EARLY HELP, SAFEGUARDING CHILDREN AND ADULTS, AND DOMESTIC ABUSE POLICY and PROCEDURES

2015 - 2018

Safeguarding is everyone’s responsibility!

Version 3.1       June 2017

Next Full Review: July 2018
Next Annual Review: July 2019
## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>POLICY COMMITMENT</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>EARLY HELP AND SAFEGUARDING CHILDREN</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>SAFEGUARDING ADULTS</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>MENTAL CAPACITY</td>
<td>15</td>
</tr>
<tr>
<td>6</td>
<td>DEALING WITH SAFEGUARDING INCIDENTS</td>
<td>16</td>
</tr>
<tr>
<td>7</td>
<td>DOMESTIC ABUSE</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>RADICALISATION, EXTREMISM AND PREVENT</td>
<td>23</td>
</tr>
<tr>
<td>9</td>
<td>MODERN SLAVERY AND HUMAN TRAFFICKING</td>
<td>24</td>
</tr>
<tr>
<td>10</td>
<td>ELDC WORKING PRACTICES</td>
<td>25</td>
</tr>
<tr>
<td>11</td>
<td>MONITORING AND REVIEW</td>
<td>29</td>
</tr>
</tbody>
</table>

## APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Incident Response Flow Chart</td>
</tr>
<tr>
<td>B</td>
<td>Early Help Assessment &amp; Meeting the Needs</td>
</tr>
<tr>
<td>C</td>
<td>Safeguarding Children Single Assessment Form</td>
</tr>
<tr>
<td>D</td>
<td>Child Sexual Exploitation Toolkit &amp; Risk Assessment</td>
</tr>
<tr>
<td>E</td>
<td>Child and Maternal Safety: Pre Birth and Concealed &amp; Denied Pregnancy Protocols</td>
</tr>
<tr>
<td>F</td>
<td>Female Genital Mutilation Referral Process</td>
</tr>
<tr>
<td>G</td>
<td>Mental Capacity Assessment Tool</td>
</tr>
<tr>
<td>H</td>
<td>Safeguarding Adults Concern Form &amp; Thresholds</td>
</tr>
<tr>
<td>I</td>
<td>DASH / CAADA Risk Assessment &amp; MARAC Referral Form</td>
</tr>
<tr>
<td>J</td>
<td>Channel Referral Form</td>
</tr>
<tr>
<td>K</td>
<td>Reporting Modern Slavery</td>
</tr>
<tr>
<td>L</td>
<td>ELDC Commitment</td>
</tr>
<tr>
<td>M</td>
<td>ELDC Roles &amp; Responsibilities</td>
</tr>
<tr>
<td>N</td>
<td>Professional Standards</td>
</tr>
<tr>
<td>O</td>
<td>Training and Development Frameworks</td>
</tr>
<tr>
<td>P</td>
<td>Advice, Support and Links</td>
</tr>
<tr>
<td>Q</td>
<td>Legislation &amp; Guidance</td>
</tr>
<tr>
<td>R</td>
<td>Declaration for Staff and Volunteers</td>
</tr>
<tr>
<td>S</td>
<td>Declaration for Councillors</td>
</tr>
<tr>
<td>T</td>
<td>Declaration for Contractors</td>
</tr>
<tr>
<td>U</td>
<td>Policy Version Control Schedule</td>
</tr>
</tbody>
</table>
1 INTRODUCTION

This Policy covers five separate but related topics:

a) Safeguarding Children
The Children Act 2004 and Working Together 2015 statutory guidance place a duty on all agencies to safeguard and promote the welfare of children:
  - Protecting children from maltreatment;
  - Preventing impairment of children’s health or development;
  - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
  - Taking action to enable all children to have the best outcomes.”
It requires agencies to co-operate through the Lincolnshire Safeguarding Children Board (LSCB) to take co-ordinated action where there is evidence of abuse and neglect, including Sexual Exploitation, to safeguard the victims, to review and understand what occurred, and to make every effort to prevent this occurring again.

b) Safeguarding Adults
The Care Act 2014 and Care and Support Statutory Guidance 2016 require all agencies to identify, record, respond to, investigate and report concerns which might indicate that an adult is experiencing or is at risk of experiencing abuse and neglect, always taking account of the needs and wishes of the individual. It requires agencies to co-operate through the Lincolnshire Safeguarding Adults Board (LSAB) to take co-ordinated action where there is evidence of abuse and neglect, to safeguard the victims, to review and understand what occurred, and to make every effort to prevent this occurring again. ELDC co-operates fully with Multi-Agency Public Protection Arrangements (MAPPA) to manage registered sex offenders, violent and other offenders who pose a risk of serious harm to the public.

c) Domestic Abuse
The ‘Call to End Violence Against Women and Girls’ Report called for multi-agency preventative work to reduce domestic abuse and challenge attitudes and beliefs. The Domestic Abuse Strategic Management Board (DASMB) leads on reducing domestic abuse and creating an environment where this is not tolerated. The Domestic Abuse Strategy (2013–2016) sets the vision and direction for this work. Agencies have agreed and work to a Joint Domestic Abuse Protocol. ELDC co-operates fully with Multi-Agency Risk Assessment Conferences (MARACs) where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared to develop a risk-focussed, co-ordinated safety plan to support the victim, ensuring their voice is heard through the Independent Domestic Violence Advisor (IDVA).

d) Radicalisation and Extremism: Prevent / Channel
Channel is part of the wider Prevent Strategy, nationally and locally, to intervene early to prevent people becoming radicalised into violent extremism.

e) Modern Slavery and Human Trafficking
The Modern Slavery Act 2015 requires organisations to take steps to ensure that there is no slavery or human trafficking in their own business or their supply chains. ELDC is absolutely committed to preventing slavery and human trafficking. It publishes its annual statement and action plan, and acknowledges its duty under section 52 of the Modern Slavery Act 2015 to notify the Secretary of State of suspected victims of slavery or human trafficking.
The Council embraces its duties and responsibilities to keep people safe.

All staff, councillors, volunteers, key contractors and consultants of the Council must be aware of and act in line with this Policy to identify concerns, to know how and when to take action, and to be confident to do so if they suspect someone may need safeguarding. This applies even where they do not work directly or have regular contact with children or adults who may be vulnerable. Anyone who does not believe they can comply with this Policy should speak to the Designated Safeguarding Officer.

If you need advice, contact:

Designated Safeguarding Officer - Jason Oxby, Team Leader Housing and Wellbeing
Email: Jason.oxby@e-lindsey.gov.uk Tel: 01507 613120 or 07958 805142

Deputy Safeguarding Officer - Michelle Walton, Senior Allocation and Intervention Officer
Email: michelle.walton@e-lindsey.gov.uk Tel: 01507 613066 or 07747 458454

Deputy Safeguarding Officer - Michelle Hillard, Safeguarding Assistant
Email: michelle.hillard@e-lindsey.gov.uk Tel: 01507 613419

Jonathan Challen, Team Leader, Private Sector Housing & Prevent Lead
Email: jonathan.challen@e-lindsey.gov.uk Tel: 01507 613051

Lincolnshire County Council Customer Services Centre:

Children
During office hours - 8am to 6pm
Tel: 01522 782 111

Email: Customer_Services@lincolnshire.gov.uk
Outside office hours (including weekends or Bank Holidays)
Tel: 01522 782 333

Adults
During office hours - 8am to 6pm
Tel: 01522 782 155

Email: Customer_Services@lincolnshire.gov.uk
Outside office hours (including weekends or Bank Holidays)
Tel: 01522 782 333

Lincolnshire Police - IN AN EMERGENCY CALL 999
In an emergency safeguarding situation then dial 999
Non emergency call, 101

Lincolnshire Police Central Referral Unit for safeguarding concerns.
Tel: 01522 947590
Out of hours Tel: 0300 111 0300
This Policy should be read alongside:

- the Lincolnshire Safeguarding Children Board (LSCB) Policy and Procedures: [www.lincolnshire.gov.uk/lscb](http://www.lincolnshire.gov.uk/lscb) and Meeting the Needs of Children in Lincolnshire.

- the Lincolnshire Safeguarding Adults Board Multi-Agency Policy and Procedures: [https://www.lincolnshire.gov.uk/searchResults.aspx?qsearch=1&keywords=multi+agency+polcies+and+procedures&x=0&y=0](https://www.lincolnshire.gov.uk/searchResults.aspx?qsearch=1&keywords=multi+agency+polcies+and+procedures&x=0&y=0)

- the Lincolnshire Multi Agency Domestic Abuse guidance and Joint Protocol: [https://www.lincolnshire.gov.uk/lisab/resources/128846.article](https://www.lincolnshire.gov.uk/lisab/resources/128846.article)

- ELDC’s guide to assist managers to support employees who are victims or perpetrators of domestic abuse: [http://selfserveeldc/hrfaqs/default.aspx](http://selfserveeldc/hrfaqs/default.aspx)


2 ELDC POLICY COMMITMENT

This Policy aims to protect all children, young people and adults who need safeguarding. This includes ELDC employees, apprentices and work experience students; those who use our services or cared for by others who use our services; and those with whom staff, councillors, volunteers, key contractors and consultants have contact. It aims to:

- Protect those who need safeguarding by providing a reference point for staff, councillors, volunteers, key contractors and consultants (thereby protecting the Council and those individuals from failing to take safeguarding actions);

- Ensure a person-centred approach which puts people’s own needs and wishes first, hears their voice, respects their views and upholds their human rights;

- Achieve the best possible outcomes for all individuals, including enabling all children and young people to Stay Safe, Be Healthy, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Wellbeing (Children Act 2004);

- Secure stable relationships with professionals built on trust, with consistent support to meet their individual needs, and with all decisions taken in line with the Mental Capacity Act (MCA) 2005;

- Everyone involved gets the support they need before a problem escalates;

- Provide a proportionate, timely, supportive, informed and professional response to anyone experiencing abuse or neglect;

- Ensure that the Council plays its full role in safeguarding and promoting the health and welfare of all children, young people and adults, at all times.

Further information on is available at Appendix L.
3 EARLY HELP AND SAFEGUARDING CHILDREN

3.1 What is Child Abuse?
A person may abuse or neglect a child or young person by inflicting harm or by failing to prevent harm. Children may be abused in a family, an institution or a community setting, by those known to them or, more rarely, by a stranger.

**Physical Abuse** - includes hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or other physical harm. Physical harm may include a parent or carer fabricating the symptoms of, or deliberately causing ill health to a child (Fabricated or Induced Illness), because they enjoy or need the attention they get. Physical abuse can be a deliberate act such as Female Genital Mutilation (FGM) or be caused by omission, neglect or failure to protect a child or young person.

**Emotional Abuse** - is persistent emotional ill treatment of a child or young person which harms their emotional development. It may involve making them feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations, causing them to feel frightened or in danger, or the exploitation or corruption of a child or young person. It can include seeing or hearing the ill-treatment of others, for example through instances of domestic abuse, or may include over-protection and limitation of exploration and learning, or preventing them participating in normal social interaction.

**Sexual Abuse** - involves forcing or enticing a child or young person to take part in sexual activities, whether or not they are aware of or consent to what is happening. It may involve physical contact, penetrative or non-penetrative acts such as fondling; or non-contact activities, such as involving them in looking at, or in the production of, pornography or watching sexual activities, exposure to on-line images or any other use of ICT to carry out or promote child abuse. It may include encouraging them to behave in sexually inappropriate ways, including prostitution. Boys and girls can be sexually abused by males and/ or females, by adults and by other young people. Child Sexual Exploitation is defined at 3.5 below.

**Neglect** - Lincolnshire’s Neglect Strategy defines this as the persistent failure to meet a child’s basic physical and/or psychological needs, likely to cause the impairment of their health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to ensure that the home is safe, leaving a young child alone or without appropriate childcare, or failing to secure appropriate medical treatment. It may also include neglect of, or lack of response to, their basic emotional needs. The growth and development of a child may suffer when the child does not receive sufficient food, love, warmth, care and concern, praise, encouragement and stimulation. Neglect may occur pre-birth as a result of maternal substance abuse or self-harm. The pre-birth protocol is on the LSCB website (Appendix E).

**Failure to Thrive**
Sometimes a child “fails to thrive”: they do not achieve the expected growth and development for their age. Although there may be a medical cause, the majority of children who fail to thrive have no organic disorders. Failure to thrive often occurs in the overall context of emotional deprivation and neglect; the child not only fails to grow but fails to develop intellectually and emotionally.
Children and young people can be subjected to more than one form of abuse at any one time and emotional abuse is present in almost all cases.

