

Top tips for deciding if you need to make an Adult Safeguarding Referral

(To be used in conjunction with the Decision Aid Flowchart)

Adult safeguarding cases can be very complex. However, just as you would not manage a complex physical health patient case on your own without involvement from, for example, secondary care specialists, community nursing teams and input from family and carers; you should not manage adult safeguarding cases alone. There is plenty of help available to support you and the patient.

Top Tip 1

Ensure the patient is safe and deal with any immediate medical needs.

Prior to any consideration of a safeguarding referral, ensure the patient is safe and that their immediate medical needs are met. A safeguarding referral is not a substitute for contacting the police, referring to a SARC (Sexual Assault Referral Centre) or dealing with any immediate health needs such as treatment for injuries.

Top Tip 2

It is essential that the patient's views are sought on what is happening to them.

Any safeguarding process should be transparent. It is essential that the patient's voice is heard. The patient's views should be sought on what is happening to them, but also, what they would like to happen going forward.

- What changes would the patient like to see?
- What would make a difference to their situation?
- Who would they like to help support them at this time?
- What would they like you to do for them at this time?

(If the patient is unable to express their views e.g. due to severe dementia or learning disability, then the views of another appropriate person should be sought. The 'appropriate person' will vary depending on the situation but may be family, carers, Power of Attorney or an IMCA).

Top Tip 3 Unless your local Safeguarding Adults Team operates differently:

Ensure the person you are referring fits the Care Act 2014 definition of an adult at risk of harm

(In Wales The Social Services and Well-being Act (Wales) 2014; in Scotland The Adult Support and Protection (Scotland) Act 2007).

In summary, the referral criteria are:

- The person must be over 18 years of age*
 - Be in need of care and support
 - Be at risk of suffering abuse or neglect and as a result of those care needs be unable to protect themselves
- *If the person is under 18 years of age, follow your local child safeguarding policies.

Top Tip 4

Consider the person's capacity to consent to the referral

When considering capacity you must follow the five principles of the Mental Capacity Act 2005:

1. **Presume capacity** Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. **Individuals should be supported to make their own decisions:** A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. **People are entitled to make unwise decisions.** People have the right to make decisions that others might regard as unwise or eccentric.
4. **Decisions made for people without capacity should be in their Best Interests.**
5. **Decisions for people without capacity should be the Least Restrictive possible.** Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all.

Further resources here:

- [Mental Capacity Act 2005 at a glance - SCIE](#)
- [The Mental Capacity Act 2005 in England and Wales infosheet – RCGP](#)

Top Tip 5

You do not have to make decisions on your own

Communication is vital in safeguarding. There are many adult safeguarding situations which are complex and you may need to seek further information before making any decisions. Safeguarding concerns can arise either from a one-off event or from an emerging picture over time. There are many experienced professionals who work within safeguarding and who are available to ask for help. Advice can be sought without disclosing any patient identifiable details

Top Tip 6

Make safeguarding personal

- You should provide proactive, ongoing support for any patient you have made a Safeguarding Referral for. Your responsibility and care does not end when you send the referral.
- Safeguarding should be done WITH patients, not TO them. Safeguarding is simply part of the holistic care we give our patients and therefore patients should be partners in this process.
- Patients are likely to be unfamiliar with safeguarding processes. Therefore, you will need to explain what the process is, who will be given information and what information that will be. When an adult safeguarding process starts, there may be several new professionals who want to speak to the patient. This can be very daunting and frightening for patients so informing them of who the professionals may be can be very helpful.
- Safeguarding processes should focus on meaningful improvement to patient's lives and patients should be able to see the difference it makes.
- Regardless of whether you make a safeguarding referral or not, you should consider what further support the patient requires.

Top Tip 7

Consider whether there are any others who may be at risk as well as the adult you are concerned about.

- See the '*child behind the adult*' – are there any children who could be at risk? If yes, then you should make a child safeguarding referral also.
- If a patient with capacity does not wish a safeguarding referral to adult social care, you should abide by this wish and offer other support, AS LONG AS THIS DECISION DOES NOT AFFECT ANYONE ELSE WHO MAY BE VULNERABLE e.g. CHILDREN OR OTHER VULNERABLE ADULTS. If others could be at risk you will need to proceed with making an adult or child safeguarding referral, whilst explaining to the patient why you have made that decision.

Top Tip 8

Document your decision

It is important to make careful documentation in the patient's record (and any other child/vulnerable adult patient record as appropriate). Documentation should include:

- What you have done to ensure the patient is safe
- What the patient's (or other appropriate person) views are on what is happening to them and what they would like to happen
- Who you have spoken to for further information or advice
- Any others who may be vulnerable
- Decisions around capacity – how these were made and the outcome

- Your decision whether you have made a safeguarding referral or not – include your rationale for this.