

# Lincolnshire County Council

## Adult Care

### Safeguarding Policy and Procedures

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# Lincolnshire County Council

## Adult Care Safeguarding Policy and Procedures

### Introduction

The Care Act 2014 places a duty on Local Authorities and therefore Lincolnshire County Council (LCC) to take lead responsibility for ensuring that the obligations set out in the Act to safeguard adults with care and support needs (whether or not the Local Authority is meeting any of those needs), are carried out in partnership with all agencies and organisations who may come into contact with those people.

The Care Act 2014 also requires LCC to set up a Safeguarding Adults Board (SAB). The Lincolnshire Adult Safeguarding Board (LSAB) has already been established and has in place multi-agency Policies and Procedures to safeguard adults. The main objective of the LSAB is to assure itself that these local Safeguarding arrangements and partners act to help and protect adults in the Lincolnshire area.

Whilst all members of the LSAB are required to adhere to the LSAB multi-agency Safeguarding policies and procedures, LCC Adult Care are also required to develop and implement their own Policies and Procedures. These Adult Care Policies and Procedures will operate in line with the LSAB Policies and Procedures to form a wider framework for Safeguarding practice.

The LSAB are required to keep Policies and Procedures under review and report on these in the annual report as necessary. Safeguarding Procedures should be updated to incorporate learning from published research, peer reviews, case law and sessions from recent cases and Safeguarding Adult Reviews. **For this reason these Adult Care Safeguarding Policy and Procedures will also remain under review and will be regularly updated.**

The Adult Care Policy and Practice Procedures set out in this document should be adhered to by the people employed directly by Adult Care, but also by the people employed by Lincolnshire Partnership NHS Foundation Trust (LPFT), who undertake Social Care duties on behalf of LCC.

This document has two parts:

- Part One: Sets out Adult Care's Safeguarding Adults Policy
- Part Two: Sets out Adult Care's Safeguarding Adults Practice Procedures

However, it is also **important** that this document should be read in conjunction with:

- [The Care Act 2014 Statutory Guidance: Chapter 14 Safeguarding](#)
- [Lincolnshire Multi-Agency Safeguarding Policy and Procedures](#)
- [Adult Care Poor Practice Concerns process](#)
- [Lincolnshire County Council's Domestic Abuse Policy and Procedures](#)

- [Lincolnshire Joint Domestic Abuse Protocol](#)
- [Raising Concerns about a vulnerable Child or Adult at Risk Joint Protocol for Children's Services and Adult Care](#)

The [Lincolnshire Safeguarding Adults Board \(LSAB\)](#) website also contains further information and resources to support safeguarding activity across Lincolnshire.

The [Lincolnshire Safeguarding Children's Board \(LSCB\)](#) website also contains further information and resources to support safeguarding Children activity across Lincolnshire.

This document and those listed above collectively set out the responsibilities of Lincolnshire's Adult Care staff in relation to Safeguarding Adults and Children.

# Part 1 – Safeguarding Adults Policy

This part of the document has four key sections:

- Section 1: Adult Care's Safeguarding Statement of Purpose
- Section 2: Adult Care's Statement of Roles and Responsibilities
- Section 3: Lincolnshire's Safeguarding Governance arrangements
- Section 4: Adult Care's wider Safeguarding responsibilities

## Section 1: Adult Care's Safeguarding Statement of Purpose

### The Care Act 2014 Statutory Guidance

Safeguarding means 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.

Organisations should always promote the adult's wellbeing in their Safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

The aims of Adult Safeguarding are to:

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- address what has caused the abuse or neglect
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned, and
- provide information and support in accessible ways to help people 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

## **Adult Care's Approach to Safeguarding**

**Safeguarding Adults from Abuse and or Neglect is Everyone's responsibility** and therefore, a system wide approach to Safeguarding is necessary. Individuals should take responsibility for their own safety and wider wellbeing and, if necessary, they should be supported by family and friends and the wider community.

It is also our belief that it is better to prevent people from coming to harm rather than having to manage the consequences of abuse and or neglect. Again prevention requires a system wide approach and is not purely the responsibility of one organisation or a few specialist professionals.

We also recognise that some adults are more vulnerable than others and, therefore, there is a risk that they may not be able to protect themselves from harm and therefore, when they become at risk of harm or are subject to abuse and or neglect, additional help and support may be necessary.

However, if the need for additional help and support is identified, we will always ensure that Adult Care adopts a personalised approach to the care and support that is offered and or provided.

This means that we are committed to ensuring that the outcome the person wants to achieve in response to any harm or risk of harm will drive our practice. Customers should be treated individually and our practice will demonstrate that customer's wishes are central to decisions and the focus of any Safeguarding or protection plans.

## **Making Safeguarding Personal**

### **"No decision about me without me"**

Making Safeguarding Personal means working with the person on their own terms, rather than deciding what's best for them. The adult should always be involved from the beginning of raising the safeguarding concern and the enquiry, unless there are exceptional circumstances that would increase the risk of abuse.

Making Safeguarding Personal is the approach taken to all safeguarding work. It is a shift in culture and practice in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult being safeguarded.

The key principle of Making Safeguarding Personal is to support and empower each adult to make choices and have control about how they want to live their own life.

This is about having conversations with people about how responses to safeguarding situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety. It is about seeing people as experts in their own lives, and working alongside them to identify the outcomes they want. The focus is

to achieve meaningful improvements to people's lives to prevent abuse and neglect occurring in the future, including ways for them to protect themselves.

A person cannot make decisions about their life unless they know what the options are, what the implications of those options may be. When safeguarding concerns are raised about people who have care and support needs, who are at risk of or experiencing abuse or neglect and are unable to protect themselves Adult Care will work with them or their representative or advocate to develop a real understanding of what they wish to achieve.

### **What are outcomes?**

The Local Government *Association's Making Safeguarding Personal: Guide 2014* (Fourth edition) reports that by and large people express a desire for realistic outcomes and describes some of the outcomes that people wish to achieve:

#### **“What difference is wanted or desired?”**

- people are safe from continuing harm and/or abuse
- people feel that they have recovered from the abuse or neglect
- people are empowered and able to manage their situations
- people are aware of services and options to meet their needs.
- people have their stated objectives and desired results met.
- people have access to independent advice and support
- the person believes that their views, worries and wishes are taken seriously
- the person reports that they haven't had to compromise their safety and wellbeing at the cost of having relationships with other people
- the person develops stronger networks that are also protective
- the person knows how to take precautions against harm and how to keep safe
- the person knows who to contact to find out information
- the person feels in control and not driven or controlled by the adult safeguarding process
- the person can get help from someone who is independent.

**This is not an exhaustive list. Wherever possible it is better to capture an individual's outcomes in their own words: “I want to feel safe in my own home again”**



The objectives of an enquiry into abuse and neglect include the following person centred objectives:

1. Ascertain the adults views and wishes (and the outcome they want)
2. Protect from the abuse and neglect in accordance with the wishes of the adult
3. Enable the adult to achieve resolution and recovery

The first priority should always be to ensure the safety and wellbeing of the adult with the adult experiencing the Safeguarding process as empowering and supportive.

The Lincolnshire Safeguarding Adult's Board has set one of its strategic aims to embed Making Safeguarding Personal into all aspects of Safeguarding work. Adult Care has adopted these values and principles which support the Care Act statutory guidance and enhance choice and control.

Making Safeguarding Personal represents a fundamental shift in social work practice and underpins all healthcare delivery in relation to Safeguarding, with a focus on the person, not the process. As the professional leads for Social Work, principle Social Workers should have a broad knowledge base of Safeguarding and making Safeguarding personal and should be confident in its application in their own and others work.

Adult Care believes adopting and embedding the Care Act 2014 statutory guidance and adopting a "Making Safeguarding Personal" approach to Safeguarding in Lincolnshire will lead to transformational change that will mean people in Lincolnshire benefit from improved outcomes.

## **Professional Curiosity**

Professional Curiosity should form an integral part of Adult Care assessment practice yet, so often, a lack of professional curiosity is cited as a theme in case reviews where people have suffered harm. Having professional curiosity is integral to recognising abuse and raising Safeguarding concerns. Professional curiosity makes us less willing to take things at face-value, to extend trust towards others where people may be telling us what they want us to hear, or displaying disguised compliance. It involves exploring underlying concerns and indicators with the person to prompt additional questioning and using reflective practice techniques with our colleagues to enable further exploration of a "gut feeling" that there is something further to what is being presented. It helps prevent making and acting upon assumptions.

There is a fine line between professional curiosity and intrusion of privacy, so professionalism is required at all times. For example, it is expected that practitioners take a holistic approach to assessing and risk assessing a person's needs. A practitioner should consider the environment that a person is living in, any factors that may represent harm to the individual and not just focus on the specific need that it presenting. However, the practitioner should not take this to a level where it becomes intrusive and into territory where you may be raising concerns without any evidence base.

As a professional, it is important to understand the circumstances of abuse. Defining abuse can be complex, but it can be intentional, unintentional, reckless, deliberate or dishonest. It usually starts with asking the individuals what they want to happen.

Professional Curiosity extends to management oversight as well. Practitioners and Line Managers should look for past incidents or patterns of abuse or neglect. This should be a key area for discussion and further checks between the Practitioner and Line Manager when considering whether to raise a safeguarding concern or not.

Professional Curiosity also extends to a range of Safeguarding risks including, but not limited, to Domestic Abuse. (See also [Lincolnshire Joint Domestic Abuse Protocol](#))

## **The Human Rights Act 1998**

**Article 8.1 of the Act provides that:**

**‘Everyone has the right to respect for his private and family life, his home and correspondence’.**

**This is a qualified right as Article 8.2 states:**

‘There shall be no interference by a public authority with the exercise of this right except in accordance with the law and as necessary in a democratic society in the interests of national security, public safety, or the economic wellbeing of the country, for the prevention of disorder or crime for the protection of health or morals or for the protection of the rights and freedoms of others’

The right is echoed in the principles of safeguarding through empowerment and proportionality.

## **Consent and Information Sharing**

Practitioners should, wherever practicable, seek the consent of the adult before taking action. However, there may be circumstances where consent cannot be obtained because the adult lacks capacity to give it, but it is in their best interest to undertake an enquiry. Whether or not the adult has capacity to consent, action may need to be taken if others, including children are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred.

**It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.**

Whatever the cause for concern, the professional concerned should keep clear and accurate records and on receipt of a complaint or allegation, all Lincolnshire County Council records need to be assimilated into one place to record all actions taken.

When abuse or neglect is raised Staff/Managers need to look for past incidents, concerns, risks and patterns. The concern needs to be recorded alongside the adult's views and wishes, any immediate action taken and the reasons for the action.

If practitioners have any doubts or concerns they should raise these with their manager.

## **Recognising Abuse and Safeguarding Concerns**

Abuse can take many forms, it can include many, behaviours, acts or omissions or failures to act which can cause or increase the risk of harm to a person. The critical issue is establishing the behaviours that are occurring, the situation in which they occur and the clients view of those behaviours.

The Care Act sets out as a guide, **not a prescriptive or exhaustive list**, the following list of types of abuse or neglect that **could** give rise to a safeguarding concern.

- Physical abuse
- Domestic violence including so called 'honour' based violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

The Guidance 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 criteria at paragraph 14.2 Safeguarding Statutory Guidance will need to be met before the issue is considered as a safeguarding concern;

### **The safeguarding duties apply to an adult who:**

- **has needs for care and support (whether or not the local authority is meeting any of those needs**
- **AND is experiencing, or at risk of, abuse or neglect**
- **AND as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect**

[Chapter 14 of the Care Act Statutory Guidance](#) provides further details of types of abuse, patterns of abusive behaviour and spotting abuse.

## **Key National Principles Underpinning Our Approach to Safeguarding**

In 2010, the Government published six national principles that underpin all sectors and settings including care and support services, social work, health care and these principles should inform the ways in which professionals, as well as organisations more widely, to improve and examine their local arrangements.

- **Empowerment** – The customer at the centre with the presumption of person led decisions and informed consent. We will support people in a way that gives them real choice and control over what happens – “no decision is made about me without me”. People who lack capacity will be supported with reference to the Mental Capacity Act and access to advocacy and empowerment will be a key consideration of best interest decision making.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"

- **Prevention** – It is better to take action before harm occurs and our practice will endeavor to ensure further harm to individuals or other members of the community is prevented.

"I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help"

- **Proportionality** – Our intervention will reflect a proportionate and least intrusive response appropriate to the risk presented, with responses making effective and proportionate use of Lincolnshire Multi-Agency Policy and Procedure.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed"

- **Protection** – Safeguarding offers support and representation for those in greatest need, with effective risk assessment ensuring the safety and wellbeing of anyone who has been subject to abuse or neglect with action taken against those responsible for abuse or neglect taking place.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want"

- **Partnership** – Safeguarding will promote partnerships to identify local solutions through services working with their communities to play a part in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me"

- **Accountability** – Adult Care will ensure all staff supporting people to live safely are aware of their roles and responsibilities and we are individually and organisationally accountable in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they"

## **Section 2: Statement of Roles and Responsibilities**

As mentioned earlier in this document, Adult Care fundamentally believes that Safeguarding Adults from Abuse and or Neglect *is Everyone's responsibility* and therefore, a system wide approach to Safeguarding is necessary. Safeguarding is not purely the responsibility of one organisation or a few specialist professionals.