3.2 Recognising Abuse or Neglect
This table below shows the main indicators associated with these types of abuse.

<table>
<thead>
<tr>
<th>Physical Indicator</th>
<th>Behavioural Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Abuse</strong></td>
<td><em>Frequent or unexplained bruising, marks or injury</em>&lt;br&gt;<em>Bruises which reflect hand marks or shapes of articles e.g. belts</em>&lt;br&gt;<em>Cigarette burns</em>&lt;br&gt;<em>Bite marks</em>&lt;br&gt;<em>Unexplained broken or fractured bones</em>&lt;br&gt;<em>Scalds</em>&lt;br&gt;<em>Female Genital Mutilation</em></td>
</tr>
<tr>
<td><strong>Emotional Abuse</strong></td>
<td><em>Delays in physical development or progress</em>&lt;br&gt;<em>Sudden speech disorders</em>&lt;br&gt;<em>Failure to thrive</em></td>
</tr>
<tr>
<td><strong>Sexual Abuse</strong></td>
<td><em>Pain/itching in the genital area</em>&lt;br&gt;<em>Bruising/bleeding near genital area</em>&lt;br&gt;<em>Sexually transmitted disease</em>&lt;br&gt;<em>Vaginal discharge/infection</em>&lt;br&gt;<em>Frequent unexplained abdominal pains</em>&lt;br&gt;<em>Discomfort when walking/sitting</em>&lt;br&gt;<em>Bed wetting</em>&lt;br&gt;<em>Excessive crying</em>&lt;br&gt;<em>Pregnancy</em></td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td><em>Constant hunger</em>&lt;br&gt;<em>Poor hygiene</em>&lt;br&gt;<em>Weight loss/underweight</em>&lt;br&gt;<em>Inappropriate dress</em>&lt;br&gt;<em>Consistent lack of supervision/abandonment</em>&lt;br&gt;<em>Unattended physical problems or medical needs</em>&lt;br&gt;<em>Poor living conditions</em>&lt;br&gt;<em>Persistent injuries including bruises, cuts or burns</em>&lt;br&gt;<em>Red/purple mottled skin</em>&lt;br&gt;<em>Swollen limbs with sores that are slow to heal</em></td>
</tr>
</tbody>
</table>
Many children and young people will exhibit some of these at some time: evidence of one or more does NOT prove that abuse is occurring. There may be other reasons for changes in a child’s behavior (e.g. the death of a close relative, the birth of a new baby or relationship problems between parents / carers). Every child is unique: it is difficult to predict how their behaviour may change as a result of abuse. Those who are carers or teenage parents, who have physical or learning disabilities, are care leavers, who move home frequently, migrant children, unaccompanied asylum-seeking children (UASC) or victims of trafficking, domestic abuse, bullying or anti-social behavior may have additional needs and vulnerabilities. Be alert to these needs when considering any indicators and the support they may need.

3.3 Early Help

Early Help aims to ensure that children get the support they need before a problem escalates. It takes a robust strengths-based approach to consider concerns raised by children, their families or professionals, building on what is working well and action planning for what needs to change, agreeing who will take what action, enabling everyone involved to own the solutions. An Early Help Assessment (Appendix B) should be done whenever there is a concern about a child, by the person who has contact with them and their family, to identify specific actions with those involved and to determine whether the issue needs further referral. In most cases, referrals should be completed with the family.

3.4 Significant Harm

The Children Act 1989 identified that significant harm justifies compulsory intervention in family life in the best interest of the child. There are no absolute criteria to judge what constitutes significant harm but considerations should include:

- the severity of ill-treatment
- the degree and the extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation
- the degree of threat, coercion, sadism
- bizarre or unusual elements in child sexual abuse.

Each of these is associated with more severe effects on the child and/or relatively greater difficulty in being able to overcome their impact. Sometimes a single traumatic event may constitute significant harm e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. The corrosive effect of long term emotional, physical or sexual abuse may also be deemed significant harm.

The following considerations may indicate that further enquiry is needed and should be considered when assessing risks to a child:

- An unexplained delay in seeking treatment that is obviously needed;
- An unawareness or denial of any injury, pain or loss of function;
- Incompatible or several different explanations given for a child's illness or injury;
- A child reacting in a way that is inappropriate to his/her age or development;
- Reluctance to give information or failure to mention previous known injuries;
- Frequent attendances at A&E or use of different doctors and A&E Departments;
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
- Impact suffered by hearing or seeing the ill-treatment of another (Adoption and Children Act 2002)
- Unrealistic expectations/constant complaints about the child;
- Alcohol and/or drug misuse or other substance misuse;
- A parent's request to remove a child from home or indication of difficulties in coping with the child;
- Domestic abuse;
- Parental mental ill health;
- The age of the child and the pressures of caring for a number of children in one household;
- Parental conflict about separation and contact with serious threats to harm the children.

It is not the responsibility of staff, councillors, volunteers or key contractors to investigate whether a child or young person is suffering significant harm. But where significant harm is suspected, officers should always note the information and discuss their concerns as soon as possible with their line manager, the Designated Safeguarding Officer or the LCC Customer Service Centre. Significant harm will always be reported (Appendix C). This may trigger a formal investigation by registered Social Care colleagues.

3.5 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional viability.

(Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance to Working Together to Safeguard Children (2009) DFE.)

Those who are sexually exploited are victims of sexual abuse and must be safeguarded from further harm. Professionals have a legal duty to explore, identify and respond to cases where a child is being, or is at risk of being sexually exploited.

A Risk Assessment Tool details indicators associated with different levels of risk, helps professionals to assess the risk and take action.

A CSE Information Report Form provides information to the Police, helps identify alleged or known perpetrators and assists with preventing and disrupting CSE.

These (Appendix D) should be used with children up to the age of 18; up to and including the age of 24 for those with additional needs, whether they live alone, at home, with carers or in a residential setting; and with Care Leavers up to the age of 21, or 24 if in full time education.

When assessing the risk of CSE, remember that:
• Boys and girls are equally vulnerable to being victims of child sexual exploitation.
• Coercers and perpetrators are usually adults, of either gender, in a position of power, but can be other children and young people.
• Young people may exchange or sell sex as a result of constrained choices such as poverty, isolation and historic abuse.
• Parents/carers may be involved in the sexual exploitation of their children, or fail to prevent/protect from it.
• Groups of children and young people and multiple perpetrators may be involved.
• No child under 13 years or with a learning disability will be assessed as Low Risk if their behaviours indicate involvement in CSE.
• Young people may exchange or sell sex as a result of constrained choices such as poverty, isolation and historic abuse.
• Parents/carers may be involved in the sexual exploitation of their children, or fail to prevent/protect from it.
• Groups of children and young people and multiple perpetrators may be involved.
• No child under 13 years or with a learning disability will be assessed as Low Risk if their behaviours indicate involvement in CSE.
• Children and young people with additional needs up to and including those aged 24 years require special consideration.
• Disclosure of information may take time and evident risks may only emerge during on-going assessment, support and interventions with the young person and/or their family.
• Those experiencing abuse may genuinely feel loved and cared for by their abuser and may defend and/or be reluctant to accept that they are being abused.

All children, regardless of their background, religion, belief or other circumstances, should be given the same level of support and protection.

3.6 Child and Maternal Wellbeing
Children can be at risk before they are born. In such cases, the mother is also likely to need help and support. The needs of both should be considered. Lincolnshire’s Pre-Birth Protocol and Guidance on Concealed and Denied Pregnancy (Appendix E) provide guidance on what to look for and how to refer for help.

4 Safeguarding Adults

4.1 Who Needs Safeguarding?
Statutory safeguarding duties apply to any adult who:
• has needs for care and support (regardless of whether these are being met), 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.

These duties apply regardless of whether the adult has mental capacity or not and cover any adult who is at risk or lives in vulnerable circumstances, or who:
• is frail due to age, ill-health, physical disability or cognitive impairment, or a combination of these;
• has a learning disability, a physical disability and/or a sensory impairment;
• has mental health needs including dementia or a personality disorder;
• has a long-term illness or condition;
• misuses substances or alcohol;
• is a carer who provides assistance to adults and is subject to abuse;
• is unable to demonstrate the capacity to make a decision

4.2 What is Adult Safeguarding?
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 abuse or neglect and making sure that the adult’s wellbeing is promoted, taking account of their views, wishes, feelings and beliefs in deciding on any action. People’s lives and relationships are complex and they may be ambivalent, unclear or unrealistic about their own circumstances. Being safe is only one of the things they
want and agencies should work with the adult to establish what being safe means to them and how that can be achieved, taking account of their individual well-being.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- support them in making choices and having control about how they want to live;
- focus on improving life for the adults concerned;
- raise public awareness so that communities play their part in preventing, identifying and responding to abuse and neglect;
- provide accessible information so people understand the types of abuse, how to stay safe and how to raise a concern about someone’s safety or well-being; and
- address what has caused the abuse or neglect.

To achieve these aims, it is necessary to:

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

4.3 National Principles of Good Practice in Safeguarding Adults

Six principles underpin all adult safeguarding work:

**Empowerment:** People are supported and encouraged to make their own decisions and involved through informed consent.

“I am asked what outcomes I want from the safeguarding process and these directly inform what happens.”

**Prevention:** Action is taken before harm occurs and to prevent a repeat of harm.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

**Proportionality:** The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interests as I see them and will only get involved as much as needed.”

**Protection:** People in need are safe and have support and representation.

“I get help and support to report abuse and neglect. I am helped to take part in the safeguarding process to the extent to which I want.”

**Partnership:** Local services work together and with their communities to prevent, detect and report 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:** Processes are transparent, consistent, robust and scrutinised.
"I understand the role of everyone involved in my life and so do they."

4.4 **Making Safeguarding Personal** is a national approach to ensure that adult safeguarding arrangements protect individual needs. Everyone has different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a fixed process that must always be followed when a concern is raised. Safeguarding arrangements should always be person-led and outcome-focused, engaging the person in a conversation about their situation to enhance their involvement, choice and control and improve their quality of life, wellbeing and safety.

4.5 **What are Abuse and Neglect?**
Abuse is a violation of an individual’s human and civil rights by any other person which may result in significant harm. It involves the misuse of the power and control that one person has over another. Exploitation is common in most types of abuse and neglect. Where there is dependency, there is more risk of abuse and neglect. It is the impact on the person and the harm, or risk of harm, which determines whether abuse or neglect has occurred, not the intention of the person causing the harm.

There are different types of abuse and neglect and different circumstances in which these occur. Incidents may be one-off or multiple, may affect one person or many, and may involve an act of abuse or neglect or a failure to act. It is vital to look beyond single incidents or people for patterns which indicate more serious problems, including organisational abuse. To identify patterns information must be appropriately recorded and shared.

Patterns may include:
- serial abuse in which the perpetrator seeks out and ‘grooms’ individuals. Sexual and financial abuse may fall into this pattern;
- long-term abuse e.g. in an ongoing relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- opportunistic abuse e.g. theft of money or jewellery.

The following behaviours could raise a concern or require further investigation. The circumstances of the individual case should always be considered; although the criteria above need to be met before the issue is considered a safeguarding concern.

**Physical abuse** - includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions and Female Genital Mutilation (FGM).

**Sexual abuse** - includes rape, indecent exposure, sexual harassment, looking or touching inappropriately, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault or acts to which the adult has not consented or was pressured into.

**Psychological abuse** - includes emotional abuse, humiliation, threats of harm or abandonment, deprivation of contact, blaming, controlling, intimidation, coercion, harassment, verbal abuse, stalking, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Discriminatory abuse** - includes harassment or slurs because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** - includes neglect or poor care in one’s own home or in an institution e.g. a hospital or care home; from one offs to ongoing ill-treatment;
through neglect or poor practice as a result an organisation’s structure, policies, processes and practices.

**Neglect and acts of omission** - includes ignoring medical, emotional or physical care needs, failing to provide access to appropriate health, care or support services, withholding necessities such as medication, adequate nutrition and heating.

**Self-neglect** - a wide range of behaviour involving failing to care for one’s personal hygiene, health or surroundings, including hoarding of possessions and/or animals, concealed and denied pregnancy, etc.

**Financial or material abuse** - includes theft, fraud, internet scams, coercion regarding an adult’s finances, in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Financial abuse and can occur in isolation but is often present alongside other forms of abuse. Potential indicators include:
- change in living conditions;
- lack of heating, clothing or food;
- inability to pay bills, unexplained shortage of money or withdrawals from an account, or unexplained loss or misplacement of financial documents;
- the recent addition of authorised signers on a signature card; or
- sudden or unexpected changes in a will or other financial documents.

Financial abuse can seriously threaten an adult’s health and wellbeing, is theft or fraud, and needs a police investigation. If the abuse is by someone who has legal authority to manage an adult’s money, the Office of the Public Guardian for deputies, and Department for Work and Pensions (DWP) for appointees should be contacted with the adult’s name, address and National Insurance number.

**Domestic violence or abuse** (Section 7) - includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. Domestic abuse is not just about intimate partners; it may include other family members e.g. abuse of parents by their children.

**Radicalisation** – See Section 8 below.

**Modern slavery** (Section 9) - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters coerce, deceive and force individuals into abuse, servitude and inhumane treatment.

**Safeguarding processes must always be sensitive to people’s individual needs and circumstances, be person-centred and outcome-focused.**

### 4.6 Recognising Abuse and Neglect
Abuse can happen anywhere: in someone’s own home, in a public place, in hospital or in a care home; when an adult lives alone or with others. Anyone can carry out abuse or neglect, including:
- spouses / partners and other family members;
- friends and acquaintances;
- neighbours and local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- volunteers and strangers.

While targeted fraud or internet scams are often done by strangers, in most cases of abuse, the abuser is known to the adult and in a position to gain their trust or to exert pressure or have power over them.
Anyone can witness or become aware of abuse and neglect. Everyone has a role in identifying when an adult is at risk. The adult may say or do things that provide a clue e.g. making a complaint, calling for an urgent response, voicing a concern, or issues may emerge during a needs assessment. Regardless of how a concern is identified, staff must be vigilant on behalf of those who are unable to protect themselves, knowing what to do and where to get advice.

