10 Top Tips for Making an Adult Safeguarding Referral

These tips are designed to help you make a **clear** and **effective** Adult Safeguarding Referral once you have made the decision to do so. These tips can also be applied to writing a safeguarding report.

1. Make clear who you are, what your role and relationship is to the person you are making the referral about.
    - Include where the adult at risk is now and what actions have been taken to ensure the safety of that adult.
2. State the source of your evidence and be clear what is fact and what is opinion.
    - Is it from the notes, firsthand experience of your interaction with the person, concerns raised by other professionals or 3rd party information? It may be a combination of all.
    - Quote exactly what the patient has said to you.
      For example, don't write 'the patient says his partner is being physically abusive towards him'; quote exactly what the patient said: *"my partner pushed me down the stairs last Tuesday and then dragged me along the floor by my hair".*
3. Be concise and use short sentences. Explain medical terminology and what this means for the patient, as the reader of the referral may not have any medical background.
    - For example, you are making an Adult Safeguarding Referral because you have been made aware that Richard's carers have not been giving him his thyroid medication. You could write: *'Richard has hypothyroidism (underactive thyroid) and needs to take his prescribed medication (Levothyroxine) daily. If he does not have his medication daily he could become very unwell. Richard has a learning disability and relies on his carers to give him his medication.'*
4. Describe what has happened with as much detail as you can and if there were any witnesses.
    - Be clear about what type of abuse you think has occurred.
5. Include as many details about the perpetrator/s as you can. Do not contact the perpetrator yourself.
6. Consider whether there is anyone else at risk.
    - For example, children or other vulnerable adults, and state this and who they are.
    - Consider whether you need to make a Child Safeguarding Referral.
7. Be clear about whether the patient has capacity to understand the risks within the safeguarding concern. Remember that capacity is time and decision dependent.
8. State whether the patient at risk is aware of the safeguarding concern and what the patient would like to happen.
    - It should only be in exceptional circumstances that the patient (or their family/Power of Attorney if appropriate in cases where the patient does not have capacity) should not be told of your concerns. ***Remember Safeguarding should be a process done WITH patients, not TO them.*** Exceptions would be that if by telling the patient your concern it would put the patient or yourself at risk of harm.
9. Mirror the 'Signs of Safety' ** Process used in Child Safeguarding Conferences. Consider and include what is going well for the patient and who is currently supporting the patient.

10. Document clearly in the notes what action has been taken and code appropriately (see section on Processing and Storing of Safeguarding Information in Primary Care).
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The 'Signs of Safety' is a strengths-based, safety-organised approach to child protection casework. The model of its approach was created in Western Australia by Andrew Turnell and Steve Edwards. (www.signsofsafety.net)

Signs of Safety Assessment and Planning Form

What are we Worried About?	Whats Working Well?	What Needs to Happen?
Past Harm to Children Action/Behaviour – who, what, where, when; Severity; Incidence & Impact	**Existing Strengths**	**SafetyGoals: Future Safety/Protection** What must the caregivers be doing in their care of the child that addresses the future danger?
Danger Statements: Future Danger for Children Worries for the future if nothing changes.	**Existing Safety/Protection** The Strengths demonstrated as protection over time. Must directly relate to danger.	**Family Goals:** What does the family want generally and in relation to safety?
Complicating Factors Factors which make the situation more difficult to resolve.		**Next Steps** What are the next steps to be taken to move towards achieving the goal?

Safety Scale: *On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children they can't live at home, where do we rate this situation? (If different judgements place different people's number on the continuum).*

0 ⟵ 10

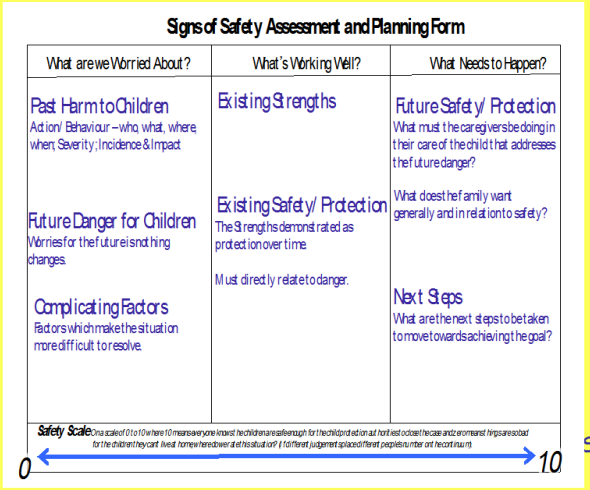
What is the Signs of Safety Approach?

Constructed around a comprehensive risk assessment framework that involves everyone in the assessment (families and professionals) and that incorporates harm/danger, existing strengths/safety and future safety.

Involves building **relationships** with all stakeholders that are focused on safety for children.

A **Questioning** not an expert approach

Practiced from a **Stance of Humility** about what we think we know



Informed by **Core & Practice Principles and Practice Elements**
From research and from what workers and families say is good practice!

Supported by a **Skill Base**
SFBT questioning
Safety Planning
Engaging Children
Skillful Use of Authority

Focused above all on BUILDING ENOUGH SAFETY to close the case.