

This guide provides information about the Lincolnshire Adults Safeguarding Team, their processes and further resources.

The Local Authority safeguarding team make decisions under The Care Act 2014 (Section 42) which states the person **must be 18+ and have care and support needs** and is **experiencing, or is at risk of, abuse or neglect and is unable to protect themselves (against the abuse or neglect) due to their care and support needs.**

'Safeguarding adults' is the name given to the multi-agency response used to protect adults with care and support needs from abuse and neglect. The main priorities are to establish facts, gain the adults' views and wishes, protect the person from the abuse and neglect and make decisions as to what follow-up actions should be taken and by whom.

The Care Act statutory guidance defines six principles that should underpin all safeguarding functions, these are **empowerment, prevention, proportionality, protection, partnership and accountability.**

What do we mean when we talk about care and support needs?

In the context of safeguarding under the Care Act 2014, care and support needs refer to the essential help an adult requires to maintain their wellbeing and live as independently as possible. These needs may arise due to age, disability, illness, or other circumstance and can include:

- Managing nutrition and maintaining a balanced diet
- Personal hygiene, including washing and dressing
- Toileting and continence care
- Dressing appropriately for the weather or occasion
- Ensuring safety within the home environment
- Maintaining a clean and habitable living space
- Building and sustaining family and personal relationships
- Accessing and participating in work, education, training, or volunteering
- Engaging with the community and social networks
- Fulfilling caring responsibilities for others

The Safeguarding Team includes Safeguarding Officers and Principal Practitioners (PP). During office hours, there is always a PP on duty who is available to provide further advice, guidance, or support if needed.

Lincolnshire: making a referral and out of hours provision

We accept referrals via telephone or digital form. Before making a safeguarding contact, please check our [webpage](#) for information about referrals and a link to the digital form. You are able to save a copy of the digital form once completed for your records. Please note all referrals are received initially by our Customer Service Centre (CSC), who progress to the relevant team.

Contact details

- **During office hours** (Monday to Friday, 8am to 6pm): 01522 782155
- **Out of hours** Emergency Duty Team (6pm to 8am and including weekends): 01522 782333 (please note this is only to be used for urgent contacts)

Once a referral has been received, the team reviews the concern, gathers information and takes appropriate action, **most concerns are closed once immediate action has been taken.** Sometimes other teams and professionals are identified as the best people to help.

In some cases, further action is required to find out more information and support the person, this is known as a Section 42 Enquiry. As per the Care Act, another agency or best placed person can carry out an enquiry,

however the local authority is the overall lead. A Section 42 Enquiry can range from a conversation to a formal multi-agency approach.

The team receives a high proportion of referrals that do not meet the duties set out in the Care Act, the information on the next pages may help support when deciding whether to make a referral.

What is the difference between adult social care and safeguarding?

Adult Social Care refers to services that support people with care and support needs to live independently, safely and with dignity, e.g. assistance with personal care, household tasks and mobility support.

Safeguarding is only necessary when **individuals with care and support needs** cannot protect themselves from **abuse or neglect**.

Further information can be found at the end of the guide.

Adult Social Care: guide to the teams					
	Support required	Adult Social Care Further information	Safeguarding Further information	Wellbeing Service Further information	Carers Service Further information
Care & Support	A conversation about care and support at home or in an alternative setting	✓			
	A review of a current care package	✓			
	Experiencing or at risk of abuse and/or neglect		✓		
Self-neglect Self-Neglect Protocol	Concerns about self-neglect (when a person isn't at risk of death)	✓			
	Self-neglect when there is risk of death		✓		
Aids & adaptations	Advice & support such as improving mobility with installation of handrails	✓			
	Minor adaptations			✓	
Carers	Support for a family member who is an unpaid carer				✓
	Unpaid carer struggling to manage	✓			✓
	Suspected abuse or neglect of carer of cared for person				

			✓		
Short term support around life skills	Help with building social networks			✓	
	Improving digital literacy			✓	
	Helping with life skills such as budgeting			✓	

Other pathways and services

Poor Practice Concerns (PPC): If you have concerns about repeated poor quality or service delivery in residential or nursing care homes, homecare, day care, supported living, or other contracted services, please report these by contacting **01522 782155** or via an **LCC staff member**.

