



Nottingham and Nottinghamshire Multi-Agency Adult Safeguarding Procedure for Raising a Concern and Referring

It should be noted that the local authorities have different processes for receiving safeguarding referrals.

These procedures, however, refer to both Nottingham City and the County of Nottinghamshire.

Please note that these procedures are updated online so printed versions are only valid on the day they are printed.

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Contents

1. Introduction	4
2. Definitions used in this Procedure	5
2.1 Adult at risk.....	5
2.2 Making Safeguarding Personal.....	6
2.3 Personal Budgets and Self-Directed Support.....	6
2.4 Those who fund their own care arrangements.....	6
3. Abuse and neglect	7
3.1 Links to other processes and procedures	7
3.2 Children who allegedly abuse	8
3.3 Non-Recent Abuse	8
4. Self-harm.....	8
5. Accompanying Guidance	8
6. Organisational responsibilities	9
7. Timescales.....	9
8. Flowchart for ‘raising a concern’	10
9. Raising a concern about abuse or neglect	11
9.1 All staff	11
9.2 Members of Public	11
9.3 ‘Whistleblowing’	11
9.4 Staff who suspect abuse in other organisations	12
9.5 Staff who have concerns about the quality of care in other organisations.....	12
10. Being told about or raising a concern about abuse or neglect.....	12
10.1 Taking immediate action.....	12
10.2 Responding to concerns raised directly with you	13
10.3 Record keeping	13
11. Flowchart for ‘referring’	13
12. Role of referrer.....	16
12.1 Who is a referrer?	16
12.2 Immediate safety and actions.....	16
12.3 Information gathering.....	17
12.4 Deciding whether or not to make a referral	18
13. Making a referral to the relevant local authority.....	19
13.1 Discussing the referral with the adult at risk	19
13.2 Consent	19
13.3 Outcomes for the adult at risk	20
13.4 Record keeping	20
13.5 Information you will need to make the referral	21
13.6 Where to make the referral	21
13.7 Making a referral out of hours	22
13.8 Making a decision NOT to make a referral	22
14. Local authority response	24
14.1 Section 42 Enquiries.....	24
14.2 Working towards the adult at risk’s desired outcomes	24
14.3 Strategy meeting/discussion.....	25
14.4 Investigations	25
14.5 Outcomes	26
14.6 Review	26
14.7 Feedback	26
15. Complaints	27

1. Introduction

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. 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 adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Apply making safeguarding personal throughout the section 42 enquiry
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse; how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect
- Adopt a trauma informed approach

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Local Authorities have the following safeguarding duties under the Care Act 2014. They must:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens.
- **Make enquiries, or cause others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- **Establish Safeguarding Adults Boards**, including the local authority, NHS (through the Integrated Care Board) and police, which will develop, share and implement a joint safeguarding strategy.
- **Ensure Safeguarding Adult Board carry out Safeguarding Adults Reviews** when someone with care and support needs dies or comes to serious harm as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

This document sets out the joint Nottingham and Nottinghamshire Safeguarding Adult Boards' procedure for all organisations to follow when they have a concern that an adult with care and support needs is at risk of abuse and/or neglect in Nottingham and Nottinghamshire. (See 2.1 for definitions of an adult at risk of abuse) To find out more about the work of each Board and the interface with its respective local authority and other statutory organisations, please visit www.nottinghamcitysab.org or [Nottinghamshire Safeguarding Adults Board](#).

The following six principles apply to all sectors and settings and should inform the ways in which professionals and other staff work with adults:

- **Empowerment** – People being supported and encouraged to make their own decisions and giving informed consent where appropriate.
“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented.
“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

Safeguarding is not a substitute for:

- providers’ responsibilities to provide safe and high-quality care and support commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and protect life and property

No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed ([LGA, What constitutes a safeguarding concern and how to carry out an enquiry, 2022](#)).

2. Definitions used in this Procedure

2.1 Adult at risk

Safeguarding duties apply where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The adult's care and support needs should arise from, or be related to a physical or mental impairment or illness however, they do not need to meet the minimum eligibility criteria as set out in chapter 14 of the [Care and Support Guidance](#), issued under the Care Act 2014.

The adult to whom safeguarding duties apply will hereafter be referred to as the 'Adult at risk' in these procedures.

Carers may experience intentional or unintentional harm from the adult they are trying to support and as a result safeguarding enquiries may be required. For more information on carers and safeguarding see [LGA Carers and safeguarding](#) Feb 2022

2.2 Section 42 enquiry by local authority

This applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

More information can in the Care Act 2014 (www.legislation.gov.uk)

2.3 Making Safeguarding Personal (MSP)

According to the Care Act 2014, making safeguarding personal means that safeguarding referrals and enquiries should be person-led and outcome-focused. They should engage the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating, and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised. (You should be aware of instances where there is a legal duty for a referral to be made – see 13.2.2) For further information, please refer to:

- <https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal> and
- <https://nsab.nottinghamshire.gov.uk/media/01jf33ad/makingsafeguardingpersonal.pdf>

2.4 Personal Budgets and Self-Directed Support

Increasingly, people are deciding to use more flexible ways of having their eligible social care and health care needs met. Many are taking the opportunity to exercise greater choice and control over what kinds of services they receive, who provides them and the way in which they are delivered.

The local authority retains its duty of care with regard to individuals in receipt of a personal budget and this procedure should be followed where relevant. You can also find further information regarding personal health budgets at [NHS England » Personal health budgets](#).

2.5 Those who fund their own care arrangements

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the local authority.

