivered
- The quality of basic care and the environment

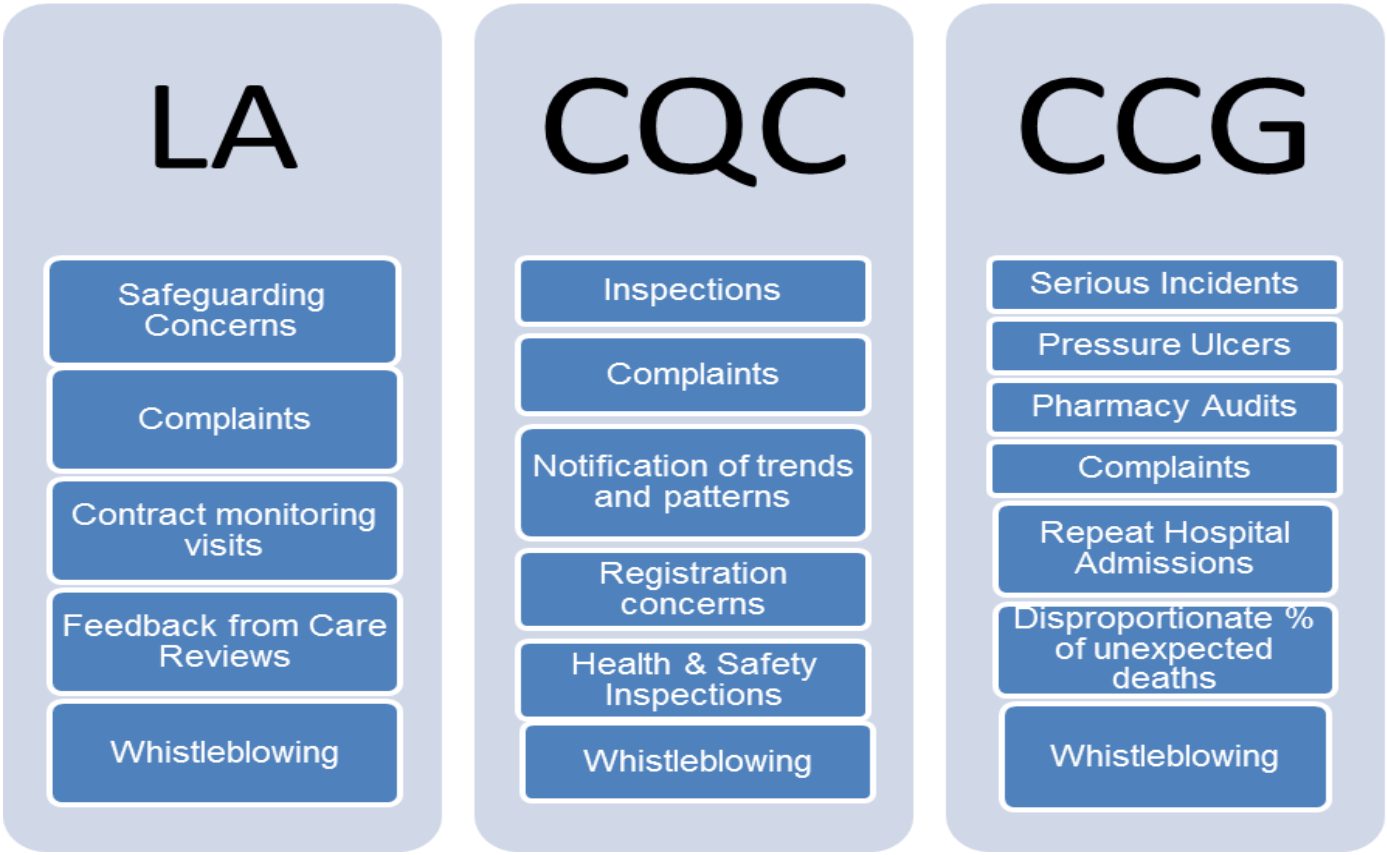
Where there is proof or suspicion of organisational abuse by commission, for example the abuse and neglect highlighted in the Winterbourne View and the Old Deanery reports; or omission to provide care and support that puts adults at risk, action will be coordinated with Regulators and Commissioner to ensure a robust, multi-agency response.

Principles

- The safety and wellbeing of adults using the service is paramount;
- Strong partnerships that acknowledge the expertise of others;
- Openness and transparency to achieve positive outcomes;
- Joint accountability for risk between commissioners, safeguarding leads, providers, the police, the Local Authority, the CCG and other stakeholders who may be involved;
- Prudent targeted use of resources;
- Information shared responsibly between all agencies, including the provider;
- Co-operation between agencies;
- Natural justice.

How concerns are addressed depends on level of risk and the impact on people using the service. There are no hard and fast rules, and each case should be considered on its own merit. The process can challenge

capacity of one service/organisation therefore it is important that there is a shared approach, breaking down barriers between services and organisations to provide a joined up, one team approach.



Lincolnshire's local contract monitoring and quality assurance frameworks will interface closely and work alongside responses under this procedure. For example, Commissioners and regulators are informed of safeguarding concerns where relevant and have involvement and oversight in actions taken, outcomes and any themes and patterns identified.

It is recognised that in a few critical cases, the service quality and safety concerns are so great and pose such a high risk to users of that service. In such cases, a multi-agency approach which includes safeguarding leads, commissioners and regulators is essential in addressing concerns relating to those individuals identified as at risk of, or experiencing abuse or neglect, and preventative action to ensure that the increased risk to others is addressed. Consideration should be given to the most appropriate way to address the concerns and how this can be achieved whilst working within the principles of making safeguarding personal. The statutory principles of proportionality and protection should be balanced to ensure the best outcome for all service users.

3.4.1 Roles and Responsibilities

Host Authority – The Local Authority and Clinical Commissioning Groups in the area where abuse or neglect has occurred.

The host authority is responsible for:

- Liaising with the regulator if any concerns are identified about a registered Provider.
- Determining if any other authorities are making placements, alerting them and liaising with them over the issues in question/under investigation.
- Co-ordinating action under safeguarding and has the overall responsibility to ensure that appropriate action is taken and monitoring the quality of the service provided.
- Ensuring that advocacy arrangements are in place where needed, and care management responsibilities are clearly defined and agreed with placing authorities.

- Ensuring that there is a Chair and the administration of meetings, and provides a clear audit trail of agreements, responsible leads for particular actions and timescales.
- Taking on the lead commissioner role in relation to monitoring the quality of the service provision.

Placing Authority – The Local Authority (or CCG) that has commissioned the service for an individual(s) delivered by a Provider where there are Provider Concerns.

The placing authority is responsible for:

- Duty of care to people it has placed that their needs continue to be met.
- Contribute to safeguarding activities as requested by the host authority, and maintain overall responsibility for the individual they have placed
- Ensure that the Provider, in service specifications, has arrangements in place for safeguarding.
- The placement continues to meet the individual's needs
- Undertaking specific mental capacity assessments, or best interest decisions for, individuals they have placed
- Reviewing the contract specification, monitoring the service provided and negotiating changes to the care plan in a robust and timely way
- All usual care management responsibilities
- Assessments under the Deprivation of Liberty Safeguards/LPS
- Keeping the host authority informed of any changes in individual needs and/or service provision

The Care Quality Commission (CQC)

The CQC acts independently and is a valued partner in the process of information sharing and working to tackle areas of concern. Their expertise in working with providers and standard setting may support safeguarding processes.

The CQC have the authority to take appropriate enforcement action where providers are found to be slipping but have not yet breached the requirement. This supports CQC's approach to inspection and enforcement which is based less around compliance of set outcomes, and instead focuses on five key questions about care:

- Is it safe?
- Is it effective?
- Is it responsive?
- Is it caring?
- Is it well-led?

Where there has been a recent inspection it may be helpful for providers to share pre-publicised reports, to support the principle of openness and transparency. In some instances, providers may be addressing issues identified by inspections and adult safeguarding and it makes sense to address both through agreed joint processes.

Lead Agency

The agreed lead agency will be responsible for chairing and co-ordinating the enquiry. The co-ordinator is the appointed member of staff who co-ordinates and undertakes actions and is responsible for documenting and recording. The chair should be a person of seniority with adult safeguarding experience including commissioners or meetings can be co-chaired where appropriate.

Local Authority

In most cases, the Local Authority will lead on safeguarding action in consultation with partners and in particular Regulators. The principle on who is best to lead on an enquiry should always be determined by the issue, who the lead commissioner is, and the knowledge and expertise required.

CCG

The CCG may also lead on investigations or actions related to concerns which are about health provision, as their clinical knowledge and expertise is likely to be needed.

Police

As with all criminal matters the police are the leads and must be consulted about any additional proposed action.

Front line workers

Throughout the safeguarding processes a number of tasks and actions will be identified. The table below are suggested roles, although action should always be determined on a case-by-case basis and the best qualified person to assess or assure the issue assigned. A system whereby professional knowledge and skills complement each other is the most effective way to safeguard people.

AGENCY/INDIVIDUAL	TASKS
Social workers/managers Care managers Reviewing officers Contract monitoring officers Commissioners	Review care plans and risk assessments Analyse staff rotas Check incident/accident reports Review policy and procedures Mental capacity and DoLS audits
Nurses Occupational therapists Physiotherapists Behavioural therapists Pharmacists	Infection control Review nursing and treatment plans Manual handling assessments Safety and use of equipment e.g., hoists Falls policies and strategies to reduce falls Medicine management
General Practitioners	Raising safeguarding concerns Maintaining a programme for monitoring individual patient care plans
Police	Criminal investigations Wilful neglect Provide expertise on investigative practice Crime prevention visits
Legal Services	Advice where there are legal challenges to safeguarding or contractual matters Advice on decommissioning decisions
Adults who use services	Raising concerns and complaints Monitoring improvements

Advocates Family/friends Visitors	Supported decision making Best interest decisions Raising concerns, monitoring improvements

Adults who use services/advocates/ carers

As with Section 42 enquiries it is essential that adults using the service are spoken to; encouraged and supported to raise complaints and concerns, questioning when care is not provided according to care plans; or care is not delivered when expected; or care is not provided with dignity and respect. Where there are patterns of complaints and concerns these may indicate poor quality service or a safeguarding concern.

3.4.2 Differentiating between poor care and potential safeguarding issues

LSAB is in the process of updating this guidance.

3.5 Multi-Agency Processes which support Safeguarding Adults

3.5.1 Prevent

Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to safeguard and provide support to divert vulnerable individuals at risk from being radicalised or groomed into supporting terrorist activity before any crimes are committed.

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. It is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Radicalisation is process rather than an event, and there is no single profile or pathway by which someone can be drawn into terrorism. There are instead a range of contributing factors including, peer pressure, bullying, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances which can make people more vulnerable. Vulnerable individuals are often targeted and influenced by radicalisers either directly or increasingly in online chat rooms or through social media.

The Counter-Terrorism and Security Act (2015) places a specific legal duty on specified authorities, including local authorities and health providers in the exercise of their functions, to have due regard to the need to prevent people being drawn into terrorism.

3.5.2 Channel

A Channel Panel is chaired by the local authority and has multi agency involvement including police, social services and health. The panel works collaboratively to assess the nature and extent of the risk to vulnerable children and adults who may be at risk of being radicalised and drawn into terrorist activity. The Channel Vulnerability Assessment is used by safeguarding professionals in the Channel Panel to identify specific factors which make some vulnerable to extremist messages. It should be read alongside the Channel Duty Guidance (2015).

It is an early intervention service which has been mandated in every local authority in England and Wales. Channel addresses all types of radicalisation.

If necessary, the Panel provide an appropriate support package tailored to the vulnerable individual's needs and may include targeted interventions (including faith guidance, counselling or diversionary activities) or access to specific services, such as health or education. This is monitored closely and regularly reviewed.

Local safeguarding structures have a role to play for those eligible for adult safeguarding. Referrals to Channel can be made through the local authority Prevent lead or the local police Prevent engagement officer.

3.5.3 Multi-Agency Risk Assessment Conference (MARAC)

The MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

For more information and concerns regarding Domestic Abuse please see the MARAC Operating Protocol (2021).

3.5.4 Multi-agency Public Protection Arrangements (MAPPA)

The purpose of the multi-agency public protection arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders to protect the public, including previous victims, from serious harm.

MAPPA brings together the Police, Probation and Prison Service into what is known as the MAPPA Responsible Authority. The Responsible Authority has a statutory duty to ensure that MAPPA is established in its geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders. A number of other agencies are under a 'Duty to Co-operate' with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities. The Duty to Co-operate agencies are represented on the Lincolnshire MAPPA Strategic Management Board (SMB), which is the means by which the Responsible Authority fulfils its duties under the Act.

For more information, please see here.

3.6 Safeguarding Adult Review(s) (SARs)

Section 44 of the Care Act 2014 stipulates that SABs must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if there is a reasonable concern about how the SAB, the members of it or other persons with relevant functions worked together to safeguard the adult and

The adult has died and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died) OR

The adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

Section 44(4), the Care Act 2014 stipulates a SAB **may** also arrange for there to be a review of any other case involving and adult in its area with needs for care and support (whether or not the local authority has been meeting those needs). This section of the Act is permissive and not mandatory as is S44(1) above.