In particular the Care Act 2014 confirms that 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 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

However, Adult Care does have a lead role for Safeguarding Adults in Lincolnshire and there are related responsibilities on Adult Care employees, LPFT who deliver particular statutory Assessment and Care Management duties on behalf of Adult Care, but also other providers who are involved in assessment and reviewing activity. In this respect, the roles and responsibilities of different types and teams of Adult Care professionals and the responsibilities of specific posts are set out below.

### **Roles and Responsibilities of Different Types and Teams of Adult Care Professionals**

#### **Operational Front Line Practitioners**

Front line professionals have arguably the most important role in Safeguarding Adults and Children in Adult Care. Through case holding and in some instances, service delivery responsibilities operational front line professionals will have existing knowledge of a number of vulnerable people and their individual circumstances.

Adult Care Practitioners are responsible for identifying and responding to allegations of abuse and substandard practice.

Adult Care Practitioners and their managers are also responsible for ensuring they attend and update themselves with Mandatory Training, Safeguarding Policies and Procedures and practice standards.

In considering whether a Safeguarding concern should be raised or whether a poor practice concern may be more appropriate, professionals should consider the LSBAB guidance and, using professional judgement, if the risk is not urgent, discuss the matter with their line manager(s) before raising a concern. If there has been a criminal offence it will also be necessary to inform the Police.

Adult Care Practitioners may also need to escalate concerns where their immediate line managers do not take action in response to a concern being raised. In the event this is necessary, the worker may contact their Area/General Manager to take advice on how best to manage the concern identified. The Area/General Manager may want to consult with the Lead Professional who can in turn take advice from Adult Care DMT colleagues.

For Adult Care Practitioners there is additional contact with vulnerable Adults through assessments, reviews and advice to self-funders. 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 Adult Care Practitioners to make holistic risk assessments of the circumstances of the individual adult and this may extend to their carers circumstances.

Risk Assessments will help to evaluate what type of risk(s) are present as well as identify the extent of the risk and what actions may be necessary to mitigate the risk(s) identified.

**These holistic risk assessments may include other risk assessment tools, for example the DASH (Domestic Abuse Stalking and Harassment) risk assessment.** The Adult Care Practitioner is also normally the best placed person to speak to the individual and establish their views and wishes.

The risk assessment may result in actions being agreed that resolve the matters at hand and therefore, mitigate the risks identified. Alternatively the risk assessment may result in a poor practice concern or Safeguarding Concern. If Domestic Abuse is suspected a DASH Risk Assessment will also be completed and where relevant the MARAC process is followed and not the safeguarding procedure.

In some instances, Adult Care Practitioners will have open cases with safeguarding concerns. In these circumstances; a safeguarding referral will be made. The safeguarding team will appoint a lead who will lead and direct the enquiry. 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 transfer automatically.**

Adult Care Practitioners may also be asked to be involved or conduct Safeguarding enquiry

(if it is confirmed that criteria for a Section 42 Safeguarding enquiry are met). This will only apply when there is an allocated Key worker. The enquiry may result in the agreement of actions to meet the outcomes identified as necessary. This may require Adult Care Practitioners to input to Safeguarding or protection plans. When a case has an open key worker; Adult Care Practitioners via their managers may also be given specific actions to deliver in relation to the Safeguarding enquiry.

It is also very important that Adult Care Practitioners maintain **clear and accurate records** of all concerns identified and actions taken. These records may be important to the Safeguarding enquiry, to identify patterns of Safeguarding concerns and **may also be required as evidence in legal proceedings**.

The Care Act 2014 statutory guidance provides specific guidance for front line practitioners who come into contact with people who may suffer abuse (p273). In summary the key responsibilities include:

- To understand and share a common view of what types of behaviour may be abuse or neglect
- To identify and respond to allegations of abuse and substandard practice
- To ensure the immediate safety of people at risk of harm
- To ensure they are familiar and up to date with procedures and training to support them to safeguard people effectively
- To maintain clear and accurate records of all concerns and actions taken
- To escalate concerns where immediate line managers do not take action in response to a concern being raised

## **Line Managers and Supervisors**

Line Managers and Supervisors have a critical role in Safeguarding Adults and Children. They may have front line case holding responsibilities of their own, but they will also have responsibility for the Management oversight of their teams and individual members of staff, including their case holding and Safeguarding responsibilities. All line managers have a responsibility for management oversight and if it is felt that a particular manager does not have the experience or training to support the worker in relation to Safeguarding matters, then the next line of management should be contacted to provide the necessary advice and support.

Skilled and knowledgeable supervision focused on Outcomes for Adults is critical to Safeguarding work. Specifically:

- Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported
- When abuse or neglect is raised, LCC Managers need to look for past incidents, concerns, risks and patterns i.e. what LCC and other agencies know about the individuals/providers
- LCC Managers will, where necessary, access legal advice on when proposed

interventions require restrictions on liberty or other individuals (in discussion with budget holders)

Line Managers and Supervisors should also have oversight of the standards of work (including clear and accurate recording), of their teams. Supervisors will also sign off assessment and reviews of vulnerable people. In this respect a key responsibility of Line Managers and Supervisors is to provide their staff with advice and support where this is necessary. Managers and Supervisors must also consider whether members of their teams have sufficient experience to manage complex Safeguarding Risks, which may include a decision to reallocate cases if necessary.

This may be particularly important where Domestic Abuse is suspected. Members of Adult Care and the Adult Safeguarding Teams can complete DASH Risk Assessments as long as they are capable and competent, following completion of appropriate, training. Adult Care managers will make the decision about which Practitioners have the capability to complete a DASH Risk Assessment. Managers also have discretion to reallocate cases or add an involvement to a case to allow a qualified worker to complete the DASH Risk Assessment if they think this necessary.

## **Safeguarding Team**

The Adult Care Safeguarding Team have specific responsibilities in relation to the Safeguarding of Adults. In particular, they will provide specialist advice and support to commissioners and front line teams when this is necessary. The Safeguarding Team are also responsible for co-ordinating certain Safeguarding Activities including, but not limited to:

- The triage of Safeguarding concerns received from the Customer Service Centre (CSC) to agree the level of priority of the Safeguarding concern and to re-confirm that the concern received does meet the Section 42 Safeguarding criteria
- Closing Safeguarding enquiries, if the Safeguarding concerns do not meet Safeguarding criteria, but also when the outcomes of Safeguarding enquiries have been achieved
- The allocation of those concerns that do meet the section 42 criteria to a Safeguarding Team lead
- Undertaking enquiries and ongoing Safeguarding work with individuals/families;
- Requests for support with the completion of enquiries from providers, other Adult Care Teams and/or Safeguarding Team members (Safeguarding retain accountability and lead for the enquiry)
- Confirming the Outcomes the individual identified by the concern wishes to achieve;
- Agreeing and allocating actions that need to be achieved to meet the outcomes identified
- Support to the LSAB in relation to Serious Adult Reviews (SAR)
- Support to Community Safety Partnership in relation to Domestic Homicide Reviews



- Working in partnership with other Adult Care professionals to develop learning from Safeguarding activities.

The Safeguarding Team will also represent Adult Care on a number of safeguarding strategic or governance panels or Boards.

### **LCC Commercial Team**

The LCC Commercial Team provides Adult Care Strategic Commissioners with commercial support in relation to procurement and contract management activities. In relation to this support, the Commercial Team play a vital role in relation to Safeguarding Adults and Children, but also in responding to service standards and quality of a provider (poor practice concerns) in relation to Adult Care providers.

The commercial team will play a key role in reviewing concerns about service standards and quality of a provider and identifying patterns or signs of abuse and neglect. For instance, it should be noted that poor practice concerns if not resolved or if aggregated to form a number of concerns about the same provider (or showing a particular theme), may result in the commercial team raising a safeguarding concern, which in turn may require a safeguarding enquiry.

On occasions, the Commercial Team may be asked to input to and/or complete Safeguarding Enquiries. However, the Care Act 2014 confirms that:

"It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a Care Home, Hospital or College. The first responsibility to act must be with the employing organisation as provider of service. However, Social Workers or Counsellors may need to be involved in order to support the adult to recover".

The Commercial Team may however, make recommendations to commissioners and the Safeguarding Team to suspend placements with providers. These recommendations are made via the Service Quality Review Meetings. The Commercial Team will also provide strategic commissioners with intelligence in relation to provider risk and recommendations as to how to address those risks identified.

It should also be noted that a Safeguarding enquiry may result in specific actions required to meet the Safeguarding outcomes agreed. Some of these actions may be given to the Commercial Team to implement to safeguard individuals.

### **Strategic Commissioning Teams**

Strategic Commissioners are responsible for ensuring there is a sufficient market of Adult Care providers to fulfil demand and at the necessary quality standards. Insufficient Market Supply may represent a Safeguarding risk to Adults. In the same way, if providers of care do not perform to the necessary, standard commissioners will need to communicate this to

key stakeholders, and in some circumstances, terminate contracts with providers.

Strategic Commissioners will be supported with the contract management of providers by the LCC Commercial Team, but Lead Commissioners will retain overall responsibility for the Market supply.

The Care Quality Commission (CQC) is the regulator for Adult Care and they also have specific responsibilities and enforcement powers.

### **Adult Care Performance Management and Quality Assurance Team**

The Adult Care Performance and Quality Assurance Team will provide performance reports and quality reports to the Quality and Safeguarding Board. They will also co-ordinate national Safeguarding returns and feedback from stakeholders.

They will support with Quality Assurance activities through an annual plan agreed with the Adult Care Quality and Safeguarding Board.

Quality Assurance Team members may also be asked to input to Safeguarding enquiries.

In certain situations the Quality Assurance Team may be asked to support safeguarding enquiries to provide additional assurance, this would be specifically where the enquiry relates to the involvement of:

Regulated and unregulated service provision

- Where it has been identified that further support would be beneficial to improve the quality of the service
- To gather information about a person's/people's experience of a service
- To review specific quality concerns relating to a provider

The support will be agreed on a case by case basis, conducted within an agreed timeframe and formal feedback will be provided to an identified lead

### **Workforce Development and Training Team**

In line with the requirements set out in the Care Act, it is Adult Care's policy that all employees in the organisation receive regular learning and development on Safeguarding issues relevant and proportionate to their roles. Basic Safeguarding training is incorporated into induction processes. Safeguarding training should be refreshed regularly and **no Adult Care staff member should go more than 5 years without undertaking an appropriate form of update or refresher learning.**

Learning opportunities may range from general awareness raising and e-learning modules to skills based face to face learning for people working directly with people experiencing abuse and involved in investigating and tackling abuse. Training may consist of Multi-Agency opportunities delivered through the Safeguarding Adults Board or commissioned by

Adult Care. Safeguarding Learning and development opportunities are set out in more detail in the Adult Care Workforce Development Strategy and on [Lincs2learn](#).

The Workforce Development and Training Team will develop an annual workforce development strategy that will set out priorities for learning and confirming mandatory training requirements of Adult Care staff. The Workforce Development Strategy will include a training plan for relevant professionals to ensure they are competent to complete Safeguarding activities including DASH Risk Assessments.

The Workforce Development Team will provide Assistant Directors and the Quality and Safeguarding Board with regular reports on the number and % of Adult Care staff who have completed Mandatory Training and also a list of those workers where the training has not been completed.

## **Roles and Responsibilities of Specific Adult Care Positions**

### **Director of Adult Social Services (DASS)**

The Director of Adult Care holds the statutory role of Director of Adults Social Services (DASS).

As Chief Officer for the leading Adult Safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult Safeguarding. Responsible for promoting prevention, and early intervention and partnership working is a key part of the 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.

However, all officers, including the Chief Executives of the Local Authority, should lead and promote initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect.

