

**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 [NCSAB 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 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 safeguarding concern? Have you considered alternative pathways?

**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.

**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.

If you live in Nottingham City, you can also call Adult Social Care on **0115 8763330**. Their lines are open 9am to 5pm.

If you live in Nottinghamshire County, you can call Nottinghamshire County Council on **0300 500 8080**.

**Questions to consider**

**Am I informed?**

- [Nottingham City SAB Policies and Procedures](#)
- [Nottingham City SAB 7 Minute Briefings](#)
- [Mental Capacity Act Code of Practice](#)
- [LGA guidance Care Act Statutory guidance](#)

**Is this a safeguarding concern, or will it be better suited to an alternative course of action? Consider e.g.**

- [Adult Social Care Hub](#)
- GP Referral
- [Police](#)
- Nottingham City Council Slavery and Exploitation Team
- [Care Quality Commission \(CQC\)](#)

Do you understand consent and information sharing in relation to safeguarding? While consent is ideal, information can legally be shared without it if necessary for preventing harm, detecting crime, or protecting the public. GDPR is not a barrier; it is a framework to securely share appropriate information.