**All adults, regardless of their background, should be given the same level of support and protection.** Always consider a person’s religion or belief. Those with disabilities, of different nationalities, victims of trafficking, domestic abuse and bullying may have additional care needs. Those with autism may be more likely to suffer abuse or neglect.

### 4.7 Carers and Safeguarding

Sometimes a carer (e.g. a family member or friend) may:
- witness or speak up about abuse or neglect;
- experience intentional or unintentional harm from the adult they care for or from professionals and organisations they are in contact with; or,
- unintentionally or intentionally harm or neglect the adult they support.
Whenever a carer speaks up about abuse or neglect, it is essential that they are listened to and, where appropriate, a safeguarding enquiry is undertaken.

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

### 4.8 People Alleged to be Responsible for Abuse or Neglect

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

### 4.9 What Happens When You Report Abuse or Neglect?

The Care Act requires Lincolnshire County Council (LCC) to make enquiries, or to cause others (including ELDC staff) to do so, if they reasonably suspect an adult who meets the criteria is, or is at risk of, being abused or neglected. The purpose of an enquiry is to decide whether LCC or any other agency should do something to help and protect the adult. The adult should always be involved from the start of the enquiry unless that would increase the risk of abuse. If they have severe difficulty in being involved, and if there is no one appropriate to support them, LCC must arrange for an independent advocate to represent them. The objectives of an enquiry into abuse or neglect are to:
• establish the facts;
• ascertain the adult’s views and wishes;
• assess the need for protection, support, redress, and how this might be met;
• protect the adult from the abuse and neglect, in line with their wishes;
• make decisions about further action against the person or organisation causing the abuse or neglect; and
• enable the adult to achieve resolution and recovery.

**The priority is always to ensure the safety and well-being of the adult.**
The process should be empowering and supportive. Wherever practicable, the consent of the adult will be sought before taking action but action may need to be taken if others are or will be put at risk if nothing is done, or if it is in the public interest because a criminal offence has occurred. Complex cases need to involve a social worker: for example, if abuse or neglect is suspected within a family. In other cases, a professional who already knows the adult or who has specific knowledge may be better placed to do an enquiry e.g. health professionals for medical issues or housing officers for housing issues. If LCC asks another agency to make the enquiry, they must set timescales and what action will follow if this is not done.

On completion of the enquiry, the outcome should be notified to LCC who must determine with the adult what, if any, further action is needed, agreeing an action plan, to be recorded on their care plan. Agencies must agree:
• what steps are to be taken to assure their safety in future;
• the provision of any support, treatment or therapy including on-going advocacy;
• any modifications to the way services are provided;
• how to support the adult through any action they take to seek justice or redress;
• any on-going risk management strategy as appropriate; and,
• any action to be taken regarding the person or organisation causing the concern.

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

5 **The Mental Capacity Act (MCA) 2005**

**Capacity is the ability to make a particular decision or take a particular action at the time the decision or action needs to be taken.**

The Act applies to everyone over the age of 16 and sets out 5 statutory principles:
1. Always assume a person has capacity to make their own decisions unless it is established that they lack capacity;
2. All practicable steps to help the person decide must have been taken without success;
3. A person must not be treated as lacking capacity and being unable to make a decision merely because they make an unwise decision;
4. Any action taken or decision made on behalf of a person who lacks capacity must be in their “best interests”. A record of the action or decision and the reasons for it must be made;
5. An act or decision on behalf of a person who lacks capacity must aim to be the least restrictive of their rights and freedom of action.

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

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

A Mental Capacity Assessment Tool and Record is included at Appendix G.

6  RESPONDING TO SAFEGUARDING INCIDENTS (Appendix A).

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

- call 999 for an ambulance if they are injured and/or for the Police if you suspect a crime has been committed or inform LCC Customer Service Centre (CSC).
- take steps to ensure they are not in immediate danger (without risk to yourself).
- avoid disturbing evidence: can you secure the scene e.g. lock the door?
- consider the risk to any other adults or children.
- support the person to call the police themselves if a crime has or may have been committed.
- provide reassurance, whilst being clear that you need to report the issue.

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

- Record exactly what happened on the Safeguarding Referral Form (Appendix C for children or Appendix H for adults).
- Notify your line manager.
- Ensure that your record is signed, dated and securely stored.

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

- Take the allegation or concern seriously.
- Speak to them in a private and safe place.
- Make sure they are and feel safe and know what is happening.
- Ensure that the person alleged to have caused harm is not present.
- Ask for consent to share the information (you may not need consent if there is significant harm, but it is still good practice).
- Record the details on the Safeguarding Referral Form (Appendix C for children or Appendix H for adults), using their own words.
• **As soon as possible,** contact your line manager or the Designated Safeguarding Officer who will tell you what to do next. Write this down. Housing and Community Safety staff should contact LCC’s Customer Service Centre.

• Sign, date and securely store your records.

### 6.3 If someone makes allegations against an ELDC employee, councillor, volunteer, contractor or consultant, regardless of your role or status or theirs, you should **always** act. Always:

- Take the allegation or concern seriously.
- Make sure the person is and feels safe and knows what is happening.
- **Ask the person for consent to share the information.**
- Record the details on the **Safeguarding Referral Form (Appendix C for children or Appendix H for adults),** using their own words.
- Report the allegation **immediately** to the **Designated Safeguarding Officer (DSO)** or in their absence, to their Deputy or to the Chief Executive or to HR.
- Do not discuss the allegation with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.
- Notify your line manager if necessary.
- Sign, date and securely store your records.

### 6.4 Whenever someone discloses information about abuse, always try to:

- Stay calm. Try not to become upset, angry or disgusted. Do not be judgmental.
- Reassure them that you are taking them seriously and they have done the right thing in telling you.
- Be clear that you may have to tell others. Do not promise to keep secrets.
- Listen carefully. Avoid jumping to conclusions. Get as clear a picture as you can, but avoid asking too many questions unless for clarification.
- Let them talk at their own pace. If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Explain that you and others will help to protect them and that they will be involved in decisions about what happens next.
- Ask them what they want to happen.
- Tell them what you need to do next.
- Always ask for their consent to share the information.

**Remember that those experiencing abuse may talk to people they trust and with whom they feel safe. By responding, you are already helping them.**

### 6.5 Female Genital Mutilation (FGM)

Reporting FGM is a legal duty for all health, care and teaching professionals. If you suspect FGM, you should always report this to the Police 101 number, giving your details, those of ELDC and of the girl / woman involved. The Police will send you a referral form to complete and return. See **Appendix F** for further details.

### 6.6 If you have any other concern about a person’s welfare.

All staff, councillors, volunteers, key contractors and consultants have a legal duty to respond to anything which concerns them about a person’s welfare or if they suspect or witness any form of abuse or neglect. In any situation where you are uneasy about something you have seen or heard which could indicate that a person needs support, wherever possible, discuss this with them or their family to understand their views and what they want to happen – unless this could result in someone coming to harm as a result of the discussion.
Record all information on an Early Help Assessment Form (Appendix B) as soon as you can and refer to the documents Meeting the Needs of Children in Lincolnshire (link at Appendix B) or LSAB Guidance for Enquiries (Appendix H) or speak to someone to help clarify the nature and level of concern and the appropriate response.

6.7 Curiosity and Uncertainty
Always consider and record the specific circumstances and wider context: does the person have mental capacity, are others at risk, is there an emerging pattern, have others witnessed this, what is the role of family members and/or paid staff?

Always exercise professional curiosity asking questions to look beneath the surface rather than accepting everything at face value. Always exercise respectful uncertainty considering and where necessary challenging the responses. People do not always tell the truth, sometimes to deny a situation to avoid detection or because they are afraid.

Test your concerns with a colleague or your Team Leader. If you are still not sure what to do, or do not agree with their advice, speak to the Safeguarding Assistant, the Designated Safeguarding Officer or their Deputy. If they are not available either: contact LCC Customer Service Centre for advice (for children, ask to speak to an Early Help Advisor: Appendix B) or, if the situation is urgent, make the referral. Keep a record of who you speak to and their response.

Discuss any disagreement with your line manager with the Designated Safeguarding Officer at the earliest opportunity.

If you report an issue to the Customer Service Centre, do this yourself or give the information to your line manager to limit the number of “hand-ons”.

6.8 Record Keeping
Always, as soon as possible, make a factual record of everything that happened, was said and was seen, on the forms listed above, including:

- The date and time, and the person’s name, address and date of birth.
- The nature of the allegation or incident and, if possible, the name, address, date of birth, employer of the person alleged to have caused the harm.
- Factual observations e.g. any visible injuries, the person’s behaviour / physical / emotional state, etc.
- Exactly what they said, using their own words, and exactly what you said.
- Their consent to share the information.
- All actions you took e.g. who you spoke to and all resulting actions so far. Include names, addresses and telephone numbers wherever possible.
- **Sign and date your record and store the information securely.**
- Consider whether the person needs adding to the Council’s Cautionary Contacts list. If you feel that ELDC staff, councillors, volunteers, key contractors or consultants may be at risk of harm from the person, seek advice from the Information Governance Officer on 01507 613409.

Where there is a file for the individual, the record should be stored on their file. For every safeguarding incident, email a brief anonymized summary of the issue and all action taken to safeguarding.reports@e-lindsey.gov.uk

Records must always be made with great care as they will almost always be open to inspection by others, including those about whom they are made. When making records, always avoid:
• Making value judgements about those involved
• Criticising those involved for their behaviours, attitudes, beliefs or actions
• Using jargon, slang or perjorative language about victims or perpetrators
• Speculating or making assumptions about someone’s explanations or actions
• Using abbreviations which are not explained.

6.9 Consent, Confidentiality and Providing Information
If your concern is about a child or young person you should usually talk to them and/or their parent about your concerns, seeking consent for an Early Help Assessment or safeguarding referral, depending on the circumstances.

If a child’s parent or carer is the alleged abuser (e.g. in Fabricated or Induced Illness) or may be colluding with the alleged abuser, this could increase the risk to the victim and you should contact LCC Children’s Services immediately.

If the person is over 16, it is vital to decide whether they have the mental capacity to make decisions about their own safety or to give informed consent about:
• a referral being made,
• the actions that may follow under multi-agency policy and procedures,
• their own safety, including an understanding of the potential for longer-term harm as well as immediate effects, and
• what action they need to take to protect themselves from future harm.

If the person has mental capacity, always seek their consent to make a referral.

If the person does not have mental capacity, a referral or further action may still be needed. Always do this in the person’s best interests. If there is time, without causing undue delay, seek advice from your line manager or the Designated Safeguarding Officer; if a decision is needed quickly, make it, recording actions and decisions and the reasons for these (Appendix G).

If the person has mental capacity and declines the referral, consider whether a referral is needed even without their consent.

The key to deciding whether to make a referral is the harm, or risk of harm, to the adult or to others who may have contact with the person or organisation causing the harm. If there is an overriding public interest or if gaining consent would put the adult at further risk, a referral must still be made even if consent is not given. This includes situations where:
• other people or children could be at risk from the person causing harm;
• it is necessary to prevent crime or if a serious crime may have been committed;
• there is a high risk to the health and safety of the adult;
• the person lacks capacity to consent.

Always inform the adult of the decision to refer and the reasons for this, unless telling them would risk their safety or the safety of others.

If you are not sure what to do, speak to your line manager and/or the Designated Safeguarding Officer. If none of the people with designated responsibility are available on the same working day that the issue arises, report your concerns directly to Adult Social Care on 01522 782155.

If a crime has been committed, the person under suspicion has the right to be told about the cause for concern. This should only be done in consultation with LCC Children’s Services and/or the Police to protect any investigation.
6.10 Inter-Agency Disputes and Escalation Policies
If you cannot seek agreement with another agency in referring a case or securing their involvement in supporting an individual or they are failing to complete agreed actions, this can be escalated through the Designated Safeguarding Officer or their Deputy to challenge the managers within that partner agency.

7 DOMESTIC ABUSE

7.1 What is Domestic Abuse?
The Home Office defines domestic abuse (or domestic violence) as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over by someone who is or has been an intimate partner or family member, regardless of gender or sexuality.’

Controlling Behaviour is defined as:
‘a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.’

Coercive Behaviour is defined as:
‘an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.’

Threatening behaviour includes threats of violence, threats of suicide or threats to take the children from the abused person.

Domestic abuse is more than just an argument. It is rarely an isolated incident; it is usually an ongoing pattern which escalates over time, becoming more destructive and even life-threatening. Different types of abuse may occur at different times or in combination: some are criminal acts and all are emotionally damaging for the victim and their family, including children who may witness this.

7.2 Who experiences Domestic Abuse?
The scale of domestic abuse is hard to quantify. It happens largely behind closed doors. Victims are too frightened or embarrassed to report what is happening or do not trust that they will be believed or safeguarded after their disclosure. Nationally:
- 1 million women experience at least one incident of domestic abuse each year.
- 1 in 10 men report they have experienced domestic abuse.
- At least 750,000 children each year witness domestic abuse.