The purpose of a Safeguarding Adults Review, as stated in the statutory guidance, is to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. A Safeguarding Adults Review will be focused on ensuring learning and improvement of practice and partners responses to addressing or preventing abuse or neglect of adults at risk. This process is explicitly not about blaming any agency, service or individual. It is vital, if organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them.

Appendix 1: Workforce Development

This section covers the responsibility of organisations, with leadership from SABs, to support staff and to ensure that there is a well-trained workforce equipped to safeguard people at risk of abuse and neglect.

Workforce development is a key enabler of change. The shift in culture and practice, in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded, is the greatest challenge for organisations.

For agencies involved in making Section 42 enquires, there may be cultural and learning and development needs including improving skills in:

- Communication with a wider range of people
- Risk assessment – making complex interpretations of information about the safety and well-being of people in order to balance professional assessment of risk with the rights of adults at risk to determine their own safeguarding outcomes.

Learning from the work of Munro, there is a danger that, 'When the organisation does not pay sufficient attention to these skills, then procedures may be followed in a way that is technically correct but is so inexpert that the desired result is not achieved.'

A positive workplace culture (key in preventing abuse in the provision of care) should be developed through strong leadership and management.

Dealing with the variety of need is better achieved by professionals understanding the underlying principles of good practice in assessment, risk management and safeguarding work, and developing the expertise to apply them throughout.

Safe organisations

A safe organisation ensures that its governing body, all its employees, commissioned or contracted agents and volunteers or adult participants are aware of their responsibilities to safeguard children and adults. This includes:

- Safe recruitment/selection practice
- Good induction systems
- Ongoing training/updates for staff (and others) in minimum standards in adult safeguarding
- Clear access to guidance / procedures for both children and adult safeguarding
- Awareness of local protocols and systems for information sharing and referral
- Developing a listening culture to adults with an open mind and promoting person-centred practice
- Clear and accessible complaints and whistle-blowing procedures
- Adherence to agreed local procedures for responding to concerns and allegations of abuse and neglect of harm by persons in positions of trust
- Independent advocacy and support
- Good record keeping
- A formal and independent review process for learning from serious incidents, SARs and other reviews that may impact on adult safeguarding
- Regular audits of the above to ensure compliance
- Leadership/accountability in a named senior manager and clear access to specialist advice about adult safeguarding (externally if not available within the organisation)

Recruitment

All organisations that employ adults or volunteers to work with children or vulnerable adults should adopt a consistent thorough process of safer recruitment to ensure those recruited are the best candidates for the role and are suitable to work with vulnerable groups. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safe recruitment decisions. In addition, recruitment processes should evidence:

1. Right to work in the UK
2. Application process (forms, supporting statements, Curriculum Vitae, interview and selection)
3. Qualifications
4. Verifiable references

Related issues

- Rehabilitation of Offenders Act 1974 - People working with children or vulnerable adults are required to reveal all convictions, both spent and unspent.
- Registration with professional bodies – if registration with a professional body is a condition of employment, staff are responsible for maintaining their registration. Employers should carry out compliance audits as part of their safeguarding quality assurance measures.

Induction

It is important for all workers to know exactly what is expected of them in their role. Employers should ensure that there is an agreed induction period that covers cultures, standards, HR policy and procedures, terms and conditions. Additionally, staff should be supported through this period to understand their safeguarding role and responsibility.

Learning and Development

Safeguarding Boards will lead, and each organisation will determine their own Learning and Development activities which may include seminars on specific topics, practice development forums whereby staff learn

from audits and performance data, and peer challenges as well as formal training. Learning and Development activity should be informed by learning from SARs and a shared approach to learning.

Training

All organisations need to ensure that staff and volunteers have access to training and continuous professional development that is appropriate to their level of responsibility. Safeguarding adults and mental capacity training are mandatory in most organisations.

Supervision and Appraisal

Supervision is essential to supporting practitioners and provides assurance for both the organisation and the practitioner. Workers should feel confident that they are supported to deliver safeguarding and have the right training and professional development through regular supervision and appraisal. Staff should be encouraged to further their knowledge base through gaining additional skills and knowledge. Organisations should ensure that staff receive clinical and/or management supervision that affords them the opportunity to reflect on their practice and the impact of their actions on the adult at risk and others. Supervisors should be qualified to take on these responsibilities.

Appraisals are central to effective practice. Appraisals ensure that all staff are focused on outcomes and have clarity about their role. Staff should expect to receive an annual appraisal, linked to the overall safeguarding strategic plan.

4.1 Introduction

The main objective of Lincolnshire Safeguarding Adult Board's multi-agency procedures is to provide guidance and support to organisations in their duty to safeguard adults. It aims to mitigate against the risks to adults from abuse or neglect, ensuring that any outcomes from safeguarding involvement are person-centred, achievable and identify immediate action to be taken where required.

The procedures are a means for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal. They are a framework for managing safeguarding interventions that are fair and just, through strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse and neglect. All organisations who work with or support adults experiencing, or who are at risk of, abuse and neglect may be called upon to make enquiries, participate and/or act in response to a safeguarding concern and need to be prepared to take on this responsibility.

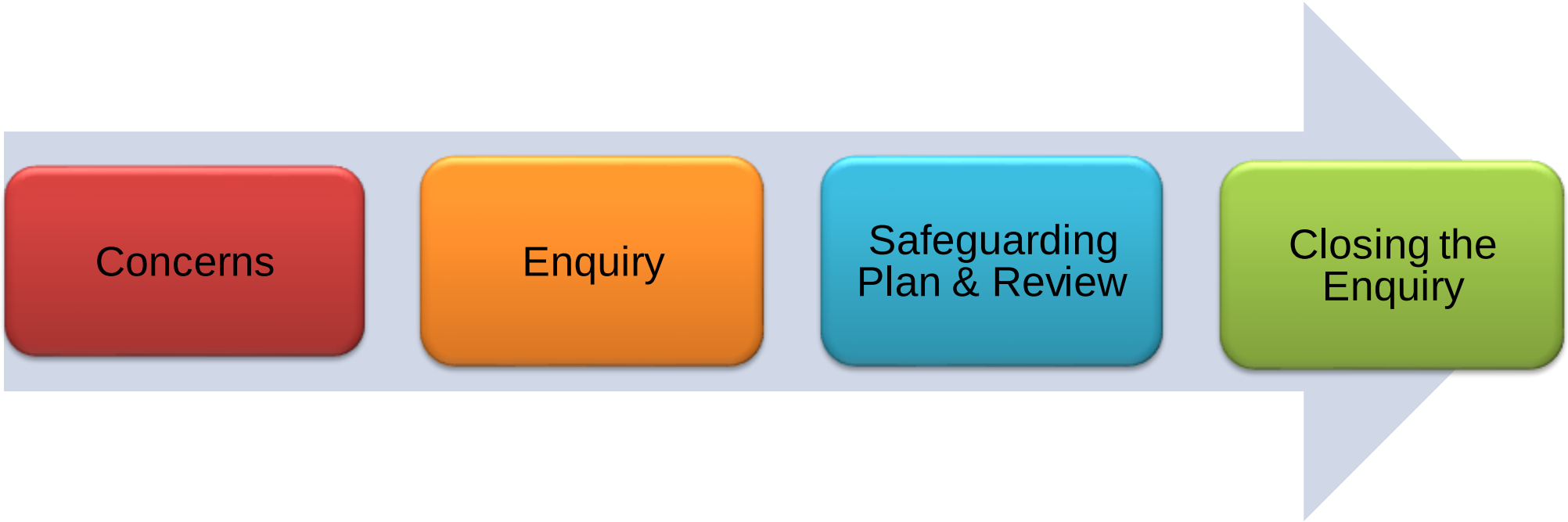
It offers a framework to support practice, recording and reporting, in order to impact positively on outcomes for people of Lincolnshire.

The document is presented in 4 sections reflecting the safeguarding stages: Concerns, Enquiry, Review and Closure. Although set out in this manner it is important to note that safeguarding adults is often not a linear experience and can fluctuate between these stages depending upon information gathering and risk assessment.