3. Abuse and neglect

Abuse and neglect can take many forms, and the individual circumstances of a case should always be considered, although the criteria at 2.1 above will need to be met before the issue is considered a safeguarding concern. The Care Act 2014 provides the following categories of abuse and neglect:

- Physical
- Domestic Abuse (where the adult at risk criteria at 2.1 above are met)
- Sexual
- Psychological
- Financial and material
- Modern slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

These categories may include the following:

- Stalking
- Hoarding
- Cyber bullying
- Hate crime
- Radicalization
- Force marriage
- Cuckooing

When discussing abuse with an adult at risk, family, carer or other members of the public it is recommended that common language is used. Professionals will use categories defined in the Care Act to describe instances but should be mindful that members of the public may use more literal terms such as **'hitting' or 'slapping', rather than saying 'physical abuse'; discussing 'theft' instead of 'financial abuse'; or 'bullying' instead of 'psychological abuse'.**

Further guidance about the different types of abuse, examples of abuse and possible early indicators can be found in the guidance at www.nottinghamcity.gov.uk/safeguardingadults.

3.1 Links to other processes and procedures

There are links between legislation, procedures and guidance which may mean you need to follow more than one process at the same time. Where an adult at risk is subject to any of the following, additional Safeguarding Adults procedures and guidance must be considered together with this guidance: :

- Domestic violence and abuse
- Modern slavery
- Honour based violence and forced marriage
- Hate crime and mate crime
- Anti-social behaviour
- Unlawfully depriving someone of their liberty
- Human trafficking
- Extreme radicalisation
- Violent extremism
- Female Genital Mutilation
- Pressure ulcer protocols

More details on the subjects highlighted above can be found in the Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Guidance:

- [Nottinghamshire County](#)
- [Nottingham City](#)

3.2 Children who allegedly abuse

If a child is allegedly abusing an adult at risk, these Safeguarding Adults' procedures should be followed; however, the Local Authority Children's Services will also need to be informed as part of the local authority's response.

3.3 Non-Recent Abuse

Non-Recent Abuse (previously referred to as historical abuse) relates to abuse which happened in childhood, and could include sexual abuse, physical abuse, emotional/psychological abuse or neglect.

Where an allegation relates to non-recent abuse that happened when an adult was under 18, it should be dealt with under the Children's' Safeguarding Procedures. If the allegation relates to abuse that happened when the adult at risk was aged over 18, then these Safeguarding Adult procedures should be followed.

Where Children's services are leading in relation to the allegation of non-recent abuse, the referring organisation working with the adult should still ensure that the adult's on-going support needs are met and should work in partnership with Children's services to support any investigation. This could mean either continuing to work with the adult during the process, or ensuring they are referred to another appropriate organisation. Referring organisations working with the adult should be aware of the possible length of time that investigations into non-recent abuse can take due to the complexity.

For more information - see the [victims and survivor leaflet](#), [survivors support services](#) and the [glossary of terms for the Independent Inquiry into Child Sexual Abuse](#).

It should be noted that, where an allegation relates to non-recent abuse as an adult, then these procedures should be followed.

4. Self-harm

Self-harm does not come under the scope of these procedures. However, this does not mitigate your duty of care in such cases and should be addressed by your organisations' own internal procedures. For more information on self-harm visit www.nice.org.uk.

5. Accompanying Guidance

In addition to these procedures, there is accompanying guidance available to help you undertake and understand your role and your organisation's responsibilities in this process, along with other resources and guidance which may be useful. The following guidance is currently available in one document on both the Nottingham and Nottinghamshire websites however, it may be updated and added to from time to time:

- Prevention and Early Intervention
- Possible Indicators of Abuse
- Other Factors for Consideration
- Links to Other Processes
- Record Keeping
- Preserving Evidence
- Safeguarding Adults and the Law

- Creating your own internal Safeguarding Procedures

Where relevant, the guidance above is highlighted throughout these procedures and is available at [Nottinghamshire Safeguarding Adults Board](#) and www.nottinghamcitysab.org

6. Organisational responsibilities

It is the responsibility of each organisation to have its own internal procedures which should reflect these procedures and guidance. These internal procedures should detail nominated staff who are trained to take on the role of making safeguarding adults referrals. All staff are responsible for raising a concern and in some instances the person raising the concern will also be the person responsible for making a safeguarding adults referral.

In line with national best practice, protocols and procedures must not imply set 'thresholds' that have to be met before a situation can be defined as a safeguarding concern. These decisions need to be made in the context of individual stories and situations ([LGA, What constitutes a safeguarding concern and how to carry out an enquiry, 2022](#)).

7. Timescales

Responding to safeguarding concerns of any nature should be done in a timely manner. Below are agreed timescales which you should aim to follow. However, a common sense approach should be taken where vital information is required to ensure the safety of the adult or others at risk. This may result in actions being considered to be more urgent than the timescales set.

Raising a concern - when professionals are raising a concern this should be done immediately if an emergency or within the same working day as defined by your agency. Any concerns you witness or are told about should be passed on immediately to a manager, 'referrer' or the relevant local authority within the same working day (this should be within 4 working hours) where relevant and in line with these procedures.

Referring to the local authority - You should aim to refer to the relevant local authority WITHIN one working day as defined by the Local Authority or MASH:

