**Adult Safeguarding Concern**

This form should be used by **professionals** wishing to raise a safeguarding concern to the Local Authority.

Members of the public should raise safeguarding concerns via telephone calls to the Customer Service Centre on 01522 782155

If you wish to raise concerns about a **child**, please contact Children’s Services on 01522 782111 (daytime) or 01522 782333 outside office hours.

**Purpose of this form**

When an abuse or neglect safeguarding concern is identified, the following actions should be undertaken by the agency as a priority

* First Priority is the safety and wellbeing of person. **Ensure any immediate action regarding the safety of the adult is taken**, including any emergency medical treatment. Report to the police if the suspected abuse is a crime or offence. (DIAL 999 or 101)
* **Talk to the adult**, unless this would put them or others at risk, regarding their view of the concern, what they want to happen and agree actions that will be taken (Consent and involving the adult –see Care Act 2014 Guidance).
* **Pass information to other relevant organisations** where this is required.
* The referring agencies should **follow their internal policies and procedures.**
* **Check their records** for PAST INCIDENTS, CONCERNS, RISKS AND PATTERNS in relation to both the individual and the organisation

This form should be used by all agencies to report a concern where abuse or neglect has been

discovered, or there is 'reasonable suspicion' that abuse or neglect has occurred against an

individual who, as defined by Care Act 2014

* Has need 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 risk of,
* **[](#_Lincolnshire_Adult_Safeguarding)**Or the experience of abuse and neglect.