Responsibilities in relation to Safeguarding include:

- To ensure there is a robust Safeguarding framework in place to Safeguard Adults and to hold Adult Care professionals to account
- To ensure a culture across Adult Care that promotes the six principles of Safeguarding, which supports people to live safely and achieve the outcomes important to them
- To promote a culture that is person-centred, supports choice and control and aims to tackle inequalities
- To ensure as a member of the Corporate Management Team that all LCC Directorates are held to account for their responsibilities to Safeguard adults

- To represent Adult Care on the Lincolnshire Safeguarding Adults Board;
- To Chair the Adult Care Quality and Safeguarding Board
- Promoting prevention, early intervention and partnership working to ensure effective Safeguarding
- To lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect
- To ensure Elected Members have a good understanding of Adult Safeguarding;
- To ensure that the statutory duties placed on LCC are met

### **Assistant Director – Specialist Adult Services**

- To assist the DASS in the Safeguarding duties outlined above
- Line management of County Manager for Safeguarding
- Deputy Chair of the Quality and Safeguarding Board
- To represent Adult Care on the Lincolnshire Safeguarding Adults Board
- The Assistant Director for Specialist Adult Services represents Adult Care on the Lincolnshire Safeguarding Children's Board (LSCB)
- In addition both Adult Care Assistant Directors have the responsibilities as outlined below:

### **Adult Care Assistant Directors**

- Member of the Quality and Safeguarding Board and ensure connectivity of Adult Care Safeguarding activity with a wide range of Commissioning and Governance Boards across Health and Social Care
- To work with Elected Members, Senior Officers and the NHS to translate complex legislation and guidance from Central Government to ensure Policies, Commissioning Strategies and services are developed which promote the principles of Safeguarding
- The production of Commissioning Strategies, procurement and delivery of internal and external services, delivered in a cost effective, integrated way that meets Adult Care's statutory duties and local policy/quality requirements
- Develop and maintain strategic partnership relationships with internal and external Commissioners and Suppliers to support relevant partners to deliver services Safeguarding responsibilities
- The leadership of performance and programme management to support effective change management
- To drive the quality of Adult Care across the region by participating in sector led Peer Reviews and other Adult Social Care Directorate quality assurance programmes

### **County Manager for Safeguarding**

- Operational accountability for the performance and practice of the Adult Safeguarding, Deprivation of Liberty Safeguards and Out-of-Hours Emergency Duty Teams
- To represent Adult Care on Lincolnshire Safeguarding Adults Operational Board
- Member of the Quality and Safeguarding Board as Lead Advisor on Adult Safeguarding issues
- To represent Adult Care on Boards relating to Domestic Abuse

- To represent Adult Care on Significant Incident Review Group of the SAB
- To coordinate and be accountable for Adult Care's contributions to Safeguarding Adults Reviews
- To ensure that Adult Care is compliant with the mandatory guidance of the Care Act
- Jointly with the Adult Care Lead Professional and Adult Care DMT to regularly review and update these Procedures to ensure they are fit for purpose, compliant with national guidance and reflect best practice
- Ensure Quality Practice Audits are completed

### **Safeguarding General Manager**

- Operational Management and leadership of Adult Care Safeguarding, Deprivation of Liberty Safeguards and the Emergency Duty Teams
- Member of the Lincolnshire Safeguarding Adults Operational Board
- Member of the Safeguarding Adults Board Performance, Policy and Workforce Sub Group and ensure the robustness of Safeguarding Procedures, Multi-Agency performance and workforce development
- To act as Lead for Approved Mental Health Professionals within LCC, including overseeing the AMHP approval process (linked, but not specific to Safeguarding)
- To work with Children's Service LADO to ensure that concerns regarding individuals working with vulnerable people are dealt with effectively

### **Lead Professional**

- To be accountable for the development, implementation and review of policies, procedures and guidance that inform social care practice and the delivery of statutory adult care functions across organisations
- To contribute to Safeguarding Adult Reviews and Domestic Homicide Reviews and ensure learning is incorporated into practice development activities
- To lead on the development of practice models and approaches to improve practice and outcomes for customers
- Member of the Quality and Safeguarding Board and provide expertise on Adult Care practice issues
- To embed the principles of Safeguarding and best practice into our Quality Practice Standards and monitor and report on quality of practice and auditing activity
- To lead on the development and implementation of quality standards for adult care practice and ensure mechanisms are in place to actively promote quality practice and provide assurance of the quality of practice
- To ensure policies and procedures are in place to enable Adult Care to contribute fully to Multi Agency Safeguarding Adults procedures and develop quality standards and measures to ensure safeguarding activity is effective
- Responsibility for Workforce Development Strategy and Team
- To ensure learning and development needs around Safeguarding are addressed through the Adult Care Workforce Strategy
- Jointly with the County Manager for Safeguarding and Adult Care DMT, to regularly review and update these Procedures to ensure they are fit for purpose, compliant with national guidance and reflect best practice

### **Head of Commercial Services – LCC Commercial Team Adult Care**

- Member of the Quality and Safeguarding Board and report on procurement and contracting matters in relation to Safeguarding and Poor Practice Concerns
- Provide assurance of the quality and contract performance of commissioned services;
- Accountability for the Poor Practice Concerns process
- To ensure effective arrangements with commissioned organisations, ensuring contracts hold the providers to account for preventing and dealing promptly and appropriately with abuse and neglect

### **County Manager – Performance and Quality**

- Member of the Quality and Safeguarding Board and report on operational performance in relation to safeguarding activity
- Ensuring front line practice concerns inform commissioning activities, contract management and quality development activity
- Provide assurance of the quality of Adult Care activities and commissioned services
- Provide performance reports on Safeguarding performance in agreement with the Quality and Safeguarding Board
- Co-ordinate national Safeguarding reports
- Deliver quality assurance activities in line with an annual plan agreed via the Quality and Safeguarding Board

### **Operational County and General Managers**

- To be accountable for the practice of operational teams in response to Safeguarding and Domestic Abuse concerns
- To ensure effective implementation of Policy, Procedures and protocols
- To raise and address operational issues impacting on Safeguarding Adults
- To enable Safeguarding Adults Reviews by ensuring the co-operation and contribution of operational staff and to implement recommendations and learning
- Accountability for the operations and performance of the Adult Care Assessment and Care Management functions ensuring they work within Policies, Procedures and promote the principles of Safeguarding
- Ensure Quality Practice Audits are completed
- Member of the Quality & Safeguarding Board (County Manager's only)

### **Universal Responsibilities for All Persons Employed or Acting on Behalf of Adult Care**

All people employed by Adult Care, working in Council Departments supporting Adult Care or working in partner agencies on behalf of Adult Care share a general responsibility:

- To be aware of adult safeguarding issues
- To recognise potential occurrences of harm and abuse
- To know the procedures for raising those concerns

It is important that all LCC Employees are clear where responsibility lies when abuse or

neglect is carried out by an Employee, volunteer or a person in a position of trust. The first responsibility to act must be with the Employing Organisation as provider of the service.

When an Employer becomes aware of abuse or neglect in their Organisation, then they are under a duty to correct this and protect adults from harm as soon as possible and inform the Local Authority, Care Quality Commission and Clinical Commissioning Group where the latter is the Commissioner.

The Local Authorities relevant partners should have clear Policies in line with those from LSAB for dealing with allegations against people who work in either a paid or unpaid capacity with adults with care and support needs. The Policy should make a clear distinction between an allegation, a concern about quality of care or practice and a complaint.

### **Resolution of Professional Disagreement**

Lincolnshire Safeguarding Adults Board (LSAB) set out expectations that people working directly with families, whether this is with the child or adult, work to multi-agency plans and processes.

Good practice includes the expectation that there is professional and constructive challenge amongst colleagues within agencies and between agencies. Where a member of staff from any agency is concerned that concerns or agreed actions regarding an adult at risk are not being addressed or acted upon in a timely and consistent manner, it is expected that the escalation protocol should be used to reach a satisfactory outcome that is in the best interests of the person

The LSAB escalation policy is a good practice interagency protocol designed to provide a clear process by which people working with adults at risk and their families in Lincolnshire can provide professional challenge and effectively escalate concerns in a timely manner.

<https://www.lincolnshire.gov.uk/lsab/support/131094.article>

## **Section 3: Lincolnshire's Safeguarding Governance Arrangements**

### **Safeguarding Partnership Committees and Boards**

Adult Care ensures appropriate representation on all Multi-Agency Boards to promote effective partnership working. Adult Care co-ordinates its internal activity in support of the wider Safeguarding agenda and business plans of these groups through the Adult Care Quality and Safeguarding Board.

NB. Please note that the Public Protection Board has a co-ordinating role and no specific accountability for the other related Boards.

### **The role of Adult Care's Quality and Safeguarding Board**

The Quality and Safeguarding Board is Adult Care's strategic forum enabling the Director of Adult Care to operationalise Adult Care's commitments set out in the Business Plan for the [Lincolnshire Safeguarding Adults Board](#).

It draws together the most appropriate Officers, concerned with prevention, protection and the quality of services (whether internal or external provision), provided to vulnerable adults and their carers. The Board's functions include:

- Collective Adult Care oversight of Adult Safeguarding – covering both existing activity and anything planned or being driven at local and national level;
- Internal oversight of Safeguarding Adult Reviews (SAR) and, where relevant Domestic Homicide Reviews (DHR) and Inquests and track actions and learning from serious untoward incident;
- Oversight of Safeguarding and Domestic Abuse Audits including Joint Agency Inspection Audits with an Adult Care input;
- A strategic analysis of care markets, drawing together information concerning Quality, Safeguarding and CQC reports;
- To oversee the production of Market Position Statements, market management responsibilities and issues of market failure;
- To ensure connectivity with activity undertaken by other Boards concerned with Quality and Safeguarding, e.g. LSAB, Public Protection Board, Domestic Abuse Strategic Management Board;
- Provide strategic governance to the Quality Service Review and any related Safeguarding enquiries;
- Receive thematic reports related to quality of practice and practice standards;
- Health and Safety – notably to satisfy corporate requirements;
- To review and endorse Adult Care's workforce Learning and Development needs analysis and Learning and development plans and receive quarterly reports to monitor feedback, attendance and effectiveness;
- Learning from Customer Insight including customer surveys, complaints and Ombudsman reports.

## **Section 4: Lincolnshire Adult Care's Wider Safeguarding Responsibilities Adult Care**

### **Safeguarding Duties**

Local Authorities have an overarching responsibility for Safeguarding adults. The starting point is the legislation that details our statutory responsibility for Safeguarding individuals in our locality. Adult Care has a number of statutory functions and specific duties outlined in various statutes and codes of practice to enable us to do this.

The Care Act has defined in law our specific responsibilities in adult Safeguarding, but we have other legislative duties that are outlined in the Human Rights Act, Modern Slavery, Domestic Violence, Crime and Victim Act as described below.

Adult Care's statutory Safeguarding duties and therefore, Safeguarding Procedures apply



where the person who has experienced, or is at risk of experiencing harm, meets the criteria set out in Paragraph 14.2 of the Care Act Statutory Guidance.

**The Safeguarding duties apply to an adult who:**

- **has needs for care and support (whether or not the Local Authority is meeting any of those needs) and;**
- **is experiencing, or at risk of, abuse or neglect; and**
- **as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.**

The Care Act defines Care and Support as follows:

**Care and Support**

The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

**Adult with Care and Support Needs**

A person over the age of 18 years who has a need for care and support (see above). Depending on the context, this could be an adult receiving a particular care and support service, or an adult who has such needs, but are not receiving a service (for example, someone coming forward for an assessment).

The need for care and support does not necessarily mean meeting the national eligibility threshold for care and support services. Safeguarding enquiries should be made on the understanding of the risk of neglect or abuse, irrespective of whether the individual would meet the criteria for the provision of services. This means, therefore, that the net has been vastly widened because of the Local Authority Health and Well-Being duties.

In Safeguarding adults and the wider community, Lincolnshire Adult Care also has duties under a range of other statutes and commitments.

**Safeguarding Children**

[Section 11 of the Children Act 2004](#) places a duty on all public bodies to Safeguard and promote the welfare of Children in the discharge of its functions. Adult Care is represented on the Lincolnshire Safeguarding Children's Board. Further details of Adult Care responsibilities to protect Children can be found in the [Adult Care Manual](#) and are summarised in Quality Practice Standard 5.

### **Quality Practice Standard 5 – Safeguarding Children**

Assessment or review episodes should establish where Children are present in the same household, or in regular contact with the customer or carer, and any Child welfare concerns should be explored.

### [Quality Practice Standard 5 – Safeguarding Children](#)

### **Joint Protocol**

Adult Care has also agreed a joint protocol with Children's Services for the protection of a vulnerable Child or adult at risk. Please See:

[Raising Concerns about a Vulnerable Child or Adult at Risk Joint Protocol for Children's Services and Adult Care.](#)

**It is important that all Adult Care employees are familiar with the joint protocol.**

### **Joint Agency Inspections**

Adult Care have responsibilities in relation to LSCB Policies and Procedures.

This includes responsibilities in relation to Joint Agency Inspection arrangements where there is an Adult Care element to the Inspection. This includes the completion of Joint Agency Audits. (See LSCB Safeguarding Policies, Procedures and Guidance for more details).

### **Domestic Abuse**

Adult Care is represented on the Lincolnshire Domestic Abuse Strategic Management Board and along with all the partner agencies represented on the Board is signed up and committed to the Lincolnshire [Domestic Abuse Charter](#) and the [MARAC protocol](#)

The aims of the Domestic Abuse Strategic Management Board are:

By working together in Lincolnshire we can:

- Reduce the number of people in Lincolnshire who experience Domestic Abuse
- Reduce the length and severity of abuse for victims
- Reduce the number of persons posing a risk of Domestic Abuse through prevention and criminal justice interventions

- Create a culture in the County that never tolerates domestic abuse

Domestic Abuse reaches across our society and communities and can take a many different forms. Our commitments under the Charter extend to anyone we come into contact with, irrespective of whether they have care and support needs or are supported by Adult Care. The Care Act has ensured that Domestic Abuse is included in its Safeguarding guidance. It states:

Many people think that Domestic Abuse is about intimate partners, but it is clear that other family members are included and that much Safeguarding work that occurs at home is, in fact, concerned with domestic abuse. This confirms that Domestic Abuse approaches and legislation can be considered Safeguarding responses in appropriate cases.

The Domestic Abuse charter sets out 10 standards by which Adult Care will be measured against in demonstrating our commitment to tackling Domestic Abuse.

### **Domestic Abuse Policies and Procedures**

Adult Care is fully committed and is required to be compliant with the Lincolnshire County Council Domestic Abuse Policy and Procedures.

The Lincolnshire Joint Domestic Abuse Protocol confirms the details of what Adult Care Employees are procedurally required to do in relation to Domestic Abuse and also sets out the procedure for reporting concerns about Domestic Abuse.

**It is critically important that all Adult Care Employees familiarise themselves with the Lincolnshire County Council Domestic Abuse Policies and Procedures and the Lincolnshire Joint Domestic Abuse Protocol.**

Adult Care does not have separate Domestic Abuse Policies and Procedures.

In compliance with the Lincolnshire County Council Domestic Abuse Policy all front line practitioners, including relevant services commissioned by Adult Care with front line delivery, i.e. anyone who comes into contact with members of the public as part of their job, must complete domestic abuse e-learning training as a minimum. Additional training on risk identification, risk assessment, risk management, safety planning and Multi Agency Risk Assessment Conference (MARAC), stalking and harassment, Forced Marriage and Honour Based Abuse is mandatory for Adult Social Care front line practitioners.