Nottingham City Health and Care Point: 9.00am – 5.00pm, Monday to Friday

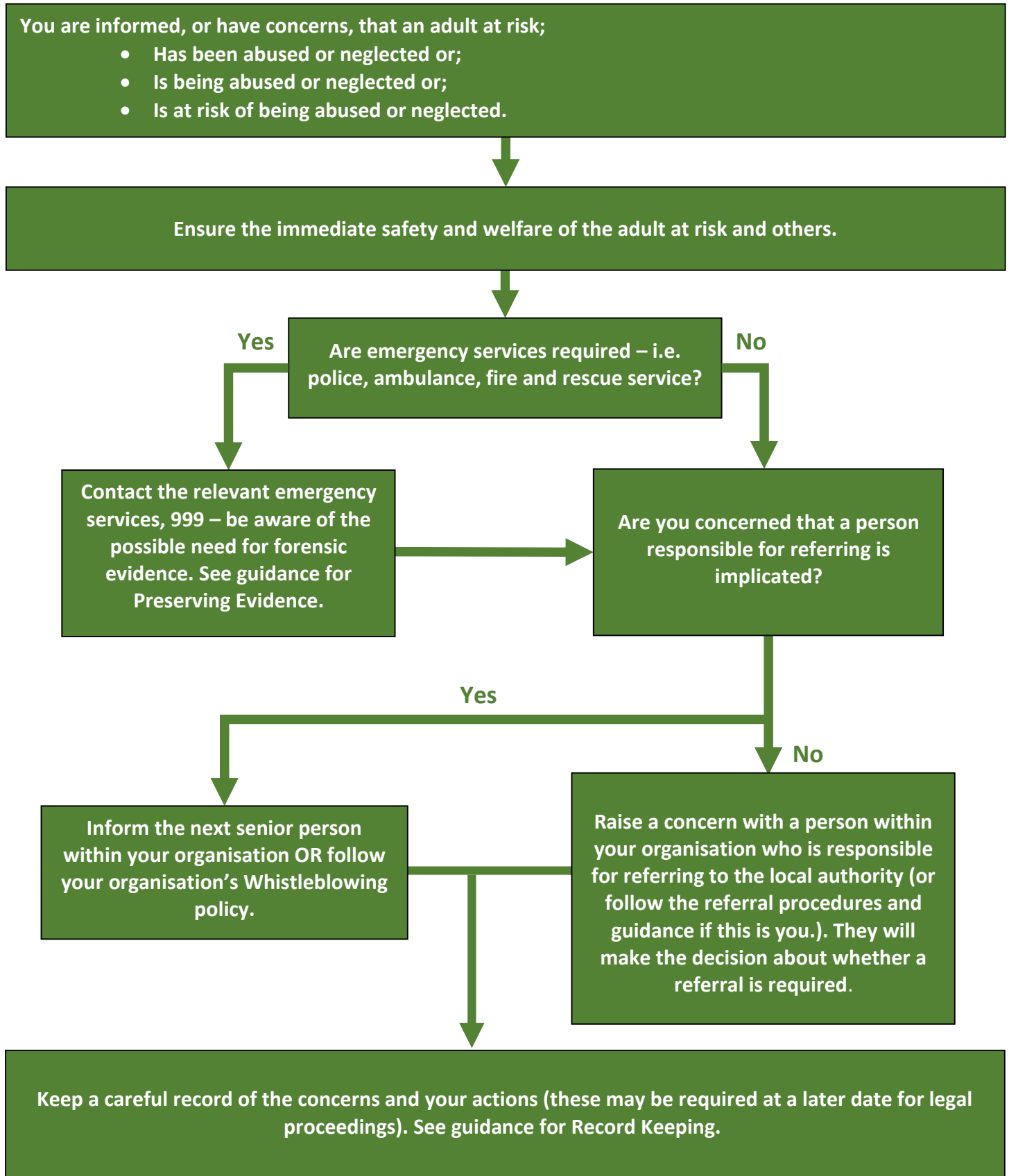
Nottinghamshire County Mash: Monday, Tuesday, Thursday: 8:30am to 5pm Wednesday 10:30am to 5pm Friday: 8:30am to 4:30pm

Whilst the Local Authority should complete all enquiries in the timeliest manner possible, it is important that any timescale adopted respects the principle that the views of the adult at risk are paramount. The timescales for the completion of a safeguarding enquiry will depend on the involvement of, and wishes of, the adult at risk.

8. Flowchart for 'raising a concern'

This flowchart provides a brief overview of the process for raising a concern and should be used in conjunction with the written procedure. When responding to concerns raised directly with you, you should follow the advice in 10.2.

You should raise any concern about abuse or neglect immediately if an emergency or within the same working day.



9. Raising a concern about abuse or neglect

9.1 All staff

9.1.1 All staff (paid and volunteers), of any service involved with the adult at risk, **have a duty** to act immediately to inform the person within their organisation responsible for 'referring to the local authority' of any concerns that an adult at risk:

- Has been abused or neglected; or
- Is being abused or neglected; or
- Is at risk of being abused or neglected.

9.1.2 A concern may be raised in a number of ways:

- By the adult at risk themselves
- By a member of public including , carer, family member, friend, another adult with care and support needs or someone else visiting a service
- By you following something you have directly observed

9.1.3 When the suspected abuse or neglect of an adult at risk results in death, these Multi-Agency Procedures and Guidance must be considered along with any other actions that may be necessary.

9.1.4 Although you have a duty to share the information with a person within your organisation responsible for 'referring to the local authority' (and your line manager if this is different), you should not discuss your concerns with anyone else, for example work colleagues, unless the immediate welfare of the adult at risk or other adults makes this unavoidable.

9.1.5 If your manager or a person responsible for making a referral makes a decision not to make a referral and you are unhappy with this decision you still have a duty to share information. This must be done by speaking to the next senior person in your organisation (unless 9.3 Whistleblowing below applies).

9.2 Members of Public

9.2.1 Where members of the public including the adult at risk themselves, family, friends, or other adults with care and support needs witness or suspect abuse or neglect, they can either:

- Raise this with any member of staff within any organisation that provides a service to the adult at risk; or
- Contact the relevant local authority.

9.2.2 Where the concern relates to a member of staff perpetrating abuse they should, where possible, raise this with a manager or senior person on duty within that organisation.

9.2.3 If you feel you are not able to share information with the manager, or another manager within the organisation, as you believe that they are implicated or colluding with the alleged abuse, you should contact the relevant local authority and explain to the call taker that you wish to make a Safeguarding Adult Referral. (See page 22 for contact details).

9.3 'Whistleblowing'

9.3.1 Whistleblowing is where a member of staff feels that they are unable to share information with a person within their organisation responsible for 'referring to the local authority' as they believe that they are implicated or colluding with the alleged abuse.

9.3.2 If you feel that you are unable to share information with your manager, or the person responsible for referring, or another manager within your organisation, you must in the first instance follow your organisation's own 'Whistleblowing Policy'. More information can be found at <https://www.gov.uk/whistleblowing>.