**Completion Guidance for an Adult Safeguarding Concern Form can be found by clicking here**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Badge Question Mark with solid fill](#_Referrer)REFERRER’S DETAILSclick for further information | | | | | | |
| Date concern received by LCC Customer Service Centre/Practitioner | | Click or tap to enter a date. | | | | |
| Name of referrer | | Click or tap here to enter text. | | | | |
| Referrer’s Agency/Organisation | | Choose an item. | | | | |
| Job title | | Click or tap here to enter text. | | | | |
| Address | | Click or tap here to enter text. | | | | |
| Email Address | | Click or tap here to enter text. | | | | |
| Telephone number | | Click or tap here to enter text. | | | | |
| Professional involvement with the person at risk? | | Click or tap here to enter text. | | | | |
| If ‘other’ or ‘other service user’ or ‘other worker’ please provide details | | Click or tap here to enter text. | | | | |
| [Badge Question Mark with solid fill](#_Mental_capacity_&)MAKING SAFEGUARDING PERSONAL | | | | | | |
| Have you spoken to the person at risk before raising this safeguarding concern | | Yes | | | No | |
| Does the person consent to their information being shared for this referral? | | Yes | | | No | |
| Are there reasons to doubt the person’s capacity to consent to a safeguarding referral? | | Yes | | | No | |
| If yes, this needs to be evidenced by attaching a Mental Capacity assessment (MCA) which has been completed for this current decision | | | | | | |
| MCA attached? | | Yes | | | No | |
| If sharing without consent please explain:   * Why the person does not consent * Your baseline for sharing without consent and how it applies in this instance *(please seek the advice of your line manager/legal services before sharing without consent)* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| What is the person at risk/advocate’s view of the abuse/neglect? | | Click or tap here to enter text. | | | | |
| Which of the following statements has the person at risk/advocate chosen to best describe how safe they feel? | | | | | | |
| I feel as safe as I want | | | | | | |
| Generally, I feel adequately | | | | | | |
| I feel less than adequately safe | | | | | | |
| I don’t feel at all safe | | | | | | |
| Unable to obtain | | | | | | |
| Please explain the reason for this choice | | Click or tap here to enter text. | | | | |
| What safeguarding outcomes would the person at risk/advocate like to achieve? | | Click or tap here to enter text. | | | | |
| What are the person at risk/advocate’s views and wishes about what they would like to happen? | | Click or tap here to enter text. | | | | |
| What care and support needs does the person at risk have *(please provide full details)* | | Click or tap here to enter text. | | | | |
| Is the person currently at risk of, or experiencing abuse or neglect? | | Yes | | No | | Not recorded |
| Please provide details | | Click or tap here to enter text. | | | | |
| **Person at risk details** | | | | | | |
| Title | | Click or tap here to enter text. | | | | |
| Forename | | Click or tap here to enter text. | | | | |
| Surname | | Click or tap here to enter text. | | | | |
| Also known as | | Click or tap here to enter text. | | | | |
| Address | | Click or tap here to enter text. | | | | |
| Contact number | | Click or tap here to enter text. | | | | |
| Date of birth | | Click or tap here to enter text. | | | | |
| NHS Number | | Click or tap here to enter text. | | | | |
| Gender | | Click or tap here to enter text. | | | | |
| Ethnicity | | Click or tap here to enter text. | | | | |
| Religion | | Click or tap here to enter text. | | | | |
| Communication needs | | Click or tap here to enter text. | | | | |
| First Language | | Click or tap here to enter text. | | | | |
| Interpreter? | | Yes | | | No | |
| What support/Service does the person at risk currently have in place? | | Click or tap here to enter text. | | | | |
| Does the person at risk have caring responsibilities? | | Yes | | | No | |
| If yes, please provide details of those of the adult(s)/children *(a separate alert to Children’s services should be made if you suspect a child is at risk of abuse/neglect)* | | | | | | |
| Name | | Click or tap here to enter text. | | | | |
| Age | | Click or tap here to enter text. | | | | |
| If you suspect a child is at risk of abuse, have you raised an alert to Children’s services on 01522 782111 | | Yes | | | No | |
| Are arrangements in place to look after those who are cared for by the adult at risk? | | Yes | | | No | |
| Details: | | Click or tap here to enter text. | | | | |
| Does the person at risk have a main carer? | | Yes | | | No | |
| Is the main carer aware of this concern | | Yes | | | No | |
| If no, why not? | | Click or tap here to enter text. | | | | |
| Details of main carer (The main carer should only be informed where appropriate to do so) | | | | | | |
| Name | | Click or tap here to enter text. | | | | |
| Address | | Click or tap here to enter text. | | | | |
| Contact Numbers | | Click or tap here to enter text. | | | | |
| Email | | Click or tap here to enter text. | | | | |
| Relationship | | Click or tap here to enter text. | | | | |
| **SUPPORT AND REPRESENTATION** | | | | | | |
| Is the person at risk supported by a relative, friend, independent advocate, person with Lasting Power of Attorney or Legal representative? | | Yes | | | No | |
| Details | | | | | | |
| Name | | Click or tap here to enter text. | | | | |
| Address | | Click or tap here to enter text. | | | | |
| Tel | | Click or tap here to enter text. | | | | |
| Organisation | | Click or tap here to enter text. | | | | |
| Role | | Click or tap here to enter text. | | | | |
| If no, would the person have substantial difficulty in being involved in a safeguarding enquiry? | | Yes | | | No | |
| **DETAILS OF THE INCIDENT/CONCERN** | | | | | | |
| Date of the alleged incident | | Click or tap to enter a date. | | | | |
| Type of alleged abuse | Source of possible risk or abuse | | Location/Setting | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
| If location/setting is ‘Other’ please provide details: | | Click or tap here to enter text. | | | | |
| Describe the concern/incident that has led to this referral | | Click or tap here to enter text. | | | | |
| Please advise of any relevant background information including previous incidents/concerns | | Click or tap here to enter text. | | | | |
| Is this concern in relation to suspected Exploitation, Human Trafficking or Modern Slavery? | | Click or tap here to enter text. | | | | |
| Does it include any evidence of pressure ulcers? | | Click or tap here to enter text. | | | | |
| *If yes, please ensure you have undertaken steps within the DoH guidance* | | | | | | |
| Do you believe that a Crime has been committed? | | Yes | | | No | |
| Has this been reported to the police? | | Yes | | | No | |
| If yes, Police incident number | | Click or tap here to enter text. | | | | |
| **DETAILS OF ALLEGED PERSON POSING A RISK** | | | | | | |
| Name | | Click or tap here to enter text. | | | | |
| Date of birth | | Click or tap here to enter text. | | | | |
| Organisation | | Click or tap here to enter text. | | | | |
| Address | | Click or tap here to enter text. | | | | |
| Contact Number | | Click or tap here to enter text. | | | | |
| If yes, please select the type of care provided? | | Click or tap here to enter text. | | | | |
| Relationship to the person at risk? | | Click or tap here to enter text. | | | | |
| Lives in the same household as the person at risk? | | Yes | | | No | |
| Is the main carer for the person at risk | | Yes | | | No | |
| Is a staff member? | | Yes | | | No | |
| Is a care provider? | | Yes | | | No | |
| Is the alleged person posing a risk aware of this referral? | | Yes | | | No | |
| Please advise of any relevant background information including previous incidents/concerns | | Click or tap here to enter text. | | | | |
| Does the alleged person posing a risk have other caring responsibilities? | | Yes | | | No | |
| If yes, please provide details of those of the adults(s)/children *(a separate alert to Children’s services should be made if you suspect a child is at risk of abuse/neglect)* | | | | | | |
| Name | | Click or tap here to enter text. | | | | |
| Age | | Click or tap here to enter text. | | | | |
| If you suspect they are at risk of abuse or neglect, have you raised a safeguarding concern to Adults and Children’s services as appropriate | | Yes | | | No | |
| Details | | Click or tap here to enter text. | | | | |
| Are there other people who may be at risk of harm? | | Yes | | | No | |
| If yes, please provide details | | Click or tap here to enter text. | | | | |
| Have you considered referring to other agencies or using other procedures? For example DASH, MARAC, Complaints, QIF? | | Click or tap here to enter text. | | | | |
| What current safety plan is in place for the person at risk? *(you must take steps to mitigate risk; a safeguarding referral alone is not sufficient)* | | Click or tap here to enter text. | | | | |
| Has the action removed or reduced it to a manageable level? | | Choose an item. | | | | |
| Does the person continue to be at risk of harm? | | Yes | | | No | |
| If yes, please describe the risk that remains | | Click or tap here to enter text. | | | | |
| What resources/Services are already in place for this person? | | Click or tap here to enter text. | | | | |