### **DASH Risk Assessments and MARAC Meetings**

DASH Risk Assessments can be completed by front line Adult Care practitioners within Assessment and Care Management Teams, LPFT Assessments and Care Management Teams and Adult Care Safeguarding Team.

**Anyone completing a DASH and Risk Assessment should be trained and competent to do so.**

Where the DASH Risk Assessment relates to an Employee of Adult Care, additional advice and support should be accessed from the Human Resource Team who also has members of staff to assist with DASH Risk Assessments.

The DASH Risk assessment is a Risk Assessment tool that may be used as part of a wider Adult Care Risk Assessment or used in its own right.

Where an Adult Care member of staff has identified the need to complete a DASH Risk Assessment, the outcome of that Risk Assessment should be discussed with the Line Manager of the person completing the DASH Risk Assessment and details recorded of the outcome of the Risk Assessment.

Where the DASH Risk Assessment relates to an existing Adult Care Case, the DASH Risk Assessment will normally be completed by the Adult Care or LPFT Practitioners. The person completing the DASH Risk Assessment must have received appropriate training and agreed as competent to complete DASH Risk Assessments by the Line Manager.

The Safeguarding Adult Team will also complete DASH Risk Assessments if the case is not already open to Adult Care, or as part of a wider Safeguarding Enquiry.

Where the outcome of the DASH Risk Assessment has concluded that a referral to MARAC is necessary, this should be recorded and the MARAC operations protocol followed.

The Adult Safeguarding Team will represent Adult Care at MARAC meetings, but may be supported by Practitioners within Adult Care Teams. If a MARAC referral is necessary, you should contact the Adult Care Safeguarding Team who will confirm the Adult Care MARAC representative.

For Adult Care and Safeguarding Cases - Adult Care's IT System must always be updated by the person completing the Risk Assessment to confirm that a DASH Risk Assessment has been completed and where a MARAC Referral has been made.

It should be noted that the wider Joint Domestic Abuse Protocol makes reference also to referral to treatment programmes for persons posing a risk.

## **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 in order to protect the public, including previous victims, from serious harm.

The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the Risk Assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or Mental Health orders and all registered

sex offenders).

The Police, Prison and Probation Services have a clear statutory duty to share information for MAPPA purposes.

Adult Care, along with all other public bodies has a duty to co-operate with the responsible authorities, including the sharing of information. Guidance on working with the MAPPA arrangements can be found [on Lincolnshire County Council's intranet](#).

Adult Care has adopted procedures for ensuring any customers or related records indicate where there is a potential risk posed by someone subject to MAPPA arrangements. Recording guidance can be found [on Lincolnshire County Council's intranet](#).

## **Tackling Anti-Social Behaviour**

Adult Care is committed to support members of our community whose lives are blighted by anti-social behaviour through working with partners through the Anti-Social Behaviour Risk Assessment Conference – ASBRAC. The ASBRAC is the process used to manage high risk victims, persons posing a risk, and locations of Anti-Social Behaviour (ASB).

The key aims of the ASBRAC are:

- To identify and reduce the harm of high risk and vulnerable victims of ASB
- To share information in order to increase the safety, health and well-being of victims
- To identify and manage ASB hotspot locations
- To identify and take appropriate action against repeat or high risk persons posing a risk of ASB
- To jointly construct and implement a risk management plan providing professional support to all those identified as at risk and reduce and/or manage the risk of harm
- To improve agency accountability
- To improve support for staff involved in high risk ASB cases by using a Multi- Agency approach

## **Prevent**

Prevent is one of the four elements of [CONTEST, the Government's Counter-Terrorism Strategy](#). It aims to stop people becoming terrorists or supporting terrorism. For more information about local arrangements and making a referral visit the [Prevent webpage](#) on Lincolnshire County Council's website.

The Prevent Strategy:

- Responds to the ideological challenge faced from terrorism and aspects of extremism, and the threat faced from those who promote these views
- Provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- Works with a wide range of sectors (including Education, Criminal Justice, Faith, Charities, online and Health) where there are risks of radicalisation

Prevent covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism.

The Home Office works with Local Authorities, a wide range of Government Departments, and community organisations to deliver the Prevent Strategy. Measures to challenge extremism in the UK include:

- giving guidance to Local Authorities and institutions to understand the threat from extremism and the statutory powers available to them to challenge extremist speakers
- funding a specialist Police Unit which works to remove online content that breaches terrorist legislation
- supporting community based campaigns and activity which can effectively rebut terrorist and extremist propaganda and offer alternative views to our most vulnerable target audiences
- supporting people who are at risk of being drawn into terrorist activity through the Channel process, which involves several agencies working together to give individuals access to services such as Health and Education, specialist mentoring and diversionary activities - more information on Channel can be found in the [Channel Guidance](#) and [Channel Vulnerability Assessment](#).

Lincolnshire County Council Adult Care staff are required to attend briefings and be aware of steps they can take to identify and address the threat of radicalisation to people they work with.

## Part 2 - Adult Care Safeguarding Procedures

This part of the document details the Procedures for Lincolnshire County Council Adult Care and Community Wellbeing for Safeguarding Adults. The procedures include the arrangements for the Safeguarding Team and other service areas of adult care to work collaboratively to safeguard adults.

This part of the document has two Sections:

- **Section A: Stages within the Adult Care Safeguarding Procedures**
- **Section B: Other Procedural Considerations**

Appendix One Provides a Flow Diagram showing the Procedure for Managing Adult Safeguarding concerns. This should be considered alongside other joint protocols including:

- [Raising Concerns about a Vulnerable Child or Adult at Risk Joint Protocol for Children's Services and Adult Care.](#)
- [Lincolnshire Joint Domestic Abuse Protocol](#)

### Section A - Stages within the Adult Care Safeguarding Procedures

There are a number of key stages within the Adult Care Safeguarding Procedures as follows:

- Stage 1: Before the Safeguarding concern is raised
- Stage 2: Raising the Safeguarding concern
- Stage 3: Screening of the Safeguarding Concern
- Stage 4: Triage of the Safeguarding Referral
- Stage 5: Safeguarding Enquiry
- Stage 6: Safeguarding Planning and Actions
- Stage 7: Closing the Adult Protection Plan
- Stage 8: Organisational Learning and Development

Adult Care has developed a Safeguarding Performance Framework to assist in providing a performance overview of the Procedure which will be utilised for organisational learning and the review and development of these procedures. Each Stage of the Safeguarding Procedure is described further below:

#### Stage 1: Before the Safeguarding concern is raised

This section of the Procedure identified what should be done before you raise a Safeguarding concern as well as important matters that should be considered.

## **Prevention**

Our first thoughts should always be on preventing abuse and neglect from occurring, this will clearly improve Safeguarding practice in Lincolnshire. Working with the LSAB Adult Care will develop Preventative approaches that may reduce the need for Safeguarding concerns being raised. For example an Early Help Assessment and Team Around the Adult approach may be developed to prevent the need for safeguarding concerns being raised.

Whilst these wider approaches are in development, Adult Care Teams can still take a proactive approach to prevention and Safeguarding adults from harm. In many instances, it may not be necessary to raise a Safeguarding concern. Alternatively it may be possible to put small measures in place that prevent the potential Safeguarding issue escalating, for example the person at potential risk may be signposted to support and advice to prevent them from coming to harm or a relative or neighbour may be contacted to look in on the person or to offer help and support. This may prevent the need for Adult Social Care and future Safeguarding arrangements.

With good decision making and recording of decisions relating to why the matter has not resulted in a concern being raised and what measures have taken place, we can make a big step forward with a more preventative approach to safeguarding vulnerable adults.

However, it is also important that where there is reasonable suspicion that a person is at risk of abuse or neglect that the proper procedures are followed.

## **Risk Assessment**

If appropriate, a Risk Assessment should be completed prior to a Safeguarding concern being raised. However, in some instances, the risk may be very acute and it may be necessary to raise the concern immediately and if a crime has being committed also notify the Police.

If you have a suspicion that an adult is at risk of being abused or neglected you should complete a Risk Assessment (if you do not work in Safeguarding or Assessment and Care Management you should contact the Safeguarding Team for support and advice).

When the Risk Assessment has been completed, there may be a number of possible outcomes. It may be concluded that there is not a material risk to the adult and therefore, no further action is required. It could be that an adult may be at risk of abuse or neglect unless you take preventative action. Preventative action does not though always demand a Safeguarding concern to be raised. It could be that you put in place a local action plan to increase resilience for the individual and or if it is about the service standards and quality of a Provider, raise a poor practice concern.

Identifying what the risk is and how that risk can be mitigated is an essential part of professional practice. Adults with decision specific capacity, have a right to make unwise decisions and in conducting any adult assessment, a whole range of risks will be identified



and a dialogue needs to take place with the individual about the risk and what the individual wants to do about it (if anything).

If the risk is Domestic Abuse, then the DASH risk assessment needs to be completed. If we think that the abuse will be impacting on Children, then we have to inform Children's Services.

If the risk that the individual is living with/reported to us, is an unacceptable risk to us as professionals, then we have to share the reasons why we believe that the risk is abusive or detrimental to the individuals well-being/safety. The reason for this is so that we can articulate to them what our concerns are and what we think may happen if the behaviours that are causing the risk continue, without some form of intervention.

If the individual discloses or we observe on a visit, behaviour, that is of a criminal nature, then we will have to make a professional judgement call about ringing the Police ourselves (and telling the client that is what we are doing and why), or advising the individual to make a complaint to the Police.

If you suspect that an adult is engaging or allowing others to take risks on their behalf which may result in them being harmed or exploited, as a professional you need to have the conversation with them, in a safe place, about why you are concerned. Once the risk has been identified, the conversation needs to focus on devising a risk management plan which the individual can own and implement in their own life, as part of the Adult Care assessment.

### **Establishing Case History – Incidents, Concerns, Risks and Patterns**

Reviewing previously recorded information, including hazards and warnings on customer records is essential to understanding the previous risk issues that have been highlighted by LCC. It is the start of forming a picture of the issues in the person's life and how they have dealt with them in their life. They help us to develop a picture of whether this issue is a "one off or a "continuation of a pattern".

As well as completing a Risk Assessment the Poor Practice concern guidance should be considered if it about a provider service is involved. (See also [Adult Care Poor Practice Concerns process](#)).

## Stage 1

### Before raising the safeguarding concern

#### **"No decision about me without me"**

#### **Purpose**

This stage is about making a decision that the circumstances fall within S42 Care Act 2014 thus initiating a safeguarding enquiry or making a decision that alternative action should be taken in relation to an adult's circumstances. Professionals should be mindful that the adult should experience the safeguarding process as empowering and supportive.

Prevention and proportionality are two principles underpinning all adult safeguarding work and therefore services and practice should keep these as a priority in their approaches to responding to an adult's needs, desired outcomes or circumstances.

Section 42 duty of enquiry is met where the Local Authority has reasonable cause to suspect that an adult aged 18 or over in its area:

- has **needs for care & support** (whether or not the authority is meeting any of those needs),
- **And is experiencing, or is at risk of, abuse or neglect**, and
- **And as a result of those needs is unable to protect himself or herself** against the abuse or neglect or the risk of it

Prior to raising the safeguarding concern the following activity should take place to enable a judgement to be made about whether to initiate the safeguarding procedures or take alternative action:

- determine if there is reasonable suspicion that a person is experiencing, or at risk of, abuse or neglect
- gain the views of the adult to directly inform what happens next
- document evidence that the adult at risk has given informed consent to proceed with safeguarding procedures (s42 Care Act 2014) and if the adult lacks capacity what action has been taken, if any under the Mental Capacity Act 2005
- determine the most appropriate way to respond to the circumstances, the wishes and desired outcomes of the adult that considers empowerment, prevention, proportionality and protection.
- consider the range of options available; other policies and procedures eg domestic abuse, adult care procedures and/or legislation, Family Group Conference, reviewing the adult's needs for care and support
- document any risks to staff (Health & Safety risk assessment & plan)
- document the decision and what has informed that decision

## **Key areas to consider**

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
- CQC ensuring that regulated providers comply with standards of care
- the core duties of the police to prevent and detect crime and protect life and property.

Safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met by the Council or elsewhere, regardless of whether the adult lacks capacity or not, regardless of setting, other than prisons.

**There are 6 key principles that underpin all adult safeguarding work:-**

- **Empowerment**
- **Prevention**
- **Proportionality**
- **Protection**
- **Partnership**
- **Accountability**

A 'safeguarding concern' is when any person has reasonable cause to suspect that an adult with needs for care and support, is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of those needs.

**Keep the adult at risk at the centre of decision making; consent and capacity**

**The views of the adult should directly inform what happens next.**

Adults have a legal right to make decisions about their lives. Wherever possible gain consent of the individual and seek their views unless doing so is likely to increase the risk to them or put others at risk. Central to this is approach is engaging the adult in conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. The core principle of "making safeguarding personal" is what lies at the heart of good practice in adult safeguarding.

When an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not always override a professional's responsibility to raise a safeguarding concern and to share key information with other professionals. In circumstances where others are at risk (including children) or a crime has been committed, or you suspect that the adult is being coerced, intimidated or put under duress a concern should be raised.

The adult should receive clear information and feel informed about the support that is available the reasons for raising the concern and if action is to be taken against their wishes the reason for this taking place. It does not preclude the sharing of information with relevant professionals but it is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm to the adult.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the

person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person and throughout any engagement or activity concerning the adult. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your line manager. Decisions and actions should be documented and risk assessment updated regularly.

