

# 7 Minute Briefing

## “Safeguarding Referrals”

### What Next?

If you have a concern regarding an adult, and it appears that the following 3 steps are met, complete the safeguarding adults [referral form](#) and email to Safeguarding & Access Team.

- The person has care and support needs
- They may be experiencing or at risk of abuse or neglect
- They are unable to protect themselves from that abuse or neglect because of those care and support needs

The Royal Borough of Kingston Adult Social Care Safeguarding & Access Team on: 020 8547 5005  
Email: [adult.safeguarding@kingston.gov.uk](mailto:adult.safeguarding@kingston.gov.uk)  
Out of Hours: 020 8770 5000

If it is a criminal offence please contact the police on 101 or if an emergency on 999

### What is Safeguarding?

The Care Act 2014 puts adult safeguarding on a legal footing. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted, including, where appropriate, having regard for their views, wishes, feelings and beliefs in deciding on any action.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the Local Authority is meeting any of those needs)
  - Is experiencing, or at risk of, abuse or neglect
  - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

### Why it is Important - Your Responsibility

If, on the basis of the information available to you, it appears that the 3 points (in Section 1) are met, a referral **MUST** be made to the Local Authority by completing the referral form and emailing it to [adult.safeguarding@kingston.gov.uk](mailto:adult.safeguarding@kingston.gov.uk)

The person who raises the safeguarding concern has a responsibility to first and foremost safeguard the adult at risk before the referral is made to the Local Authority.

- Safety of the adult and others - assess the risk
- Have a conversation with the adult to obtain their views and tell them what action you will be taking
- Contact Emergency services, if required
- Medical treatment sought, if required
- Consent from the adult and Mental Capacity considered
- Best Interest Decision made and recorded, if the adult at risk is deemed to lack capacity to consent to the referral
- Public and vital interest considered and recorded
- Police report made, if required
- Referrals to other agencies, AfC, 'Think Family'
- Action taken to remove/reduce risk, where possible and recorded
- Recorded clear rationales for decision making

### Essential Information Required

In order for the referral to be triaged in a timely manner by the Adult Access Team, as per the timescales in the PAN London Guidance (immediate action in cases of emergency, within one working day in other cases), it is essential that all the information is provided within the referral form.

#### Basic Information:

Name, Date of Birth, Ethnicity, Address, type of Accommodation, Funding Arrangements, GP details – (name/practice), Primary Health Conditions/Diagnosis, Basic Facts – (does the adult have care and support needs, any communication difficulties, health needs). Contact details for Referrer, any other relevant individual involved (carers, family members, friends, NOK, Advocate, LPA).

**Telephone numbers - is this number safe to make contact (eg in domestic abuse, can this number be used without increasing the risk), if not what number can be used**

### Details of Alleged Abuse and Person Alleged to have Caused Harm

Always provide details on the type of abuse with factual details of the concern /alleged abuse - what, when, who, where. Provide details of the person alleged to have caused harm - name, date of birth, address, telephone number, what is their relationship to the Adult at Risk, if these are available.

**If Domestic Abuse it is essential to record whether the Adult at Risk is still with the alleged perpetrator, how can safe contact be made?**

If the concern is regarding a registered provider or the person alleged to have caused harm is a paid or voluntary member of staff, provide the details of the organisation.

It is essential to know whether the person alleged to have caused harm is the main carer and whether they live with the Adult at Risk.

Is the alleged person to have caused harm aware of the referral, have there been previous allegations made against this person before, are there any concerns about their capacity, do they have care and support needs?

### Current Safety Status and Risk Assessment

It is essential to know what actions have you taken, as the Referrer, to make the adult at risk safe. If a report has been made to the Police, provide the Crime Reference Number, how and where this was reported.

Consider whether there are other adults at risk, if so provide details of all other adults. 'Think Family', are there children at risk, and if so provide their details, as well as the date AfC were informed of the concerns.

If you are aware of any previous allegations of abuse or neglect, it is important to provide details.

In relation to assessing the risk, what is your professional opinion of the level of risk. Provide clear rationale for your decision making? Has a risk assessment been completed? Has any other documentation/assessments/investigations been completed that could assist with triaging the safeguarding concern?



### Making Safeguarding Personal and Mental Capacity

Making Safeguarding Personal is ensuring that the safeguarding process is person centred and outcome focussed. It is essential that the adult at risk is involved throughout the process, beginning, middle and end and their views obtained. It is essential that the referrer speaks to the adult at risk about the safeguarding concern before a referral to the Local Authority, to obtain their consent for the referral to be made and to gather their views on what they would like to happen. If the referrer deems the adult at risk to lack capacity, has a best interest decision been made and recorded? Is there an advocate, family member, friend, LPA, NOK involved with the adult at risk, who has been involved in that best interest decision making? Does an advocate need to be appointed? If the adult has capacity and does not consent to the referral, this should be explored with the adult. If a decision is made that a referral should be made without consent, evidence of the decision making process should be provided with the referral.