9.3.3 The Public Interest Disclosure Act 1998 makes provision for disclosures to 'prescribed persons'. These are regulators such as the Health and Safety Executive, the Care Quality Commission and the Financial Services Authority. These disclosures are protected where the whistle blower meets the test for internal disclosures and reasonably believes that the information and any allegation in it are 'substantially true' and is relevant to the regulator.

9.3.4 You can only tell the prescribed person or body if you think your employer will cover up the alleged abuse, or would treat you unfairly if you complained, or your employer said they had sorted it out but had not.

9.3.5 If you need to refer in this way visit <https://www.gov.uk/whistleblowing/overview>.

9.4 Staff who suspect abuse in other organisations

9.4.1 There may be occasions when visiting staff witness or suspect abuse in another organisation, for example a district nurse visiting an independent nursing home. In such circumstances the visiting member of staff will be expected to act in the role of the person 'raising a concern' (as above), informing the manager and the person responsible for 'referring to the local authority' (unless 9.4.2 applies). In addition to this you must follow your organisation's internal procedures.

9.4.2 If you feel that you are not able to share information with the person responsible for referring to the local authority or another manager or senior person on duty within an organisation, as you believe that they are implicated or colluding with the alleged abuse, you must contact the relevant local authority and explain to the call taker that you wish to make a Safeguarding Adult Referral. (See page 11 for further details).

9.5 Staff who have concerns about the quality of care in other organisations

9.5.1 If you have concerns about an organisation not amounting to abuse or neglect as described in this document but related to the quality of care being provided you must, in the first instance, report this to the manager of the organisation and your own line manager in accordance with your organisation's internal procedures.

9.5.2 This information must also be passed to the relevant body who commissions services from the organisation, for example, local authority purchasing and contracting department AND the regulatory body the Care Quality Commission (CQC).

10. Being told about or raising a concern about abuse or neglect

10.1 Taking immediate action

10.1.1 When you are first made aware of, or witness, a concern of abuse or neglect, your initial response must always be to the immediate health, safety and welfare of the adult at risk and anyone else at risk. Remember, this may include the alleged person posing a risk.

10.1.2 In an emergency, you should contact the relevant emergency services (police, ambulance, and fire and rescue service) by dialing **999** before following this procedure.

10.2 Responding to concerns raised directly with you

10.2.1 When someone, including the adult at risk or their carer, raises a concern with you, you should:

- Assure them that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not give promises of complete confidentiality
- If it is appropriate, ask the adult at risk what they would like to happen as a result of you passing on the concern
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in safeguarding them
- Reassure them that they will be involved in decisions about what will happen
- Explain that you will try to take steps to protect them from further abuse or neglect
- If they have specific communication needs, provide support and information in a way that is most appropriate to them
- Do not be judgmental or jump to conclusions
- Do not discuss the concern with the person alleged to have caused harm or anyone else, unless the immediate welfare of the adult at risk makes this unavoidable (or you are Whistleblowing – see 9.3 above)

10.3 Record keeping

10.3.1 It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained and made available to the referrer. Written records must reflect, as accurately as possible, what was said and done by the people initially involved in the incident either as a victim, person posing a risk or as a potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

10.3.2 You must make an accurate record at the time, including:

- Date, time and place of the incident
- Exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the adult at risk
- Any injuries observed
- If you witnessed the incident, write down exactly what you saw
- Name and signature of the person making the record

10.3.3 The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them.

11. Flowchart for ‘referring’ is on the following page

Where there is reasonable cause to suspect that all three criteria in S42 (1) Care Act (2014) are met (namely that an adult with care and support needs, is experiencing or at risk of abuse or neglect and is unable to protect themselves) this must trigger a safeguarding adults enquiry, led by the local authority.

However, as per [National Guidance from the Local Government Association](#) (LGA), neither the Care Act (2014) nor the associated Care and Support Statutory Guidance (DHSC, 2020) state that these three criteria must all be fulfilled in order for all organisations to conclude (from available information) that an issue constitutes a safeguarding concern and to refer it to the local authority. Note that 14.17 of the Care and Support Statutory Guidance (DHSC, 2020) advises local authorities to consider the three criteria and to explore concerns raised in a person-centred way.

In addition, there may be considerable complexity and time involved in deciding whether there is reasonable cause to suspect that, as a result of care and support needs the adult is unable to protect himself or herself against the abuse or neglect or the risk of it (the third criterion in S42(1c), Care Act (2014)).

The LGA framework suggests therefore that where it appears that criteria a and b of s42(1) are met and the referring worker/organisation believes that the circumstances amount to a safeguarding concern a referral is 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 local authority. The local authority will take all such referrals seriously and consider S42 (1a and b) alongside the third criteria under S42(1c) of the Care Act (2014) with the referrer and in gathering further information. Local authorities should not be rigid in deciding to reject all but those referrals that meet all three of the criteria in S42(1).

For referrals to **Nottinghamshire County Council ONLY**, you should consult its ' **Nottinghamshire Safeguarding Adults at Risk Referral Pathways**' that can be accessed through [Nottinghamshire Safeguarding Adults Board](#)

For referrals to **Nottingham City Council ONLY**, you should follow the '[Nottingham City Adult at Risk Online Portal](#)'

This flowchart provides a brief overview of the process for making a safeguarding adults referral to the local authority and should be used in conjunction with the written procedure and your own internal procedures. The timescale for 'referring to the local authority' is one working day from the time of the concern being raised.

A concern is raised with you or you have become aware that abuse or neglect of an adult at risk has occurred, or is suspected AND you are a REFERRER in your organisation.

Ensure the immediate health, safety and welfare of the adult at risk and anyone else at risk (including the person posing a risk, particularly if they also have care and support needs).

In an emergency contact the relevant emergency services (police, ambulance, fire and rescue service) – be aware of the possible need for forensic evidence. See Guidance for Preserving Evidence.

Undertake any other immediate actions required as part of your organisation's disciplinary, health and safety or other relevant internal procedures.