### **Taking alternative action other than under s42**

Where the criteria for statutory enquiry are not met, for example in circumstances where;

- The adult is at risk of abuse or neglect but does not have care & support needs,
- The adult has care & support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or is at risk of abuse or neglect,
- The adult has care & support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to,

and following discussion with the adult (or their representative or advocate) about what alternative action may be required, taking a risk management approach, other services or approaches should be offered. Examples include

- Referral for a needs assessment under s9 of the Care Act.
- Review of care and support
- Referral for DOLS assessment.
- Referral for Mental Health Act assessment.
- Referral to other risk management processes, e.g. MARAC, MAPPA,
- Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP.
- Complaints procedure for the organisation including PALS
- Written information and advice on how to keep safe, or how to raise a concern in the future.
- Carers Assessment or review of support plan.
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
- Service Provider required to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
- Service quality assurance actions, poor practice concern procedure
- Concern is passed into other incident management processes, e.g. inappropriate discharge process
- Family Group Conference

### **Recording**

Make an accurate record including what informed the decision for next action.

Records are used to inform responses to complaints, evidence in court and are available for the individual adult to read. It is therefore important that they are clear, concise, factual and describe the series of events and outcomes.

Allegations must be recorded as such and not assumed to be fact.

### Key responsibilities

Social care (social worker, CCO, OT) should

- Complete relevant assessments, record findings and decisions and next steps
- review the information held on the adult's record to establish the case history in light of past incidents, concerns, patterns, risks
- gather information to inform the assessment and decision including information that held about commissioned Providers by the Commercial team
- complete assessment of risk
- share information to assist with assessment and decision making
- document action, decision making and next steps
- ascertain and document the adult's views and desired outcomes evidencing the reason for not seeking views. The measures that have been put in place to seek views.
- document action taken or required under the Mental Capacity Act and any other legislation
- seek to ensure that the adult (or advocate, carer, family as appropriate) understands the concern, the type of help offered and their responsibilities to consider and act upon options (as available.)
- when requesting and receiving advice from the Safeguarding Team, taking the advice into consideration record the decision and resulting action
- in an emergency dial 999 for emergency services
- feedback to the adult, carer, family and Provider as relevant about the decision whether to raise a safeguarding concern or take alternative action
- raise the safeguarding concern or take alternative action

Commercial team should

- review the Provider's record, assess and provide analysis of the information in the context of the history of incidents,

	<p>patterns, concerns, risk matrix, contract monitoring and poor practice process.</p> <ul style="list-style-type: none"> <li>gather information to inform the assessment and decision</li> <li>share information to assist with assessment and decision making</li> <li>document action, decision making and next steps</li> <li>if the conclusion of the Poor Practice Concern meets the criteria for safeguarding duties feedback to the Provider and raise the safeguarding concern</li> <li>feedback to the professional raising the Poor Practice Concern</li> </ul>
Safeguarding officer should	<ul style="list-style-type: none"> <li>document the discussion and any advice given on the adult's record</li> </ul>
Mosaic forms	<ul style="list-style-type: none"> <li>Adult Risk Assessment and Management Plan</li> </ul>

## Stage 2: Raising the Safeguarding Concern

Our legal duty starts when we have a reason to suspect that an adult with care and support needs is, or is at risk of, being abused or neglected.

**When raising a concern the basic facts have to be established.** If the initial details and basic facts are not established and/or the person spoken to, then it is not all together clear how the judgement call is being made, that it is appropriate to be a Safeguarding Concern to decide if an enquiry must be undertaken.

Members of the public contact the CSC directly, and they will be asked questions that allow the CSC to complete the requirements for the case management system before the concern can be assigned to the Adult Safeguarding Team.

Quality Assurance Audits of the information recorded in the Safeguarding Concern form will be completed regularly with findings reported to LSAB. Poor quality safeguarding concern forms will also be shared with Line Managers and the Adult Care Quality and Safeguarding Assurance Board for information and follow up action.

### Adult Care Practitioners Raising Safeguarding Concerns

The following applies to Practitioners, both in LCC Adult Care and in partner organisations—contracted to use the Adult Care case management system i.e. Lincolnshire Partnership Foundation Trust and Serco staff who use Adult Care information systems.

## Stage 2

### Raising the safeguarding concern

**"No decision about me without me"**

#### Purpose

This stage is about making a decision that the circumstances fall within S42 Care Act 2014 thus initiating a safeguarding enquiry.

Professionals should be mindful that the adult should experience the safeguarding process as empowering and supportive.

Section 42 duty of enquiry is met where the Local Authority has reasonable cause to suspect that an adult aged 18 or over in its area:

- has **needs for care & support** (whether or not the authority is meeting any of those needs),
- **And is experiencing, or is at risk of, abuse or neglect**, and
- **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 adult's consent and capacity is integral to the decision to raise a safeguarding concern.

#### Key areas to consider

##### Establishing basic facts to inform your decision

When carrying out initial information gathering, you need to consider the following:

- Could the event(s) have happened as alleged? It may be necessary to ask the alleged victim some clarification questions to gain an understanding of the allegation
- Clarifying information given about an incident. For example, what was said, seen, responded to
- Checking written records – care plans, files, communication books, rotas etc. Could the alleged person posing a risk and victim have been together/alone?
- Consider if others, including children are or may be at risk
- At times it may be necessary to discuss the incident with other members of staff. However, this should be done sensitively and only when appropriate to manage risk to the adult at risk or others. When this is necessary, you should remind staff about confidentiality
- Checking files/records to see if previous records to identify past incidents, patterns, concerns, risks and strengths

It will usually be necessary to speak to the adult at risk (or their representative) about the incident to:

- Clarify what has been alleged;
- Ask what their 'desired outcomes' are
- Ask for their consent to share the information
- Ask for their consent to allow the local authority to request and use information from partner agencies (for example health services), where appropriate, to aid the safeguarding process

The following pointers may be helpful when having such conversations:

- TED - Tell me, Explain, Describe
- Consider the most appropriate way of communicating with the adult at risk, which may not always be verbal
- Communicate with them in a private and safe place and inform them of any concerns
- Use 'plain language', for example talk about 'hitting or 'slapping' instead of 'physical abuse' or about 'theft' instead of 'financial abuse'
- Discuss what immediate actions can be taken to help keep them safe
- Provide them with information about the safeguarding adult arrangements and how this can help make them safer. Check out their understanding so they can give informed consent.
- Support them to ask questions about issues of confidentiality and agree who will be told about any concerns
- Explain how they will be kept informed
- Identify any communication needs and personal care arrangements

The three main questions to ask at the outset are:

- what difference is wanted or desired
- how will you work with someone to enable that to happen
- how will you know that a difference has been made.

Each adult needs to be supported to explore the choices and responses that they may want throughout the safeguarding. The adults wishes, desired outcomes and circumstances can change at any time and consideration should be given as to the most proportionate response to any given point in time. This means that duties under s42 may cease and alternative action taken throughout all stages of the safeguarding procedure.

### **Decision making**

The decision to raise a safeguarding concern should be made following discussion and endorsement with the practitioner's line manager.

Disagreement about the decision should be escalated through the team and service management structure.



## Recording

Make an accurate record including what informed the decision for next action.

Records are used to inform responses to complaints, evidence in court and are available for the individual adult to read. It is therefore important that they are clear, concise, factual and describe the series of events and outcomes.

The safeguarding concern is recorded on the adult's record using Mosaic.

## Key Responsibilities

Social care (social worker, CCO, OT) should

- review the information held on the adult's record to establish the case history in light of past incidents, concerns, patterns, risks
- gather information to inform the assessment and decision including information that held about commissioned Providers by the Commercial team
- complete assessment of risk
- share information to assist with assessment and decision making
- document action, decision making and next steps
- ascertain and document the adult's views and desired outcomes evidencing the reason for not seeking views. The measures that have been put in place to seek views.
- document action taken or required under the Mental Capacity Act and any other legislation
- document reasons for over-riding the adult at risks choice and the methods used to ensure the adult is fully informed to support them to consent
- in situations where there is a professional responsibility to share information and raise a safeguarding concern **ensure the adult is advised about what information will be shared, with whom and the reasons** for this. Provide information regarding what will happen once the safeguarding concern has been raised.
- seek to ensure that the adult (or advocate, carer, family as appropriate) understands the concern, the type of help offered and their responsibilities to consider and act upon

	<p>options (as available.)</p> <ul style="list-style-type: none"> <li>• when requesting and receiving advice from the Safeguarding Team, taking the advice into consideration record the decision and resulting action</li> <li>• in an emergency dial 999 for emergency services</li> <li>• feedback to the adult, carer, family and Provider as relevant about the decision whether to raise a safeguarding concern or take alternative action</li> <li>• raise the safeguarding concern or take alternative action</li> </ul>
Commercial team should	<ul style="list-style-type: none"> <li>• review the Provider's record, assess and provide analysis of the information in the context of the history of incidents, patterns, concerns, risk matrix, contract monitoring and poor practice process.</li> <li>• gather information to inform the assessment and decision</li> <li>• share information to assist with assessment and decision making</li> <li>• document action, decision making and next steps</li> <li>• if the conclusion of the Poor Practice Concern meets the criteria for safeguarding duties feedback to the Provider and raise the safeguarding concern</li> <li>• feedback to the professional raising the Poor Practice Concern</li> </ul>
Safeguarding officer should	<ul style="list-style-type: none"> <li>• document the discussion and any advice given on the adult's record</li> </ul>
Mosaic forms	<ul style="list-style-type: none"> <li>• Adult Risk Assessment and Management Plan</li> <li>• Adult Safeguarding Concern</li> </ul>

### **Stage 3: Screening of the Safeguarding Concern**

This section is not relevant to Adult Care teams as the screening by CSC is not required. Instead the Safeguarding Concern will be received by the Safeguarding Team (go to Stage 4.)

The Safeguarding Team receives Safeguarding Concerns from sources external to Adult Care. In these circumstances the Safeguarding Concern will be received by the Customer Service Centre.

Once the Safeguarding Concern is received by the Customer Service Centre (or following implementation of Mosaic received directly by the Adult Safeguarding Team for some concerns), **it should be screened within 24 hours.**

This target timescale will be monitored via the Safeguarding Performance Framework reports, which will be considered at the Adult Care Quality and Safeguarding Board.

The Screening process will again consider the LSAB Guidance (under development), but will also consider the quality of the "Raising a Safeguarding Concern Form". If the quality of the form completion is incomplete or poor quality reporting it may be returned to the referrer.

If the criteria have not been met, for a Safeguarding referral, the CSC or Safeguarding Team will contact the practitioner raising the concern to advise the reason and decision for not continuing to an enquiry. The reason and decision will be recorded by the CSC or Safeguarding Team. The referrer's Line Manager will also be informed as this may be helpful to discuss in supervision to aid learning. The practitioner raising the concern will notify the adult and others involved.

If there is reasonable suspicion of Abuse or Neglect then the CSC or Safeguarding Team will pass the concern on as a formal Referral to the Adult Safeguarding Team. If the concern is being referred to the Adult Safeguarding Team, this should also be completed within the 24 Hours screening timescale target.

## Stage 4: Triage of the Safeguarding Concern

**Making a decision about the safeguarding concern and if there is reasonable cause to suspect the s42 duty is met.**

### Purpose

The decision to proceed with a safeguarding concern under section 42 Care Act 2014 is made by the Safeguarding Adults team in consultation with relevant organisations.

There are many ways of dealing with a s42 enquiry from just having a conversation to a more detailed and thorough investigation.

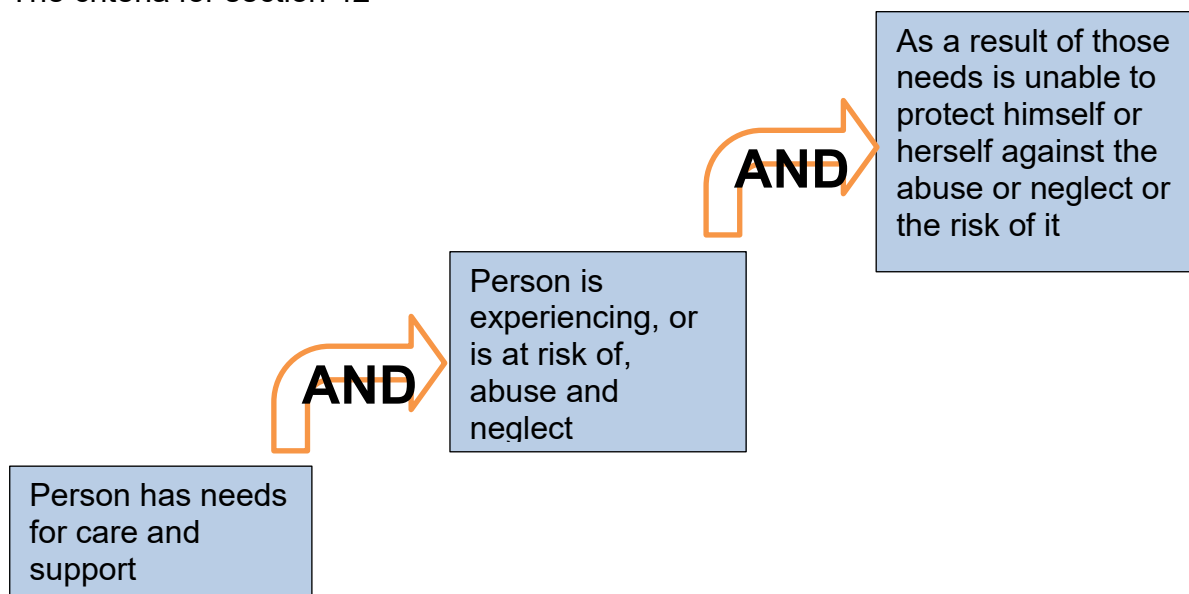
At any stage as matters become clearer the enquiry can be brought to a halt with duties ending under s42.