QIF: This is for **care providers** to use when standards fall short and there are concerns over quality of care but do not constitute abuse or neglect. This includes one off medication error that resulted in no harm, resident on resident altercation that resulted in no harm and actions are in place to reduce risk, lack of appropriate equipment [Quality Incident Form \(QIF\)](#).

A simple guide which can be used is below (a more detailed table with further examples is at the end of the guide):

QIF <i>Care providers</i>	Low- level incident	No harm, no ongoing impact	Managed internally by provider	Used for local action & learning	Only escalates if patterns appear
PPC	Concern about quality or standards	No harm yet, but quality is insufficient	Reported to LCC for oversight	Used for contract monitoring & risk management	Formally investigated with provider response

DoLs: Please note the DoLs Team is a separate team to the Safeguarding Service and Adult Social Care Teams. Further information can be found in the link: [Deprivation of Liberty Safeguards Procedure](#). To refer to the team email mentalcapacityresource@lincolnshire.gov.uk or telephone 01522 554205.

Children's Safeguarding: If you believe that a child may be a victim of neglect, abuse or cruelty call Children's Safeguarding on 01522 782111 (Monday to Friday, 8am to 6pm) or 01522 782333 (outside office hours).

Police: If a crime has been committed or the person is at immediate risk this should be reported to the Police.

Mental health support:

- Single Point of Access (SPA) is the primary gateway for adult mental health and learning disability services. Referrals and advice requests can be made directly. Further information can be found here [LPFT services for adults](#)
- Lincolnshire Talking Therapies: Individuals aged 16+ can self-refer via the online referral form on the Talking Therapies website or via SPA. Further information can be found here [Talking Therapies](#)

Housing: Your local District Council can provide advice and information about housing including homelessness.

Home fire safety: [Home fire safety – Lincolnshire County Council](#)

Hoarding: [Hoarding guidance for frontline staff](#)

Domestic abuse: [Lincolnshire Domestic Abuse Specialist Service](#)

Telecare: [Technology enabled care – Lincolnshire County Council](#)

The [Connect to Support](#) website provides information on services available in Lincolnshire

SCIE has a wealth of useful information on safeguarding adults

FAQ's

1. Why didn't my concern progress to a Section 42 Enquiry?

There are a number of reasons why a concern may not progress, this does not mean we haven't taken your concern seriously or haven't taken any action. In fact, our triage process is robust, and a lot of work is undertaken at this step. Some reasons your concern may not have progressed could be:

- The person did not have care and support needs defined under the Care Act 2014
- The person will be better supported by another team/professional
- The person was able to take measures to protect themselves from the identified abuse or neglect
- The person declined support
- Actions have already been taken to reduce risks
- The person is not at risk of abuse or neglect
- There is already an enquiry ongoing
- A crime has been committed, and a Police investigation takes precedent

Additionally, we often receive referrals that should follow different referral pathways as mentioned above.

2. Why didn't I receive an outcome letter?

- If your referral has progressed to a conversation (also known as triage) then you should receive an outcome letter once a decision has been made to progress to a S42 Enquiry or not.
- If your referral progresses to a Section 42 Enquiry, then you should receive an outcome letter at the point of closure.

If you have not received an outcome letter, please contact the service.

3. Why don't you send a report?

We receive a huge number of referrals and are unable to produce a report for every case, in 2024/2025 we received 7105 referrals. We complete an enquiry on our IT system and an outcome letter which is sent to the referrer. We are working to improve the information we send in the outcome letters and recently improved the letter sent when cases do not progress to a Section 42 Enquiry to provide more information.

