

7 minute briefings are based on research which shows that 7 minutes is the ideal time span in which to concentrate and learn. Havering Safeguarding Partnerships regularly produce 7 minute briefings as a quick and simple way to share learning in team meetings, supervisions etc. We hope you find them useful. **Please share widely.**

Why it matters

To achieve timely & appropriate support for the adult at risk, we expect referrers to carry out some initial actions prior to making the referral.

Consider whether you have reasonable cause to suspect: **the adult has care & support needs and the adult is at risk or experiencing an instance of abuse or neglect.**

See our 7 minute briefing on [Making Effective Referrals](#)

Why are you concerned?

It is important to include not just details of the concern but why you are concerned or who you are concerned about and why, e.g. pressure ulcers, have you considered the [DOH Pressure Ulcer Protocol](#)?

Is it being appropriately managed? Why are you making a safeguarding or other referral? What do you want to achieve? Have you considered alternative pathways or [Care & Support Statutory Guidance](#)

Speak to your **Safeguarding Lead** if possible

Resources

Find out about support and adult social care [here](#)
Or call 01708 432000 9am-5pm, Monday to Friday.

If it's an emergency & outside usual office hours call 01708 433999. Further information [here](#).

Advice and guidance re daily living concerns from [Peabody](#)

Mental Health Freephone 0800 995 1000 Call for Mental Health help and advice anytime day or night. NELFT can arrange for an adult to speak with a mental health professional. They can also signpost to services and support. **Safeguarding Concerns** [Report the abuse of a vulnerable adult HSAB Training](#) [here](#)

7 MINUTE BRIEFING REFERRAL PROMPT SHEET SAFEGUARDING BOARD PARTNERSHIPS

www.safeguardinghavering.org.uk

What to include in a referral

Name, address & date of birth of the adult at risk; Gender, language & ethnic origin; Care and Support needs of the adult at risk; contact methods, e.g. BSL (British Sign Language), is it safe to contact them by phone /visit?; Details of the concern, consent to refer if possible; Desired outcomes of the adult at risk (what they want to happen); Location of abuse e.g. residential care setting, adult at risk's own home, general hospital; type of abuse & details of events; any details you may have about historical abuse involving the adult at risk. Make it clear that you're making a **"SAFEGUARDING ADULTS REFERRAL"**

Making Safeguarding Personal

A Safeguarding Enquiry should always put the **person at the centre** of the process, this means seeking their **views and wishes**, throughout and ensuring they have support either through a friend or family member or an advocate.

Sometimes, you may need to take action that is against the adult's wishes either to protect them or others.

Within any referral it is important to evidence that Making Safeguarding Personal (MSP) [here](#)

Working Together

Family Members, volunteers, carers & workers across a wide range of organisations are well placed to **spot potential signs of abuse** and need to be vigilant. This includes health and social care, welfare, policing, high street banks, fire and rescue, trading standards, leisure services, faith groups and Housing. National reviews have found that death or harm could have been prevented if people had acted on their concerns.

Include these details for the people posing the risk:

Name and address; Age; Gender; Relationship with service user – e.g. partner, neighbour, staff, other family member; Details of whether the person posing a risk is living with the adult at risk;