Triage is the process of gathering, sharing and analysing information with key partners and/or clarifying content of the concern with the person raising the concern, to inform the decision of what further action may be needed.

The purpose of making checks and gathering more information at this stage is

- (i) to ensure the views of the adult have been ascertained and if not that there is a defensible reason for not seeking views when the safeguarding concern was raised
- (ii) to ascertain if the concern meets the criteria for a statutory enquiry under s42 of the Care Act, or if other action is required to respond to the concern
- (iii) inform the approach to the enquiry
- (iv) ascertain if there is a need for an immediate protection plan

The criteria for section 42



Where the local authority must make enquiries, or cause others to do so, there should be an

initial strategy discussion led by the safeguarding officer. The safeguarding officer, will, on the facts of the case, determine who needs to be involved in that initial strategy discussion and how (telephone or meeting) that strategy discussion should take place. The purpose of the discussion is to gather and share information and make decisions about whether the criteria for a s42 enquiry is met and if so agree the approach.

#### Non statutory safeguarding enquiries

Councils are NOT required by law to carry out enquiries for those individuals who do not fit the criteria; however they may do so at their own discretion.

#### Enquiry under s42

An initial strategy discussion is held to

- Consider the initial information about the adults circumstances
- evidence the safeguarding duties to continue enquiries under section 42 or task to another appropriate pathway
- to share information including the analysis of the assessment that concluded that a safeguarding concern should be raised
- to evidence what has been taken into consideration, including taking alternative action, to inform the decision to raise a safeguarding concern (s42 Care Act 2014)
- to ascertain, (if this has not already occurred), whether the adult concerned has capacity to make decisions about their safety and circumstances
- Where the adult lacks capacity to give their consent to undertake a safeguarding enquiry, a best interests decision should be made
- To ascertain if the adult's views and desired outcomes have already been sought or ensure that their views are being sought and documented or where they are not recorded that there is a justifiable reason for not doing so
- to discuss if further clarification is required from the person who reported the concern, to understand what is being said
- to discuss if there are others' including children are at risk and, where necessary, make a referral to Children's Services
- to clarify evidence of consent or the reason for not seeking consent or over-riding wishes
- to discuss how mental capacity has been determined and any impact on the Adult's circumstances and professionals response
- to discuss if an advocate or representative is required
- to consider the specific needs and circumstances of the Adult and the person who may be causing harm and implications this may have

- ensure the Adult is safe, that medical attention has been sought if required, emergency services are involved if necessary
- discuss need for immediate Police involvement if necessary and a criminal investigation may be required
- discuss the need for immediate actions to protect the Adult from further abuse
- to ascertain if the abuse or neglect has occurred within a provider service, to check if there are any current concerns about quality standards or recent relevant concerns
- to identify which organisation funds the care and inform and involve them in this strategy phase
- to risk assess the broader context and consider potential risks to others
- to decide what information is shared with others including the person reporting the concern, family, carer etc
- set out the aims and objectives of the enquiry
- if the criteria for a safeguarding enquiry is met determine the approach , deciding who is best placed to carry out the enquiry
- decide if a multi-agency strategy meeting should be held
- allocate a safeguarding Level to inform the approach
- allocate a lead safeguarding officer if progressing under s42
- identify and evaluate risk to staff (Health & Safety)

### **Key areas to consider**

The criteria for a safeguarding enquiry under s.42 of the Care Act 2014 apply to an adult who:

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

During this stage checks are made with person raising the concern, internal information sources and partner agencies in order to

- Clarify basic facts, including who is involved in the concern. These are collected and/or clarified to enable decisions to be made about the level of risk, whether the s42 enquiry criteria are met, and the process to be followed.
- If the concern relates to a potential crime there should be early liaison with the police to

agree next steps, and to avoid contamination of evidence. Irrespective of whether there is or will be or is a criminal prosecution the local authority still has a responsibility under s42 to undertake enquiries

- Previous contacts and history should be checked for both the adult and the person alleged to have caused harm, including any information about possible risks to workers visiting
- Set out the aims and objectives of the enquiry

The views of the adult will inform what happens next and need to be taken into consideration if they are to be over-ridden because of significant risk of harm to others, a crime has been committed, or there are other factors e.g. coercion or intimidation.

### **Safeguarding Levels**

A level is allocated based on the information available at the time of triage. It is used to inform the approach to the concern based on the level of known risk at the time.

Level 0: no harm, low risk – criteria not met for an enquiry

Level 1: Low Risk – little harm caused

Level 2: Medium Risk – harm may have occurred and possible joint investigation with the police

Level 3: High Risk – serious harm caused, high suspicion of a crime

The information in the concern must be reviewed within 24 hours. A Level should be allocated based upon the information presented and available from the initial strategy discussion as soon as possible and no longer than 48 hours of receiving the concern.

### **Section 42 criteria met**

If the criteria for a safeguarding enquiry are met, the local authority has a duty to make enquiries or cause an enquiry to be made. If through the information received and / or identified through initial checks indicates that the adult affected meets the criteria for an enquiry then this should proceed under the safeguarding procedures.

The enquiry begins with an initial strategy discussion.

Alternative action or no further action and not continuing under s42

If the concern raised is not about abuse or neglect, then appropriate signposting should take place. If the concern relates to service quality (poor practice) of a provider service, the relevant Commissioning Team needs to be informed and the poor practice concern procedure followed. On some occasions a safeguarding enquiry made need to run alongside work undertaken by the Commissioning/contracting team to ensure that the individual is appropriately safeguarded and any concerns of poor practice may be addressed.

If enquiries are not to continue under s42 this may be due to

- the issues have been resolved
- the adult has declined further action
- no further enquiries required into the abuse but preventative actions needed for example risk management plan, care planning, best interests, poor practice concerns procedure

- another procedure is appropriate for the circumstances for example complaints procedure

If after the strategy discussion it is appropriate for the Safeguarding Enquiry to end at this point the lead Safeguarding Officer must ensure the closure is recorded and completed.

### **Attendance at strategy meetings**

The initial strategy discussion may recommend a strategy meeting in circumstances where (not exclusive)

- serious complex cases
- multi-agency involvement with an individual
- several agencies have concerns and the sharing and pooling of information is essential
- several individuals are or could be at risk
- there are indications that a number of safeguarding enquiries are being undertaken (or could be)
- the seriousness of the incident

Attendance at strategy meetings is mandatory. The question of who should attend strategy meetings will depend on the nature of the allegation and who the alleged person posing a risk is. It is good practice to include the adult and or their representative wherever possible. The manager and safeguarding officer responsible for the safeguarding enquiry will need to decide this on the basis of the information received from the networking process.

An interim protection plan should be considered to put in place any measures to protect the adult until the strategy meeting has taken place.

### **Requesting others to undertake the enquiry**

A provider can be asked to undertake the enquiry at Stage 4 triage or Stage 5 following the initial visit and the causes for concern have been confirmed. If a provider that is commissioned by Lincolnshire County Council is being considered to undertake an enquiry, information gathered from the contract records should be sought to inform that decision.

Provider should not be asked to undertake the enquiry if there is a serious conflict of interest, such as where:

- organisational abuse is alleged, or
- the manager or owner of the service is implicated, or
- other issues may not be, or may not be perceived to be, responded to impartially by the service provider
- others are regulatory or commissioning implications
- concerns have been raised about non-effective past enquiries

### **Roles and responsibilities**

Whilst the safeguarding team is the lead for making enquiries and it may delegate or require others to undertake enquiries. This may be because they are the more appropriate agency to undertake the enquiries or because an individual has an established relationship with the adult concerned. This may particularly be the case where the individual has a key worker with whom



they are already familiar and trust.

Dependent upon the nature of the case and concern the initial discussion should involve

- the keyworker (or person with delegated authority if the keyworker is unavailable or if the adult does not have a keyworker.)
- representative from the Commercial team,
- the provider
- any other relevant professionals
- Children's services
- the police

### **The role of Adult Care**

If the adult is receiving a service from Adult Care the information from the lead practitioner or keyworker/OT will assist in deciding the next step. If the criteria for s42 enquiry is met and the case is allocated, the practitioner will have involvement in the planning and undertaking of an enquiry with the allocated safeguarding officer.

In circumstances where the adult is receiving a service but unallocated the involvement of a practitioner will be decided on a case by case basis. For example if the case has recently been added to the review of care or support plan category the practitioner recently involved may be the best person to continue the conversation with the adult.

### **Key responsibilities**

Safeguarding officer should

- clarify the information with the person raising the concern, the nature of the concerns and how they have arisen.
- co-ordinate discussion/meeting
- gather further information as required for example from Mosaic, Adult Care, Police, Health, LPFT, LCC Commercial team and others as relevant
- establish if a conversation has taken place with the adult at risk to ascertain their views and desired outcomes and give consent for action to be taken under s42
- where a conversation has not taken place and consent not established that this is appropriate in the adult's specific circumstances.
- determine if there is a need for;
  - immediate protection
  - police involvement
  - other legal duties eg Mental Capacity Act
- determine if alternative action is required other than a s.42 enquiry and provide advice in writing about the range of actions that may be taken

	<ul style="list-style-type: none"> <li>• document the decision making relating to why the matter has not resulted in an enquiry</li> <li>• Allocate level to determine the approach to the concern</li> <li>• commission the enquiry e.g. to provider, other agency</li> <li>• inform the person who raised the concern of what action has been or will be taken where appropriate to do so</li> <li>• notify the wider Adult Care team (Learning Disability service, Adult Frailty &amp; Long Term Condition, Hospital social care service) if the adult is open to the team, a keyworker or OT.</li> <li>• notify the Commercial team if the concern relates to a Provider commissioned by Adult Care &amp; Community wellbeing.</li> <li>• notify the Commercial team if the Poor Practice Concern procedure should be followed as alternative action or in addition to a s42. Share relevant information and document on the adult's record</li> <li>• end s42 if alternative action or no further action is an outcome</li> </ul>
Adult Care practitioner should	<ul style="list-style-type: none"> <li>• inform the adult, and others for example carer as relevant, of the outcome ( if the practitioner raised the concern as a result of visiting/speaking with the adult/carer/family) unless it is agreed that this is not required due to the nature of the safeguarding enquiry or the safeguarding officer advises otherwise</li> <li>• provide further information and contribute to the discussion/meeting within timescales</li> <li>• take forward any actions agreed as a result of the decision not to proceed with an enquiry under Section 42 Care Act 2014</li> </ul>
Commercial Team should	<ul style="list-style-type: none"> <li>• provide information from the provider's record within target timescale</li> <li>• document on the provider's record the reason for the request, the information shared and any actions to be taken</li> <li>• action Poor Practice Concern procedure if the concern is closed to the safeguarding procedure</li> </ul>
All involved	<ul style="list-style-type: none"> <li>• having raised the safeguarding concern be available to provide further information within the one working day of the date it was</li> </ul>

professionals should	<p>raised</p> <ul style="list-style-type: none"> <li>• provide further information within timescales required to assist with decision making</li> <li>• agree further actions</li> <li>• take forward any actions agreed as a result of the decision not to proceed with an enquiry under Section 42 Care Act 2014</li> </ul>
Timescale	<p>The initial strategy discussion must be conducted and allocation to lead safeguarding officer completed as soon as practicable following the receipt of the safeguarding concern, but it must not exceed 48 hours.</p> <p>This is monitored via the Safeguarding Performance Framework</p>
Mosaic forms	<p>Adult Safeguarding Enquiry Adult Safeguarding Enquiry Closure</p>

## **Stage 5: Safeguarding Enquiry**

### **Planning and undertaking the enquiry**

#### **Purpose**

- keep under review views, consent and desired outcomes of the adult at the beginning, during and end of the enquiry
- consideration of the adult's capacity, representation and advocacy issues
- refer to advocate if required (s.68)
- gather and share information
- plan and carry out what enquiries are needed including interviews with alleged person posing a risk
- decide what information is shared with others including the family, carer
- determine and take into account any risks and protective factors for the adult and for others
- risk assess, plan and review interim plan addressing any immediate safety and protection needs
- agree the conduct and timing of any criminal investigations ensuring there is a co-ordinated approach for the police and Adult Care to work together
- decide how the Adult's wellbeing is promoted during the criminal investigation
- the enquiries made and actions taken are lawful and proportionate
- Identify, evaluate or review the risk to staff or review the Health & Safety risk management plan
- the enquiry will evaluate and evidence;
  - the adult's needs for care and support
  - the adult's risk of abuse or neglect
  - the adult's ability to protect themselves or the ability of their networks to increase the support they offer
  - the impact on the adult, their wishes
  - the possible impact on important relationships
  - potential of action and increasing risk to the adult
  - the risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect
  - the responsibility of the person or organisation that has caused the abuse or

- neglect
- research evidence to support any intervention

## **Key areas to consider**

### **What is an enquiry?**

An enquiry can range from a conversation with the adult or if they have difficulty understanding the enquiry their representative or advocate to a more formal multi-agency plan or course of action. The approach to the enquiry can move from a conversation to a multi-agency intervention during the course of section 42.

Where there is a decision to undertake an enquiry but it is unclear whether the adult meets the criteria for an enquiry under the Care Act, it should be assumed the adult meets the criteria until further information is available to inform a decision.