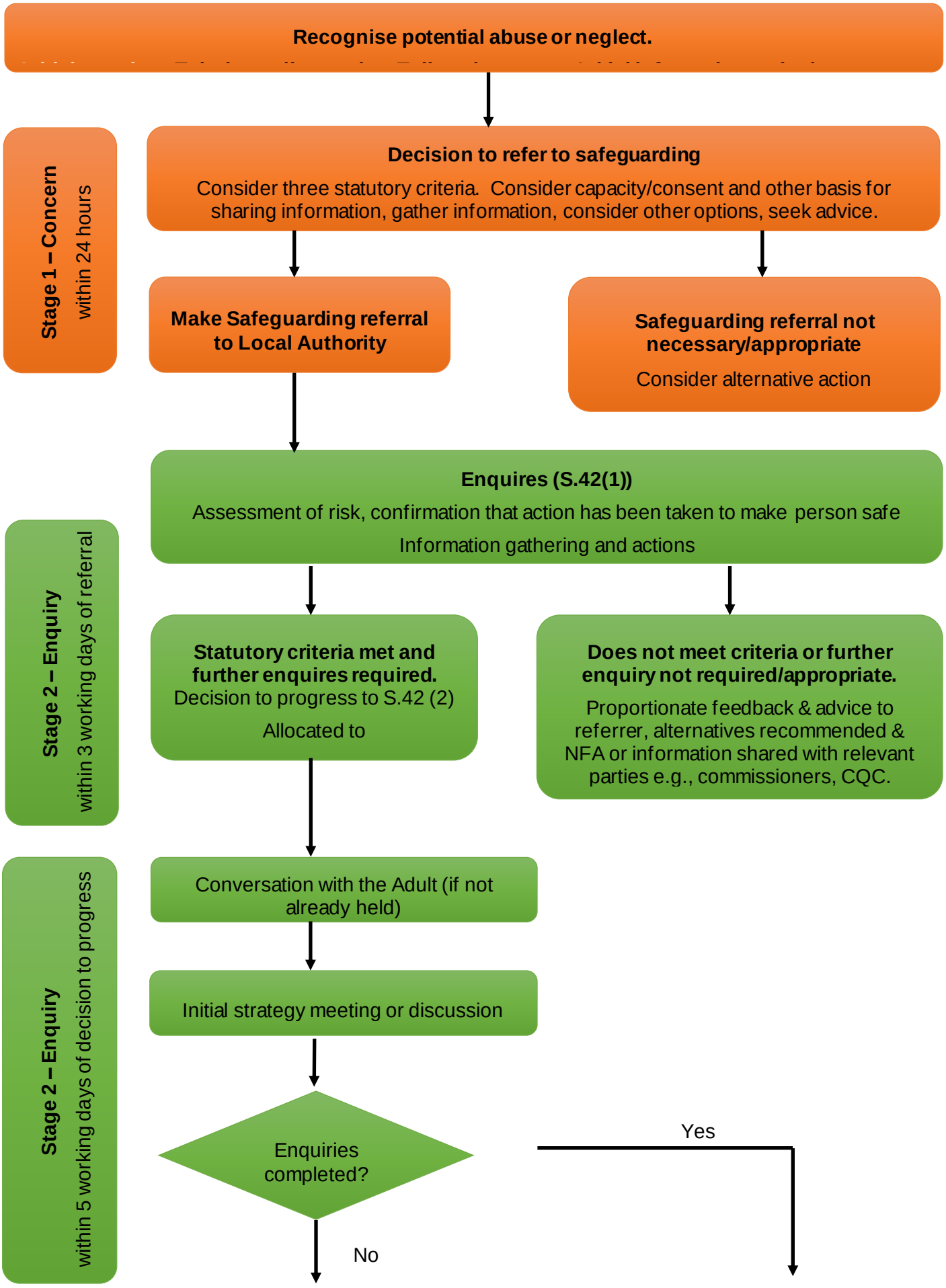
Contents

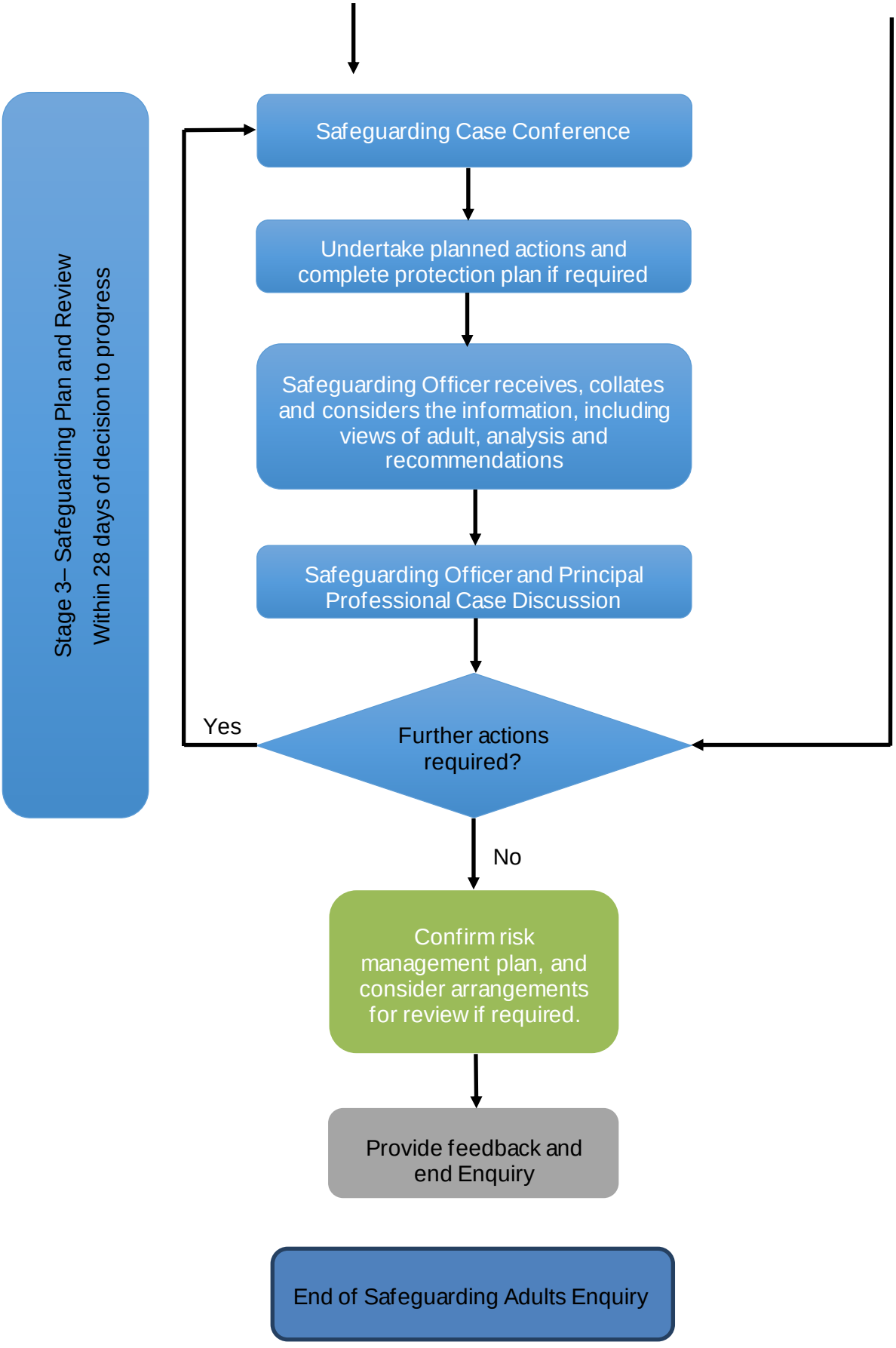
4.2 The Four Stage process

The Procedures Chapter has been structured within a Four Stage Process:

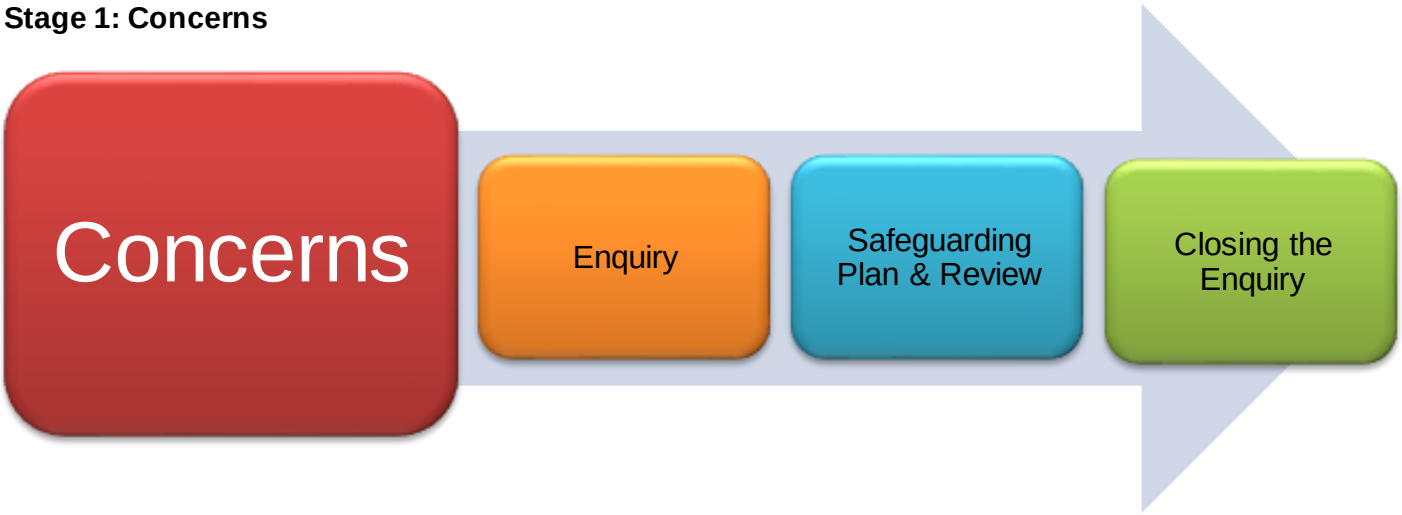


4.3 Adult Safeguarding process flowchart




Stage 3– Safeguarding Plan and Review
Within 28 days of decision to progress
Safeguarding Case Conference
Undertake planned actions and complete protection plan if required
Safeguarding Officer receives, collates and considers the information, including views of adult, analysis and recommendations
Safeguarding Officer and Principal Professional Case Discussion
Further actions required?
Yes
No
Confirm risk management plan, and consider arrangements for review if required.
Provide feedback and end Enquiry
End of Safeguarding Adults Enquiry

Stage 1: Concerns



Ideally Within 24 hours of becoming aware of the concern and or discussing with adult where it is safe to wait.

In an emergency, contact emergency services on 999

Timescales

The adult safeguarding procedures do not set definitive timescales for each element; however, target timescales are indicated within each section. These timescales should be considered within the ethos of Making Safeguarding Personal. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies to monitor concerns to ensure that drift does not prevent timely action and place people at further risk. Divergence from any target timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants;
- It would not be in the best interests of the adult at risk;
- Significant changes in risk are identified that need to be addressed;
- Supported decision making may require an appropriate resource not immediately available;
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised.
- The outcome of the safeguarding enquiry is linked to other enquiries which are not completed.
- A period of monitoring and review is required to ensure safeguarding plans are robust and effective.

What is an adult safeguarding concern?

An adult safeguarding concern is where these is reasonable cause to suspect that an adult with care and support needs, is experiencing or at risk of, abuse or neglect and is unable to protect themselves against this. The adult does not need to be already in receipt of care and support nor in support of any care and support provided by a local authority.

A concern may be raised by anyone, and can be:

- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect;
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries;
- An allegation of abuse by a third party, for example a family/friend or neighbour who may have observed abuse or neglect or have been told of it by the adult;
- A complaint or concern raised by an adult or a third party who does not perceive that it is abuse or neglect. Complaint officers should consider whether there are safeguarding matters;
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public;

- An observation of the behaviour of the adult at risk;
- An observation of the behaviour of another;
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits (CQC etc.).

Prevention

Knowing how to stop abuse and neglect and prevent it happening in the first place should be at the forefront of safeguarding practice. Staff need to be mindful of potential risks and discuss these with people who might be at risk of abuse or neglect at every opportunity, giving them information and support that enables them to make informed choices.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) stresses the importance of keeping the adult at the centre of positive approaches to managing risks to their safety. Making Safeguarding Personal does not sit in isolation but should be at the heart of every contact with and about an adult with care and support needs.

Making Safeguarding Personal is a practice approach to safeguarding adults (regardless of capacity), not a procedure or tick box exercise. It is a professional using the skills of professional curiosity and relationship-based practice to work with people to understand what matters to them and what outcomes the individual wants for their wellbeing and to be safe, at a time and pace of the persons choosing. It should influence how professionals think about safeguarding adults, what they do, and how they do it.

Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should ensure that the adult has accessible information so they can make informed choices about safeguarding: what it means and the risks and benefits. Staff will need to clearly define the various options to help support them to decide about their safety.

Making Safeguarding Personal uses strengths-based working which requires practitioners to employ curiosity by assessing the totality of the person's life, covering individual strengths, community and resources. A strengths-based approach builds on individual and community strengths to move the adult from a position of some dependency to one of greater autonomy. Strength-based working support practitioners to think more freely and work collaboratively with individuals by putting them at the heart of their own care and wellbeing (Department of Health, 2017). This is supported by the *Making Safeguarding Personal Toolkit* (2020).

Initial conversation with the adult

Unless it is unsafe to do so each concern will start with a conversation with the adult at risk to communicate your concerns with the adult, determine their view on the concerns and what they would like to happen.

Adults with care and support needs who are at risk of, or are experiencing abuse or neglect, should always be involved in every stage of their safeguarding (unless there are exceptional circumstances that would increase the risk of abuse) and this is particularly important at the start. There must be a strong focus on the person concerned, the outcomes they want to achieve and how these may be accomplished. They should be provided all necessary support to be as engaged in the process as they would like; all in line with the Making Safeguarding Personal principles.

You may have been advised that the adult at risk cannot communicate with you or will not be able to give an account of what happened, but this should not stop you from meeting with the person. Meeting the person can enable you to assess the situation for yourself, observe non-verbal communication and assess advocacy needs. You can also observe how people interact with the adult, any marks or bruising or unusual or concerning factors in the environment.

Where it is determined that the adult at risk lacks the capacity to make a decision regarding a safeguarding concern, every effort must be made to establish the adults view and desired outcomes. Carers may reasonably provide professionals with the outcome they consider the adult at risk would want, as they know the persons likes and dislikes, what relationships are important to them and what relationships they may find difficult. Professionals need to consider conflicting views as carers may not want the same outcome as the adult they are supporting.

If a person is temporarily unable to share their account and or wishes and feelings due to illness for example and it is safe to wait every opportunity should be afforded to the person to contribute their wishes before raising safeguarding. If risks are too high to wait this should be evidenced.

There must be a strong focus on the person concerned, the outcomes they want to achieve and how these may be accomplished. This is at the heart of Making Safeguarding Personal. The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable within the parameters of a s.42 enquiry;
- Manage any expectations that the adult at risk may have and;
- Give focus to the enquiry.

A person-centred approach must be taken, ensuring that the adult's communication style is understood, that this is used to make a direct connection with them and that their communication is maximised through the agreed next steps.

Staff should support adults at risk to think in terms of realistic outcomes but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the persons' desire for justice and enhance their wellbeing.

Remember: Conversations within this early information gathering stage can themselves make a valuable contribution in informing and empowering people to keep themselves safe, removing the risk or experience of abuse or neglect and therefore, the need for safeguarding intervention. Talking through the concern may result in resolving it, if not, the duties under Section 42 continue.

GOOD PRACTICE GUIDANCE – INITIAL CONVERSATION
• Speak in a private and safe place • Does the adult have care and support needs? Are they experiencing or at risk of abuse/neglect? • What are the complicating factors? For example, is the adult experiencing duress, are they being controlled? • What is your perception of risk and level of risk – to the person, children and others? What are the perceptions of the adult or others in this situation? • What actions have been taken so far? • Any relevant historical information • Any reasonable adjustments (e.g., to support effective communication) or additional support/advocacy input that might be needed to enable the adult to understand and be involved in a safeguarding enquiry • What are you concerned about? Why are you referring now? What is the current impact on the adult and/or others in the situation? Including on their wellbeing? • What is working well in supporting the adult's wellbeing, what are the strengths in their life? • What does the adult want to happen? • Accept what the person is saying • Don't 'interview' the person; but establish the basic facts using professional curiosity, avoiding asking the same questions more than once • Don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why • Explain that you will respect their wishes where possible, but that referrals and actions can be taken without their consent. Share with them what action you will be taking and why. • Support the adult to understand what their options are regarding their safety

- Explain how the adult will be involved and kept informed
- Provide information and advice on keeping safe and ensure you both have clarity on what will happen next

Staff need to handle this discussion in a sensitive and skilled way to ensure minimal distress to the adult and where information is already known people should not have to tell their story again, this doesn't prevent clarification being sought where necessary. There is a skill involved in eliciting information and asking the right questions, to ascertain what the concern is, how it impacts on the adult at risk, what action they would find acceptable and the level of associated risk. Whilst it is essential to put the adult at risk at ease, and to build up a rapport, the objectives of an enquiry should focus the conversation.

Points to consider:

- The pace of conversations
- Whether the presenting issue identifies the risk to the adult's safety, or whether there are additional risks to be considered
- Wider understanding and assessment of the adult overall wellbeing

By the end of the conversation the adult should know what action will be taken next including if a safeguarding concern is being raised, what a safeguarding enquiry is, where information may be shared, feel central to all decisions and provided with contact details for key people. By the end of the conversation with the adult, the professional should know the adult's views on their risk, what adult safeguarding means to them and their desired outcomes from an enquiry.

How to respond when you become aware of a safeguarding concern

Safeguarding is everyone's responsibility. The person who first becomes aware of the concern has a responsibility first and foremost to safeguard the adult at risk. The priority should always be to ensure the safety and well-being of the adult and ascertaining what outcome the adult wants. This may involve immediate escalation within a service to ensure actions can be taken if this is outside of the remit of the person first aware of the concerns.

