



7-minute briefings: Effective Safeguarding Adults Referrals

Background

In Nottinghamshire, as with many local authorities, we receive safeguarding adults concerns into the Multi-Agency Safeguarding Hub (MASH). This enables a partnership approach to safeguarding and speeds up information sharing and access to the appropriate support for the adult at risk. In 2020/21, we received 6,698 referrals into the MASH (an increase of 873 on the previous year). However, less than half of those referrals (47.1%) went on to a safeguarding adults section 42 enquiry. So, over half the referrals resulted in delays to timely and appropriate support for the adult at risk. We want to raise the proportion of referrals going onto a Section 42 Enquiry, and to encourage those who refer to consider if an alternative course of action is more suitable.



Why it matters

To achieve the timely and appropriate support for the adult at risk, prior to making a safeguarding adults referral, we expect potential referrers to carry out some initial actions as identified in [NSAB Procedures](#).

In the first instance, and in line with recent [LGA guidance](#), you must consider whether you have reasonable cause to suspect that:

- an adult has care and support needs and
- the adult is at risk of or experiencing an instance of abuse or neglect.

Please use other relevant documentation, such as [NSAB Referral Pathways](#) & the [Care Act Statutory Guidance](#) to support your decision-making process while gathering further information about the adult and the concern. Explaining your rationale to refer, or not to refer, a safeguarding concern (defensible decision-making) is key to making an effective safeguarding adults referral.

Making Safeguarding Personal

Within the referral it is important to evidence that Making Safeguarding Personal has been considered, including holding a conversation with the adult at risk about what they would like to happen as a result of a concern being raised. If (following the two-stage test of capacity in line with the [Mental Capacity Act Code of Practice](#)) it is considered that the adult lacks capacity to make decisions regarding the safeguarding concern, then the Best Interests process must be followed, and [independent advocacy](#) should be considered if appropriate support is not available from family or named representative.

Why are you concerned?

It is important to include not just details of the concern, but why you are concerned: e.g. a referral just stating 'pressure ulcer' does not provide much information. What stage is it at? Have you considered the [DoH Pressure Ulcer Protocol](#)? Is it being appropriately managed? Why are you raising a SG/a safeguarding concern? Have you considered alternative pathways?



Questions to consider

Am I informed?

- [NSAB Referral Pathways](#)
- [NSAB Procedures](#)
- [Safeguarding Adults Referral Prompt Sheet](#)
- [Mental Capacity Act Code of Practice](#)
- [Self-Neglect Advice and Toolkit](#)
- [LGA guidance Care Act Statutory guidance](#)
- [DoH Pressure Ulcer Protocol](#)
- [NSAB Understanding Safeguarding Concerns training](#). Does the adult fit the criteria laid out above in the blue section 'Why it matters'?

Risk

It is also important (where possible) to have details of the person posing a risk included. What their role was in the safeguarding concern, their relationship to the adult at risk, whether they pose a risk to others, or whether they too are an adult at risk and also need to be considered as such under a parallel enquiry. A full list of required information can be found on our [Safeguarding Adults Referral Prompt Sheet](#).

What to do

If you feel your concerns warrant a SG referral and you have identified that the adult at risk fulfils the criteria; and having evidenced your defensible decision-making process have made the decision to refer a safeguarding adults concern please use the online form to give as much information as possible following the on-screen prompts. [Report a Safeguarding Adults concern Report via Telephone](#) (professionals only) 0300 500 80 90.

Is this a safeguarding concern, or will it be better suited to an alternative course of action?

Consider e.g.

- [Care and support assessment](#)
- GP referral
- [Police](#)
- [Care Quality Commission \(CQC\)](#)
- [Nottinghamshire County Council Quality Market Management Team](#)
- Complex Person Panel (District & Borough Councils)