The overall focus of a safeguarding enquiry is on the impact, and the current and future wellbeing of the adult. Different formal assessments and investigations may need to take place as part of the overall enquiries needed. The approach should be proportionate and reasonable and formal investigations are commonly criminal, disciplinary or serious untoward incidents.

The enquiry should be person-centred and outcome focused. The adult at risk (or their advocate or representative) should be involved and their desired outcomes revisited with them during and at the end of the enquiry to inform the approach and plan.

### **The objectives of an enquiry**

The objectives of the enquiry are to:

- Establish the facts
- Ascertain the adults views and wishes
- Assess the needs of the adult for protection, support and redress
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow up action should be taken with regard to the person responsible, or the organisation, for the abuse and neglect. Take into consideration contract legislation, complaints procedure, criminal law, civil redress, increase in services or action under employment legislation.
- Enable the adult to achieve resolution and recovery.

The enquiry will determine the most appropriate response to the safeguarding concern.

The enquiry should be undertaken with transparency, open mindedness and timeliness and the person who is subject to the enquiry should experience the enquiry as an empowering and supportive process. It will usually start with asking the adult their view and wishes throughout the enquiry should determine what next steps to take.

## Planning the enquiry

The enquiry will be allocated to a lead Safeguarding Officer who will co-ordinate the plan.

There will be a need to be clear about what the safeguarding issues are and to clarify the evidence that needs to be examined. The lead officer will identify who can assist, plan the order of the enquiry and coordinate the input of other agencies/professionals as appropriate.

The plan should

- **Set out** the aims and objectives of the enquiry
- **Clarify** what supporting evidence is needed
- **Clarify** what assistance, if any, individuals may need and where to get it
- **Clarify** which individuals you may need to consult with
- **Plan** the order of the enquiry
- **Plan** interviews - this should include interviews with the alleged person posing a risk where known, if it is safe, appropriate and will not interfere with any ongoing or anticipated police intervention. Where there is an ongoing police enquiry close liaison will need to take place with the police to ascertain when the most appropriate time to put the allegations to the alleged person posing a risk
- **Ensure** protection plan in place and agree who will monitor and review
- **Document** all decisions and actions
- **Ensure** the enquiries made and actions taken are lawful and proportionate

Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim.

In considering how to respond the following information about the abuse or neglect should be considered:

- How and when did the concern come to light?
- When did the potential abuse or neglect occur?
- Where did the potential abuse or neglect take place?
- What are the details of the potential abuse or neglect ?
- What impact is this having on the adult?
- What is the adult saying about the abuse or neglect?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult?
- Is a child (under 18 years) at risk?

Open questioning will assist with establishing the facts;

- **WHO** is the individual who allegedly has been abused or harmed? Who is the alleged abuser? Any witnesses?
- **WHERE** did the allegation take place? Is there evidence of selectivity? Does there appear to be an element of planning? Does the location and or victim appear to be random? Characteristics of location i.e. sheltered

accommodation.

- **WHAT** has allegedly occurred? i.e. a description of the behaviours that have allegedly caused harm.
- **WHEN** did the set of behaviours occur – over which time period?
- **HOW** did it occur?

### **Initial enquiry visit**

The visit should be undertaken as soon as practicable following the initial strategy discussion.

The risk to staff should be evaluated and recorded when planning the visit. In determining who is the preferred or best person to undertake the visit the option of a joint visit with the safeguarding officer or with other professionals should be considered.

There may be exceptional circumstances when contact needs to be made over the phone and the reasons for this should be recorded.

This visit is undertaken to include

- Assessment of the adult's capacity to engage in the enquiry and any interim plan
- Understanding of the desired outcomes
- Analysis of the risk, evaluate potential harm
- Observation and gaining insight into the context, physical environment, relationships
- To confirm the causes for concern

If an initial visit is delayed the rationale for this must be recorded

There may be circumstances when an Adult's wishes might be overruled and these include:

- If the adult's mental capacity is such that they are unable, or may be unable, to make an informed decision about their own safety and wellbeing
- Other adults are at risk including children
- The Police have decided to pursue a criminal investigation

The adult and/or their advocate/representative should be fully informed of the key points from the visit, stated outcomes and agreed/declined actions. Wherever possible this should be provided in writing.

### **Roles and responsibilities**

The enquiry will be allocated to a lead safeguarding officer who will ask others to contribute or will ask a commissioned provider organisation or other agency to undertake the enquiry.

The commissioned provider will be asked to undertake an enquiry if the safeguarding concern is less complex, does not involve a crime, the history (of the provider or adult) does not indicate any relevant patterns or concerns, involves a single agency and does

not require a social worker to visit.

Where a crime is suspected the police must lead the criminal investigation, with the local authorities support where appropriate. The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances. Adult Care and the police should jointly work together and irrespective of whether there will be a criminal prosecution the local authority still has a responsibility under s42 to undertake enquiries.

### **Interview with any alleged person posing a risk**

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. Any immediate need for protection will need to be addressed first.

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. A close working relationship and good communication with our partners will ensure that all enquiries are conducted in an appropriate and timely manner, resulting in the best outcome for service users.

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. Agreement should be reached on how feedback will be provided at the outcome of the enquiry where appropriate. 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.

### **Evaluating the information and deciding next steps**

Once the wishes of the adult have been ascertained and an enquiry undertaken, discussions should take place with them as to whether further enquiry is needed and what further action could be taken.

That action could include disciplinary, complaints or criminal investigations or work by contract managers and CQC to improve care standards.

Discussion with the adult should take place to assist them in understanding the options that are available. Social workers must be able to set out both civil and criminal justice approaches and other approaches that might help to promote their wellbeing, for example resolution, mediation and consideration of a Family Group Conference to facilitate.

Consideration should be given to the need for a multi-agency strategy meeting to decide the next steps if a further enquiry is required.

Once enquiries are completed the outcome should be recorded and for the adult set out:

- what steps, if any, are to be taken to assure their safety in the future
- the provision of any support, treatment or therapy including on-going advocacy
- any modifications needed in the way services are provided
- how best to support the adult through any action they take to seek justice or redress
- any on-going risk management strategy as appropriate
- any action to be taken in relation to the person or organisation that has caused the concern
- any action that is required should the enquiry conclude that the allegation was not

true

If the enquiry establishes that it is not a safeguarding concern, the allegation was untrue or the concern has been resolved and the adult is no longer at risk of abuse or neglect then the duty under s.42 will have been discharged and the enquiry is concluded.

Where the criteria for statutory enquiry are not met, for example in circumstances where

- the adult is at risk of abuse or neglect but does not have care & support needs,
- the adult has care & support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or is at risk of abuse or neglect,
- the adult has care & support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to.

the conclusion of the enquiry will consider what other action, or provision of information or advice, is required to respond to the concern.

### **Enquiry undertaken by others' at the request of 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. 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. The Safeguarding team takes on this local authority role.

### **The outcome of the enquiry**

The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 of the Care Act 2014 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 the local authority must challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The lead safeguarding officer will consider all the information and, taking into account the wishes of the adult, decide the next steps:

- Initiate a safeguarding planning meeting to determine protection plan
- Commence a further more formal enquiry
- Close the enquiry and end section 42 duties

The outcome should be communicated to all those involved including the adult at risk, (advocate or representative), the carer/family, person raising the concern (as appropriate) and agencies involved in the enquiry. The alleged person posing a risk should also receive feedback unless there is a specific reason not to. This should be recorded on the case record.

The roles & responsibilities including for feeding back to individuals and any action plan should be discussed and agreed during the discussion to end the enquiry and the local authority's duties under section 42.

If the enquiry involves a provider commissioned by Lincolnshire County Council information will be shared with the relevant contract manager for the purposes of contract monitoring. Information should include the findings and action plan. If section 42 duties have ended the action plan will be monitored or reviewed taken into consideration within the contract monitoring process.

**Service user as an alleged person posing a risk**

If the alleged person posing a risk is a service user then information about his/her involvement in a safeguarding enquiry, including the outcome of the enquiry, should be included on his/her case records.

**Key responsibilities**

**Safeguarding officer should**

- plan the order of the enquiry
- coordinate the enquiry
- send 's42 action required' to nominated Adult Care practitioner (for example to complete DASH, MH Capacity assessment, risk assessment)
- If during the enquiry the adult is admitted to acute hospital notify the hospital social care team and send 's42 action required' as relevant.
- in accordance with the plan speak with the adult and relevant others including the person who may be or is causing the harm
- evidence reasons for continuing with safeguarding enquiry against the adult's wishes
- consider the need for or review of an interim protection plan
- ensure a timely completion to the enquiry (recording reasons for not completing within agreed timescales)
- quality assure the response of other professionals' (including the provider when commissioned)
- ensure the enquiry has covered all the concerns and adults outcomes
- arrange a discussion / meeting with those professionals involved and the adult, their representative as appropriate to evaluate and conclude the enquiry (a number of

	<p>meetings may be required if more than one adult at risk/alleged person posing a risk/organisations are involved)</p> <ul style="list-style-type: none"> <li>• ensure the adult's views and desired outcomes are at the centre of the enquiry</li> <li>• ensure the adult and/or their representative is kept informed through- out the enquiry</li> <li>• evaluate and analyse all information and taking into consideration the adult's views and desired outcomes</li> <li>• produce the enquiry investigation report drawing upon the recording, assessments or reports from other professionals</li> <li>• make recommendations about the most appropriate, proportionate and lawful response to the safeguarding concern or if s42 duties no longer apply what further recommendation or action may need to be implemented</li> <li>• determine if further enquiries are necessary</li> <li>• coordinate the enquiry evaluation (and where appropriate the ending of S42 duties) and the feedback to professionals and the adult, representative or advocate and in accordance with the plan, to the person raising the concern where appropriate to do so.</li> </ul>
<p><b>Adult Care practitioner should</b></p>	<ul style="list-style-type: none"> <li>• complete and record actions and decisions using AC safeguarding case note or if assigned a request for "s42 action required" record within the Mosaic workflow (e.g. DASH, MH Capacity assessment, risk assessment)</li> <li>• speak with the adult, family, representative and/or advocate and others as necessary</li> <li>• analyse findings and make recommendations to feed into the enquiry</li> <li>• discuss with the adult to ascertain wishes during and following the enquiry to determine whether further enquiry is needed and what further action could be taken.</li> </ul>

<b>Commercial team should</b>	<ul style="list-style-type: none"> <li>• carry out and record recommendations, actions and decisions within the templates/forms/systems used by the Commercial team in accordance with the contract monitoring procedure and requirements</li> <li>• distribute records to the lead safeguarding officer and others' as appropriate</li> <li>• make recommendations to feed into the enquiry</li> </ul>
<b>Supervisors should</b>	<ul style="list-style-type: none"> <li>• supervise the work of the practitioner throughout the enquiry</li> <li>• ensure all actions assigned are carried out and recorded within timescales</li> <li>• record all supervision/case discussions and decisions</li> </ul>
<b>Commissioned provider should</b>	<ul style="list-style-type: none"> <li>• complete internal safeguarding enquiry and provide a report that outlines findings, how the adults outcomes were met, and their conclusions and any recommendations they have implemented. This will include details of discussions with the adult or their representative or advocate.</li> </ul>
<b>Police</b>	<ul style="list-style-type: none"> <li>• lead criminal investigation</li> </ul>
<b>All professionals should</b>	<ul style="list-style-type: none"> <li>• ensure timely completion of actions</li> <li>• maintain communication and share information with other professionals in carrying out the enquiries</li> <li>• record and feedback to the lead safeguarding officer as set out in the plan</li> </ul>
<b>Timescales</b>	<p>Level:</p> <ol style="list-style-type: none"> <li>1) Commissioned enquiry: complete the enquiry within 7 working days</li> <li>2) 14 days working days</li> <li>3) Complex multi-agency that involves the police, multiple adults, institutional abuse – 28 days</li> </ol>
<b>Mosaic form (and other forms*)</b>	<ul style="list-style-type: none"> <li>• Adult Safeguarding Enquiry Investigation Recording</li> <li>• Adult best Interest Decision Making Checklist</li> <li>• Adult Safeguarding Risk Assessment</li> <li>• Adult Mental Capacity assessment</li> <li>• Adult Referral to MARAC</li> <li>• Adult DASH Risk Assessment</li> <li>• Adult Safeguarding Meeting Invitation List</li> <li>• *Health &amp; Safety risk assessment and plan</li> </ul>

## **Stage 6: Safeguarding Planning and Actions**

**Purpose**

- Promote the adults well-being offering and applying a range of approaches.
- Produce a plan that takes into account the wishes of the adult, enables the adult to achieve resolution or recovery.
- Determine what further action is necessary
- For the local authority to determine that it should itself take further action to protect the adult (protection plan)
- Agree actions in order for the adult to be safeguarded using services or procedures outside of Section 42.
- Establish, co-ordinate and review the multi-agency approach, roles and responsibilities

### **Key areas to consider**

#### **Developing the plan**

As part of the safeguarding enquiry an adult's plan may need to be developed to formalise and coordinate the range of action to safeguarding (and where necessary to protect) the adult, and to support the adult to recover from the experience of abuse or neglect.

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and/or social care (e.g a needs assessment).

The local authority must determine what further action is necessary. Where the local authority determines that it should itself take further action (for example, a protection plan), then the authority would be under a duty to do so.