4. Why do I have to provide so much information in the referral?

This is the responsibility of the referrer. Incomplete or unclear information can delay the safeguarding process, increasing the risk of harm to the adult. In addition, it provides a clear audit trail as safeguarding referrals are legal documents. This is underpinned by the Care Act 2014, Data Protection Act 2018 and UK GDPR and Human Rights Act 1998.

5. Why was the concern closed quickly?

We work to specific timescales, therefore once we receive the referral work usually commences within a day.

6. Can you assess mental capacity?

We do assess mental capacity, as the team consists of social workers and registered nurses, but only as part of our role in the Safeguarding Team. We are sometimes asked to assess capacity on behalf of other professionals or when the person does not meet the safeguarding duty set out in the Care Act. In these circumstances the team are not the best placed person to undertake a capacity assessment.

7. What do you do as part of a S42 Enquiry?

The team will speak to the person and ascertain their views and wishes, they may also speak to the person's family/support network, they will gather information and establish facts, liaise with other professionals, organise MDT meetings, make referrals and provide advice and information, take actions to reduce or mitigate risks and complete protection plans.

8. Can you provide examples of cases where no further action was taken to support Learning and Development?

Yes, please see examples provided at the end of the guide.

Training available

The LSAB has a suite of [resources](#) and free training available

[Making Safeguarding Personal and S42 Safeguarding Referrals](#)

[LSAB 6 year Safeguarding Adults pathway](#)

Safeguarding leaflet

[Safeguarding leaflet: Supporting people in Lincolnshire to be safe](#)

Feedback

You can provide feedback about the service at any time by following the QR code or link below to a short survey.

[Safeguarding survey](#)



Further information and examples can be found below.

Summary	Adult Social Care	Adult Safeguarding Team
Main Purpose	To assess and support adults who need help with daily living, care needs, or maintaining independence.	To protect adults from abuse, neglect, or risk of harm.
Reasons for Referral	<ul style="list-style-type: none"> • Assessing care needs (Care Act 2014) • Arranging care and support, such as home care, day services, equipment, or residential care. • Providing information and advice • Equipment/adaptations • Carer support • Long-term care planning • Concerns about self-neglect (<i>depending on severity</i>) 	<ul style="list-style-type: none"> • Abuse concerns (physical, emotional, financial, sexual) • Neglect or self-neglect (<i>depending on severity- see self-neglect protocol</i>) • Risk of significant harm • Domestic abuse
Focus of Work	<p>Adult Social Care supports people whose illness, disability, frailty, or social circumstances mean they need help to live independently and safely.</p> <p>Its focus is on meeting needs, promoting wellbeing, and maintaining or improving quality of life using a strengths-based approach.</p>	<p>Identifying, responding to, and reducing risks.</p> <p>Adult Safeguarding focuses on keeping people safe from harm, abuse, or neglect, and coordinating protective actions when someone is at risk.</p>
Who They Work With	Adults with disabilities, long-term conditions, frailty, or age-related needs; unpaid carers.	Adults who may be experiencing or at risk of abuse or neglect (<i>they have to have care and support needs</i>)
Response Type	Needs assessment, care and support planning, arranging services.	Safeguarding enquiries (Section 42), risk management and protection planning.
Legal Framework	Care Act 2014 duties around assessment and meeting eligible needs.	Care Act 2014 Section 42 enquiries around abuse/neglect.