Domestic abuse affects people of all ages, social background, gender, religion, sexual preference or ethnicity, in a range of relationships: married, separated, divorced, living together, dating, heterosexual, gay or lesbian, and includes child on parent abuse and elder abuse. Domestic abuse that causes serious physical injury is mainly committed by men against women. Male victims of domestic abuse may find it harder to seek help. Domestic abuse affects children who witness the abuse and may require safeguarding action to be taken.

7.3 Who are the perpetrators of domestic abuse?
There is no typical perpetrator but there are some common characteristics:

- Many abusers suffer low self-esteem. Their sense of identity is often tied to their partner. If they feel they are “losing” their partner through separation, divorce,
or pregnancy (fearing the mother’s love for the child will replace her love for them), they may lash out.

- If victims “leave”, the abuser may feel they are losing their control and self-identity. Abusers will often do anything to keep or regain control over the victim. Victims are at high risk during separation or divorce proceedings. The abuse often escalates and victims may need to physically leave to survive.

- Abusers may be perceived as out of control and unpredictable but the opposite is often true. Use of psychological, emotional and physical abuse, mixed with periods of respite, love and happiness are deliberate coercive tools used to secure submission. Police officers report attending the scene of a violent incident, finding a harmed victim and a composed perpetrator behaving as if nothing had occurred. Abusers may violently assault, then immediately express regret, buying gifts to win forgiveness. This creates confusion for victims, especially when abusers promise never to harm them again or to seek help. Such promises may be made to prevent victims leaving and, without help, the abuse usually recurs. Victims can often predict exactly when abuse will erupt.

- Victims often describe perpetrators as “Jekyll and Hyde”, reporting dramatic mood swings: they are loving one minute and cruel the next. They are often seen by those outside the home as generous, caring and good, behaving very differently in their home environment.

7.4 Recognising Domestic Abuse
Domestic abuse is usually hidden in the early stages but may become more obvious as it escalates. Victims may deny the abuse for fear of their abuser finding out that it has been noticed or discussed. The following is a guide but not an exhaustive list:

**Psychological** - Insults, name-calling, swearing, criticising, treating person as inferior, undermining confidence, eroding independence, isolating from friends and family, intimidating, threatening to harm children or take them away, threatening suicide, stalking, forced marriage.

**Physical** - Shaking, smacking, punching, kicking, finger or bite marks, starving, tying up, stabbing, suffocating, throwing things, using objects as weapons, female genital mutilation, ‘honour violence’. Physical evidence is often on areas of the body that are covered.

**Sexual** - Forced sex, forced prostitution, ignoring religious prohibitions about sex, refusal to practice safe sex, sexual insults, evidence of sexually transmitted diseases, preventing breastfeeding. May result in concealed or denied pregnancy.

**Financial** - Stopping the person work/study, denying access to money, making them beg, gambling, not paying bills.

7.5 Why do People Stay in Abusive Relationships?
People stay in abusive relationships for many reasons, some of which are set out below. This is not an exhaustive list.

**Fear of further violence:** Leaving may end the relationship but may not end the abuse. Many victims are tracked down and further abused when they leave, often for months afterwards. About half of all women murdered by their partners had left or were in the process of leaving when they were killed.

**Lack of knowledge and access to help:** Many victims don’t know how to use their legal and housing rights; even if they are aware, some have problems due to
language difficulties, poor service from service providers, access issues if they live in isolated areas or a lack of funds.

**Economic dependence:** A victim who works may lose their job if they need time off work, move too far away or stay off work in order not to be tracked down. For others, becoming a single parent may mean working is no longer possible. Others may face months of legal processes over property and financial matters.

**Staying because of the children:** Many victims think they should stay in with their partner for the sake of their children.

**Hope / Optimism:** hoping or believing that things will get better, especially at the outset and if there are settled periods.

**Social isolation:** Most victims of domestic abuse are isolated either because their partners have deliberately cut them off from the support of family and friends or because they are too ashamed or afraid to tell anyone. Sometimes, when they have told someone, their response has been unhelpful.

**Emotional dependence:** A commitment to the relationship and the abuser despite the abuse, fear of being alone or a feeling of responsibility for the abuser.

**Conflicting feelings:** A changing mixture of feelings (fear, shame, guilt, bewilderment) depending on the circumstances on any particular day.

**Lack of confidence:** Lack of self-esteem or confidence in themselves or their ability to survive alone. They may believe there are no other options.

**Cultural reasons:** victims and abusers may have been brought up to believe that their fulfillment comes from being a husband/wife and mother/father or that divorce is wrong. Some may be encouraged to stay by family members or religious leaders.

**Never judge a person for leaving or not leaving an abusive relationship.**

### 7.6 Responding to Domestic Abuse

Remember that it is not the role of staff, councillors, volunteers, key contacts or consultants to decide whether or not abuse has occurred, but they do have a duty to the adult, and to any children involved, to report this, in line with Lincolnshire’s Joint Domestic Abuse Protocol (*Appendix I*).

Use the DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Assessment tool (*Appendix I*) to identify the level of risk and steps needed. If the victim is at **high risk** of significant harm or death, make a referral to the Multi Agency Risk Assessment Conference (MARAC) (*Appendix I*), telling the person that you are doing this and that they will be contacted by an Independent Domestic Violence Advisor (IDVA). High risk is when:

- They have answered ‘yes’ to 14 or more of the questions, and/or
- You can see escalation of the abuse either in frequency or severity, and/or
- This is your professional judgement based on what you have seen and/or heard.

If the victim is **not** at high risk of significant harm or death, ensure that they are referred or given information about specialist domestic abuse service. Consider whether the information should be shared with any other agency to safeguarding them and/or their family and/or prevent a crime.

Always:

- Listen carefully. Consider whether they need an interpreter.
• Believe them and be non-judgmental.
• Ask them what they want to do. Do not tell them what to do or pressure them into leaving or staying. Whatever they choose, respect their decision.
• Reassure them that you will continue to support them no matter what they do.
• Reassure them that help and support is available to help them to be safe.
• Take steps to protect the victim, accept their perception of the danger they face.
• Encourage them to think about their safety.
• Always discuss the welfare of any children. Child protection takes precedence over confidentiality. Remember that they may be frightened of having their children taken into care. Reassure them that supporting non-abusing parents protects children and is expected by the legislation. Also remember that children’s views are also important, that they may need breathing space from a violent parent, but also may want contact again in time.
• Find out what they need eg help with housing and benefits.
• Ensure that you give accurate advice and information. Provide helpline numbers.
• Recognise the complexity of the process. Recognise that support may be needed over a number of years.
• Explain the processes you must follow and any action you must take;
• Ask permission to share information. Only share this with colleagues where it is appropriate and necessary (e.g. the MARAC process).
• Keep accurate records of your discussion. These may be used later as evidence. Use the client’s exact words wherever possible. Be as precise e.g. “my husband hit me with a cricket bat” rather than “client has been abused.”
• Be aware of your own and your organisation’s views, understanding that everyone has their own coping strategies and that theirs may differ from yours.

Never tell someone what to do or what not to do but support their decision. Advise them how to keep safe if they are still living with domestic abuse and, when they are ready to move, to enable them to do leave safely.

8 RADICALISATION AND EXTREMISM: PREVENT AND CHANNEL

Safeguarding Vulnerable Individuals From Violent Extremism
PREVENT is one strand of the Government’s counter-terrorism strategy, CONTEST. This is a multi-agency strategy with three parts:

• IDEOLOGY & IDEOLOGUES - Challenging the ideology that supports terrorism and those that support this.
• INDIVIDUALS - Protecting vulnerable people from being involved in or supporting terrorism.
• INSTITUTIONS - Supporting sectors & institutions where there are risks of radicalisation.

The PREVENT strategy in Lincolnshire aims to help local authorities, police, community safety partnerships and others to develop and implement effective actions, which will make their communities safer. This will reduce the risk from terrorism and violent extremism, so that the people of Lincolnshire can go about their business freely and with confidence.

PREVENT is not about spying on people or stigmatising them and their communities. It seeks to disrupt those who promote violent extremism, working with communities to identify individuals who may be susceptible to being drawn toward a path of violent extremism. The aim is to support such individuals to divert them away from
violent extremism before they commit any criminal acts. Those referred through Channel receive multi-agency support to move away from terrorism.

Channel uses existing collaboration between local authorities, statutory partners, the police and the local community to:

- identify individuals at risk of being drawn into terrorism.
- assess the nature and extent of that risk, and
- develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

If you have concerns that someone is promoting terrorism or violent extremism, or about someone who is vulnerable to being drawn into such activity, you should report this. A Channel referral form is available at Appendix J. If you need further advice, speak to the Community Safety Team, the Safeguarding Assistant, Designated Safeguarding Officer or their Deputy.

9 MODERN SLAVERY AND HUMAN TRAFFICKING

9.1 Modern Slavery Act 2015
The Act identifies offences of holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone’s vulnerability. It is possible to be a victim of trafficking even if consent has been given to being moved. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of human trafficking within your own country.

9.2 Preventing Modern Slavery
ELDC must publish an annual statement and action plan setting out its actions to prevent slavery and human trafficking in its corporate activities. The Constitution, Financial Procedure Rules, HR policies and robust recruitment processes ensure that ELDC fulfils its duties as a public body and an employer. HR policies are regularly checked for legal compliance. Employee identity and qualifications are verified on appointment. Staff are paid into appropriate, personal bank accounts. The Council pays the Living Wage. Officer and Councillor Codes of Conduct set clear standards of behaviour. Complaints and whistleblowing policies are in place. The Audit and Governance Committee oversees compliance, receiving the findings of reviews undertaken in line with the annual internal audit programme.

ELDC must also take action to ensure that its supply chains are free from slavery and human trafficking. The Council follows robust procurement processes for staff and consultants, and uses reputable employment agencies to source labour, verifying the practices of any new agency before accepting workers. Its three key contractors (CompassPoint Business Services, Magna Vitae and Waterloo Housing Group) are required to provide assurance of their policies and procedures alongside regular safeguarding audits of their activity. The Council supports wider local and national campaigns to raise awareness of modern slavery.
9.3 Reporting Modern Slavery and Trafficking

All ELDC staff, especially those visiting commercial premises, and Councillors, volunteers, contractors and consultants should be alert to conditions which may indicate that an offence is being committed and report their concerns.

The first point of contact for all human trafficking crimes is the local police.

The Council has a duty to notify the Secretary of State of suspected victims of slavery or human trafficking as introduced by section 52 of the Modern Slavery Act 2015. The national guidance on reporting can be found at Appendix K.

10 EAST LINDSEY DISTRICT COUNCIL WORKING PRACTICES

10.1 Roles, Responsibilities and Professional Standards

All staff, councillors, volunteers, key contractors and consultants of the Council must be aware of and act in line with this Policy. The Council has agreed specific roles and responsibilities (Appendix M) and Professional Standards (Appendix N) which must be followed at all times.

10.2 Information Sharing and Confidentiality

Sharing information is essential to safeguard those at risk of abuse, neglect and exploitation. There are Seven Golden Rules:

- **Data Protection is not a barrier to sharing information:** it is a framework to ensure that personal information about living persons is shared appropriately.

- **Be open and honest** with the person (and/or their family as appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe to do so.

- **Seek advice** from the Designated Safeguarding Officer, their Deputy or the Information Governance Officer if you are in any doubt, if possible without disclosing the identity of the person.

- **Share information with consent whenever possible** and, where possible, respect the wishes of those who do not consent to you sharing their information. You may still share information without consent if, in your judgment, the need to share is overridden in the public interest. You will need to base your judgment on the facts of the case. Seek advice if you are not sure.

- **Consider safety and wellbeing:** Base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.

- **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that any information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need it, is accurate and up-to-date, is shared in a timely way and is shared securely.

- **Keep a record** of your decision to share or not share and your reasons. If you do share, record what you have shared, with whom and for what purpose.

Make every effort to maintain confidentiality for all concerned in an incident. Share information only on a “need to know” basis. Do not discuss allegations or concerns inappropriately as this could damage the individual, their family and any resulting investigation. However, this is not an excuse for not sharing information with other...
agencies to protect people or prevent harm. Be aware of and adhere to information sharing protocols and data protection; however, safeguarding concerns override the need for confidentiality in respect of relevant statutory authorities as long as all activity is properly recorded.

Enquiries from those involved in an incident or from their families or carers should be dealt with by the case officer or their line manager.

Where Councillors refer cases to officers, they should seek the person’s consent, if possible in writing. Officers cannot share information with Councillors without the consent of the person involved.

The Council does not disclose details about individuals to the public or to the media. Enquiries should be directed to Communications Team Leader.

Enquiries from the general public regarding this policy or any specific incident should be referred to the Designated Safeguarding Officer.

Information should always be stored securely with access limited to the Team Leader and/or Designated Safeguarding Officer, in line with data protection laws eg paper records in a lockable drawer, electronic data in a secure folder and/or password protected. **Electronic data should be sent only by secure email.**

### 10.3 Staff and Volunteer Recruitment, Selection, Management and Review

The Council takes all reasonable steps to ensure that unsuitable people are prevented from working with children, young people and adults at risk, through safer recruitment and verification processes. These are detailed in the Council’s Recruitment Policy and all Council staff are appointed in line with these. Safer recruitment training is provided for Team Leaders and supervisors; recruitment panels contain at least one person who has done this training. Managers appointing agency staff must always check that the agency has carried out appropriate checks. Pre-selection checks for all posts include:

- Completion of an application form and a criminal records self-disclosure.
- Where appropriate, consent to check with the Disclosure and Barring Service (DBS) for previous convictions.
- Receipt of two references for the 3 years prior to the application and, if there has been a period of unemployment, references from other professionals eg GP.
- Substantiation of identity and qualifications.