IMMEDIATE ACTION BY THE PERSON WHO FIRST BECOMES AWARE OF THE CONCERN

1. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
2. Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police);
3. If a crime is in progress or life is at risk, dial emergency services – 999;
4. Have an initial conversation with the adult, seek their wishes and views and agree next steps (see 'initial conversation')
5. Discuss advocacy support with the adult and who this should be if needed (family/friend/independent advocate)
6. Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency. Early consultation with the police is vital to support the criminal investigation.
7. Take steps to preserve any physical evidence (insert link) if a crime may have been committed, and preserve evidence through recording;
8. Ensure that other people are not in danger;
9. If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk);
10. Record the information received, risk evaluation and all actions.

Key Skill - Professional Curiosity

Learning from published Safeguarding Adults Reviews, often highlights that risks were hidden from view and urge Professionals to exercise greater professional curiosity to identify abuse.

Being curious by asking sensitive and respectful questions will allow information to be discovered and enable appropriate support to be provided. It can enable Professionals to identify potential abuse or neglect, or potentially abusive and/or neglectful situations > intervene early and take preventative approaches before a situation deteriorates > make and record defensible decisions > work in a person-centred way.

Professional curiosity is not something that can or should be turned on and off or used at particular times. It is a way of professional practice - so that a curious approach permeates all aspects of Professionals' interactions with families and between professionals.

Professional curiosity is a strengths-based and goal-focused approach to engaging with individuals. A partnership of exploration that can enable the adult to learn as much about themselves as the professional does. Professionally curious professionals are interested to learn the person's story to fill the information gap and gain a full perspective from the person and others. They will be alerted by tension, uncertainty or repeating patterns in people's situations, recognising this as a signal to push for further information and will have the courage to hold difficult conversations and challenge.

Three suggested questions to enable professional curiosity:

☆What is it like to be the adult in this family/community?

☆What is my own emotional response to the individual?

☆What are other people thinking is going on here? Why might they think differently from me?

Working in partnership enhances the likelihood that professional curiosity will flourish.

Advocacy

Adults must be involved in decision-making and where the adult has 'substantial difficulty' in being involved in a safeguarding enquiry, the support of an appropriate person or independent advocate must be considered at the first contact.

An 'appropriate person' could be for example, an informal carer, relative or trusted friend who is willing and able to represent the adult. This person must be able to understand the adult safeguarding process, so they can support and represent their relative/friend and help their involvement in the processes. They cannot already be providing care and treatment in a professional capacity or on a paid basis. They must not voice or express their own opinions. It is not sufficient for the person to know the adult well; the role is to actively support their participation in the process. If there is no such person, an independent advocate must be offered.

There are times when an independent advocate should be provided even where the adult's family or others are involved. These are:

- When it is suspected that the family member or other person is causing the harm;
- Where there is a disagreement between the local authority and the person who is or may facilitate the adult's involvement. In this case, both must agree that an independent advocate would be beneficial.

It should be remembered that where the adult does not want support from family or friends that their wishes should be respected, and an independent advocate provided.

Where a need for independent advocacy is identified this should be identified within the safeguarding concern form.

For more information on advocacy please see here.

How to Work with an Independent Advocate

Where the Local Authority has arranged for an Independent Advocate under the Care Act it must:

- Take into account any representations the Independent Advocate makes on behalf of the person (or carer) in relation to how the Care and Support function is being completed and the impact on the person (or carer);

- Take reasonable steps to assist the Independent Advocate to fulfil their role, represent and support the person or carer (for example by referring early, setting a timeframe for assessment or review that allows the advocate time to consult with the person and others beforehand or providing records requested by the advocate);
- Keep the Independent Advocate informed of any developments and of the outcome of any assessments carried out; and
- Provide the Independent Advocate with a written response to any report they have prepared that raises their concerns about the way the Care and Support function has been completed by the Local Authority.
- Where the Local Authority has cause, it may make reasonable requests for information from the Independent Advocate in relation to their performance and the functions they have carried out in relation to a particular person or carer. The Independent Advocate must comply with such requests.

Specific Issues for the Independent Advocate to Address in Safeguarding

When supporting a person to maximise their involvement in safeguarding the Independent Advocate should assist the person to:

- Decide the outcomes and/or changes they want;
- Understand the abusive or neglectful behaviour of others;
- Understand the way in which their own actions may have exposed them to the abuse or neglect;
- Understand what actions they can take to safeguard themselves;
- Understand what advice and help they can expect from others, including the police;
- Understand what parts of the process are completely or partially within their control; and
- Explain what help they want from others to avoid further abuse or neglect and recover from their experience.

Carers (Family and Friends)

The Care Act recognises the key role of carers in relation to safeguarding. Carers may witness or report abuse or neglect; experience intentional or (unintentional harm) from the adult they are trying to support, or a carer may (unintentionally or intentionally) harm or neglect the adult they support.

Carers, relatives and friends are frequently helpful in supporting an adult with care and support needs to participate in the adult safeguarding process when dealing with difficult and distressing issues.

Relatives or friends may have a range of roles depending on the circumstances and the wishes of the adult with care and support needs.

It is important to view the situation holistically and look at the safety and well-being of both carer and adult. The Care Act emphasises the need for agencies to work together to prevent abuse and neglect wherever possible; observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network.

In some cases, carers will put barriers in the way of a personalised safeguarding approach promoting wellbeing and independence due to a variety of reasons. This needs to be gently but firmly challenged by the professionals working with the adult.

Support Networks

The strengths of the adult at risk should always be considered. Mapping out with the adult and identifying their strengths and that of their personal network may reduce risks sufficiently so that people feel saf e without the need to take matters further.

Mental Capacity

Should there be indication that the adult may not have capacity to make a decision regarding sharing of information for the purpose of a safeguarding enquiry then lack of capacity must be established via a mental capacity assessment. The Mental Capacity Act (2005) 'Code of practice' states that: 'The person who

assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made.'

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety.

All decisions taken in the adult safeguarding process must comply with the Mental Capacity Act 2005. For more information on the Mental Capacity Act please see here.

Where adult safeguarding action is being considered for an adult with care and support needs and that individual is assessed at that moment as lacking capacity to take part or provide a view about their circumstances and wishes, there needs to be reflection about who represents those needs and the possibility of advocacy.

An Independent Mental Capacity Advocate (IMCA) are a legal safeguard for people who lack the capacity to make specific decisions. The IMCA role is to support and represent the person in the decision-making process. An IMCA must be instructed, and then consulted for people lacking capacity who have no-one else to support them, other than paid staff in relation to decisions proposing:

- Serious medical treatment
- Long term change of accommodation or
- In hospital for 28 days or longer.

Where an IMCA or IMHA is already supporting a person with a particular decision or through a particular process and the need for Care Act advocacy is identified the Local Authority may liaise with the advocate already involved to establish whether they are appropriate and able to support the person under the Care Act. This enables a seamless advocacy service for the person and prevents them having to repeat their story to different advocates. For more information on IMCAs, please see here.

Where there are concerns that a Lasting Power of Attorney (LPA) is being misused, please consult with the safeguarding team and this will be assessed on a case-by-case basis.

Consent

Adults may not give their consent to the sharing of safeguarding information for several reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. Conversations should seek to understand the underlying reasons for the refusal and ways these might be addressed. Staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone, and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- other people are, or may be, at risk, including children

- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- the person has the mental capacity to make that decision, but they are subject to control, coercion and fear which will affect a person's willingness or ability to consent;
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- a court order or other legal authority has requested the information.

In such circumstances, it is important to keep a careful record of the decision-making process. Staff should seek advice from managers in line with their organisation's policy before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to act without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult to better protect themselves.

It is important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

If there is no duty under S42 to make enquiries, the Professional must still consider how any identified risk will be mitigated and how that will be communicated to the adult concerned and the person accused of causing harm.

Risk Assessment

Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people should be integral throughout safeguarding the adult. The actions of talking to the adult and gathering information forms part of this risk assessment.

Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adults risk assessment is to assess current risks that people face and potential risks that they and other adults may face.

Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where: -

Adults feel more in control; • Adults are empowered and have ownership of the risk; • There is improved effectiveness and resilience in dealing with a situation; • There are better relationships with professionals; • Good information sharing to manage risk, involving all the key stakeholders • Key elements of the person's quality of life and well-being can be safeguarded.

Specific to safeguarding, risk assessments should encompass:

- The views and wishes of the adult on the risk
- What the risk is and to who (physical, financial, domestic abuse etc.), consider not only the adult but others who may live with them e.g., children, other residents
- Where concerns relating to others have been identified, action should be taken to manage immediate risk and appropriate referrals made, including to Children's services where the risk relates to a person under 18.
- The person's ability to protect themselves;
- Factors that contribute to the risk, for example, personal, environmental
- The risk of future harm from the same source;
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support;
- It may increase risk where information is not shared.

Risk Management

Risk management should occur throughout the safeguarding process however at this stage the focus will be on taking steps to ensure the adult's immediate safety and measures that can be put in place to decrease the identified risk/s. All measures (unless life threatening) should be discussed with the adult:

- If the adult is in immediate danger to contact the emergency services
- Where it is suspected that a crime has been committed report to the Police (For more information on criminal investigations please see here.) There is support available for vulnerable witnesses in the criminal justice process, please see here for more information.
- Referral to MARAC following a DASH risk assessment for domestic abuse
- Referral to Children's Services if a child/ren are identified as at risk

Transitions

Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age, they meet the adult safeguarding criteria, safeguarding arrangements should be discussed as part of transition support planning and protection. There should be robust joint working between Children's and Adults services. Often, staff working in children's services will have built relationships and knowledge about the young person or carer in question over a number of years. As young people and carers prepare for adulthood, children's services and adults' services should work together to pass on this knowledge and build new relationships in advance of transition. Professionals involved should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review.

When a child turns 18 and is identified as being at risk but does not meet the threshold for a safeguarding response, prevention remains key. Agencies signed up to the LSAB and the LSAB prevention strategy recognise the importance of liaison and partnership working when supporting care experienced young adults. The best method for achieving enhanced support to this vulnerable group is to secure their consent and to liaise with the leaving care service and engage in the pathway planning process with the young person and their leaving care worker.

Reporting within your organisation

All safeguarding concerns are expected to be discussed with the manager/person in charge/safeguarding lead.

The line manager/safeguarding lead within the organisation will usually lead on decision making. Where such support is unavailable, consultation with other more senior staff should take place. If this is not available, seeking advice from the LCC Safeguarding Team should be considered.

Staff should act without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high-risk situation;

- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

If you are concerned that your line manager has abused or neglected an adult with care & support needs, you must inform a senior manager, or another adult safeguarding lead, in your organisation. In exceptional circumstances where you do not feel safe or comfortable reporting the matter within your own organisation, or if you have already raised concerns with your managers but no action has been taken, you can report the concern to the Customer Service Centre.

Key Skill - Partnership Working: Information Sharing

Within the majority of Lincolnshire Safeguarding Adult Reviews (SARS) it has been found that had information been shared between agencies at an earlier stage, the abuse may have been identified earlier and collective action taken to protect those involved. Analysis of SARs nationally highlights consistent concerns about the way agencies work together to safeguard adults.

Partner organisations of LSAB signed up to the LSAB Information Sharing Agreement which provides a framework to share information between agencies legally.

'Some frontline staff and managers can be over-cautious about sharing personal information, particularly if it is against the wishes of the individual concerned. (See consent section for when it is legal to override an individual's objection to sharing of information). They may also be mistaken about needing hard evidence or consent to share information. The risk of sharing information is often perceived as higher than it actually is. It is important that staff consider the risks of ***not*** sharing safeguarding information when making decisions.' (SCIE)

Concerns about abuse or neglect of an adult provides sufficient grounds to warrant sharing information on a 'need to know' basis and/or 'in the public interest' and unnecessary delays in sharing that information should be avoided.

Keep a written record of your professional decision and rationale to share or not share information.

Please see the seven golden rules for Information sharing and further guidance that can be found here.

THE MANAGER/LEAD SHOULD REVIEW ACTION TAKEN, AND:
1. Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken. 2. Address any gaps. 3. Check that contact has been made with children's services if a child or young person is also at risk. 4. Ensure that if the person allegedly causing the harm is also an adult at risk, arrangements have been made for appropriate care, support and advocacy. 5. Make sure action has been taken to safeguard other people. 6. If the alleged perpetrator is employed by your organisation, in agreement with the police and/or local authority as necessary, take action in line with HR and/or disciplinary procedures. 7. If the allegation is against an organisation registered with the Care Quality Commission, and the incident constitutes a notifiable event, ensure this has been actioned by the relevant party. 8. If a criminal offence has occurred or may occur, ensure the Police force where the crime has/may occur have been contacted and details of which police station/officer, crime reference number etc. 9. Steps have been taken to preserve forensic evidence 10. Consider: are there other agencies involved with which this information can be shared? 11. Other referrals have been considered and made as appropriate – e.g., Prevent, DA services, Adult Care and support needs assessment 12. Consider if there is a reasonable belief that the three statutory criteria are met. 13. Record the information received and all actions and decisions.