Carry out initial information gathering:

- Speak to the adult at risk and find out what they want to happen
- Could events have occurred as described?
- Check written records;
- Speak to the person raising the concern to clarify events;

- Speak to a manager on duty at the time;
- Complete a body map where required;
- Gather information required for referral to local authority.
- If pressure ulcer damage you must follow the [Pressure Ulcer Protocol](#)

Consider whether there is a duty under the Care Act e.g. an overriding public interest; other people could be at risk; to prevent a crime or a serious crime has been committed; there is reason to believe that the adult's health or well-being will be adversely affected by ongoing harm or abuse or you believe that the adult at risk is being coerced or fearful of repercussions.
(Where none of the above apply see 13.2.5 regarding seeking consent)

Using the information gathered, make a decision whether a referral to the local authority is required i.e. an 'adult at risk' is at risk of or has been subject to abuse or neglect from another person. See 'Definitions' guidance. In addition, for referrals to Nottinghamshire County Council, you should follow its [Nottinghamshire Safeguarding Adults at Risk Referral pathways](#)

Discuss with the adult at risk or representative where appropriate. Follow the Mental Capacity Act 2005.

Is a referral required?

Yes

No

Make a safeguarding referral to the relevant Local authority (Depending on where the alleged abuse occurred):
Nottingham City Council: Health and Care Point: 01158763330
Nottinghamshire County Council (public only):
Customer Service Centre: 0300 500 80 80
Nottinghamshire County Council (professionals only):
Completing the online form: www.safeguardingadultsnotts.org Multi Agency Safeguarding Hub (MASH): 0300 500 80 90

Consider any other actions required to support the needs of the adult at risk or other actions such as complaints' processes, training needs or regulatory action if appropriate.

Keep a careful record of all actions, decisions and information gathered (these may be required at a later date for legal proceedings or demonstrate the rationale for your decisions and actions). See guidance for Record Keeping.

12. Role of referrer

It is the responsibility of each organisation to have its own internal procedures, which must detail the nominated staff / roles who are able to take on this role. In some organisations this may be the same person who raised a concern.

12.1 Who is a referrer?

12.1.1 The person or people responsible for 'referring to the local authority' will receive information from the person 'raising a concern'. For example, referrers might be:

- Ward managers
- Care home managers
- Managers of home care services
- Housing manager
- Social workers
- Health professionals within hospital settings
- Voluntary/community sector manager

12.1.2 They should ideally be trained in making safeguarding referrals. Whoever is a referrer should be available to make a referral within the required timescales or your own organisations procedures should have an escalation process in place to allow referrals to be made in a timely manner.

12.1.3 It is important to note that referrers are **not** a separate type of staff – referring in this context is simply an aspect of their overall responsibilities.

12.1.4 When the suspected abuse or neglect of an adult at risk results in death, these Multi-Agency Procedures and Guidance must be considered along with any other actions that may be necessary.

12.1.5 Members of the public. If a referral to the relevant local authority is made by a member of the public, family member, friend, neighbour, carer, service user/adult at risk or made anonymously, the information received directly by the relevant local authority will be treated as though the member of the public is acting as a referrer.

12.1.6 Anonymous referrals will be accepted from members of the public. However, this may restrict the response the local authority is able to give, as it may not have all the information it needs. Professionals should not normally make referrals anonymously.

12.1.7 A member of the public would not be expected to carry out all of the duties of the role of the referrer. If you are a member of the public wishing to inform the local authority you should contact the relevant local authority using the details on page 22.

12.2 Immediate safety and actions

12.2.1 There is a temptation to try to intervene as soon as possible to help the adult at risk adjust to what has just happened. However, the best practice in dealing with trauma is NOT to have an immediate intensive 'debriefing' session focused on the incident (NICE Guideline CG26, 2005). Also this sort of intervention may compromise a criminal investigation. The focus of help given to a person immediately after an abusive incident should be physical and emotional care to provide them with feelings of safety.

12.2.2 When you first become aware of an incident, the following pointers should be considered and, where relevant, acted upon **in line with 12.3.3 and 12.3.4 below**:

- Your first consideration should always be the immediate health, safety and welfare of the adult at risk and anyone else at risk
- In an emergency, you should contact the relevant emergency services (police, ambulance, fire and rescue service) before following this procedure;
- **Note that concerns of a sexual nature will require expert advice from the police**
- If the person posing a risk also has care and support needs, you should consider any immediate needs they may have
- In line with your organisation's disciplinary and other relevant procedures, take any proportionate action against any staff members who are alleged to have perpetrated abuse

12.2.3 Any immediate actions against a person posing a risk should be considered carefully, particularly where there is the possibility of contaminating evidence. You should consider whether it is appropriate to discuss any proposed actions with the police or relevant local authority **BEFORE** the person posing a risk becomes aware of any allegations against them. (For more information, see guidance on Preserving Evidence)

12.2.4 Allegations against people in a position of trust

Where allegations relate to staff members as people posing a risk, you should consider actions under your own internal disciplinary procedures. Whilst the safety of the adult at risk and anyone else at risk is your priority, any decision to suspend a staff member at this stage should be proportionate to the level of risk presented, fully documented and agreed by a senior manager within your organisation.

12.2.5 When a decision is made that a staff member should be suspended, you are reminded that the person has a right to know, in broad terms, what the allegations or concerns against them are.

12.2.6 Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, willful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.

12.3 Information gathering

12.3.1 When, as referrer, you are informed or become aware of a concern, you will need to carry out some initial information gathering to decide if the incident should be referred to the relevant local authority.