Where an employee changes roles internally, the new manager must view the person’s previous application form to assure themselves they are suitable for the role or to seek further information before confirming their appointment. All anomalies are investigated and, if in doubt, the offer of employment is withdrawn.

DBS standard, enhanced and enhanced with barred list checks are undertaken for all staff whose role involves working with children young people and adults at risk as part of their normal duties, where this falls within the definition of ‘regulated activity’ under the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012. Other staff may be checked through the Basic Scottish Disclosure process where their role is not covered by DBS but it is felt to be necessary. ELDC does not accept checks by previous employers or for other current activities. The list of checks completed, and those due, is held by the HR team. There is a 3-year programme of DBS renewal checks for those staff who require this as part of their role.
Legislation states that DBS checks for Councillors are not required unless they hold a specific role in relation to children and adults. This is determined after each election and ELDC does checks for:

- The Portfolio Holder responsible for children’s services, for health services and for the Older People’s Champion, renewable every 3 years.
- For all elected members involved in specific schemes eg shadowing programmes.

10.4 Induction and Training (Appendix O)
All staff, councillors and volunteers, on appointment, receive a copy of this policy (or a summary version) and sign a declaration (Appendices R and S) that they are aware of their responsibilities. Staff and councillor inductions, the employee handbook and code of conduct also contain information on safeguarding, referring to this policy which is available on the intranet and in hard copy if necessary. Personalised induction and ongoing training is arranged by Team Leaders, supported by HR, to meet the needs of specific roles aligned to the national competency frameworks; team training plans identify the training needed to enable individuals to carry out their safeguarding responsibilities, especially in reporting any concerns. LSCB and LSCB e-learning and face to face training are widely used. Training for councillors is included in the Councillor Induction Programme following an election and regularly after that point, through face-to-face and e-learning.

10.5 Supervision and Appraisal
People work best when they are well informed, trained and supported. Team Leaders provide supervision, are sensitive to concerns about abuse, act on these at an early stage and offer support to those who report it. Appraisals always include discussion of training and development needs, including safeguarding. Team Leaders monitor good practice through:

- Direct observation of the activity or service
- Staff supervision, appraisal, mentoring and feedback on performance
- Service user’s feedback on the activities or services.

Supervision should improve the quality of practice, support the development of integrated working and ensure continuing professional development. Effective supervision involves regular face-to-face discussion with skilled managers which includes reflective practice, to enable staff to work confidently and competently with difficult and sensitive situations. This includes:

- Ensuring that service users and their carers receive a quality service;
- Enabling understanding and implementation of policies and procedures;
- Supporting staff to be clear about their responsibilities and accountabilities;
- Giving staff opportunities to reflect on, analyse and evaluate practice;
- Giving staff opportunities to discuss best practice and safeguarding concerns.

Staff involved in dealing with cases receive support from their Team Leader, the Designated Safeguarding Officer or their Deputy.

10.6 Support to Staff Experiencing Abuse
ELDC’s Domestic Abuse Guidance on the HR A-Z on the intranet supports managers whose staff are victims or perpetrators of Domestic Abuse.

10.7 Responding to Allegations and/or Abuse and Neglect by Employees
If abuse or neglect is alleged or found to be carried out by an employee, ELDC will always act. The Designated Safeguarding Officer will notify and seek advice from the Local Authority Designated Officer (LADO) if children are involved, and will alert and work with other agencies to ensure that the complainant is protected and their wellbeing supported. The Designated Safeguarding Officer will notify the Chief
Executive and, in the case of a councillor, the Council Leader, and will contact the Police and any other agency as appropriate. Any allegation about the Designated Safeguarding Officer must be reported to the Chief Executive.

The Council’s Code of Conduct and Disciplinary Policies are clear that ELDC will always act quickly, if necessary moving the person to other appropriate duties or suspending them as a neutral act to enable a thorough and unbiased investigation. The employee will be made aware of their rights under employment legislation and any potential internal disciplinary procedures, and also provided with appropriate support internally and externally. A disciplinary investigation, and potentially a hearing, may follow and may result in informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service. ELDC will investigate unless there is compelling reason why this is inappropriate e.g. if there is a serious conflict of interest for ELDC, if concerns have been raised about non-effective past enquiries, or if there are serious, multiple concerns, or if a matter requires investigation by the police. Where there is a conflict of interest, ELDC will seek an external person to investigate (in line with LSAB guidelines, provided that they have had appropriate training). If someone is dismissed or redeployed to a non-regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing when it is likely they would have been dismissed, the Council will always refer the case to the Disclosure and Barring Service.

10.8 Consultants and Contractors
Council staff must take reasonable steps to ensure that contractors and consultants working for the Council are monitored appropriately. If there is potential for contact with children, young people or adults with specific vulnerabilities, the manager appointing them must check that they are accompanied appropriately, are briefed and have the correct DBS checks in place. Those whose workers are likely to come into contact with children or adults with vulnerabilities must be able to show that they have a sound understanding of this Safeguarding Policy and sign to confirm that they will comply with its requirements (Appendix T). The Council will ask its lead contractors to complete a also run periodic briefing sessions for key contractors to support them in this requirement. A list of key contractors i.e. those with regular contact with children and vulnerable adults is maintained and updated, recording how and when they have been made aware of this policy and/or received training.

10.9 Complaints and Whistle Blowing
All staff, councillors, volunteers, contractors and consultants should use the Council’s Corporate Feedback and Whistle Blowing Policies if they are concerned about how a safeguarding issue has been dealt with. The Council is part of a whistle blowing partnership: information is available through a confidential free-phone number 0800 0853716 or at: whistleblowing@lincolnshire.gov.uk

10.10 Photography and Pornography
Staff, councillors, volunteers, contractors and consultants should not take photographs or video of children involved in ELDC or community based activities to which they are invited unless they have sought and received consent for this.

Where members of the public may expect to take photographs (e.g. birthday parties, sports competitions, etc) staff, councillors and volunteers should be vigilant at all times, reporting any activity that they deem to be inappropriate. This is a judgement call balancing the protection of individuals and the expectations of the customer. In such cases, a respectful request to provide identification and contact
details should be made. Wherever possible, this will be pointed out in advance e.g. through public notices.

When commissioning professional photographers or inviting the press to cover services, events and activities, the Council’s photographic policy should always be followed. This covers recruitment of photographers, notice of official photographers at events, consent for individuals and groups and timescales for reviewing stored photographs. Large-scale events will include child protection arrangements in their Event Management Plans.

10.11 Further Information
Further sources of support can be found at Appendices P and Q.

11 MONITORING AND REVIEW

This Policy and its Procedures are fully reviewed every three years and signed off by the Executive Board. An annual report is made to the Portfolio Holder and the Audit and Governance Committee. The Policy is reviewed annually. If changes are needed in the interim e.g. resulting from the annual review and/or changes to the law, national or local guidance, then the Policy and/or its procedures will be amended by the Designated Safeguarding Officer and be signed off by the relevant Portfolio Holder. All staff, councillors, volunteers, key contractors or consultants will be noted. All policy revisions will be dated and recorded at Appendix U.
APPENDIX A

SAFEGUARDING INCIDENT FLOWCHART

1. Emergency: immediate risk of harm, actual injury or death, or loss of vital evidence.
   - Call 999 immediately. Report the emergency to the Police and/or get an ambulance.
   - Record all information. (See Policy for links to forms)
     - Consider any action needed to prevent harm to this person or others.
     - Ask for consent to share the information.

2. Clear risk of significant harm, disclosure or allegations of abuse.
   - Inform Line Manager and Designated Safeguarding Officer immediately.
   - Report to LCC CSC. Record all advice given and action taken.

3. Allegation or complaint about an officer, councillor, volunteer, consultant or contractor.
   - Inform Designated Safeguarding Officer or Chief Executive or HR immediately.
   - DSO contacts LADO. Record all advice given and action taken.

4. Any other issue which makes you feel uneasy about a person’s welfare or safety.
   - If possible, discuss with the person / their family.
   - Complete Early Help Assessment. Ask for consent to share the information.
   - Discuss with Line Manager and/or Designated Safeguarding Officer.
   - Contact Early Help Advisor. Record all advice given and action taken.

LOG THE INCIDENT / ISSUE AND ALL ACTIONS TAKEN BY EMAILING Safeguarding.Reports@e-lindsey.gov.uk

Designated Safeguarding Officer: Jason Oxby (01507 613120)
Deputies: Michelle Walton (01507 613066) or Michelle Hillard (01507 613419)

LCC Customer Service Centre (CSC):
- Children 01522 782111
- Adults 01522 782155
- Either, out of hours 01522 782333
APPENDIX B   EARLY HELP ASSESSMENT FORM (EHA)

The Early Help Assessment form and process was introduced on 1 April 2014. “Early Help” applies where there is low or no risk of immediate or significant harm but where early help may stop a situation escalating. When you have concerns about a child or young person, you need to record these on the Early Help Assessment form.

Wherever possible, you should gain the consent of the child, young person or their family before making an EHA assessment, and include them in the process.

[Early Help Assessment Form](#)

[Early Help Assessment Form Guidance](#)

A version containing prompts for is also available at the above link.

The form leads you through a thought process to identify what action, if any, is needed. This is designed to involve the child, young person or their family and to record their thoughts, concerns, needs and wishes.

Where you are not sure what action is needed or you need further advice, you can contact an Early Help Advisor (qualified Social Worker) through LCC Customer Services Centre. The Advisor will contact you within 24 hours. If your report refers to named individuals and you have their consent, their details will be recorded on the LCC database. Where no consent has been secured, the Early Help Assessor will still advise but only as a ‘hypothetical’ conversation.

The Advisor will recommend a Safeguarding Referral if the issue meets the threshold for a Social Care Assessment and there is not already an open Team Around the Child (TAC) case. If there is already an open TAC, any new referral will feed into this and you may be asked to a TAC meeting to discuss the issues.

If there is not an open TAC case, you may be advised to consider early help support and/or to set up a TAC. If so, you should discuss this with your Line Manager and/or the Designated Safeguarding Officer. The Early Help Advisor can also advise on this.

Officers cannot make anonymous referrals. Where anonymous tip-offs are received eg from members of the public, either encourage the caller to ring the CSC direct (and check this has been done) or call the CSC to pass on the information. This should still be logged at ELDC through the safeguarding reports email address.

[Meeting the needs](#)
APPENDIX C SAFEGUARDING CHILDREN REFERRAL FORM (SAF)

“Safeguarding” refers to those situations where:
- There is an emergency such as an actual injury or a very strong likelihood of severe harm, or
- The child or young person is at risk of significant harm, such as where they have made a disclosure of abuse against someone or where a situation has persisted or escalated to a serious level.

In these cases immediate action is usually needed to ensure their safety.

If you are certain there is a risk of significant harm, you should make a Safeguarding Referral. Record as much information as you can on the Safeguarding Referral Form. Contact LCC Customer Service Centre by phone to make the referral, sending the completed Safeguarding Referral Form to follow by secure email or post, as directed by the LCC Customer Service Centre Call Advisor.

Safeguarding Referral Form

Safeguarding Referrals do not need consent from the child or their family, but it is best practice to seek this wherever possible.

When you make a Safeguarding Referral, the Call Advisor will screen the written referral. LCC has one working day to decide on the response needed.

If the referral meets the threshold for a social work assessment under the Children Act (1989), you will be informed by letter and Social Care colleagues will take the case forward.

If the referral does not meet the threshold, you should also be informed of this by letter. At this point, you may be advised to consider early help support and/or to set up a Team Around the Child (TAC) case. If so, you should discuss this with your Line Manager and/or the Designated Safeguarding Officer. You can also seek further advice from the Early Help Advisor regarding their next steps.

Officers cannot make anonymous referrals. Where anonymous tip-offs are received e.g. from members of the public, either encourage the caller to ring the Customer Service Centre direct (and check this has been done) or call to pass on the information, logging this at ELDC through the safeguarding reports email address.
APPENDIX D   CHILD SEXUAL EXPLOITATION TOOLKIT AND RISK ASSESSMENT

CSE Risk Assessment Tool details indicators associated with different levels of risk, helps professionals to assess risk and the action needed when risks are identified.

CSE Information Report Form provides information to the Police, helps identify alleged or known perpetrators and assists with preventing and disrupting CSE.
APPENDIX E   CHILD AND MATERNAL SAFETY

Lincolnshire Safeguarding Children Board’s **Pre-Birth Protocol** can be found here:

[Pre-Birth Protocol](#)

Lincolnshire Safeguarding Children Board’s **Concealed and Denied Pregnancy Protocol** can be found here:

[Concealed and Denied Pregnancy Protocol](#)
APPENDIX F  FEMALE GENITAL MUTILATION MANDATORY REPORTING PROCESS IN LINCOLNSHIRE

Always call 999 if the girl or woman is at risk of immediate harm.

