

Practice guidance for professionals and agencies Making a 'good' Safeguarding Adults referral

'It is vital for agencies to work together to keep adults safe. Where an adult has the appearance of, or care and support needs social services will be the lead agency under their Care Act duties. However, it is important to remember that: 'Safeguarding Adults is everyone's responsibility'.

Timely, accurate and well-constructed referrals help us to keep adults with care and support needs safe'.

Purpose of this guidance:

To provide professionals and agencies with guidance about what constitutes a 'good' safeguarding adults referral, to support timely and robust assessments and responses to safeguarding concerns.

Top tips – don't forget to include:

- **What have you seen?** (where, when) **What have you heard?** (when, who from).
- Basic information about the adult(s) at risk. What **care and support needs** do they have? Why are they **unable to protect themselves** from the abuse/neglect or the risk of it? Do they have **mental capacity** to make decisions about keeping themselves safe/other relevant decisions (please specify)? If you don't know please consider who needs to assess this.
- Basic information about the person alleged to be causing the abuse or neglect. Do they have any care and support needs? Do they work with children or vulnerable adults? Are they in a position of trust (working with adults with care and support needs/children)? Do you know if they have a history of **posing a risk to others**?
- Why are you worried? What **abuse/neglect** is the adult(s) at risk of or experiencing? This could include (but not limited to) physical, emotional, sexual, neglect, financial, organisational, self-neglect, modern slavery, exploitation or discrimination. Has a crime been committed? Was the harm intended or ill-informed?
- What is the **impact** on the adult (or others) now? What do you think the **future impact** on the adult(s) is likely to be if agencies don't become involved?
- Identify what you have tried already to **reduce risk** and meet the adult(s) needs.
Include details and outcomes of any referrals to other services or agencies e.g. Police.
- What **protective factors** are in place? If you are making a safeguarding adult's referral without engaging with the adult(s) and/or their representative(s) please explain why, for example where there is an immediate risk of harm or perhaps your role doesn't bring you into direct contact with adult. Even if the information is from a third party, please refer your concerns.
- Remember to separate **Facts and Opinions**. You can have a professional opinion but make sure this is stated clearly. For example, the adult said "I wanted to give the person money" however in my view they were coerced into making this decision because...then list evidence that leads you to this opinion – use of substances/alcohol, witnessed control/coercion, impairment of mind/brain etc.

- **‘Nothing about me with about me’** - Have you consulted the adult about making this referral? Unless it increases the risk to the adult(s) (immediate safeguarding concern) or is a risk to your own personal safety – the adult should be consulted for their views.

Although having consent is best practice under Care Act duties it is not required to progress a safeguarding concern, but you should always endeavour to inform the person or their representative you are making a referral. If this has not been possible, please explain this within your referral.

- What does the adult(s) at risk want to happen as a result of the safeguarding adult’s referral being made? What are their (or their representative’s) **desired outcomes**?

Safeguarding adults’ enquiries and associated safeguarding adults’ plans are more effective if they are **person-centred and led** by the adult at risk. Where possible the person’s views and wishes will be followed.

- Have you included the basic information about the people who are in the adult(s) at risk’s **professional and informal support network**? If the person would have substantial difficulty in participating in the safeguarding adults process themselves, is there someone who could represent them and act in their best interests?

Try to avoid:

- Using **‘Unknown’** as an answer or leaving answers blank – provide details of why you don’t know.
- **Formalising, sanitising or omitting language** used. When quoting someone use their actual words, this includes swearing and slang language. You may want to include clarification of what they meant. Remember, this could become part of an evidence submission to court – don’t leave room for ambiguity or dispute.
- **Not enough details of the concern** or impact on the adult(s), for example a good referral would not refer to a person having “a chaotic lifestyle” but would instead separate fact from opinion and evidence they lived experiences for that adult – e.g. does not attend appointments (e.g. missed their last four appointments in the last 6 months); homeless (are they sleeping on the streets? Staying with friends – who? Involvement with housing services?) lack of routine (e.g. not in work/education/training and not involved in any other structured activities); poor home conditions (e.g. damp, refuse piling up, flies, animal waste on carpets); uses drugs and alcohol (one litre of vodka per day, on methadone programme); witnessed X threatening Y (e.g. said they would kick their head in if they told anyone); often in the presence of people who pose a risk (include names/nicknames and why they are of concern) etc.
- The referral being written in a way that **is not for sharing**, for example it includes judgemental or stereotypical views and language. State your concerns but be respectful – would you be happy for the person you are writing about reading your comments over your shoulder? Language implying that the adult is complicit or responsible for the abuse that has happened or may happen to them, must be avoided. Language should reflect the presence of coercion and the lack of control people have in abusive situations. Using victim-blaming language risks normalising and minimising the person’s experience, resulting in a lack of appropriate response.

- **Use of professional jargons or acronyms.**
- **Delays in submitting the referral.** If you are worried about an adult(s) at risk, then making the referral should be a priority. We know you are busy with many demands on your time, but timely referrals help to minimise risk and mean we can act faster to assess and protect adults at risk.

Remember... You are not telling a story; you are sharing concerns about an adult at risk. Keep the adult at risk at the centre of your referral: What is a day in their life for them? What are you worried about? What needs to happen for things to get better?

Finally... A safeguarding adults enquiry is not the 'finish line' for keeping adults with care and support needs safe.

Safeguarding continues to be **EVERYBODY's** responsibility.

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