QIF	PPC
<p>A QIF is used to record shortfalls or errors in care practice where no harm has occurred, and the issue does not meet safeguarding thresholds.</p>	<p>A PPC is a concern about the standard or quality of service delivery, still not safeguarding, but serious enough to be reported to the Local Authority (LCC) for monitoring and provider level-level action.</p>
<p>Purpose To support the provider to:</p> <ul style="list-style-type: none"> • Note the incident • Fact find • Take action • Review and learn 	<p>Purpose To allow LCC to:</p> <ul style="list-style-type: none"> • Collect intelligence about providers • Monitor risk • Prevent quality issues escalating into harm
<p>Key features</p> <ul style="list-style-type: none"> • For one-off or low level-level concerns • Provider addresses and monitors the issue themselves • Does not get sent to LCC Safeguarding or CQC • Used to track themes and patterns, which may later indicate a safeguarding concern if they repeat 	<p>Key features</p> <ul style="list-style-type: none"> • Referred by contacting 01522 782155 or via an LCC staff member who submit an official PPC form • Sent to LCC’s Commercial Team • Provider must investigate and respond within a specific timeframe • Outcomes affect provider risk rating and contract monitoring
<p>Examples</p> <ul style="list-style-type: none"> • One off medication error with no harm • Missed call where no risk occurred • Poor record-keeping • Temporary staffing issues without impact 	<p>Examples</p> <ul style="list-style-type: none"> • Care plan missing essential guidance (e.g., management of behaviour) • Needs in care plan not being met consistently • Person not receiving help with meals or continence care (no harm yet) • Poor staffing practice affecting multiple people • Rude or disrespectful interaction (no distress caused)

Self-Neglect		
Situation	Refer to Safeguarding?	Explanation (based on protocol)
Self-neglect is present, but risks can be managed through assessment, care planning, and multi-agency support	No safeguarding referral	The protocol states that most self-neglect cases should be managed through Care Act Section 9 assessment, information/advice, prevention, and multi-agency work, not safeguarding processes. Self-neglect cases should be managed through Care Act Section 9 assessment, information/advice, prevention, and multi-agency work, not safeguarding processes.
There is serious risk to health or wellbeing AND all attempts to engage have been unsuccessful	Yes safeguarding referral	A referral is appropriate only when there is a serious risk and other interventions have already been tried and failed.
The person has care & support needs AND is experiencing/at risk of abuse or neglect AND cannot protect themselves	Yes	These are the Care Act criteria for a safeguarding concern.
The person has capacity, understands the risks, and refuses support, but risk is not life threatening	No safeguarding referral	The protocol emphasises rights, choice, and proportionate response. Document and continue offering support.
There is immediate risk of death or major harm ('vital interests')	Yes safeguarding referral	Safeguarding may be necessary to prevent life threatening harm.
Others (family, neighbours, professionals) are at significant risk due to the person's self-neglect	Yes	Safeguarding can be justified when the risk extends beyond the individual.
The person lacks mental capacity regarding self-care decisions	Not automatically safeguarding	Intervene under Mental Capacity Act (Best Interest decision) first. Safeguarding only if risks remain high or others are at risk.
Person is unwilling to engage or repeatedly declines support but is not at significant risk	No safeguarding referral	Use multi-agency meetings, repeated engagement attempts, Team Around the Adult, GP involvement, etc. Do not close the case.
All agencies have tried multiple interventions, but risk remains high	Yes safeguarding referral should be considered	Referral appropriate when proportionate and after collaborative attempts to reduce risk.

Case studies

Case 1

Scenario: In a Lincolnshire care home, Resident A (diagnosed with advanced dementia) strikes Resident B during lunch. The incident occurs suddenly after Resident B takes a seat that Resident A believed was theirs. Staff intervene immediately, separate both residents, and provide reassurance. Resident B sustains no injury, which is confirmed by staff and declines any further actions. Resident A is calm after redirection.

Why This Does *Not* Meet Safeguarding Criteria (Care Act 2014):

- **Care and Support Needs:** Yes, both residents have needs.
- **Experiencing or at Risk of Abuse/Neglect:** Technically, an assault occurred, but:
 - It was **isolated**, linked to dementia and not intentional harm.
 - No ongoing risk identified after staff intervention.
- **Unable to Protect Themselves:** Resident B was protected promptly by staff.
- **Significant Harm:** No injury or lasting impact.
- **Provider response:** Proportionate and immediate response

Appropriate Action Instead:

- Record the incident internally.
- Complete a Quality Incident Form (QIF) for monitoring and trend analysis.
- Review care plans for both residents (e.g., seating arrangements, triggers).
- Inform family as per policy.
- Monitor for patterns

Case 2

Scenario: A Professional makes a referral about Mr S, an older man living alone, who has a history of depression and anxiety. Recently, Mr S has expressed feelings of hopelessness and mentioned thoughts of self-harm. He is currently engaging with his GP but has no other support in place. There are no concerns about his capacity, and he does want support.