If there is no risk of immediate harm, you must still always follow the procedure set out below:

Call Lincolnshire Police on 101 stating that this is a report of FGM

The Police Control Room staff will ask you:
- Your details – name, contact details (phone and email address), role, place of work and when you are available
- ELDC details – name, contact details and place of work of lead safeguarding officer
- Girl’s / woman’s identification details – name, age / date of birth, address
- What other safeguarding actions you have taken, if any.

The Police will give you an incident number and date which you should note.

The Police Control Room staff will:
- decide whether an immediate response is needed and deploy officers immediately if necessary
- notify their Public Protection Unit (PPU) Central Referral Unit (CRU)

The PPU CRU will:
- email the referrer an FGM referral form for completion
- log the report and complete appropriate enquiries, assessments and onward referrals

If you make a referral, you should also:
- notify your line manager
- log the referral by emailing safeguardingreports@e-lindsey.gov.uk and include the incident number and date, and any other reference number provided by the Police
- discuss with the lead safeguarding officer or their deputies any further safeguarding action that may be needed
### APPENDIX G  MENTAL CAPACITY ASSESSMENT & RECORD

<table>
<thead>
<tr>
<th>Name of Person:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

1. Is there an impairment of or disturbance in the functioning of the person’s mind or brain?
   - **No**
   - **Yes**

   The person has capacity.

2. Is the impairment or disturbance sufficient that they lack the capacity to make that particular decision at that time?
   - **Can they:**
     - Understand “relevant information” (e.g. the nature of the decision, why it is needed, the likely effects of deciding one way or another or of making no decision)?
       - **Yes**
       - **No**
     - Retain the information in their mind?
       - **Yes**
       - **No**
     - Use or weigh that information in the process of making the decision?
       - **Yes**
       - **No**
     - Communicate their decision to others?
       - **Yes**
       - **No**

If the answer is ‘yes’ to ALL of these, the person has capacity.

If the answer is ‘no’ to ANY of these, the person lacks capacity.

What is the decision the person needs to make? Why do they need to do this now?

Is there reason to believe that they may lack mental capacity to make the decision? (e.g. a known/suspected mental health problem, learning disability, brain injury, dementia or intoxication?)

Has enough information been given to them to help them understand the decision?

Have all practicable steps been taken to support them to make the decision?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it felt that they are free from external pressures to make their decision?</td>
<td></td>
</tr>
<tr>
<td>Can they understand in simple language the information involved in making the decision?</td>
<td></td>
</tr>
<tr>
<td>Can they retain the information long enough to make the decision?</td>
<td></td>
</tr>
<tr>
<td>Can they use or weigh up the information to make the decision?</td>
<td></td>
</tr>
<tr>
<td>Can they communicate their decision (by talking, sign language, any other means)?</td>
<td></td>
</tr>
<tr>
<td>The decision: do they, on the balance of probabilities, have the capacity to make the specific decision at this particular time?</td>
<td></td>
</tr>
<tr>
<td>What options are available?</td>
<td></td>
</tr>
<tr>
<td>What is the “best interests” option? (least restrictive of their rights and freedom?)</td>
<td></td>
</tr>
<tr>
<td>Why do you think this?</td>
<td></td>
</tr>
<tr>
<td>How did you decide what is in their best interests? (eg who you discussed it with)</td>
<td></td>
</tr>
<tr>
<td>What action should be taken in their best interests?</td>
<td></td>
</tr>
</tbody>
</table>

Signed:  
Dated:
APPENDIX H  SAFEGUARDING ADULTS CONCERN FORM AND GUIDANCE FOR ENQUIRIES

The Lincolnshire Safeguarding Adults Board Safeguarding Concern Form is under review. For a copy of the latest version, please contact:

- Jason Oxby
- Michelle Hillard
- Michelle Walton

If you think someone is being abused or you think their safety is at risk, then it is important to tell someone.

If you’re worried about an adult and think they may be a victim of neglect, abuse or cruelty, please call the Customer Service Centre (CSC) on 01522 782155.

Outside office hours contact the Emergency Duty Team on 01522 782333.
ELDC works within Lincolnshire’s Joint Domestic Abuse Protocol:

https://www.lincolnshire.gov.uk/lsab/resources/128846.article

Assessment and referral forms can be found below:

DASH assessment and MARAC referral
APPENDIX J    PREVENT / CHANNEL REFERRAL FORM

To find and complete the Channel referral form, follow the link below:

Channel referral form

For further information, contact

Jonathan Challen, Team Leader, Private Sector Housing & Prevent Lead
Email: jonathan.challen@e-lindsey.gov.uk    Tel: 01507 613051
APPENDIX K REPORTING MODERN SLAVERY

To report modern slavery, refer to the Government’s referral forms at:

APPENDIX L — ELDC COMMITMENTS

The Council will:

- Work within national legislation and guidance.
- Be an active member of multi-agency partnerships in Lincolnshire including Lincolnshire Safeguarding Children Board (LSCB), Lincolnshire (LSAB), Domestic Abuse Strategic Management Board (DASMB), Multi Agency Public Protection Arrangements (MAPPA) and Multi Agency Risk Assessment Conference (MARAC) processes and Channel / Prevent protocols.
- Prevent harm and minimise risks by working closely with other agencies, supporting needs and risk assessments, providing proactive early help support and in case reviews.
- Designate a Lead Councillor (Portfolio Holder) to oversee and a Senior Manager to manage the Council’s Safeguarding activity.
- Listen to and respect individual’s wishes and feelings, empowering and supporting them to make their own choices, and promoting their rights, including publicising routes for self-referral.
- Respond to concerns, unmet needs and emerging issues quickly and in the individual’s best interests.
- Develop, implement and maintain effective procedures for recording, tracking and learning from incidents and how these were handled.
- Implement safer recruitment procedures.
- Identify training needs, develop training plans and provide appropriate training for staff, councillors, volunteers and key contractors to enable them to recognise signs of potential harm and to act on any concerns in line with this policy and best practice, and monitor attendance at this.
- Ensure ongoing supervision and support, in particular for those staff most likely to be dealing with those at risk of abuse or neglect.
- Develop safe working practices and environments which reduce the risk and avoid situations where abuse or allegations of abuse may occur.
- Aid staff, councillors, volunteers, key contractors and consultants to respond sensitively and seriously to anyone who discloses information about abuse, ensuring that they are confident to take appropriate action regardless of whom the allegation is about (eg carer, staff, councillor, partner agency, etc).
- Develop and implement effective procedures for recording and responding to complaints of alleged or suspected abuse by staff, councillors, volunteers, key contractors or consultants, ensuring they receive appropriate advice.
- Raise awareness of the Council’s responsibilities throughout the organization, actively encouraging good practice and promoting wider awareness where possible eg through partnerships and other user groups.
- Actively reflect on its Early Help, Safeguarding and Domestic Abuse Policy and Practice, reporting regularly to the Portfolio Holder and to Audit and Governance Committee.
ELDC is committed to the principles and beliefs set out in the Lincolnshire Domestic Abuse Strategy (2013 – 2016):

- That domestic abuse will not be tolerated.
- That domestic abuse is not the fault of the victim.
- That staff and managers should be aware of domestic abuse, its impact and how to respond appropriately.
- That partner agencies must work together to provide a joined up approach when responding to domestic abuse situations.
- That prevention, provision of services and partnership working in relation to domestic abuse remains a priority.
- That there is a commitment to justice for victims and reduction in risk.

The Council commits to working within the Lincolnshire Joint Domestic Abuse Protocol (Appendix I).

The Council has achieved the standards set out in the Lincolnshire Domestic Abuse Charter, which can be found through the following link: https://democratic.lincoln.gov.uk/ieDecisionDetails.aspx?AId=1404
APPENDIX M ELDC ROLES AND RESPONSIBILITIES

a) All Employees
All employees must read this policy, signing the declaration at Appendix R, and complete safeguarding training in order to fulfil their legal responsibility to identify and respond to actual or alleged abuse and poor practice. All officers who visit people’s homes must be particularly alert to signs of abuse or neglect. All officers must always report and respond to concerns, doing so swiftly to ensure the safety and wellbeing of the adult. All employees must discuss concerns with their line manager and, if their line manager does not act when a concern is raised, must speak to the Designated Safeguarding Officer (DSO) or their Deputy.

All officers should exercise professional curiosity and respectful uncertainty, looking beneath the surface and testing the facts and also their ‘gut feelings’ rather than accepting every explanation, however plausible.

b) Team Leaders, Line Managers and Supervisors
Team Leaders, line managers and supervisors are responsible for increasing safeguarding awareness in their services, ensuring that staff are properly trained and follow good practice. They will include in their team plans relevant safeguarding actions and a training plan to meet team and individual needs identified through appraisal and supervision. They will review and manage progress on cases identified by their teams, updating the corporate safeguarding tracking log each month. Dealing with abuse and neglect can be stressful and distressing. Line managers will support and supervise staff appropriately. They will respond promptly to requests for information regarding specific cases and maintain clear communication with the Designated Safeguarding Officer and their Deputies, and good working relationships with other agencies to support adults and address any difficulties between frontline staff. They will support the review of this policy and its procedures.

c) Housing, Homelessness and Wellbeing Services
All Housing staff come into contact with individuals and families in crisis situations and may identify concerns regarding their welfare. Intervening early, working with parents or carers, taking account of the needs of the individual, in a multi-agency approach eg joint home visits with a Health Visitor; referral to Families Working Together or Adult Care, often prevents the situation deteriorating. This policy requires such a response in every case where staff work with a 16 or 17 year old homeless child, a pregnant teenager or teenage parent, care leaver, or where Domestic Abuse is suspected. Housing staff also assess the needs of families, including those with disabled children who may need home adaptations to enable them to participate fully in family life, and are alert to the child’s own needs and wishes. Part 1 of the Housing Act 2004 require authorities to take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions.

Housing, Homelessness and Wellbeing Officers also work with and assess the needs of, adults who are vulnerable often due to their circumstances, including older people, those with disabilities, long-term conditions and sensory impairment, those fleeing domestic violence, those with learning disabilities, mental health needs or who abuse drugs or alcohol. They may need specialist housing, medical help and/or housing adaptations. The Housing Act 1996 section 213A requires housing authorities to refer to adult care services people with whom children normally reside or might reasonably be expected to reside, who
they believe may be ineligible for assistance, or who may be homeless and may become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child’s needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

Staff may identify concerns which need to be discussed with their line manager and/or referred to another agency. Early intervention and empowerment are key, working with the person in a multi-agency approach to prevent the situation deteriorating. Officers will be alert to and record their response to the person’s wishes, keeping details of safeguarding activity on the individual’s case file and logged through the Safeguarding Reports email address. Nominated Housing staff attend the Multi Agency Risk Assessment Committee (MARAC) as required and ELDC is a Co-operating Authority in both levels of the Multi Agency Public Protection Arrangements (MAPPA).

d) Community Safety Service – delivered in partnership with Boston Borough Council

Community Safety Officers work with children, young people and adults who are the victims or the perpetrators of anti-social behavior or crime, or who live in families involved in anti-social behaviour. They are involved in agreeing multi-agency responses to meeting people’s needs and ensuring that they live in a safe environment eg through Anti-Social Behaviour Risk Assessment Conferences (ASBRACs); referral to Families Working Together. Staff are alert to signs of abuse or neglect, including the links with Domestic Abuse and Prevent, know how to record and act on their concerns, and make referrals to other agencies as appropriate. Details of their safeguarding activity must be held on the individual’s case file but also logged through the Safeguarding Reports email address. Jonathan Challen is the Council’s Prevent Lead

e) Licensing Service

ELDC operates under the Licensing Act 2003 and the Gambling Act 2005. The Licensing Act 2003 requires ‘the protection of children from harm’, one of four licensing objectives. The Council must indicate in its statement of licensing policy the body (responsible authority) it deems to be competent to advise on matters relating to child protection: for ELDC, this is Lincolnshire Safeguarding Children Board (LSCB). Also, where a premises licence authorises the exhibition of films, this must include a condition requiring the admission of children to be restricted from viewing age-restricted films classified according to the recommendations of the British Board of Film Classification (BBFC) or the licensing authority itself. The licensing service is well-placed to raise awareness of abuse and neglect and promote good practice with taxi drivers and owners of licensed premises (e.g potentially requiring specific criteria such as completion of training in order to receive their licence).

f) Designated Safeguarding Officer / Senior Liaison Officer / Assistant

The Designated Safeguarding Officer (DSO) is the senior person responsible for safeguarding at ELDC. The Senior Liaison Officer is the person who leads on inter-agency arrangements, liaising with Lincolnshire Safeguarding Adults Board (LSAB). Their role is to provide leadership and accountability, has authority to commit resources and make strategic decisions, and provides expert advice to senior managers and staff. They co-ordinate safeguarding activity: implementing and reviewing policy and training programmes; overseeing complex cases to ensure these are dealt with promptly, thoroughly and fairly; ensuring appropriate reporting and recording systems which comply with Data Protection
and Confidentiality requirements; meeting external requests for information; and, conducting assurance reviews and reporting the outcomes of these. They disseminate LSAB information and contribute to the LSAB annual report.