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

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

# [Home with solid fill](#_top)Completion Guidance for an Adult Safeguarding Concern Form

# Referrer

This form should be used by professionals wishing to raise a safeguarding concern to the Local Authority.

Members of the public will continue to raise safeguarding concerns via telephone calls to the Customer Service Centre on 01522 782155

Additional support and information for adult Safeguarding, and related matters, can be found on;

<https://www.lincolnshire.gov.uk/adult-care/safeguarding-adults>

And

<https://www.lincolnshire.gov.uk/lsab>

**Reporting a safeguarding concern**

Prior to reporting a safeguarding concern, **the referrer must ensure that action is taken to address any immediate risks.**

Urgent concerns outside of normal office hours, should be reported to the Emergency Duty Team using the telephone number; 01522 782333

Professionals should complete the 'Adult Safeguarding Concern form' released in April 2018. This form should be completed in full (as supported in this document), and sent via secure email to [ASC@lincolnshire.gov.uk](mailto:ASC@lincolnshire.gov.uk)

**Reporting a Crime**

* If you believe a crime is happening at the present time please phone **999**
* If you believe a crime has happened in the past please phone **101**

**Safeguarding Children**

If you believe a child or young adult under the age of 18 years might be suffering, or is likely to suffer significant harm (including any mistreatment or abuse), contact the Children Services CSC on 01522 782111. If it is outside normal office hours you can contact the Emergency Duty Team on 01522 782333**.**

**Returning of Adult Safeguarding Concern forms**

In order to allow the return of Adult Safeguarding Concern forms, contact information for the referrer and line manager are required on each form submitted.

It has been agreed, along with partner agencies, that safeguarding concerns will be **returned to the referrer, without being actioned** where**:**

* **the concern is not of a safeguarding nature.** Where the information indicates that this is a request that can be dealt with by another area e.g. assessment & care management or wellbeing, the Customer Service Centre will direct the information to the appropriate process;
* **the 'Adult Safeguarding Concern form' does not have all mandatory fields completed.** The referral will be returned to the referrer, with a statement directing them to complete the mandatory information;
* **the 'Adult Safeguarding Concern form' is incomplete or illegible.** The referral will be returned to the referrer by the Customer Service Centre, highlighting that they are unable to process the safeguarding concern due to incomplete or illegible information.

[](#_PERSON_AT_RISK)Where a concern is returned for the reasons outlined above, **the responsibility for managing risk remains with the referrer**. In cases where the referrer is not available and the line manager has received the returned form, responsibility for managing the risk will remain with them.