The Mental Capacity Act is clear that local authorities must presume that an adult has the capacity to make a decision until there is a reason to suspect that capacity is in some way compromised; the adult is best placed to make choices about their wellbeing which may involve taking certain risks. Of course, where the adult may lack capacity to make decisions about arrangements for enquiries or managing any abusive situation, then their capacity must always be assessed and any decision made in their best interests. If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be, on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm. The potential for 'undue influence' will need to be considered if relevant. If the adult is thought to be refusing intervention on the grounds of duress then action must be taken. (Statutory Guidance 14.106-14.108)

#### **The approach to agreeing the plan**

This will entail joint discussion, decision taking and planning with the adult for their future

safety and well-being. All agencies involved with the adult should be involved and in most circumstances a multi-agency meeting will take place to produce the plan with the adult at risk. The purpose of the meeting is also to clarify roles and responsibilities between adult care, other professionals and the safeguarding officer/manager to ensure that the approach is co-ordinated and all those involved are informed of the plan and actions.

In unusual circumstances where it is decided that a multi-agency meeting is not required the reasons and decision making for this must be documented.

This applies if it is concluded that the allegation is true or otherwise, as many enquiries are inconclusive.

In some circumstances for example the enquiry has been complex, legal or statutory action or redress may be needed, a formal meeting may need to be held and minuted. This will

- provide scrutiny of the enquiry process and its outcomes
- ensure that the views, wishes and Best Interests of the adult have been central
- ensure risk management and monitoring is in place
- ensure allegations have been put to individuals alleged to have caused harm and they have been given an opportunity to respond
- consider what legal or statutory actions may be needed
- recommendations for wider actions
- set timescales
- if appropriate end duties under s42

The meeting should be recorded, and chaired by the Safeguarding Adults Manager.

Whilst the safeguarding officer retains the lead responsibility for coordinating the making of the plan and the review of the plan, all agencies are expected to contribute and it will be with the adult at risk or their representative or with a person on their behalf if they lack capacity.

To achieve the adult's fullest participation the person who is preferred by the adult at risk or who is best placed to support and communicate with the adult should be involved in the making of the plan.

The local authority must determine what further action is necessary. Where the local authority determines that it should itself take further action (e.g. measures to protect the adult), then the authority would be under a duty to do so.

In some circumstances it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action and their wishes may change.

Wherever possible the adult should be supported to recognise risks and to manage them. Interventions need to be proportionate and balanced with other rights, such as rights to liberty and autonomy, and rights to family life.

### **The Adult's Plan**

The plan should include the desired outcome(s) to be achieved, what action(s) are

necessary to achieve the outcome (s), who is responsible for the action(s), when and how this will be monitored and reviewed and the responsible person(s).

Actions should be SMART and recorded on the adult's plan.

**Specific**

**Measurable**

**Attainable**

**Realistic**

**Timely (or tied to a deadline)**

Plans should

- be person-centred and outcome-focused
- be made with the full participation of the adult, or their representative or advocate as appropriate
- wherever possible, designed to reflect and aim to achieve the adult's desired outcomes
- not be risk averse
- reflect a positive risk taking approach
- be clear how the plan will promote the wellbeing of the adult
- set timescales for the monitoring and review of the plan. These should be set individually when formulating the plan, and should reflect the circumstances and level of risk involved.

If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm. If the person lacks capacity to make decisions in this area then decision made must be in the person's best interest.

There will be occasions where the desired outcomes of the adult cannot be met or where doing so would cause unacceptable risk of harm to the adult or others. The plans will need to balance the duty of care to safeguard and protect the adult with their right to self-determination. In cases where the adult is not able to understand and make safe decisions, the protection element of the plan may need to include restrictions on the adult's choices and lifestyle. Any support or decision that is designed to restrict unsafe choices or behaviour needs to be lawful, proportionate, and least restrictive

The plan can cover a wide range of interventions and should be as innovative as is helpful for the adult. The plan should include, relevant to the individual situation:

- positive actions to promote the safety and wellbeing of an adult, and for resolution and recovery should be relevant to the individual situation
- positive actions to promote the safety and wellbeing of an adult, and for resolution and recovery from the experience of abuse or neglect and,
- positive actions to prevent further abuse or neglect by a person or an organisation.



The plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s, and how this should be dealt with (e.g. who to contact or how to escalate concerns).

A safeguarding officer will lead the arrangements for reviewing the plan.

A Family Group Conference should be considered and offered to the adult to facilitate aspects of the plan, particularly around resolution, redress and putting in place support networks.

**Key responsibilities**

Safeguarding officer should	<ul style="list-style-type: none"> <li>• Coordinate the making of the plan, arranging and facilitating meetings where necessary</li> <li>• Retain responsibility for the delivery and review of the plan</li> <li>• Coordinate the review of the plan, arranging and facilitating meetings where necessary</li> <li>• Distribute the plan and record of the review to external agencies</li> <li>• Send 's42 action required' to nominated practitioner as required</li> <li>• If the adult is admitted to acute hospital send 's42 action required' to the hospital social care team should a review of support and discharge from hospital is required.</li> </ul>
All professionals	<ul style="list-style-type: none"> <li>• Contribute to the making of the plan</li> <li>• Carry out actions assigned</li> <li>• Attend meetings as required</li> </ul>
Chair of meeting	<ul style="list-style-type: none"> <li>• Approve minutes of meeting</li> </ul>
Timescale	The formulation of the plan starts from the end of the enquiry and agreed within 14 days with more complex plans within 30 days

Mosaic forms	<ul style="list-style-type: none"> <li>• Adult Safeguarding Meeting invitation list</li> <li>• Adult Safeguarding Planning Meeting</li> <li>• Adult Safeguarding Action Plan Review</li> </ul>
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## Stage 7: Closing the Adult Protection Plan

### Purpose

- End duties under the s42 safeguarding procedures (Care Act 2014)

### Ensure that

- Discussion takes place with the adult or their representative in relation to their desired outcomes to determine the extent to which the Enquiry achieved the outcomes
- To affirm that the agreed actions have been implemented and ensure that no further action is necessary in respect of the safeguarding Concern
- To reach a collective decision as to whether the Enquiry can be closed and if there is disagreement refer the matter to the Safeguarding Adults Manager
- Ensure plans are complete
- Ensure all those involved in continuing to support the adult understand their roles and responsibilities
- All parties involved are informed that the case is closed using the most appropriate communication for example closure letter, telephone conversation, meeting
- Document all action
- To ask the adult if they are willing to contribute to the safeguarding Quality Assurance survey

### Key areas to consider

#### Closure

An Adult Safeguarding Enquiry must be formally closed. A formal meeting may be required in some circumstances for example complex cases.

There may be exceptional circumstances where all or part of the outcomes are not met but there is a decision to end the plan and duties under the safeguarding procedures. For example if the adult has capacity and does not want to have a protection plan in place. In these circumstances professionals should be assured that the support for the adult to think and weigh up the risks and benefits of different options when exercising choice and control has taken place. The reasons for this decision must be documented.

If the adult's decision puts others at risk of abuse or neglect then an enquiry planning

discussion (Stage 5) may need to take place. Other action could include the decision for further action through an adult protection plan.

**Key responsibilities**

<p><b>Safeguarding Officer should</b></p>	<ul style="list-style-type: none"> <li>• To bring a formal end to the enquiry and duties under s42 using a multi-agency meeting, by meeting individuals' face-to-face or having telephone discussion, depending on the case.</li> <li>• Inform relevant parties the enquiry is now closed. Consider how, with whom and what information is shared regarding the outcome/closure of the safeguarding enquiry.</li> <li>• Record onto the adult's record</li> </ul>
<p><b>Mosaic forms</b></p>	<ul style="list-style-type: none"> <li>• Adult Safeguarding Enquiry Closure</li> </ul>

**Stage 8: Organisational Learning and Development**

Whilst the Safeguarding concern, enquiry and plan may have been concluded Adult Care will still need to consider the outcomes or Safeguarding activities to understand patterns and themes. This may aid the targeting of Safeguarding prevention and training initiatives as well as informing future policy and procedure and resource allocation. Learning will also provide an opportunity to review the Adult Care poor practice standards guidance and risk matrix.

The County Manager for Safeguarding working with the Adult Care Lead Professional, the LSAB and LSCB and Business Support and performance colleagues will analyse Safeguarding activity and outcomes to inform organisational development and practice improvement.

Regular reports will be provided to the Adult Care Quality and Safeguarding Board to facilitate and agree how this organisational learning and memory can be shared.

**Section B: Other Procedural Considerations**

**Mental Capacity**

Mental capacity is frequently raised in relation to adult Safeguarding. The requirement to apply the MCA when working with vulnerable adults is central to all

work undertaken by Adult Social Care. Mental Capacity Act training is mandatory for all staff within Adult Social Care to ensure best interest principles.

The Care Act requires that each Local Authority must arrange for an independent advocate to represent and support an adult who is the subject of a Safeguarding enquiry or Safeguarding Adult Review 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 (see chapter 7).

However, we all need to be clear when we can override individuals' wishes because of the level and seriousness of abuse in their life. We acknowledge that any restriction on individuals' rights and freedoms will be kept to the necessary minimum for which the function is being exercised.

Further guidance on working within the Mental Capacity Act can be found in the Adult Care procedures manual.

### **Inherent Jurisdiction**

The Mental Capacity Act extended the role of the Court of Protection (CoP) beyond making decisions about the property and finances of people who lacked capacity to enable them to make decisions about a person's health and welfare. The CoP can only make a decision where the person lacks capacity.

The regulations of the MCA have replaced the inherent jurisdiction of the High Court to make decisions for people who lack capacity, however, the High Court has gradually extended the use of inherent jurisdiction to the group of adults at risk who possess capacity, but still require protection for certain reasons. The High Court is able to intervene to protect vulnerable people who, whilst having capacity, may still be at significant risk of harm. These powers are increasingly being used to protect people with capacity where there is reason to believe decisions, which put them at risk, are being taken under duress or undue influence from others.

**It is not always the case that, just because someone has capacity, we cannot and should not intervene to support them to live safely.**

Where our assessments show a person is at significant risk of harm, we should consider seeking legal advice about whether an application should be made to the Court.

These cases should be managed within the Safeguarding Procedures, and all concerns and actions clearly documented in the customer's record.

### **Responding to Abuse, Neglect or Poor Practice Concerns in a Regulated**

## Care Setting

What is concern about service standards and quality of a provider (poor practice) and what is abuse or neglect?

Concerns raised about service standards and quality (poor practice) of regulated care providers either in a residential or community setting can sometimes challenge professionals in determining the difference between poor quality of care practice and a Safeguarding concern in response to suspicion of harm from abuse or neglect.

The difference between poor practice and neglect is much contested. If a person is totally dependent on others' assistance to meet basic needs, continual 'poor practice' can lead to serious harm or death.

Useful elements in deciding if poor practice has occurred, which does not require a safeguarding adults' response, are to ascertain if the concern:

- is a 'one off' incident to one individual
- resulted in no harm
- indicated a need for a defined action

Incidents which indicate that poor practice is impacting on more than one adult, or that poor practice is recurring and is not a "one off", must result in Safeguarding Adults Procedures being initiated as these incidents can be good indicators of more widespread, institutional abuse.

Sometimes a 'one off' incident is an indication of a lowering of standards by health or care providers.

## Reporting service standards and quality of a provider: Poor Practice Concerns Process

This [process](#) provides a clear and effective way for staff in Adult Care to raise early concerns relating to regulated care provision so that it can be collated and used as intelligence to inform the contract management and quality monitoring of service providers. A poor practice concern may stem from a deficiency, which has not been successfully resolved by Care Management intervention.

## Abuse and Neglect in a Regulated Care Setting

It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or service user in a regulated setting, such as a Care Home, Hospital, or College. When an Employer is aware of abuse or neglect in their Organisation, then they are under a duty to correct this and

protect the adult from harm as soon as possible and inform the Local Authority, CQC and CCG where the latter is the Commissioner.

The first responsibility to act in response to abuse or neglect suspected in a regulated care setting will be with the regulated care organisation. The Adult Care Safeguarding Team will require the organisation to investigate any concern unless there are **compelling reasons** why it is inappropriate or unsafe to do this. In these cases the Adult Care Safeguarding Team would normally undertake the investigation and in some instances with the support of other in-house teams.

A **compelling reason** why the provider should not lead the investigation would be:

- Serious conflict of interest on the part of the employer
- Concerns have been raised about non effective past enquiries
- Multiple concerns
- Matters that requires investigation by the Police

Where a Local Authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The circumstances where an external person would be required should be set out in the local Multi-Agency procedures. All those carrying out such enquiries should have received appropriate training.

The Local Authority may well be reassured by the Employer's response so that no further action is required.

*However, a Local Authority would have to satisfy itself that an Employer's response has been sufficient to deal with the Safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).*

*The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police.*

Commissioners should encourage an open culture around Safeguarding, working in partnership with providers to ensure the best outcome for the adult. A disciplinary investigation, and potentially a hearing, may result in the Employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service.

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused Safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by Health and Social Care Agencies (e.g. a needs assessment under the Care Act). This will entail joint discussion, decision taking and planning with the adult for their future safety and well-being. This applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.

The Local Authority must determine what further action is necessary. Where the Local Authority determines that it should itself take further action (e.g. a protection plan), then the Authority would be under a duty to do so.

Details of Prevent briefings and resources can be found through [Lincs2learn](#).

**Feedback**

This document is intended to support Adult Care practice. If you have any practice questions stemming from the guidance included or feedback to support future reviews of this document please submit them to [Practice.Development@lincolnshire.gov.uk](mailto:Practice.Development@lincolnshire.gov.uk)