14. Ensure the concern form contains: Details of the adult at risk including name, address, date of birth
15. Referrer's details including organisation and contact number where an appropriately informed person will be available to discuss the concerns within three working days.
16. Factual details of the incident or concern including who, what, when and where and how.
17. Description of the adult's care and support needs and why these prevent the person from taking steps to safeguard themselves.
18. Immediate risks and action taken to address risk;
19. Adult's preferred communication method – is an interpreter or other support required?
20. Any information about the person alleged to have caused harm.
21. Confirmation that the adult has been spoken to and their wishes and views recorded.
22. Has professional curiosity been practiced?
23. Confirmation that the adult has given consent or if not, on what lawful basis is the information being shared? Confirmation that the adult has been informed.
24. Explain any doubts about the adult's capacity to consent to sharing information currently.
25. Details of a person identified who is willing and able to support the adult where the adult would have substantial difficulty being involved in an enquiry?
26. Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

Recording of a safeguarding concern

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written record will need to include:

- The date and time when the disclosure was made, or when you were told about / witnessed the incident/s;
- Who was involved, any other witnesses including service-users and other staff;
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told;
- The views and wishes of the adult;
- The appearance and behaviour of the adult and/or the person making the disclosure;
- Observations about the scene, e.g., who is present and in what capacity? Does everyone know their roles? Evidence of food/fluids available? Upturned furniture or damage? Any documentation completed appropriately? Particular hazards –e.g., trip, fire?
- Any injuries observed; (body map available in appendix)
- Any actions and decisions taken at this point;
- Any other relevant information, e.g., previous incidents that have caused you concern.

Remember to:

Include as much detail as possible;

- Make sure you have printed your name, role and organisation on the record and that it is signed and dated;
- Keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them;

- Keep the records confidential, storing them in a safe & secure place until needed.
- If asked to share your record, do so in line with your agencies policies and procedures, keep the original copy and clearly record who you have shared with and why.

The Checklist below is a helpful aide memoire when taking action in response to a safeguarding concern.

CONCERNS CHECKLIST
• Are you concerned that an adult is at risk of or is experiencing abuse or neglect? • What types of abuse or neglect are you concerned about? • Have you had a conversation with the adult about the concerns? • Have you sought the views and wishes of the adult? • Are there any immediate risks to the adult or others including children? • Have you been professionally curious? • Have you shared information? • Have you discussed and agreed the next steps with the adult? • Have you provided advice, information or signposted the adult? • Emergency services contacted and recorded • Medical treatment sought • Consent sought • Advocacy considered • Mental Capacity considered • Best Interest Decisions made and recorded • Public and vital interest considered and recorded • Police report made • Evidence preserved • Referrals to specialist agencies e.g., EDAN Lincs, Prevent, Channel • Referral to children services if there are children and young people safeguarding matters • Action taken to remove/reduce risk where possible and recorded • Recorded clear rationales for decision making • Reported to line manager

Person In Position of Trust

If the person who has allegedly abused or neglected the adult is a person in a position of trust, please follow the LSAB Person in Position of Trust (PiPoT) Protocol.

Responding to non-recent allegations of abuse or where the adult is no longer at risk.

If a concern relates to dealing with non-recent allegations of abuse or where the adult is no longer at risk, please see here.

Differentiating between poor care and potential safeguarding issues

There is evidence that many of the issues raised from care providers as safeguarding concerns are rooted in poor practice and poor-quality care which do not meet the safeguarding criteria outlined in this section.

It is important to differentiate between poor care and safeguarding. Poor quality care should be identified and addressed by the service provider. Please follow the LSAB Provider Generated Quality Concern guidance

for care providers to differentiate between poor quality care and safeguarding and what action to take in response to both.

Who can refer a safeguarding concern to the Local Authority?

A member of the public can make a referral when they have concerns that an adult with care and support needs is experiencing or at risk of abuse or neglect. They may do so either anonymously or by giving their details.

Personal information about the member of the public, including anything that could identify them, should only be disclosed to third parties with their consent. The member of the public should be assured that their concerns relating to the adult will be acted upon. They should also be advised who to contact should they have either further concerns or additional information.

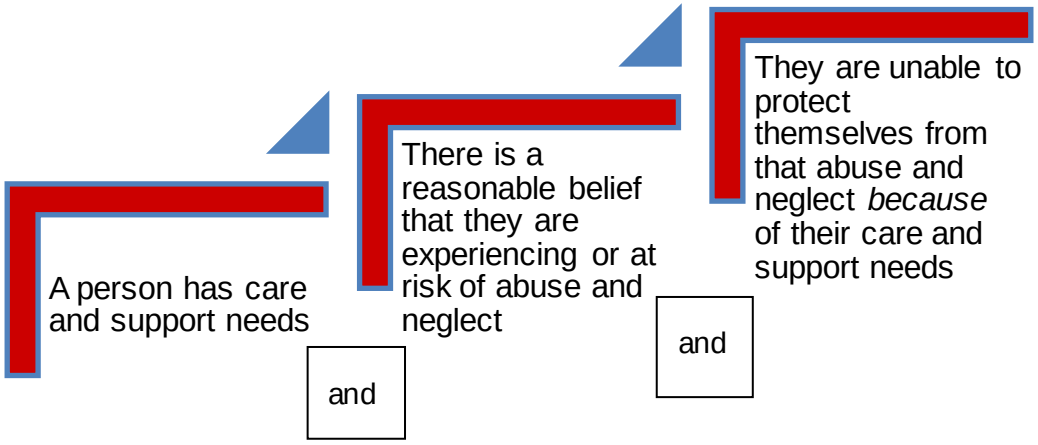
Where a member of the public expresses concern to a Professional about significant harm to an adult with care and support needs, the Professional should support the member of public to make a referral to the Local Authority if appropriate. The Professional should assure the member of the public that confidentiality will be respected wherever possible, but guarantees should not be made.

Any professional making a referral should not expect anonymity. Professionals can express concern that a referral may damage their professional or therapeutic relationship with the adult at risk. Usually, this can be overcome by setting clear boundaries, not making any guarantees about confidentially and being open and honest from the outset. This allows a professional relationship based on mutual trust and respect.

In exceptional circumstances, where the referrer is likely to be at significant personal risk of retribution should they be identified, agreement will be made to maintain the anonymity of the referrer as much as possible.

Decision to refer:

If, after having a conversation with the adult and the other available information there remains is a reasonable belief that the following three statutory criteria are met, a referral must be made to the Local Authority.



How to refer:

Members of the public wishing to report a safeguarding concern are advised to contact the Customer Service Centre on 01522 782155.

Professionals can refer any safeguarding concern that meets the three statutory criteria above to the Lincolnshire County Council Customer Service Centre using the Lincolnshire Adult Safeguarding Concern form, and send this via secure email to ASC@lincolnshire.gov.uk

In addition:

- If a criminal offence has occurred or may occur, contact Lincolnshire Police – 101;
- If a crime is in progress or life is at risk, dial emergency – 999;
- You must contact the Children's Services on (01522 782111) if a child is identified as being at risk of harm.

Professionals who make referrals will be notified of the outcome in writing.

Decision not to refer

If the safeguarding criteria are not met or the adult has capacity and declines safeguarding support and there is no reason to refer without consent that is not the end of the matter. If a concern remains, consideration should be given to ways in which the risk to the adult could be managed or mitigated, including through communication and working with partner agencies. Consider the impact of abuse or neglect on the person's wellbeing and the impact on others in the situation and how that will be communicated to the adult. What further support, advice, information or signposting can you offer the adult?

A multi-agency risk management meeting can be convened by any agency (including provided health or social care services, council services, emergency services, housing agencies, third sector organisations, probation services, environmental health) where there are challenges about addressing risk. It is cited in research that sharing information in a multi-agency context is critical to swift prevention of safeguarding individuals.

These are the reasons agencies would share information when the case does not meet the safeguarding criteria under wider safeguarding prevention duties in the Care Act; these include the wellbeing principle, the prevention of the risk of abuse or neglect and under LSAB's preventative duty. The sharing of information between agencies under a preventative approach is cited in LSAB's (ISA). All agencies signed up to this ISA must share information under a preventative duty.

In the circumstance where another agency refuses to share information at this point, LSAB's Joint Professional Resolution and Escalation Protocol can be utilised.

Working with Complex Cases

Typically, these cases may feature complex mental health needs, fluctuating capacity, subject to coercive control, alcohol use, drug abuse, autism, learning disabilities and/or self-neglecting behaviour. It is often that these cases are well known to one or more agencies and there are challenges for services in keeping the person engaged as they are often unwilling or unable to accept help. There may be no multi-agency plan to manage the presenting needs and risks to the person.

'The multi-agency partnership will not always be able to achieve positive outcomes where individuals are not able or ready to accept help. Nonetheless, such challenging and high-risk situations are when the multi-agency partnerships should be working hard together, exploring every avenue to try and reduce risks.' (Lincolnshire SAR)

The National SAR Analysis found in some cases, there was insufficient persistence – sometimes agencies were noted to take refusal at face value and too quickly cease their attempts.

Professionals should seek to understand the person's lived experience, rather than just focusing on their current presentation, to help understand their current circumstances. The skills of professional curiosity, perseverance, persistence, tenacity, and recognising the time needed to build trust along with a multi-agency approach are noted as playing an important role when people were reluctant to engage.

A multi-agency, collaborative approach is evidenced as the most effective approach to working with these cases; a multi-agency meeting, inclusive of the adult, carer and or family, can be convened by any agency.

Where the case is complex and you are feeling 'stuck', with the permission of your manager please consider discussion of the case with a Team Around the Adult (TAA) co-ordinator. The TAA offers an approach where workers are feeling 'stuck' and/or where individuals are in a 'revolving door referral' to agencies, and who have several inter-related needs. Coordinators can be contacted at TAA@lincolnshire.gov.uk.

For cases where adults are not attending planned appointments or are not being supported to attend, please see LSAB's 'Did Not Attend or Was Not Supported to Attend' guidance.

Dealing with repeat allegations

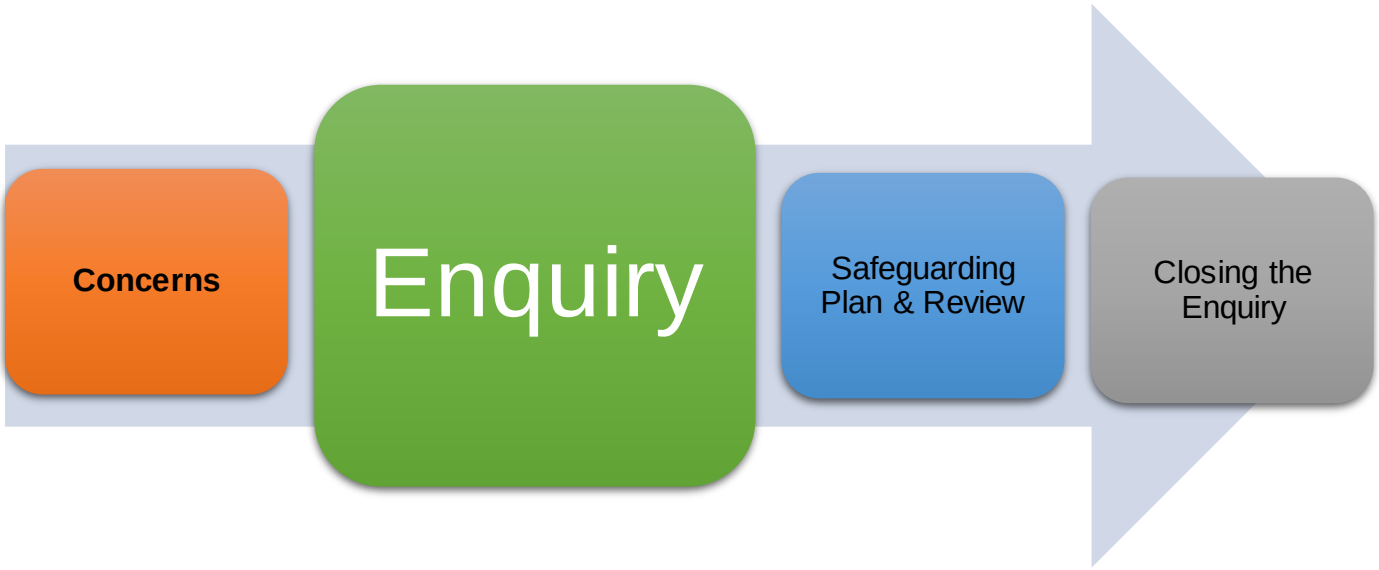
All concerns should be considered on their own merit and recorded individually. An adult who makes repeated allegations that have been investigated and decided to be unfounded should be treated without prejudice. Where there are patterns of similar concerns being raised by the same adult within a short time period, a risk assessment and risk management plan should be developed by the agency initially receiving the concerns, and a local process agreed with the local authority and other relevant partners, for responding to further concerns of the same nature from the same adult. All organisations are responsible for recording and noting where there are such situations and may be asked to contribute to a multi-agency response. Information

sharing to assess and analyse data is essential to ensure that adults are safeguarded, and an appropriate response is made. Staff should also be mindful of public interest issues.