12.3.2 In line with the principles of **Making Safeguarding Personal**, it will be necessary to speak to the adult at risk (or their representative) about the incident to:

- Check some basic facts to see whether, what has been alleged, could have happened
- Ask what they would like to happen as a result of the concern being raised

12.3.3 The following pointers may be helpful when having such conversations:

- Do NOT begin an interview/investigative process as this could jeopardise any further work
- Consider the most appropriate way of communicating with the adult at risk, which may not always be verbal
- Communicate with them in a private and safe place and inform them of any concerns
- Use 'common language', for example talk about 'hitting or 'slapping' instead of 'physical abuse' or about 'theft' instead of 'financial abuse'
- Discuss what immediate actions can be taken to help keep them safe
- Provide them with information about the safeguarding adults at risk process and how this can help make them safer
- Support them to ask questions about issues of confidentiality and agree who will be told about any concerns
- Explain how they will be kept informed

12.3.4 When carrying out initial information gathering, you need to consider the following:

- Could the event(s) have happened as alleged? You should not however start an interview/investigative process
- The information gathering should take place as soon as possible (e.g. bruising will fade if left too long before logging/photographing)
- Discussing with the relevant manager(s) on duty at the time. For example, what was said, seen, responded to? How was the information recorded?
- Checking written records – care plans, files, communication books, rotas etc. Could the person posing a risk and victim have been together/alone?
- At times it may be necessary to discuss the incident with members of staff. However, this should be done sensitively and only when appropriate to manage risk to the adult or others. When you do, you should remind staff about your organisation's confidentiality policies
- Gathering information about the service user, the person posing a risk and members of staff.
- If you speak to relatives or witnesses it is important that, if their personal data (name address) will be in the referral, those people are informed that their details may be shared with other bodies unless to do so would jeopardise the well-being of the adult at risk
- Checking files to see if previous records support the claims
- Would a 'body map' be useful? You can find a template at appendix A
- For pressure ulcer damage you need to follow the **Pressure Ulcer Protocol** before deciding whether to make a referral to the relevant local authority. Although there is a national protocol, the Nottingham and Nottinghamshire ICB have developed a local protocol that sits underneath this for practitioners in Nottingham and Nottinghamshire.

12.4 Deciding whether or not to make a referral

12.4.1 Using the information gathered you will need to make a decision about whether or not a safeguarding referral is required to be made to the relevant local authority. This should be done by using the following guidance; 'Definitions' and 'Possible Indicators of Abuse'; 'links to other processes'; 'other factors for consideration' and 'safeguarding and the law', **AND the following;**

12.4.2 For referrals to Nottingham City Council you should make a safeguarding referral about all concerns that you become aware of, where 13.2.2 below applies.

12.4.3 For referrals to Nottinghamshire County Council you should follow the guidance set out in the ['Nottinghamshire Safeguarding Adults at Risk Referral Pathways'](#).

12.4.4 If you have decided that a safeguarding referral is required, you have a duty to make a referral to the relevant local authority.

13. Making a referral to the relevant local authority

13.1 Discussing the referral with the adult at risk

13.1.1 Where you have made a decision that a safeguarding adults' referral is required, this should be discussed with the adult at risk in accordance with the principles of 'Making Safeguarding Personal'. This should include a conversation about

- What may happen as a result of making a safeguarding referral to the relevant local authority
- The relevant local authority requesting and using information from partner agencies (for example health services), where appropriate, to aid the safeguarding process
- The legal responsibilities to make a safeguarding referral to the relevant local authority where the criteria at 13.2 below apply
- How the adult can change their mind at any stage during the safeguarding process as to what they want to happen to keep them safe or minimise the risk of further abuse.

13.1.2 Efforts to have a discussion with the adult at risk must always be made, wherever possible, prior to a referral being made to the relevant local authority. However, this should not unnecessarily delay a safeguarding referral being made.

13.1.3 If a person declines safeguarding support and/or a S42 enquiry that is not the end of the matter. Consideration should be given to ways in which the risk to the adult could be managed or mitigated, taking into account the impact of abuse or neglect on the person's wellbeing, including their 'vital interests' and the impact on others in the situation ([LGA, What constitutes a safeguarding concern and how to carry out an enquiry, 2022](#)).

13.2 Consent

13.2.1 Article 8 of the Human Rights Act relates to an individual's rights to autonomy. However, the requirement to respect the rights of individuals to make decisions for themselves is not an excuse for inaction where an adult at risk is at risk of abuse or neglect.

13.2.2 The Data Protection Act 2018 allows the sharing of information when the Care Act 2014 requires you to do so without obtaining the consent from the adult or their representative.

13.2.3 For the purposes of the duty of confidentiality owed by professionals to their patients and service users, the Care Act (2014) provides a legal basis for sharing information in relation to safeguarding duties. This means that there is no requirement to obtain consent from the adult or their representative, when any of the following apply:

- Other people, including other adults at risk and or children, could be at risk from the person causing harm
- It is necessary to prevent crime or a serious crime has been committed
- You believe that the adult at risk is being coerced or fearful of repercussions
- If there is an overriding public interest
- There is reason to believe that their health and/or well-being will be adversely affected by on-going harm or abuse
- The person posing a risk also has care and support needs and may also be at risk

13.2.4 It is recommended that colleagues seek advice from their line manager or a safeguarding specialist in cases where an adult with capacity challenges your decision to make a safeguarding referral.

13.2.5 The adult at risk should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

13.2.6 Where none of the above apply, you should seek consent from the adult (or their representative) to make a referral and provide them with information about how they can withdraw their consent by contacting the relevant local authority. It should be noted however, that the legal basis for making a safeguarding referral at 13.2.3 above should be followed wherever it is appropriate to do so.

13.3 Outcomes for the adult at risk

13.3.1 To support any subsequent safeguarding work the relevant local authority undertakes with the adult at risk, it is important that the adult at risk (or their representative) is asked what outcomes they would like to see as a result of the referral being made.

13.3.2 At this stage of the process, it is important to allow the adult at risk to express their wishes freely and you should consider how they are able to communicate this best, including any aids that might support this process. However, you should explain to them that it will not always be possible to meet these wishes.

13.3.3 If the adult at risk is assessed as not having the mental capacity to make decisions about the outcomes they would like to see as a result of the referral being made (by the referrer undertaking the 'two-stage test'), the referrer must make a decision in their best interests, in accordance with the provisions set out in the Mental Capacity Act (2005). For more information and guidance on completing a two-stage test and making a 'best interests' decision see:

- The [Mental Capacity Act \(2005\) Code of Practice](#)
- [Nottinghamshire SAB Mental Capacity Resources](#)

13.3.4 Any desired outcomes expressed to you by the adult at risk or their representative (or via the best interest's decision) should be shared with the relevant local authority at the time the referral is made.