The DSO / SLO is responsible for referring cases to the LSAB for a review where:
- there is a need to enhance interagency working or the case is of particular interest or concern;
- a case is an example of good and effective practice; or
- where there is a split decision regarding action to be taken to safeguard an individual. Referral is made on the LSAB Significant Incident Form (SINF). The DSO / SLO contributes to multi-agency reviews and investigations, with a role in agreeing the scope of reviews and representing their agency; and assists in overcoming difficulties in inter-agency working which cannot be resolved at a lower level, including initiating and responding to cases in line with the escalation policy.

Jason Oxby, Service Manager, Homelessness, Housing and Wellbeing is the DSO and SLO

The two DSO / SLO Deputies are:
- Michelle Walton, Senior Allocation and Intervention Officer
- Michelle Hillard, Safeguarding Assistant

The Safeguarding Assistant is Michelle Hillard. Michelle’s role is to:
- To support the SLO to produce, disseminate, implement, monitor, review and promote the Council’s Safeguarding Strategic Plan, Policy and associated procedures, advising staff on responding to safeguarding concerns and on referral processes.
- To work with the SLO to ensure that the Council fulfils its duties and can evidence delivery of its legal duties under Section 11 of the Children Act 2004 and the Care Act 2014, along with locally agreed standards such as the Lincolnshire Domestic Abuse Charter, through regular audits, required by Lincolnshire’s Safeguarding Adults, Children’s and Domestic Abuse Boards.
- To work closely with a wide range of partner agencies, to build trust and provide robust challenge, to promote effective safeguarding activity in the District.
- To ensure that all cases are collated, recorded, reported and reviewed, and all requests for information are responded to within the required timescales to support case reviews, inspections, etc.

g) Chief Executive and Senior Management Team

The Chief Executive leads and promotes ELDC’s work to identify, respond to and prevent abuse and neglect, in line with national legislation and local guidance, signing off ELDC’s contributions to the LSAB Strategic Plan and Annual Reports. The Chief Executive must assure himself and the Executive Board that safeguarding systems and practices within ELDC are effective. ELDC’s Management Team must ensure that resources are available to support to staff, councillors, volunteers, contractors and consultants, including lead officer time, training budgets, etc and ensure that appropriate scrutiny and reporting arrangements are in place to review legal compliance with safeguarding requirements.

Stuart Davy is the Chief Executive and, as Head of Paid Service, is responsible for recruitment and disciplinary action in relation to ELDC staff.

h) All councillors need a good understanding of safeguarding and the need to balance this with empowerment. All councillors must read this Policy, signing the Declaration at Appendix S, adhering to this at all times and undertaking
appropriate training. Councillors attending Lincolnshire’s Health Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnership all play a further role in assuring local safeguarding measures are effective and accountable.

i) **Councillor Bowkett** is the Lead Councillor (Portfolio Holder) for ELDC policy and practice in safeguarding and tackling domestic abuse.

j) **Political Group Leaders** will be involved in matters relating to councillors within their own Political Group, including requiring them to read and act in accordance with this Policy and to undertake appropriate training. Group Leaders will be informed immediately of any safeguarding allegations or complaints about members of their group and may need to work with ELDC’s Monitoring Officer to determine what action, if any, is required.

k) The **Licensing Committee** operates under the Licensing Act 2003 and the Gambling Act 2005, requiring members of the Committee to protect children and other vulnerable persons from being harmed or exploited by gambling.

l) **The Executive Board** will approve ELDC’s Safeguarding Policy.

m) Assurance reviews undertaken by ELDC will be reported to the **Audit and Governance Committee** which will make any necessary recommendations to the **Executive Board**. These include Section 11 Audits (children’s) and Lincolnshire Assurance Framework Audits (adults) and assessment of practice against the Lincolnshire Domestic Abuse Charter actions.

n) **ELDC as a Provider of Services Commissioned by Others**
ELDC provides the Wellbeing Service which is commissioned by Lincolnshire County Council, who require a high level of assurance in safeguarding service users, which is formally inspected as part of contract compliance and performance reporting.

o) **ELDC as a Commissioner of Services from Key Contractors**
ELDC commissions services from key contractors eg Compass Point Business Services (CPBS), Magna Vitae (MV) and Waterloo Housing. Staff and volunteers in these agencies will have different levels and types of contact with children, young people and adults, but all are required to be alert to safeguarding concerns, recording details of these and any actions taken in response, reporting these to their manager and to the relevant agencies where further action is needed. ELDC retains a legal duty to assure itself of the quality and safety of their safeguarding arrangements, holding these agencies to account for preventing and dealing promptly and appropriately with any examples of abuse and neglect. ELDC does this through asking these agencies to complete Section 11 (children’s) and Lincolnshire Assurance Framework (adults) reviews.

p) **Key Contractors / Consultants**
All key contractors and consultants are required to read and act in line with this policy. Compass Point Business Services (CPBS), Magna Vitae (MV) and Waterloo Housing are also requested to undertake Section 11 and Lincolnshire Assurance framework audits, developing actions plans to improve and maintain good practice and sharing these with ELDC.

q) **Community and Voluntary Organisations**
ELDC makes grants to community and voluntary organisations and will ensure that appropriate policies are in place to safeguard adults, particularly where these agencies provide direct care or support. All voluntary organisations that work with adults must have safeguarding procedures and lead officers.
APPENDIX N   PROFESSIONAL STANDARDS

These guidelines promote positive practice and care, and should be followed by all ELDC staff, councillors, volunteers, key contractors and consultants at all times.

It is ALWAYS good practice to:
• Respect everyone’s rights, dignity and worth, treating everyone equally.
• Respect and listen to people and be aware of their needs and wishes even when not verbally expressed.
• Provide a safe and positive environment and ensure that services are as accessible as possible.
• Be publicly open when working with children, young people and adults with vulnerabilities, avoiding situations where you are alone and unobserved.
• Remember it is the parent/carer’s responsibility to supervise the children in their care when visiting Council buildings. Children should not be unattended.
• Ensure that if physical contact is needed, it is provided openly and in line with relevant guidelines (eg National Governing Body of Sport Guidelines).
• Work in pairs if supervision in changing rooms or similar places is required, avoiding entering opposite sex changing rooms; with mixed groups, supervision should be by a male and female member of staff together, wherever possible.
• Report immediately any injury caused by an employee, councillor, volunteer, key contractor or consultant; any case where a person seems distressed, seems to be sexually aroused, or misunderstands or misinterprets something you have said or done. Make a factual written report for the Designated Safeguarding Officer.
• Follow the procedures in the Policy, particularly if a person at any activity or service shows any signs or symptoms that arouse concern.

It is NOT good practice to:
• Be alone with children, young people or vulnerable adults away from others.
• Take people to your home where they will be alone with you.
• Meet people outside an organised activity or service.
• Take people alone on a car journey, however short. (If this is unavoidable ie in an emergency, it should only occur with the consent of your line manager and the person, after completion of a risk assessment which is held on file).

It is NEVER appropriate to:
• Engage in physical games or horseplay, allow or engage in inappropriate touching of any form, or engage in sexually provocative games or make sexually suggestive comments about or to a person, even in fun.
• Use or allow anyone to use inappropriate language unchallenged even in fun.
• Do personal things for people that they can or cannot do for themselves eg undressing.
• Share a room with another person (e.g. overnight accommodation).
• Enter areas designated only for the opposite sex without appropriate warning.
• Take someone to the toilet: in an emergency and a second, same sex member of staff as the child should be present.
• Use a mobile phone, camera or other recorder in an changing area or other single sex location eg toilets. If access is needed eg to record vandalism, all customers should be temporarily excluded from the location.
• Let an allegation be ignored or go unrecorded.
## APPENDIX O    TRAINING AND DEVELOPMENT FRAMEWORKS

All staff, councillors, volunteers, key contractors and consultants need to be able to recognise and respond to possible safeguarding issues. The level of training needed by each person is determined by their role, their level of contact with children, young people and/or parents and carers and adults, and their role in managing or supervising others. The groupings are defined in the National Competency Frameworks for **Safeguarding Children** and **Safeguarding Adults** as follows:

<table>
<thead>
<tr>
<th>Group</th>
<th>Definition for Grouping</th>
<th>Who sits within the group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / A</td>
<td>Those with infrequent contact with children, young people, and/or parents/carers and vulnerable adults who may become aware of possible abuse or neglect / Those who contribute to safeguarding adults but have no specific organisational responsibility.</td>
<td>All staff, volunteers, general contractors and consultants</td>
</tr>
<tr>
<td>2</td>
<td>Those with regular contact or periods of intense but irregular contact with children, young people, and/or parents/carers and vulnerable adults who may be in a position to identify concerns about maltreatment.</td>
<td>All Councillors. All staff who complete home visits. Key contractors.</td>
</tr>
<tr>
<td>3 / B</td>
<td>Those who work predominantly with children, young people and/or parents/carers and vulnerable adults who could potentially contribute to assessing, planning intervening and reviewing the needs of a children or adults where there are safeguarding concerns / Those who have professional and organisation responsibility for safeguarding adults, who have to act on concerns, contribute to local policies and work in an inter or multi-agency context.</td>
<td>All staff in Housing and Wellbeing, and Community Safety.</td>
</tr>
<tr>
<td>4</td>
<td>Those responsible for doing s47 safeguarding enquiries</td>
<td>N/A</td>
</tr>
<tr>
<td>5 / B</td>
<td>Professional advisors, named and designated lead professionals in TAC &amp; Child Protection, MAPPA and MARAC work / Those who have professional and organisation responsibility for safeguarding adults, who have to act on concerns, contribute to local policies and work in an inter or multi-agency context.</td>
<td>Named staff in Housing and Wellbeing and Community Safety. Safeguarding Assistant.</td>
</tr>
<tr>
<td>6</td>
<td>Operational Managers at all levels.</td>
<td>All Team Leaders and Senior Officers.</td>
</tr>
<tr>
<td>7 / C</td>
<td>Senior Managers responsible for strategic management of services / Those responsible for effective and efficient management and delivery of safeguarding adult services, oversight of systems, policies and procedures in their organisation to facilitate good working partnerships with allied agencies for consistency in approach and quality of service.</td>
<td>Management Team</td>
</tr>
<tr>
<td>8 / D</td>
<td>Members of LSCB / LSAB / DASMB with local strategic responsibility for safeguarding / Those responsible for ensuring their organisation is at all levels, fully committed to safeguarding adults, have in place appropriate systems and resources and work in an intra and inter agency context.</td>
<td>Designated Safeguarding Officer, Deputy Safeguarding Officers</td>
</tr>
</tbody>
</table>
A wide range of training is available but the minimum training standard for ELDC is as follows:

<table>
<thead>
<tr>
<th>Module</th>
<th>Year</th>
<th>Grouping</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Everyone – Protecting Children, Young People and Adults at Risk</td>
<td>Induction</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Awareness of Child Abuse &amp; Neglect (Foundation)</td>
<td>Yr 1</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Awareness of Child abuse and Neglect (Core)</td>
<td>Yr 1</td>
<td>2, 3, 5, 6, 7, 8</td>
<td>e-learning</td>
</tr>
<tr>
<td>Inter-Agency Safeguarding Children and Young People</td>
<td>Yr 1</td>
<td>5, 8</td>
<td>2 days face to face</td>
</tr>
<tr>
<td>Safer Recruitment</td>
<td>Yr 1</td>
<td>6, 7/C, 8/D</td>
<td></td>
</tr>
<tr>
<td>Basic Awareness of Child and Adult Sexual Exploitation</td>
<td>Yr 2</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Understanding Pathways to Extremism and the Prevent Programme</td>
<td>Yr 2</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Safeguarding Children and Young People from Abuse by Sexual Exploitation</td>
<td>Yr 2</td>
<td>2, 3, 5, 6, 7, 8</td>
<td>e-learning</td>
</tr>
<tr>
<td>An Introduction to FGM, Forced Marriage, Spirit Possession &amp; Honour Based Violence</td>
<td>Yr 2</td>
<td>3/B, 5/B, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>Safer Workforce (Safer Recruitment)</td>
<td>Yr 2</td>
<td>6, 7/C, 8/D</td>
<td>1 day face to face</td>
</tr>
<tr>
<td>Trafficking, Exploitation and Modern Slavery</td>
<td>Yr 3</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>An Introduction to Integrated Working (Early Help Assessment / Lead Professional / Information Sharing)</td>
<td>Yr 3</td>
<td>2, 3, 5, 6, 7, 8</td>
<td>e-learning</td>
</tr>
<tr>
<td>Children and Young People Who Go Missing</td>
<td>Yr 3</td>
<td>3/B, 5/B, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>Safeguarding Refresher (2 years after Inter-agency 2 day course)</td>
<td>Yr 3</td>
<td>5/B, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>Child Sexual Exploitation</td>
<td>Yr 3</td>
<td>5/B, 8/D</td>
<td>1 day face to face</td>
</tr>
<tr>
<td>Awareness of Domestic Violence and Abuse</td>
<td>Yr 4</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Safeguarding Adults At Risk</td>
<td>Yr 4</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Mental Capacity Act</td>
<td>Yr 4</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>LSCB Pre-Birth Protocol</td>
<td>Yr 4</td>
<td>3/B, 5/B, 7/C, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>LSCB Mobile Families Guidance</td>
<td>Yr 4</td>
<td>3/B, 5/B, 7/C, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>Working with Uncooperative and Hostile Families</td>
<td>Yr 4</td>
<td>5/B, 8/D</td>
<td>1 day face to face</td>
</tr>
<tr>
<td>Hate Crime</td>
<td>Yr 5</td>
<td>All</td>
<td>e-learning</td>
</tr>
<tr>
<td>Hidden Harm</td>
<td>Yr 5</td>
<td>3/B, 5/B, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>Self Harm and Suicidal Thought in Children &amp; Young People</td>
<td>Yr 5</td>
<td>3/B, 5/B, 8/D</td>
<td>e-learning</td>
</tr>
<tr>
<td>Inter-Agency Safeguarding Adults</td>
<td>Yr 5</td>
<td>5/B, 8/D</td>
<td>1 day face to face</td>
</tr>
<tr>
<td>Domestic Abuse Training</td>
<td>Yr 5</td>
<td>5/B, 8/D</td>
<td>1 day face to face</td>
</tr>
<tr>
<td>Safeguarding and Leadership</td>
<td>Yr 5</td>
<td>7/C, 8/D</td>
<td></td>
</tr>
</tbody>
</table>

Additional training for MARAC (including MODUS) and Prevent is organised periodically. Staff in key roles will be required to attend.