In considering how to respond to repeated concerns the following factors need to be considered:

- The safety of the adult who the concern is about;
- Mental capacity and ability of the individual's support networks to raise the concern, or to increase support to meet outcomes of safeguarding concerns;
- Wishes of the adult at risk and impact of the concern on them;
- Level of risk.

Stage 2 - Enquiry



Once a safeguarding concern is received by the local authority, the referrer's role does not end. Safeguarding is everyone's responsibility. Working in partnership with the person raising the concern, partner agencies as well as the individual themselves, is critical to safeguarding adults. Safeguarding is not just about passing information on and 'passing the buck' but actively and collectively taking responsibility for safeguarding the adult.

Enquiries (S.42 (1)

Lincolnshire County Council Safeguarding Team will triage the concern received.

The Safeguarding Officer will be responsible for confirming that appropriate action has been taken to make the person safe. Where the information provided does not provide sufficient information to satisfy a reasonable belief that the three criteria are met, the Officer will make proportionate enquiries including speaking to the referrer, adult at risk and any relevant professionals as appropriate, to inform a decision to proceed.

Remember: to follow the advice during the 'concern' section to provide quality information within the concern form to enable Lincolnshire County Council Safeguarding Team to carry out its duty as swiftly as possible.

Once proportionate information gathering has been completed, a decision on whether the criteria are met will be made within 3 working days.

Where the criteria are met, the Local Authority **must** make or arrange an enquiry under Section 42 of the Care Act 2014. 'The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.'

Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

- What outcome does the adult want? – add to this making sure it's the adult's voice
- How can enquiries be assessed as successful in achieving outcomes?
- What prevention measures need to be in place?
- How can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each situation.

If, based on the information provided, it is clear that the criteria is not met, the Safeguarding Officer will close the enquiry with no further action. The safeguarding team may propose an alternative response such as S9 assessment, S10 carers assessment, quality of care concern complaint, Multi-Agency Risk Assessment Conference (MARAC), referral to a Vulnerable Adult Panel (VAP), signposted for advice or No Further Action.

Where the circumstances are not such as to trigger the Section 42 safeguarding duty, the Local Authority may choose to carry out proportionate safeguarding enquiries, to promote the adult's well-being and to support preventative action.

Feedback

Keeping the person who raised the concern and the adult (who the concern is about) informed on next steps is an essential requirement under these policies and procedures. Feedback provides assurance that action has been taken whether under adult safeguarding or not.

If the referral does not meet the criteria for S.42 Enquiry feedback will be provided to the referrer including rationale for decision making, feedback on the quality of referral, whether any further information was needed to make a decision and proposals for next steps or further action.

If the referrer does not agree that a safeguarding enquiry is not taking place, please refer to the LSAB Escalation Protocol to challenge the decision.

Feedback to the wider community needs to take account of confidentiality and requirements of data protection legislation.

The referrer may choose to submit a new referral if the situation changes, or they have received new information which is likely to change the outcome.

Role of the Local Authority

The degree of involvement of LCC will vary from case-to-case, but at a minimum will involve decision making about whether the criteria for a S.42 enquiry is met, how the enquiry will be carried out, oversight of the enquiry, calling and chairing safeguarding meetings, decision making about when to end an enquiry, agreeing arrangements for next actions and monitoring, and quality assurance of the enquiry that has been undertaken.

Lincolnshire Safeguarding Team will decide who is the best person/organisation to undertake the enquiry. LCC retains the lead and is responsible for ensuring that the enquiry is referred to the right place and is acted upon. Where appropriate, a safeguarding lead within an organisation other than LCC may be requested to undertake the enquiry. In other cases, for example, where the provider has allegedly caused the abuse or neglect it would be inappropriate for the provider to undertake the enquiry. If LCC has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, LCC may undertake additional enquiries, for example, if the original fails to address significant issues.

If an organisation is refusing to share information, the organisation conducting an enquiry can escalate to the Safeguarding Adults Board (SAB) to consider using Section 45, Care Act 2014 powers, which puts an obligation on organisations to comply with a request for information in order that the SAB can perform its duties. The LSAB Escalation Protocol is to be used by agencies in circumstances where there is multi-agency disagreement.

Safeguarding Strategy Discussion/Meeting

Note: The first initial discussion held under a section 42 enquiry is referred to as a Strategy Discussion/Meeting. Any meetings held thereafter are referred to as a Safeguarding Case Conference.

Initial strategy discussions where it is a simple enquiry or a single agency enquiry can be undertaken as a series of telephone conversations. Where there are multiple agencies involved or the enquiry is complicated and requires several actions that may be taken by others to support the outcome, a safeguarding multi-agency strategy meeting will be the most effective method of ensuring that information is shared with all relevant parties. A meeting will always be required in the following circumstances:

- Where the level of risk to the adult or others remains significant despite actions having been put in place;
- Where concerns have been raised by several agencies
- Where a coordinated response is required from multiple agencies, for e.g., because there are concerns of cuckooing or modern slavery.
- Where concerns have complex interdependencies.

The urgency of the response should be proportionate to the seriousness of the concerns raised, and the level of risk. An initial strategy meeting or discussion should be held within 5 working days of a decision to progress to a S.42(2) Safeguarding enquiry. As much notice will be given to attendees as possible. The focus of safeguarding strategy discussions and meetings will always be the adult at risk and should be person, not process driven.

The purpose of the discussion/meeting is to:

- Share relevant information regarding the abuse or neglect
- Share the views, wishes and desired outcomes of the adult at risk and ensure these are central to the process
- Undertake an initial assessment of risk
- Consider capacity and advocacy if required
- Agree who should be involved/informed
- Agree role and responsibilities
- Agree what action needs to be taken and by who to reduce the abuse or neglect
- Agree to continue or end enquiries under S.42 Care Act 2014
- Agree timescales for completion of actions and review/next meeting

Meetings will be led and coordinated by a Safeguarding Officer as responsible lead for the enquiry who will determine the relevant agencies to be involved and in consideration of the views and wishes of the adult at risk.

The adult should be involved in the planning of safeguarding meetings and be supported to attend, if they wish. Action, however, should not be 'on hold' until a meeting can be convened. If the adult prefers or does not have the capacity to be involved in the enquiry, then an advocate should represent their views.

Attendance at Safeguarding meetings

Attendance at safeguarding strategy meetings is mandatory and all organisations should be committed to attend when invited providing a suitably informed representative who is able to commit actions and resources on behalf of the organisation. Action should never be put on hold, due to the logistics of arranging meetings. Proportionality should be the guiding principle.

Attendees at safeguarding strategy meetings should ensure that they share relevant, necessary and proportionate information about the adult, in order to support the objectives of the safeguarding enquiry.

Agreed actions along with who is responsible for them should be monitored and taken forward. Agencies are responsible for carrying out the actions which might be included in future safeguarding plans

Following the initial safeguarding strategy meeting, it may be necessary to convene further meetings – case conferences to review the enquiry and agree next steps or if there are significant changes or developments and it is necessary to review risk or amend agreed actions. The purpose of a safeguarding case conference is to:

- Review details of the concerns
- Update as to the views, wishes and outcomes of the adult at risk and assurance that the adult is involved to the extent that they wish.
- Re-affirm the intended outcome/s of the enquiry
- Update as to the views of other relevant parties
- Feedback from other agencies on enquiries/actions undertaken
- Confirm and challenge
- Review the risk assessment and consider current level of risk
- Review the degree to which the actions undertaken have mitigated the risk and met the intended outcome/s

- Agree protection plan if necessary
- Agree role and responsibilities
- Agree what other action needs to be taken and by who.
- Agree timescales for completion of actions and review
- Agree to continue or end enquiries under S.42 Care Act 2014
- Agree date for next meeting/discussion or confirm monitoring arrangements

As with a safeguarding strategy meeting, a safeguarding case conference will be co-ordinated and chaired by a Safeguarding Officer or manager of the LCC Safeguarding Adults team with consideration of the views and wishes of the adult. Attendance will be required by those agencies that were determined as necessary following the initial strategy discussion or meeting. A key focus for the case conference will be consideration of on-going risk, efficacy of actions in place to mitigate risk and to what extent the desired outcomes of the adult at risk are being met.

Attendees at safeguarding case conferences should continue to ensure that they share relevant, necessary and proportionate information about the adult, in order to support the objectives of the safeguarding enquiry.

If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service (DBS). The legal duty to refer to the DBS also applies where a person leaves their role before a disciplinary hearing has taken place following a safeguarding incident and the employer/volunteer organisation feels they would or might have dismissed the person based on the information they hold.

Where it is considered that a referral should be made to the DBS careful consideration should be given to the type of information needed. This is particularly pertinent for people in a position of trust. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council the Nursing and Midwifery Council and the Health & Care Professions Council and Social Work England. The legal duty to refer to the Disclosure and Barring Service may apply regardless of a referral to other bodies.

Where there is an on-going risk of that person in a position of trust causing harm to other vulnerable adults or children consideration should be given within the safeguarding enquiry to:

- Sharing information with the employer and other partner agencies
- The Local Authority and/or CCG issuing an improvement notice under their contract with the provider requiring the concerns to be resolved and risks to be managed
- Increasing the number of visits by quality control officers
- The Local Authority and/or CCG suspending placements with the provider and seeking a voluntary undertaking not to admit self-funders until the concerns are resolved and risks managed

ACTIONS AND DECISIONS UNDER SECTION 42 ENQUIRIES		
Actions	Plan the Enquiry Identify enquiry lead/officer Clarify desired outcomes Identify links to other procedures in progress Undertake agreed action Update safeguarding plan Agree communication Agree outcomes for person(s) alleged to have caused harm	Adult /advocate LCC Safeguarding Officer or delegate/partner agencies, LCC Principal Professional/Area Manager

	Make referrals as agreed in relation to the person alleged to have caused harm Make referrals in relation to the adult Evaluation by the adult/advocate Explore recovery and resilience	
Decisions	What type of enquiry is appropriate and proportionate? Who should undertake enquiries and who should contribute? Does the report meet standards? Necessary for the enquiry to be taken over by the Local Authority? Whether to close the enquiry down or take forward for review Actions for the adult Actions for the person alleged to have caused harm	LCC Safeguarding Officer/Principal Professional/Area manager

GOOD PRACTICE GUIDE **INVOLVING ADULTS IN SAFEGUARDING MEETINGS**
Effective involvement of adults and/or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way. How should the adult be involved? Where is the best place to hold the meeting? How long should the meeting last? Timing of the meeting? Agenda Preparation with the adult Agreement by all parties to equality If the adult does not/ cannot attend, how do you ensure their views are heard during the meetings?

Support for people who are alleged to have caused harm

In order to conduct a fair and balanced enquiry it is important to ensure that a discussion takes place with the alleged person posing a risk to put the concerns or allegations to them. This is particularly important if the information gathered as part of the enquiry will be shared for statutory purposes e.g., a criminal investigation, Coroner inquest or at the Court of Protection. Without discussion with the alleged person posing a risk the enquiry cannot be deemed to be robust as it will be one-sided and may mean that important information is missing. It is also important as a matter of natural justice that the alleged person posing a risk is afforded the opportunity to respond to the concerns. This should be considered as part of the initial strategy discussion/meeting.

In the first instance, consent to discuss the allegations with the person posing a risk should be sought from the adult who is at risk of abuse or neglect. If the adult refuses, consideration will be given to whether this should be overridden because of the risk of significant harm, risk of harm to others, where a crime has been committed, or if there are concerns of control and coercive behaviour. If a decision is made to override the

wishes of the adult, they should be informed and the decision clearly documented. Where the adult is assessed as lacking capacity to give consent, a best interest's decision will be made. This should include consideration of the previous wishes and feelings of the adult at risk, and any potential risk to the adult following disclosure to the alleged person posing a risk. Consideration will need to be given to the timing of this discussion and the safety of the adult concerned once this information is shared with the alleged person posing a risk. The individual's safety must be paramount.

The timing of any such discussion will also need to be agreed with other agencies. For example, if there are initial concerns that a criminal offence has been committed, the police investigation will take priority to ensure that evidence is preserved and that the police have had an opportunity to put any allegations to the alleged person posing a risk. Equally, a provider may wish to take witness statements before the alleged person posing a risk is made aware of the details of the concerns. The risk to staff should be evaluated and recorded when planning a discussion with the alleged person posing a risk. Consideration should be given to who should interview/provide information to the alleged person posing a risk and when and how this should happen, in order to avoid duplication of work and unnecessary anxiety for the alleged person posing a risk. A joint visit with the safeguarding officer or with other professionals, such as the Police, should be considered. If not undertaking the discussion themselves, the safeguarding officer should be provided with a summary of the discussion and should be satisfied that the discussion was conducted fairly, concerns were explained to the alleged person posing a risk, and that they had the opportunity to respond. Where the information gathered will be shared with other agencies, for example to assist in Court proceedings, the person posing a risk should be informed at the earliest opportunity prior to it being shared.

