

What does a 'good' Adult Safeguarding referral look like?

Each agency will have their own guidance and protocol for making safeguarding referrals, these will be legally compliant. Where there is uncertainty in terms of the criteria, always speak to your Management Team / Senior Workers in the first instance and if still unsure any Professional referrers can call **Wiltshire Adult MASH on (01380) 826510** to discuss the issue directly, if this is not possible you should not be discouraged from making a referral, 'if in doubt refer'.

Consider the following:

Did the harm occur in Wiltshire?

If not, you will need to direct the referral to the right Local Authority area.

Issues and questions for referrers:

Are you concerned about an adult's welfare, or about risk of, or actual, abuse or neglect?

If you are concerned about the adult's welfare, they need to be referred to Adult Social Care for an offer to the person of a Care Act / Carers Assessment.

THINK - Does the adult appear to meet the definition of being an adult with care and support needs?

Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services. An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.' (Adult Safeguarding Practice Questions, SCIE, July 2018).

If they do not have care and support needs, but there is still concern that they are being harmed (at risk of or experiencing abuse or neglect), other services will be able to support and engage.

Options may include: the police, their GP or other health services, local housing providers, trading standards or any multi- agency risk sharing group OR if they do not appear to meet the definition but you are still concerned you may wish to discuss this with the Adult MASH for further problem solving.

What does a 'good' Adult Safeguarding referral look like?

Have you as the referrer explained your concerns to the adult? unless doing so will increase the risk to them. Does the adult want to raise the safeguarding concern themselves? If not, do they want you to raise the concern on their behalf?

- **Have you explained your concerns to the adult?**
- **Does the adult consent to a concern being raised?**
- **How does the adult want to participate in raising the concern?**

If the person does not consent to the referral - think about the following, which will determine if you will override their wishes:

- **Are the person's 'vital interests' at stake, is their life at risk?**
- **Are they being subject to inhuman and degrading treatment which is having a serious impact on their wellbeing?**

There is a positive duty on the state and organisations commissioned by the state to take reasonable steps to protect life (HRA article 2) and/or to protect people known to be at risk of inhuman and degrading treatment (Human Rights Act (HRA) article 3). If the referrer believes these vital interests are under threat a concern can be referred without the adult's consent.

It may be that concerns about abuse which has or is likely to have a less serious impact are not referred without consent in order to protect the adult's right to respect for private life (article 8 HRA), but it will be important to record why it was felt that sharing information was not necessary.

However, you may have a dilemma if you believe that consent has been withheld because the adult is afraid and is subject to coercion and control or another form of duress. It may be reasonable to discuss the situation with the local safeguarding team and/or refer without consent in these situations.

Legislation supports information sharing when an adult meets the criteria for the s42 duty or when their vital interests are at risk. **If other adults or children are at risk of being abused there is likely to be a public interest in preventing that abuse**, and the adults right to respect for private life may also be over-ridden.

Any referral should clearly set out the Adult at Risk's views and any perceived risks that might be associated. Referrers should try to agree with the adult, and/ or other professionals involved with them, safe methods of communication.

You should record why you felt it was necessary to make the referral to protect against the risks of abuse, despite the lack of consent.

What does a 'good' Adult Safeguarding referral look like?

What needs to be included in a referral and in discussions about a concern?

- What is working well in supporting the adult's wellbeing, what are the strengths in their life?
- What are you concerned about? Why are you referring now? What is the current impact on the adult and/or others in the situation? Including on their wellbeing?
- What does the adult want to happen?
- Does the adult have care and support needs? Are they experiencing or at risk of abuse/neglect?
- What are the complicating factors? For example, is the adult experiencing duress, are they being controlled?
- What is your perception of risk and level of risk – to the person, children, others? What are the perceptions of the adult or others in the situation?
- What actions have been taken so far?
- Any relevant historical information.
- Any reasonable adjustments (e.g. to support effective communication) or additional support/ advocacy input that might be needed to enable the adult to understand and be involved in the safeguarding enquiry.
- This can be built upon as actions (inside or outside of the S42 duty) progress. This can have a positive impact on outcomes for people.