13.4 Record keeping

13.4.1 All records must be kept safe as it may be necessary to make records available as part of subsequent safeguarding work by the relevant local authority, or to disclose them to a court as evidence.

13.4.2 As Referrer you must keep records of the following where appropriate:

- Any actions undertaken to ensure the immediate safety of the adult at risk and/or anyone else at risk
- Any actions undertaken against the person posing a risk
- Crime number if the concern has been reported to the police
- Any relevant information gathered as part of your role as referrer
- Details of the concern (ensure that you have access to any notes from the person raising the concern)
- Your decision about whether a referral is required or not
- The desired outcomes the adult at risk would like to happen as a result of any subsequent safeguarding work

13.4.3 The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them. (For more information see Guidance for 'Record Keeping').

13.5 Information you will need to make the referral

13.5.1 When making a safeguarding referral you will be asked to provide the following information. You can also download a [7-minute briefing on Effective Safeguarding Adults Referrals](#) for quick reference. (nottinghamshire.gov.uk).

- Name of the adult at risk
- Date of birth
- Address
- Care and Support need
- Details of the information gathered above including the **concern** and **desired outcomes**
- Other agencies or independent service providers that the adult at risk is known to
- Details of the authority/district the adult at risk is from if different to the one being reported to
- Details of any funding arrangements
- Person who raised the concern – friend, other service user, carer etc.
- Person who alerted;
- Location of abuse – residential care setting, adult at risk's own home, general hospital etc.
- Type of abuse – discriminatory, psychological, sexual, financial/material, physical, neglect and acts of omission; domestic violence; modern slavery and self-neglect
- Any details you may have about non-recent abuse involving the adult at risk

Details about the person posing a risk:

- Name and address
- Age
- Relationship with service user – partner, neighbour, staff, other family member etc.
- Details of whether they are living with the adult at risk
- Any immediate actions taken against them or to support them
- Any details you may have about non-recent abuse involving the person posing a risk

13.5.2 Explain to the call taker that you wish to make a '**SAFEGUARDING ADULTS REFERRAL**'.

13.5.3 It is important to provide your contact details, as the relevant local authority may need to contact you for further details and will contact you in any event to provide feedback about the referral.

13.5.4 This is not a linear process. It may not be obvious that something is a safeguarding concern until a discussion and further information gathering takes place. Whether or not a safeguarding response is pursued, there is transparency about the decisions made at all stages. Referrers of concerns should receive feedback about the decisions made (consistent with data protection legislation) ([LGA, What constitutes a safeguarding concern and how to carry out an enquiry, 2022](#)).

13.6 Where to make the referral

13.6.1 When you have the information, you must make a referral to the 'relevant local authority'. The term 'relevant local authority' refers to the place where the alleged abuse has occurred (regardless of who is funding the person's care). For example, if an adult at risk is funded by Derbyshire County Council but is in a care home in Nottingham City at the time of the alleged abuse, a referral should be made to Nottingham City Council. This is in line with the Association of Directors of Social Services' national agreement on [Advice note - commissioning out of area care and support services](#).

13.6.2 You can contact the relevant local authority in the following ways:

- **Nottingham City Council**

Health and Care Point – 0115 8763330
(Opening times; Monday - Friday 9.00am – 5.00pm)

Please complete Nottingham City Council's [online Safeguarding referral form](#) to tell them about your concerns.

- **Nottinghamshire County Council**

Complete the adults safeguarding online form- (click report abuse or neglect) (Anytime)
<http://www.nottinghamshire.gov.uk/care/safeguarding/mash>

Multi-Agency Safeguarding Hub (MASH) – 0300 500 80 90 (professionals only)
(Opening times; Monday - Thursday 8.30am – 5.00pm, Friday 8.30am – 4.30pm)

Nottinghamshire Customer Service Centre – 0300 500 80 80 (members of public)
(Opening times; Monday – Friday 8.00am – 6.00pm) The social care online form is available -
<http://www.nottinghamshire.gov.uk/care/adult-social-care/contact-us> (Scroll to the 'contact us online@' button to progress.)

13.6.3 A safeguarding concern is not the only route through which a multi-agency approach to identifying and managing risk to wellbeing and safety can be facilitated. Information gathering across organisations may lead to an alternative decision and pathway ([LGA, What constitutes a safeguarding concern and how to carry out an enquiry, 2022](#)).

13.7 Making a referral out of hours

13.7.1 Safeguarding referrals outside the hours stated above should only be made when immediate action is required by the local authority to make an adult at risk safe.

13.7.2 In such instances, the relevant Emergency Duty Team for either Nottinghamshire County Council or Nottingham City Council should be contacted (again this should be based on where the alleged abuse has taken place).

13.7.3 You can contact the relevant local authority in the following ways:

- **Nottingham City Council** on 0115 8761000
- **Nottinghamshire County Council** on 0300 500 80 80

13.7.4 Where a referral is required but where no immediate action is required by the local authority to make an adult at risk safe, you should follow 13.6.2 above.

13.8 Making a decision NOT to make a referral

13.8.1 If, after assessing all the information available to you, you decide there is no allegation of abuse, you do not need to make a referral to the relevant local authority.

13.8.2 You must fully document any such decision; it is good practice to discuss and agree this action with your line manager.

13.8.3 Any decision not to refer does not mean that the incident should be left or that other actions do not need to take place. Consideration still needs to be given to the needs of the adult at risk and to any

other actions such as the complaints process, training needs, disciplinary or regulatory action if appropriate, **informing other people/agencies of the actions taken.**

13.8.4 Where 13.2.5 applies and the adult (or their representative) does not given consent to a referral being made, you should still follow the above. You should also explain to the adult that they can change their mind at any time.

