

## Making a 'Good' Safeguarding Adults Referral

Safeguarding Adults is everyone's responsibility. Timely, accurate and well-constructed referrals help agencies work together to keep adults with care and support needs safe.

### Pointers

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)?

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**? 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 adults 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.

Do you have **consent** to make this referral? Unless it increases the risk to the adult(s) (immediate safeguarding concern) or is a risk to your own personal safety – then consent of the adult(s) at risk (or their representative if they are unable to consent) should be sought. However, don't let the issue of consent get in the way if you are worried (and there will be circumstances when consent has to be overridden). Having consent is best practice and you should always endeavour to inform the person or their representative you are making a referral, but 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 adults 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?

Use the **Safeguarding Adults Initial Enquiry Form (SAIEF)** to make a referral which can be found [here](#) Details of where and how to send the referral are included at the end of the form.

## Pitfalls

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 the 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 is 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.

**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.

A top tip in making a referral is to remember **that 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 even for those adults who are, or have been, subject of safeguarding adults enquiries.

You might find the following guidance documents helpful:

[Newcastle Safeguarding Adults Board Risk Threshold Tool](#)

[Exploitation Language Guidance](#)

[Plain English Guide to the Safeguarding Adults Process](#)

There are lots of practice guidance documents/tools and information on learning and development opportunities on the Newcastle Safeguarding Adults Board [webpages](#).

## Contacts

- Adult Social Care and Community Health Direct – 0191 278 8377.
- Safeguarding Adults Unit – 0191 278 8156 (advice line for professionals, Mon-Fri, 9am-4pm)
- Emergency Duty Team – 0191 278 7878 (Note - safeguarding adults referrals do not need to be made out of hours unless there is an urgent social care need)
- Northumbria Police – 101 (**in an emergency always dial 999**)