## Care Act 2014: criteria for safeguarding duty

The Care Act 2014 outlines that 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

# [Home with solid fill](#_MAKING_SAFEGUARDING_PERSONAL_1)Making Safeguarding Personal (MSP)

MSP sits firmly within the Department of Health (DH) Care and Support Statutory Guidance and revised in 2021 to support the Care Act (2014).

It means safeguarding adults:

* is person-led
* is outcome-focused
* engages the person and enhances involvement, choice and control
* improves quality of life, wellbeing and safety (paragraph 14.15)

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry (Care Act, 2014, Section 42 enquiry2), but also in the whole spectrum of safeguarding activity.

**Care & support needs**

The Care Act 2014 places a duty on Local Authorities to take lead responsibility for ensuring that the obligations set out in the Act are carried out to safeguard adults with care and support needs who, as a result of those needs, are unable to take steps to safeguard themselves. These obligations are carried out, regardless of whether or not the Local Authority is meeting any of those needs, and are undertaken in partnership with all agencies and organisations that may come into contact with those people.

The Care Act 2014 defines Care & 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**

[](#_CONSENT_AND_MENTAL)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).

# Mental capacity & consent

Safeguarding duties apply equally to 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.

Where the adult at risk lacks capacity to give their consent to undertake a safeguarding enquiry, a best interest's decision should be made.

**Scaling level of safety**

The form now asks for the referrer to scale how safe they believe the adult at risk currently is. This allows the referrer opportunity to reflect on their concerns, and consider any strengths, support or safety mechanisms currently in place for the adult at risk's safety.

**Outcome letters**

Lincolnshire County Council has now implemented a process to provide 'outcome letters' to referrers.

These letters will provide feedback to the referrer including where;

* A Section 42 enquiry will take place,
* There will be no further action,
* There is insufficient information to proceed with the referral, or
* The adult does not meet the criteria for a Section 42 enquiry

The outcome letter will advise the referrer to contact the Safeguarding lead within their own organisation for guidance on what approach they should take to meet or support the needs of the adult. In addition, it will provide information on how to arrange a telephone conversation with the Local Authority Safeguarding Team to discuss the outcome if necessary.

Where the Safeguarding concern is not received on the correct Safeguarding Referral Form; the referral will be returned to the referrer, along with a standard statement informing them of the need to submit this on the correct form; If this continues, the issue will be escalated within the partnership agency.

**Escalation policy**

Where there is professional disagreement over a decision made, that has not been resolved following a discussion between the referrer and a member of the Safeguarding Team, the referrer should discuss this further with their line manager and consult the LSAB Escalation Policy for next steps.

The LSAB Escalation Policy can be found in the Resources section of the LSAB website.

<https://www.lincolnshire.gov.uk/safeguarding/lsab/4>

**Additional considerations & processes**

**Human trafficking** <https://www.lincs.police.uk/advice/advice-and-information/ms/human-trafficking/>

If you think a person is in immediate danger from trafficking, you should call the Police on 999. Where there is no immediate danger, Lincolnshire Police can be contacted via 101.

**Modern Slavery** <https://www.lincs.police.uk/advice/advice-and-information/ms/modern-slavery/>

When completing a referral in relation to safeguarding concerns surrounding Modern Slavery, if you think a person is in immediate danger, you should call the Police via 999.

If you suspect slavery is happening and there is no immediate threat to life, you should report it by calling the Modern Slavery Helpline on 0800 0121 700 or completing the online form on <https://www.modernslaveryhelpline.org/report>

**Domestic Abuse** <https://www.lincolnshire.gov.uk/domestic-abuse>

Where there is an emergency or immediate danger, call **999**. In other instances, notify Lincolnshire Police by calling 101.

If you suspect domestic abuse, a disclosure has been made to you. or an agency or member of the public has shared concerns with you relating to domestic abuse, you or a competent practitioner within your agency, must complete a Domestic Abuse Stalking and Harassment (DASH) risk assessment with the adult at risk. A copy of the completed DASH assessment can be submitted alongside an 'Adult Safeguarding Concern form'.

**Pressure Ulcers** <https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol>

In cases that involve concerns relating to pressure ulcers, professionals should ensure that they have considered the 'Pressure Ulcers Safeguarding Adults Protocol' issued by the Department of Health, and it's Appendix 3 'An Adult Safeguarding Decision Guide'. A copy of this assessment should be included with your submission of the 'Adult Safeguarding Concern form'.