In exceptional circumstances, it may not be considered appropriate to discuss the allegations with the alleged person posing a risk to the adult. This may be because the adult at risk did not give consent and there is no valid reason to override this decision, because doing so would create a significant risk to the service user, staff or others, or at the request of police due to risk of interference with an on-going police action. This decision will be made in agreement with the LCC Safeguarding Team manager and the reasons for the decision clearly recorded.

Where the alleged abuser is also an adult who has care and support needs, organisations should consider what support and actions may help them not to abuse others. For example, enquiries may indicate that abuse was caused because the adult's needs were not met and therefore a review of their needs should be made.

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

Checks might be made whether staff were provided with the right training, supervision and support. Whilst this does not condone deliberate intentions of abuse, prevention strategies to reduce the risk of it occurring again to the adult or other people should be considered.

People who are known perpetrators of domestic violence may benefit from Domestic Violence Prevention Programmes.

When considering action for people who abuse, prevention duties and action to safeguard adults should work in tandem.

Large Scale Enquiries

Large Scale s42 Enquiries are those involving multiple concerns of abuse in provider services e.g., care homes, health establishments and domiciliary care agencies. These can be complex and require a great deal of co-ordination and planning. The Safeguarding Adults Team will lead on these enquiries and liaise with relevant professionals in Health and Social Care, Police Commissioners, Quality Assurance teams and the CQC when the service is registered with them under the Health and Social Care Act 2008.

Where concerns relate to the provision of care provided, safeguarding activity alone is unlikely to address the concerns in the long-term and therefore, close cooperation with regulators and commissioners will be required. In such circumstances, the Safeguarding team will liaise closely with LCC Commercial team and will agree how to best support the required quality improvements which will prevent further abuse and neglect. This coordination may include jointly chaired meetings which ensure a coordinated response and a single action plan, to avoid duplication and supporting best use of available resources.

It may be tempting to hold a large safeguarding meeting to discuss a number of safeguarding concerns relating to different individuals simultaneously, particularly where there are concerns about a care provider. However, consideration should be given to how this can be effectively achieved whilst maintaining the

principles of making safeguarding personal and duties around confidentiality. It is important not to lose sight of the individual, or objectives of the enquiry where there are multiple concerns; it may be more appropriate for over-arching concerns to be considered in an alternative multi-agency forum which is attended by the Safeguarding Officer but where individuals are not identified.

Cross-boundary and inter-authority adult safeguarding enquiries

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements over responsibilities. The rule for managing safeguarding enquiries is that the Local Authority for the area where the abuse occurred or is likely to occur has the responsibility to carry out the duties under Section 42 Care Act 2014, but there should be close liaison with the placing authority. For the underpinning policy please see here insert link to policy part

Linking different types of enquiries

There are several different types of enquiries. It is important to ensure that where there is more than one enquiry that information is dovetailed to avoid delays, interviewing staff more than once or making people repeat their story.

Other processes, including police investigations, can continue alongside the safeguarding adult's enquiry. Where there are HR processes to consider, it is important to ensure an open and transparent approach with staff, and that they are provided with the appropriate support, including trade union representation. The remit and authority of organisations need to be clear when considering how different types of investigations might support Section 42 enquiries. Where possible, other processes should align with the safeguarding enquiry to avoid duplication of tasks, for example, by agreeing terms of reference, timescales and how findings will be reported into the safeguarding process.

Referral to Professional Bodies

Where the conduct of a person registered with a professional body has been the subject of an enquiry, a referral to that professional body should be considered. Professional bodies could include:

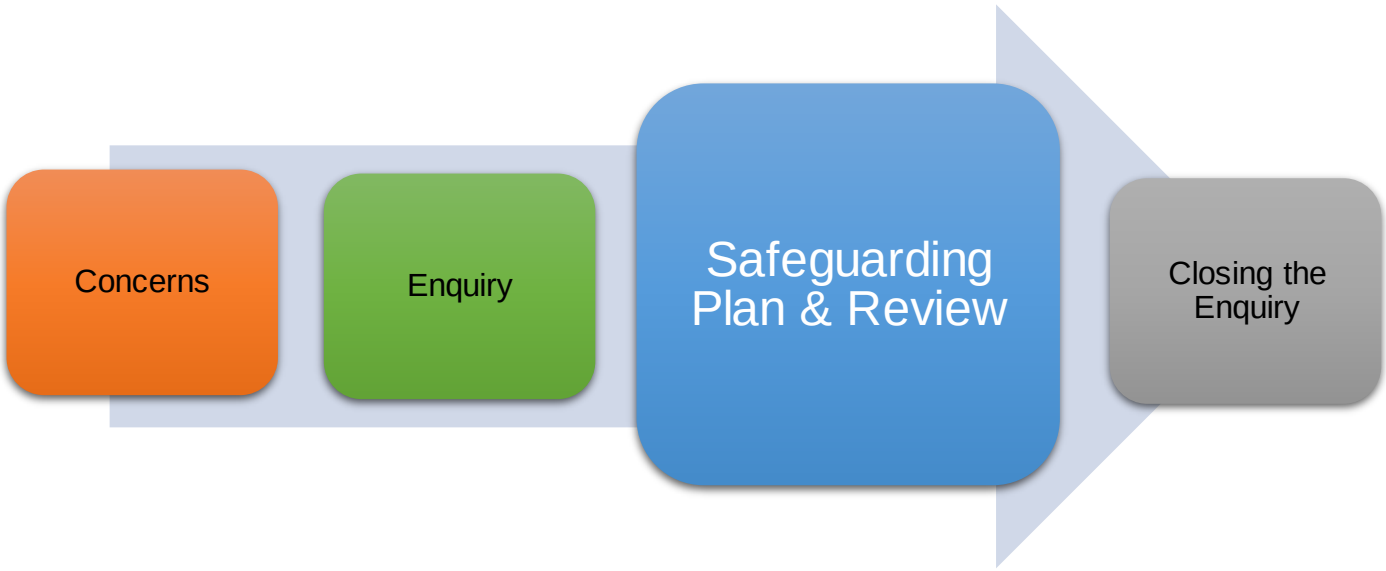
- Health and Care Professions Council (HCPC) - Employer referral | (hcpc-uk.org)
- Nursing and Midwifery Council (NMC) - How to make a referral - The Nursing and Midwifery Council (nmc.org.uk)
- General Medical Council (GMC) - Fitness to Practise referral form (gmc-uk.org)

Notification of a professional body is the responsibility of the employer. Where this action has been agreed as part of a safeguarding enquiry being led by the local authority, confirmation should be provided to the local authority that the action has been completed. As the responsible authority for adult safeguarding, the local authority may make a referral where the relevant criteria are met and should do so where it is necessary to ensure an appropriate referral has been made.

Professional bodies will follow their own investigation procedures and it is their decision regarding whether any action will be taken in relation to the person's professional registration. Professional bodies have a range of options where appropriate; these usually include suspending the person from practice, de-registering them or imposing conditions of practice that the person must work under.

Professional bodies will contact the person directly to inform them that they have received a referral and will share all information provided to them with the person, along with any other information they may have received from other sources as part of their decision-making process.

Stage 3: Safeguarding Plan and Review



In most cases there will be a natural transition between deciding what actions are needed and the end of the enquiry, into formalising what these actions are and who needs to be responsible for each action - this is the adult safeguarding plan. A safeguarding plan will not always be necessary, and this should be considered on a case-by-case basis.

An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention, the adult safeguarding plan must be specific as to how this intervention will achieve this outcome.

The **Safeguarding Plan** should set out:

- What steps are to be taken to reduce the risk of the abuse or neglect recurring;
- The provision of any support, treatment or therapy, including on-going advocacy;
- Any modifications needed in the way services are provided (e.g., same gender care or placement; appointment of an OPG deputy);
- How best to support the adult through any action they may want to take to seek justice or redress;
- Any on-going risk management strategy as appropriate.
- Who is responsible for reviewing the plan?
- How the adult at risk will be kept informed in relation to any other processes which are ongoing.

The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen. Adult safeguarding plans should be person-centred and outcome focused. Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through on-going care and support management activities. In other situations, a specific safeguarding review may be required.

Risk Management prior to review of the plan

The focus must be on the management of risks not just a description of risks. Employers need to take responsibility for the management of risk within their own organisation and share information responsibly where others may be at risk from the same source. The Local Authority may be ultimately accountable for

the quality of Section 42 enquiries, but all organisations are responsible for supporting holistic risk management, with the adult and in partnership with other agencies.

It is the collective responsibility of all organisations to share relevant information, make decisions and plan intervention with the adult. A plan to manage the identified risk and put in place safeguarding measures includes:

- What immediate action must be taken to safeguard the adult and/others;
- Who else needs to contribute and support decisions and actions;
- What the adult sees as proportionate and acceptable;
- What options there are to address risks;
- When action needs to be taken and by whom;
- What the strengths, resilience and resources of the adult are;
- What needs to be put in place to meet the on-going support needs of the adult;
- What the contingency arrangements are;
- How will the plan be monitored?

Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review.

Effective risk management requires exploration with the adult using a person-centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore, risk assessments need to be regularly updated as part of the safeguarding process and possibly beyond.

Reviewing Risk

Individual need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency input. These should always be in consultation with the adult at risk.

Risk disputes

Throughout these policies and procedures risk assessment and risk management is carried out in partnership with the adult, wider support network and others. The decision to involve others or not is in itself a decision which may give rise to risk, and the individual may need support to make this decision.

The professional views of risk may differ from the views of the adult. Perceived risks have implications for the safety and the independence of the individual, but they also have implications for the accountability of professionals. This highlights the importance of training and/or regular practice in making independent decisions by adults. Accessible knowledge through information and advice, assertiveness through the right kind of advocacy and support may be appropriate.

Professionals need to embrace and support positive risk taking by finding out why the person wishes to make a particular choice, what this will bring to their life, and how their life may be adversely affected if they are not supported in their choice. The promotion of choice and control, of more creative and positive risk-taking, implies greater responsibility on the part of the adult and greater emphasis on keeping them at the centre of decision making.

It may not be possible to reach agreement, but professionals need to evidence that all attempts to reach agreement were taken. Where there are concerns about people making unwise decisions, or there is high risk that requires wider collaboration; Community Multi-Agency Risk Panel sometimes referred to as Vulnerable Adult Panels, is one model used to support safeguarding adults' processes.

Review of the Plan

When a plan is completed, it may be appropriate to review. A Safeguarding Officer will may review the plan before it is closed. The purpose of the review is to:

- Evaluate the effectiveness of the adult safeguarding plan;
- Evaluate whether the plan is meeting/achieving outcomes;

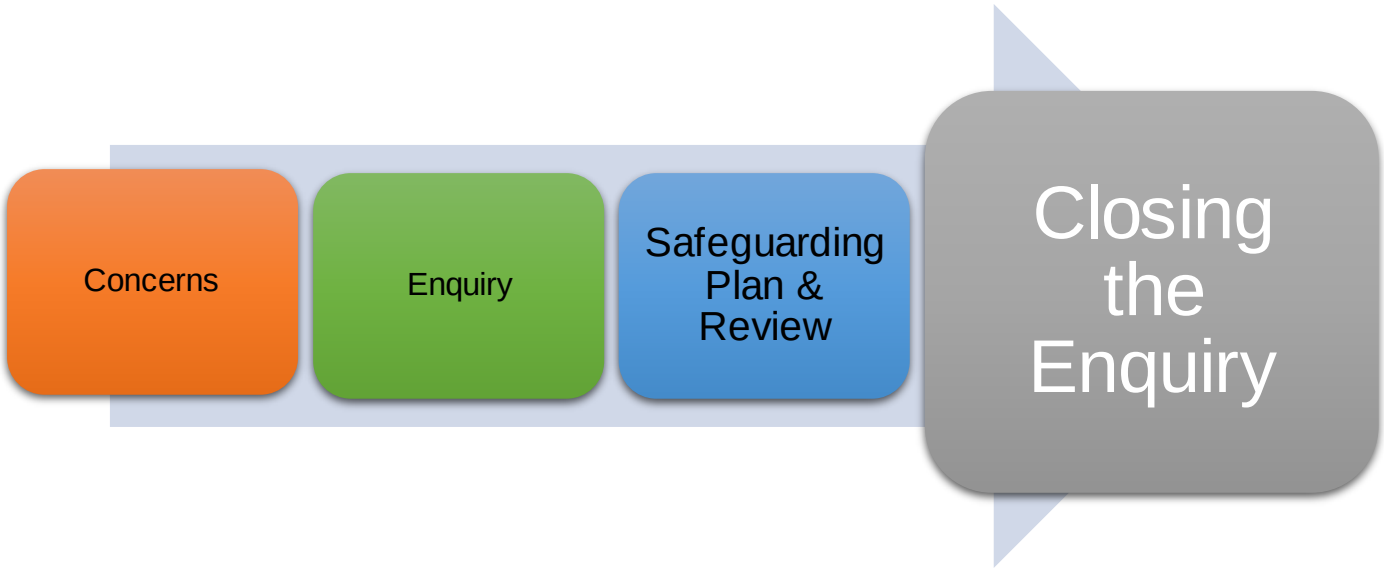
- Evaluate risk.

Reviews of adult safeguarding plans, and decisions about plans should be communicated and agreed with the adult at risk. Following the review process, it may be determined that:

- The adult safeguarding plan is no longer required; or
- The adult safeguarding plan needs to continue.