**Organising Training:**
**New staff:** Team Leaders must ensure that all new staff read the Safeguarding Policy as part of their induction, completing the signed declaration. Team Leaders will agree a timeframe for completing the minimum required safeguarding training for the role as part of the induction process.

**Existing Staff:** Team Leaders must include in their Team Training Plans the appropriate safeguarding training for their team members, based on the national competency frameworks, making sure this is completed in appropriate timeframes.

Individual staff will register for and complete the required training through the LSCB and LSAB Learning Platform. This is delivered through face to face training and e-learning which is free provided that it is completed within 4 weeks of registering. Failing this, a £35 charge is incurred. All courses identify aims and learning outcomes linked to the National Competency Framework for Safeguarding Children. Information is available at: [https://www.lincolnshire.gov.uk/lscb/professionals/support/training/124632.article](https://www.lincolnshire.gov.uk/lscb/professionals/support/training/124632.article)

Staff without IT access will attend safeguarding briefings, devised in conjunction with their Team Leader (eg in Neighbourhoods and Waste Services), which cover general safeguarding principles, personal responsibilities and who to contact if they have concerns.

**Councillors:** All Councillors will be required to complete safeguarding training as a mandatory part of the Councillor induction programme after an election and on appointment at a by-election. Ongoing training is available as for staff, and additional briefings will also be available in relation to ELDC's specific policy and procedures.

**Work Placements:** Anyone on a formal work placement must complete the ‘Safer Working Practices’ eLearning course.

**Volunteer Training:** Short-term volunteers will receive a briefing note on safeguarding issues. Those who volunteer on a more regular or continuous basis will need to complete the same safeguarding training as permanent staff, or training through [https://www.lincolnshire.gov.uk/lscb/professionals/support/training/124632.article](https://www.lincolnshire.gov.uk/lscb/professionals/support/training/124632.article), whichever is most suitable.

**Monitoring**

All LSCB / LSAB training provides staff with course completion certificates. Staff will log their completion on their training log.

LSCB / LSAB also provide information to ELDC to enable completion to be tracked.
APPENDIX P  ADVICE, SUPPORT AND LINKS

Designated Safeguarding Officer
Jason Oxby, Service Manager, Homelessness, Housing and Wellbeing
Email: jason.oxby@e-lindsey.gov.uk
Tel: 01507 613120
Mob: 07958 805142

Deputy Designated Safeguarding Officers
Michelle Walton, Senior Allocation and Intervention Officer
Email: michelle.walton@e-lindsey.gov.uk
Tel: 01507 613066
Mob: 07747 458454

Michelle Hillard, Safeguarding Assistant
Email: michelle.hillard@e-lindsey.gov.uk
Tel: 01507 613419

Prevent Lead
Jonathan Challen, Team Leader, Private Sector Housing
Email: jonathan.challen@e-lindsey.gov.uk     Tel: 01507 613051

Chief Executive
Stuart Davy
Email: stuart.davy@e-lindsey.gov.uk
Tel: 01507 613411 (Internal – Ext 3411)

Lincolnshire Police - IN AN EMERGENCY CALL 999
Non emergency call, 101
Lincolnshire Police Central Referral Unit for safeguarding concerns.
Tel: 01522 947590
Out of hours Tel: 0300 111 0300
In an emergency safeguarding situation then dial 999

Lincolnshire County Council Customer Services Centre:

Children
During office hours - 8am to 6pm
Tel: 01522 782 111
Email: Customer_Services@lincolnshire.gov.uk
Outside office hours (including weekends or Bank Holidays)
Tel: 01522 782 333

Adults
During office hours - 8am to 6pm
Tel: 01522 782 155
Email: Customer_Services@lincolnshire.gov.uk
Outside office hours (including weekends or Bank Holidays)
Tel: 01522 782 333

L.A.D.O – Local Authority Designated Officer
During Office Hours - 01522 554674
Deals with allegations against staff working with children and young people.
Lincolnshire Safeguarding Children Board (LSCB) Policy and Procedures, Pre-Birth Protocol, etc
https://www.lincolnshire.gov.uk/lscb/
Lincolnshire Safeguarding Adults Board Multi-Agency Policy and Procedures: 
https://www.lincolnshire.gov.uk/adult-care/

Lincolnshire Joint Domestic Abuse Protocol 
https://www.lincolnshire.gov.uk/lsab/resources/128846.article

Lincolnshire Multi Agency Domestic Abuse Guidance: 
www.domesticabuselincolnshire.com

Lincolnshire Channel Process: 
https://www.lincolnshire.gov.uk/residents/community-and-living/community-safety/prevent/128641.article

National Drugs Helpline http://www.talktofrank.com (FRANK) (24 hour free advice) 0800 77 66 00

First Check – NSPCC - Tel – 0908 800 500 www.nspcc.org.uk

Childline - free helpline for children and young people in the UK to talk about any problem 0800 1111 or www.childline.org.uk

Samaritans - Tel: 08457 90 90 90 or Text Phone (for deaf or hearing impaired) 08457 90091092 or http://www.samaritans.org

The Hideout - information for children who witness or are injured through domestic abuse www.thehideout.org.uk

Child Exploitation and Online Protection Centre www.ceop.police.uk

Information on internet safety and safe surfing for young people www.thinkuknow.co.uk

Kidscape 08451 205 204 (parents bullying helpline) 
https://www.kidscape.org.uk/
APPENDIX Q  LEGISLATION AND GUIDANCE

Health and Safety at Work Act 1974
The Rehabilitation of Offenders Act 1974
The Children Act 1989
Housing Act 1996
The Police Act 1997
Human Rights Act 1998
The Data Protection Act 1998
Crime and Disorder Act 1998
The Protection of Children Act 1999
Criminal Justice and Court Services Act 2000
Care Standards Act 2000
No Secrets 2000
Education Act 2002
Sexual Offences Act 2003
Protection of Vulnerable Adults Scheme 2004
Domestic Violence Crime and Victims Act 2004
The Children Act 2004
Mental Capacity Act 2005
Childcare Act 2006
Safeguarding Vulnerable Groups Act 2006
Mental Health Act 2007
Information Sharing: Guidance for Practitioners and Managers 2008
The Equality Act 2010
Police Reform and Social Responsibility Act 2011
Working Together to Safeguard Children 2013
The Care Act 2014
Care Act Statutory Guidance 2015
Working Together to Safeguard Children 2015
Care and Support Statutory Guidance
FGM Mandatory Reporting
APPENDIX R  DECLARATION FOR STAFF AND VOLUNTEERS

East Lindsey District Council embraces its responsibility to develop, implement and monitor policies and procedures that safeguard the welfare of children, young people and adults that protect them from abuse and neglect whenever they are engaged in or with services provided directly and indirectly by the Council.

As a member of staff or a volunteer for East Lindsey District Council, you are required to be aware of your role in safeguarding, as set out in this Policy, working in line with and its associated Procedures.

Being made aware of the policy and its procedures, understanding the requirements that they place on you and being trained and supported appropriately in your role, all demonstrate the Council’s commitment to ensuring that its staff and volunteers have an appropriate level of knowledge about safeguarding and are able to act if they have any concern about the health, safety and welfare of any child, young person or adult.

Declaration:

I know who is the Council’s lead officer for Safeguarding and who is their Deputy when they are not available.

I know where to find East Lindsey District Council’s Safeguarding Policy and Procedures.

I know that I have a legal duty to report any concerns about the safety and well-being of children, young people and adults to my line manager.

I commit to attending training appropriate to my role, including refresher training.

I commit to working within the Council’s Safeguarding Policy and Procedures at all times.

Signed: _______________________________________________________

Date:  _______________________________________________________

Name (Please Print):  ___________________________________________

Position in Organisation:  _______________________________________

This declaration will be kept in your personnel file.
APPENDIX S  DECLARATION FOR COUNCILLORS

East Lindsey District Council embraces its responsibility to develop, implement and monitor policies and procedures that safeguard the welfare of children, young people and adults that protect them from abuse and neglect whenever they are engaged in or with services provided directly and indirectly by the Council.

As a councillor of East Lindsey District Council, you are required to be aware of your role in safeguarding, as set out in this Policy, working in line with and its associated Procedures.

Being made aware of the policy and its procedures, understanding the requirements that they place on you and being trained and supported appropriately in your role, all demonstrate the Council’s commitment to ensuring that its councillors have an appropriate level of knowledge about safeguarding and are able to act if they have any concern about the health, safety and welfare of any child, young person or adult.

Declaration:

I have read and understood East Lindsey District Council’s Safeguarding Policy and Procedures and know where to find this.

I know who is the Council’s lead officer for Safeguarding and who is their Deputy when they are not available.

I know that I have a legal duty to report any concerns about the safety and welfare of children and adults.

I commit to attending training appropriate to my role, including refresher training.

I commit to working within the Council’s Safeguarding Policy and Procedures at all times.

Signed: _______________________________________________________

Date:    _______________________________________________________    

Name (Please Print):   

This declaration will be kept in your file.
APPENDIX T  DECLARATION FOR CONTRACTORS / CONSULTANTS

East Lindsey District Council embraces its responsibility to develop, implement and monitor policies and procedures that safeguard the welfare of children, young people and adults that protect them from abuse and neglect whenever they are engaged in or with services provided directly and indirectly by the Council.

As a contractor of East Lindsey District Council, you are required to be aware of your role in safeguarding, as set out in this Policy, working in line with and its associated Procedures.

Being made aware of the policy and its procedures, understanding the requirements that they place on you and being trained and supported appropriately in your role, all demonstrate the Council’s commitment to ensuring that its contractors have an appropriate level of knowledge about safeguarding and are able to act if they have any concern about the health, safety and welfare of any child, young person or adult.

Declaration:

I have read and understood East Lindsey District Council’s Safeguarding Policy and Procedures.

I know who is the Council’s lead officer for Safeguarding and who is their Deputy when they are not available.

I know that I have a legal duty to report any concerns about the safety and welfare of children and adults.

I commit to attending training appropriate to my role, including refresher training.

I commit to working within the Council’s Safeguarding Policy and Procedures at all times.

Signed: ____________________________________________________________

Date:  _____________________________________________________________

Name (Please Print):

_________________________________________________________________

Name of Company:

_________________________________________________________________

This declaration will be kept in your file.
### APPENDIX U  SAFEGUARDING POLICY VERSION CONTROL

<table>
<thead>
<tr>
<th>VERSION SERIALISATION</th>
<th>REASON:</th>
<th>AMENDED BY: POSITION AND DATE</th>
<th>APPROVED BY: POSITION AND DATE</th>
<th>PUBLISHED &amp; EFFECTIVE FROM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1.0 Draft for MT, Portfolio, Overview, JCC, LSCB / LSAB comment</td>
<td>1) Existing policy revised to reflect: - Care Act 2014 - S11 Audit 2014 - Working Together 2015 - LAF Audit 2015 2) Combined into one Policy.</td>
<td>01.05.15</td>
<td>14.07.15 Executive Board</td>
<td>01.09.15</td>
</tr>
<tr>
<td>Version 2.0 Draft for MT &amp; Portfolio Holder</td>
<td>Existing Policy revised: 1) Annual Review 2) Taking account of: • Statutory Reporting of FGM (Oct 2015) • Care and Support Statutory Guidance (Feb 2016) • Lincolnshire Neglect Strategy • LSCB Mobile Families Guidance • LSCB Pre-Birth Protocol • SCR YP A • Early Helo Audit (July 2015) • CSE &amp; Missing Audit (April 2016) • Domestic Abuse Audit (June 2016) • MAPPA / MARAC Protocol (2016) • Joint Domestic Abuse Protocol</td>
<td>01.09.16</td>
<td>01.09.16 Portfolio Holder</td>
<td>01.09.16</td>
</tr>
<tr>
<td>Version 2.1 Amendment</td>
<td>Clarified section 9.8 on photography</td>
<td>07.12.16</td>
<td>07.12.16 Portfolio Holder</td>
<td>12.12.16</td>
</tr>
</tbody>
</table>