Remember:

Where it appears that criteria Care Act (2014) s.42 (1) a and b are met and the referring worker/organisation believes that the circumstances amount to a safeguarding concern a referral will need to be made to 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

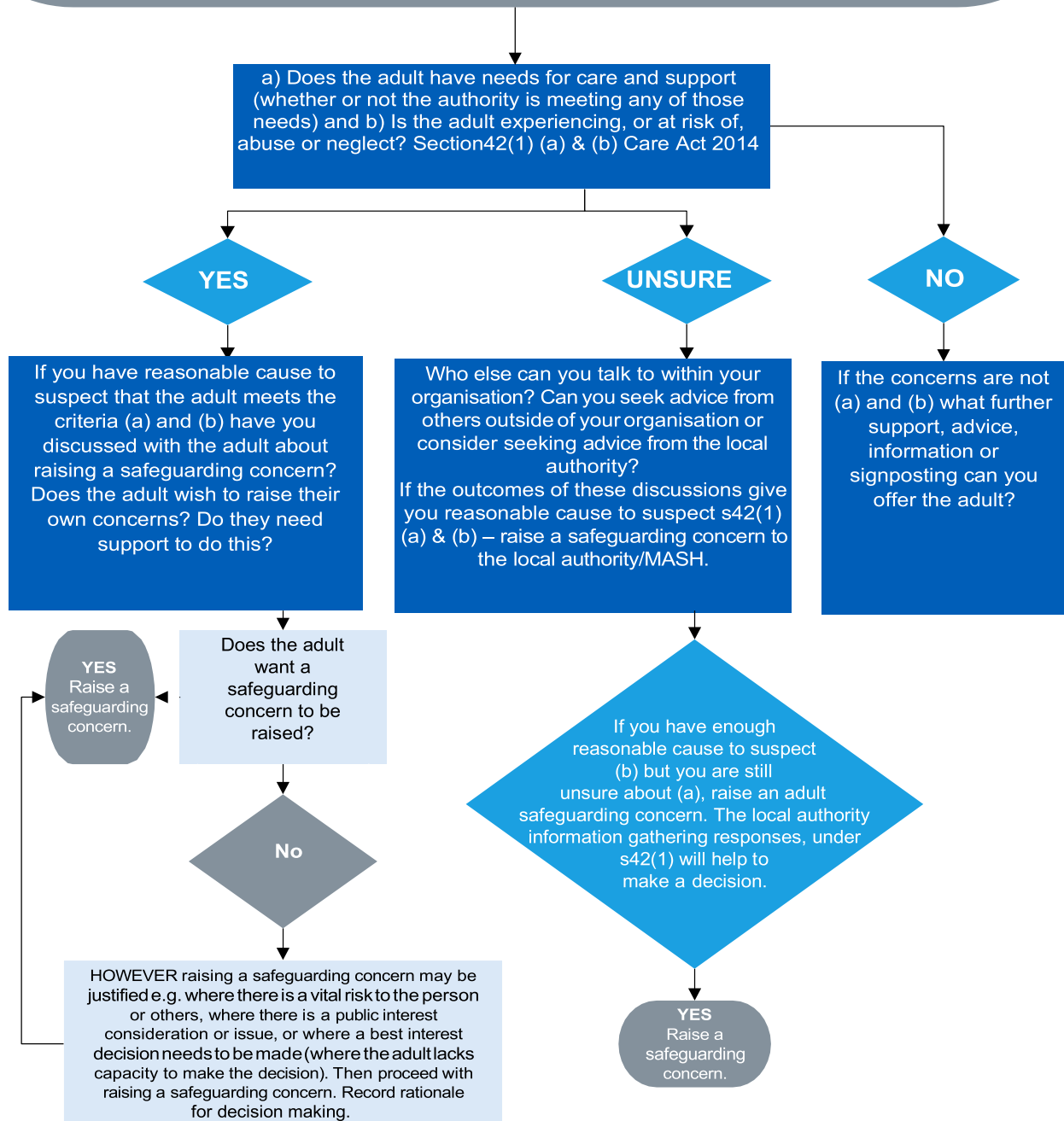
Criteria for S42 (1a &1b) Care Act (2014)

**s.42 (1a) an adult with care and support needs,
s.42 (1b) is experiencing or at risk of abuse or neglect**

What does a 'good' Adult Safeguarding referral look like?

Deciding if you need to raise a safeguarding concern to the Local Authority/ Multi-Agency Safeguarding Hub (MASH)

Are you concerned that an adult is at risk of or is experiencing abuse or neglect?
 What types of abuse or neglect are you concerned about?
 Have you had a conversation with the adult about the concerns?
 Have you sought the views and wishes of the adult? *
 Are there any immediate risks to the adult or to others including children?
 Have you discussed and agreed next steps with the adult? *
 Have you provided advice, information or signposted the adult?



* There may be circumstances where the safety of the adult or yourself prevent this from happening. If you still have concerns about abuse or neglect and it is not possible or within the scope of your role to have a conversation with the adult, then if in doubt continue with the process and raise a safeguarding concern.