Any changes or revisions to the plan should be made, new review timescales set (if needed) and agreement reached regarding the lead professional who will continue monitoring and reviewing; or, it may also be agreed, if needed, to instigate a new adult safeguarding Section 42 Enquiry. New safeguarding enquiries will only be needed when the Local Authority determines it is necessary. If the decision is that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

STAGE 4: CLOSING THE ENQUIRY



A Safeguarding enquiry can be closed at any stage with the agreement of a manager within the LCC Safeguarding Adults Team. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns.

It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place following the safeguarding enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

Closure records should note the reason for this decision and the views of the adult at risk to the proposed closure. The Safeguarding Officer responsible should ensure that all actions have been taken prior to seeking authorisation for closure from a Principal Professional, building in any personalised actions:

- Views of the adult at risk on closure;
- Onward referrals as agreed;
- Advice and Information provided;
- All organisations involved in the enquiry updated and informed;
- Proportionate feedback has been provided to the referrer;
- Action taken with the person alleged to have caused harm;
- Action taken to support other service users;
- Referral to children's services made (if necessary);
- Outcomes noted and evaluated by adult at risk;
- Consideration for a SAR;
- Any lessons to be learnt.

Recovery & Resilience

Adults who have experienced abuse and neglect may need support to build up their resilience to move on from the incident. This support should enable people to use their own strengths and abilities to overcome what has happened, learn from the experience and develop an awareness that may prevent a reoccurrence. As a minimum it should enable people to recognise the signs and risks of abuse and neglect and know how to contact support if required.

Resilience is supported by recovery actions, which includes adults identifying actions that they would like to see to prevent the same situation arising. The process of resilience is evidenced by:

- The ability to make realistic plans and being capable of taking the steps necessary to follow through with them;
- A positive perception of the situation and confidence in the adult at risks own strengths and abilities;
- Increasing their communication and problem-solving skills.

Resilience processes that either promote well-being or protect against risk factors, benefits individuals and increases their capacity for recovery. This can be done through individual coping strategies assisted by:

- Strong personal networks and communities
- Social policies that make resilience more likely to occur
- Handovers/referrals to other services for example care management, or psychological services to assist building up resilience
- Restorative practice

If no further safeguarding action is required and there are alternative ways of supporting adults where they may be needed, then the adult safeguarding process can be closed.

Prevention should be discussed at every stage of the safeguarding process and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified as part of assessment and care planning.

Closing enquiries down when other processes continue

The adult safeguarding process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the adult and how this will be monitored. Agreement will need to be reached on how the outcome will be communicated to the adult.

Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded. Each case must be assessed on a case-by-case basis, if the safeguarding enquiry has been closed and there remains concern that the adult remains at risk, these must be escalated.

In all cases, consideration must be given to whether risks to the adult increase once formal processes have ceased, for example because restrictions on working practices or contact with the adult cease. Where current actions to mitigate risk are conditional on other processes, it may be necessary to retain the enquiry until such time as appropriate actions can be put in place to safeguarding the adult after such processes end.

All closures, no matter at what stage, are subject to an evaluation of outcomes by the adult at risk. If the adult at risk disagrees with the decision to close safeguarding involvement, their reasons should be fully explored and alternatives offered.

- At the close of each enquiry there should be evidence of:
- The adult has had an opportunity to discuss the outcomes they want at the start of safeguarding activity
- Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met
- Recording the results in a way that can be used to inform practice and provide aggregated outcomes information to support identification of themes and patterns, to support contextual safeguarding intervention and to support the Lincolnshire Safeguarding Adults Board in the execution of its duties.
- The adult knows what to do should they be subject to abuse or neglect again.

Outcome to the enquiry

All enquiries should have established outcomes that determine the effectiveness of interventions.

The outcome and recommendations of the enquiry should be discussed with the adult at risk and or their advocate, who may have a view about whether it has been completed to a satisfactory standard.

Overall, the Local Authority will decide if the enquiry is completed to a satisfactory standard. In reaching this decision, the Local Authority may wish to consult partner organisations involved in the enquiry. If another organisation has undertaken parts, or all of, the enquiry, the Local Authority may decide that further enquiries are necessary to ensure a robust and person-centred enquiry. The exception to this is where there is a criminal investigation, and, in this case, the Local Authority should consider what action is necessary to safeguard the adult whilst the enquiry is on-going and ensure that an appropriate plan is in place to consider changes in risk, as police investigations progress, for example, if restrictions on the alleged perpetrator are lifted. Any action will be carefully coordinated with the police in order to avoid compromising the criminal investigation.

The evaluation is that of the adult, or their advocate and not of other parties. Whilst staff may consider that enquiry and actions already taken have made the adult safe, and that their outcomes were met, the important factor is how actions have impacted on the adult. This should be clarified when assessing the performance of safeguarding.

Outcome for the person(s) alleged to have caused harm

To ensure the safety and wellbeing of other people, it may be necessary to take action against the person/organisation alleged to have caused harm. Where this may involve a prosecution, the police and the Crown Prosecution Service lead sharing information within statutory guidance.

Feedback

The adult at risk, or their representative will have been involved throughout the enquiry and will have been provided with the opportunity to express their views on the conclusion and outcome of the enquiry.

It is also important to ensure that all other agencies involved are notified that the enquiry has concluded and where relevant, the outcome of the enquiry. This will ensure that all agencies are able to monitor risk and identify themes as patterns, as well as ensuring that all records agencies' records are up to date and accurate.

The referrer will have been advised at the beginning of the process whether they will be provided with any further information and it may not be appropriate to notify all parties of the details of the findings of the enquiries and resulting actions. However, as a minimum, all agencies involved should be notified that the enquiry has been concluded and where relevant, what actions have been taken to mitigate risk.

Feedback to people alleged to have caused harm

The principles of natural justice must be applied, consistently with the overriding aim of safety and the requirements of the GDPR.

An evaluation should be carried out as to whether it is safe to share information about the complaint with the person allegedly responsible. If the adult at risk has capacity, their informed consent should be sought before sharing information with the person allegedly responsible. However, where the sharing of information to prevent harm is necessary, lack of consent to information sharing can be overridden. It may be a necessary part of a safeguarding enquiry to put information to the person allegedly responsible, where it has not been possible to obtain consent to this.

Providing information on the nature and outcomes of concerns to people alleged to have caused harm also needs to be seen in the wider context of prevention; for example, information can be used to support people to change or modify their behaviour. The person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard and considered. Whilst the safety of the adult remains paramount the right of reply should be offered where it is safe to do so. Decision making should take into consideration:

- The possibility that the referral may be malicious
- The right to challenge and natural justice
- Whether there are underlying issues for example employment disputes
- Family conflict
- Relationship dynamics
- Whether it is safe to disclose particularly where there is domestic abuse

- Compliance with the Mental Capacity Act 2005.

Feedback should be provided in a way that will not exacerbate the situation or breach the GDPR.

If the matter is subject to police involvement, the police should always be consulted so criminal investigations are not compromised.

The Local Government Ombudsmani and the Parliamentary and Health Ombudsman are both useful sources to explore case examples. The Information Commissioner provides advice on sharing information.

Appendix 1

Preserving Physical Evidence

In cases where there may be physical evidence of crimes (e.g., physical or sexual assault), contact the Police immediately. Ask their advice about what to do to preserve evidence.

As a guide:

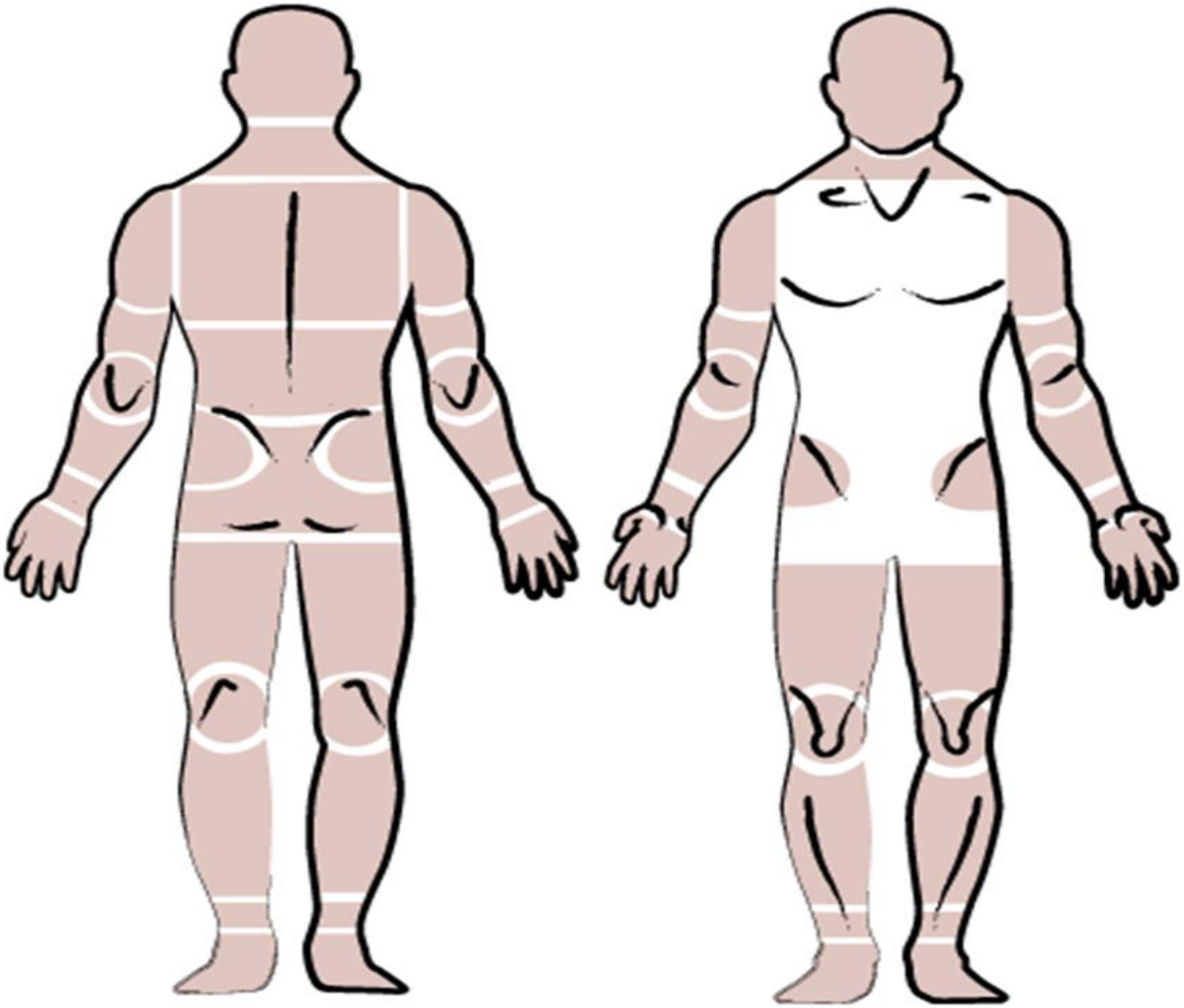
- Where possible leave things as and where they are. If anything must be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc.;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g., a blanket;
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In In addition, in cases of sexual assault:

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence

Appendix 2

Body Map



Appendix 3

Other processes which support safeguarding

GOOD PRACTICE GUIDE Concerns	Process undertaken by:
Criminal (including assault, theft, fraud, hate crime, domestic violence and abuse or wilful neglect.	Police
Domestic abuse (serious risk of harm)	Via MARAC process, supported by the MARAC Chair, coordinator and IDVAS
Anti-social behaviour (e.g., harassment, nuisance by neighbours)	Community Safety Partnership/local Policing
Breach of tenancy agreement (e.g., harassment, nuisance by neighbours)	Landlord/District Council
Bogus callers or rogue traders	Trading Standards/Police
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Manager/proprietor of service/complaints department/Commissioning authorities Ombudsman (if unresolved through complaints procedure)
Breach of contract to provide care and support	Service commissioner (e.g., Local Authority, NHS CCG)
Fitness of registered service provider	CQC
Serious Incident (SI) in NHS settings	Root cause analysis investigation by relevant NHS Provider
Unresolved serious complaint in health care setting	CQC, Health Service Ombudsman
Breach of rights of person detained under the MCA 2007 Deprivation of Liberty Safeguards (DoLS)	CQC, Local Authority, OPG/Court of Protection
Breach of terms of employment/disciplinary procedures	Employer
Concerns about suitability to work with vulnerable groups	Disclosure and Barring Service
Breach of professional code of conduct	Professional regulatory body
Breach of health and safety legislation and regulations	HSE/CQC/Local Authority
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG/Court of Protection/Police

Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG/Court of Protection
Misuse of Appointeeship or agency	DWP
Fire Fatality Review	Lincolnshire Fire and Rescue
Safeguarding Adults Review (Care Act Section 44	Lincolnshire Safeguarding Adults Boards

Version	Date	Revised by	Reason for Change
0.6 (Policy) 0.4 Procedures	**22.03.22**	Approved at LSAB Partnership Board	