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What is a safeguarding Referral

Where there is reasonable cause to suspect that the three criteria in S42 (1) Care Act (2014) are met (namely that an adult with care and support needs, is experiencing or at risk of abuse or neglect and is unable to protect themselves) this must trigger a safeguarding adults enquiry, led by the local authority. This means that only reasonable cause to suspect that S42(1) (a) and (b) apply is needed in deciding whether to refer a safeguarding concern to the local authority. The local authority will take all such referrals seriously and consider in partnership with the referrer and in gathering further information.

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Safeguarding principles

Effective safeguarding is most likely to take place if there is clear understanding of the following six key principles that underpin adult safeguarding work:

- Empowerment - presumption of person led decisions and informed consent.
- Prevention - it is better to take action before harm occurs.
- Proportionality - proportionate and least intrusive response appropriate to the risk presented.
- Partnership - local solutions through services working in their communities.
- Communities have a part in preventing detecting and reporting abuse and neglect.
- Accountability - Accountability and transparency in delivering safeguarding.
- Protection - support and represent for those in greatest need.

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Factors to Consider

- Views/wishes of the adult at risk.
- Mental Capacity assessments already completed in relation to the concern.
- What is being requested via the safeguarding referral.
- Has a crime been committed, if yes, has the referrer made contact with the Police?
- Was the abuse/harm deliberate or accidental?
- What is the impact of the abuse/harm on the adult?
- What might happen to the adult if agencies do not become involved?
- Consider what you have tried already to reduce risk and meet identified needs.
- Outcomes of any referrals to other services or agencies e.g. Police.

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Adult declines Safeguarding referral

If an adult declines safeguarding support, this isn't necessarily the end of the matter. Consider ways to manage or reduce the risk to the adult, keeping in mind the impact on their wellbeing, their 'vital interests,' and the effects on others, regardless of the outcome of any capacity assessments. Cognitive function and its influence on mental capacity should also be considered.

Freedom from undue influence is key—if the decision is made under coercion, it shouldn't be accepted at face value. Support may be needed to help them decide freely. Positive Risk-Taking: Everyone has the right to take risks, including making 'unwise decisions' under the Mental Capacity Act 2005. Please note: Risks to life can change due to factors like support, housing, weather, or relationships. A safeguarding referral review may be needed.

The making of a Good safeguarding referral

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MSP prompt questions

The following questions are essential in inbuilding MSP within a referral:

- Was the safeguarding concern and decision to refer discussed with the Adult at risk or their representative
- To what extent was the Adult at risk or their representative supported to understand the risk concerns
- Does the referral capture the adult at risk or their representative's views and desires about the safeguarding concern

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Good practice

- Act promptly – delays can cause harm
- Language should reflect the seriousness of the situation to prompt appropriate response
- Facts and opinions need to be separated. Professional opinions must be stated clearly.
- Provide accurate information
- Ensure you have tried to reduce risk to meet the adult(s) needs
- Develop an approach that is proactive investigative and holistic
- Consider a person's mental capacity at point of undertaking a referral
- Share information on other agencies involved and attempts to mitigate risks

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Making Safeguarding Personal

MSP is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then evaluating the extent to which those outcomes were realised at the end. The adult concerned must always be at the centre of adult safeguarding enquiries, and their wishes and views sought at the earliest opportunity