Why This Does *Not* Meet Safeguarding Criteria (Care Act 2014):

- **Care and Support Needs:** Mr S may have emerging needs, but the information suggests they are linked to mental health rather than abuse or neglect by others. Further information would need to be gathered to determine this.
- **Experiencing or at Risk of Abuse/Neglect:** No evidence of abuse or neglect from another person.
- **Unable to Protect Himself:** He has capacity and is actively seeking help.
- **Significant Harm from Abuse/Neglect:** Risk is related to mental health crisis, not external harm.

Appropriate Action Instead:

- **Refer to Mental Health Services:** Contact Lincolnshire Community Mental Health Team
- **Link in with GP**
- **Consider care and support needs:** Gain further information regarding Mr S's care and support needs and consider if these meet the criteria in the Care Act 2014 for Adult Social Care, such as a Care Needs assessment.
- **Offer preventative and community support:** Social prescribing, Wellbeing Service, voluntary sector support, befriending services.
- **Monitor and review**

Case 3

Scenario: Mr D is a 72-year-old man living alone in a rural Lincolnshire village. Mr D has recently fallen at home and health professionals noted concerns about his living conditions and personal care including overflowing bins, strong odours, and large numbers of items stacked in his hallway and living areas. He appears thin and unsteady on his feet and reluctant to discuss accepting help.

Why This Does *Not Necessarily* Meet Safeguarding Criteria (Care Act 2014):

- **Care and Support Needs:** Yes, concerns about physical health, mobility, nutrition and maintaining a safe environment.
- **Experiencing or at Risk of Abuse/Neglect:** Risk exists, but it is not abuse by another individual. The concerns identified potentially relate to self-neglect, which covers failing to care for hygiene, health, surroundings and hoarding behaviours.
- **Unable to Protect Himself Because of Those Needs:** Possibly but further information is required.
- **Significant Harm:** Yes, the risks are escalating (infection, falls, isolation, fire risk), but safeguarding is not the first response.

Appropriate Action Instead:

- Apply the Lincolnshire Self-Neglect Protocol: Follow LSAB multi-agency procedure expectations. Consider characteristics of self-neglect such as poor hygiene, refusal of services, malnutrition, unclean environment. Complete clutter scale scoring if hoarding indicators present (protocol requirement).
- **Information Gathering and onward referrals:** Consider and discuss potential organisations/team that could provide support, from the information provided Adult Social Care may be appropriate. Other services to consider are the Wellbeing Service, Health, Mental Health, Fire service, voluntary organisations and the person's support network.
- **Assess Capacity and Risk:** Mental Capacity Act assessment specific to the identified decisions (this may be something another professional undertakes depending on your role).
- **Engagement and Building Trust:** Make repeated, flexible attempts to engage. Consider involving trusted community contacts, e.g., neighbour, GP, Community Nursing, Wellbeing Service.
- **Convene a Multi-Agency Self-Neglect Meeting (if risk remains high)**
 - Discuss coordinated support plan.
 - Decide whether escalation to safeguarding under s.42 is required. Safeguarding may be needed only if Mr D lacks capacity (*although support through adult social care should be considered initially via a Care Needs Assessment*) OR risks are life-threatening and he remains unable to protect himself.

6. Ongoing Monitoring

- Agree monitoring roles (e.g., community nursing, housing, fire service).
- Keep detailed records as required by LSAB guidance.

<https://www.lincolnshiresab.org.uk/resources/lsab-resources>

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