14 Local authority response

14.1 Section 42 Enquiries

- 14.1.1 Once the relevant local authority receives the safeguarding referral, they are under a duty to make or cause to be made, whatever enquiries it thinks necessary.

At the point of a safeguarding referral being made, should the adult at risk state that they do not wish the referral to proceed, the considerations outlined in 13.2 should be applied. Following acceptance of the referral being by the Local Authority, it is the Local Authority who will consider such requests.

- 14.1.2 The local authorities will follow their local procedures to determine the most proportionate response. Nottinghamshire Safeguarding Adults Board procedures for Nottinghamshire are available at [Nottinghamshire Safeguarding Adults Board](#). Nottingham City's policies are at [Nottingham City Safeguarding Adults Board](#).

- 14.1.3 Each local authority's procedures will include details of how they will coordinate a response to the referral, which may include some or all of the following;

14.2 Working towards the adult at risk's desired outcomes

- 14.2.1 While consent is the starting point for sharing information when professionals are considering making an adult safeguarding referral it can be overridden if there is a lawful basis under the Care Act or other legislation to do so and / or where any of the following apply:

- Where a person lacks mental capacity, and it is in their best interests
- Other people, including other adults at risk and or children, could be at risk from the person causing harm
- It is necessary to prevent crime, or a serious crime has been committed
- You believe that the adult at risk is being coerced or fearful of repercussions
- If there is an overriding public interest
- There is reason to believe that their health and/or well-being will be adversely affected by on-going harm or abuse

The person posing a risk also has care and support needs and may also be at risk

- 14.2.2 The Mental Capacity Act 2005 and Code of Practice will apply if there is any doubt that the person concerned has the mental capacity to make specific decisions about sharing information.

- 14.2.3 S45 of the Care Act 2014 covers the responsibility of others to comply with any request for information from the SAB for the purposes of progressing an enquiry. S6 of the CA 2014 sets out those relevant partners who must cooperate with each other in the provision of information.

- 14.2.4 The sharing of information is covered in the common law duty of confidentiality, Data Protection Legislation (GDPR and DPA), the Human Rights Act and the Crime and Disorder Act.

- 14.2.5 The common law duty of confidentiality is an important principle, but the right is not absolute. The revised

Caldicott principles provide:

- Justify the purpose
- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data

- Access to personal confidential data should be on a strict need to know basis
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality

14.2.6 The above principles are reflected in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR).

14.2.7 Under Article 8 of the European Convention on Human Rights individuals have a right to respect for their private life. This is not an absolute right and can be overridden if necessary and in accordance with the law. Interference must be justified and for a particular purpose as set out above in 13.2.1.

14.2.8 S115 of the Crime and Disorder Act 1998 provides that any person may disclose information to a relevant authority where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder). Relevant authorities, broadly, are the police, local authorities, Integrated Care Boards and local probation boards.

14.2.9 It is recommended that colleagues seek advice from their line manager or a safeguarding specialist in cases where an adult with capacity challenges your decision to make a safeguarding referral.

14.2.10 The adult at risk should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

14.3 Strategy meeting/discussion

14.3.1 The local authority may convene and chair a multi-agency meeting/discussion to assess the risk and identify actions as part of the section 42 enquiries.

14.3.2 The strategy meeting/discussion will consider the desired outcomes that the adult at risk wants to see at this point in the process. Actions agreed at the strategy meeting/discussion will focus on these outcomes, considering if and how they can be achieved.

14.3.3 As a referrer or in your role as a provider of care to the adult at risk, you may be asked to contribute to the strategy meeting/discussion and agree to undertake further actions as part of the local authority's response (as detailed below).

14.4 Investigative Processes

14.4.1 Enquiries might include, for example, criminal or disciplinary investigations.

14.4.2 Where a member of staff is alleged to have caused the abuse or neglect, it is the responsibility of the employer to undertake the disciplinary investigation in line with their own disciplinary procedures. However, it should be agreed how this links with other actions as part of the local authority's response to prevent duplication of work and repeat interviews.

14.4.3 The above is particularly important when interviewing the adult at risk and should only be done as part of the disciplinary process where this is agreed as the most appropriate response. However,

where information and evidence from other investigations could aid this disciplinary investigation, this should be made available by the local authority.

14.5 Outcomes

14.5.1 Where actions are identified by the local authority, there may be a meeting to discuss the findings and agree any further actions. The aim of any meetings (or discussions) is to:

- Agree and record the most appropriate way to manage and minimise the risk of future abuse to the adult at risk and anyone else at risk of abuse or neglect
- Consider whether the desired outcomes for the adult at risk have been met

14.5.2 Any actions required to manage or reduce the risk of future abuse or neglect should be recorded and agreed with the adult at risk.

14.5.3 As a referrer, or in your role as a provider of care to the adult at risk, you may be asked to contribute to such meetings/discussions.

14.5.4 Where it is determined that a member of staff has perpetrated abuse against an adult at risk, you may be required to refer them to the 'Disclosure and Barring Service' and you **must** do this if you:

- Have dismissed them because they harmed a child or adult at risk;
- Have dismissed them or removed them from working in 'regulated activity' because they might have abused a child or adult at risk otherwise; or
- You were planning to dismiss them for either of these reasons, but the person resigned first.

14.5.5 To make a referral to the Disclosure and Barring Service or for more information about it, including what a 'regulated activity' is, please visit

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>.

14.5.6 Many staff may also be governed by codes of professional conduct or be members of statutory or professional bodies. Where appropriate, employers should report workers to the statutory or other bodies responsible for professional regulation.

14.6 Review

14.6.1 Where a safeguarding plan is completed, it will normally be reviewed to ensure that it has been effective in both meeting the needs of the adult at risk and managing wider risks.

14.6.2 As referrer, or a provider of care to an adult at risk, you may be asked to participate in the review of a safeguarding plan where this is appropriate.

14.7 Feedback

14.7.1 The local authority will ensure feedback is given to the appropriate people. Immediate feedback will be given to the referrer following the referral. If no feedback has been received, agencies are encouraged to contact the Local Authority.

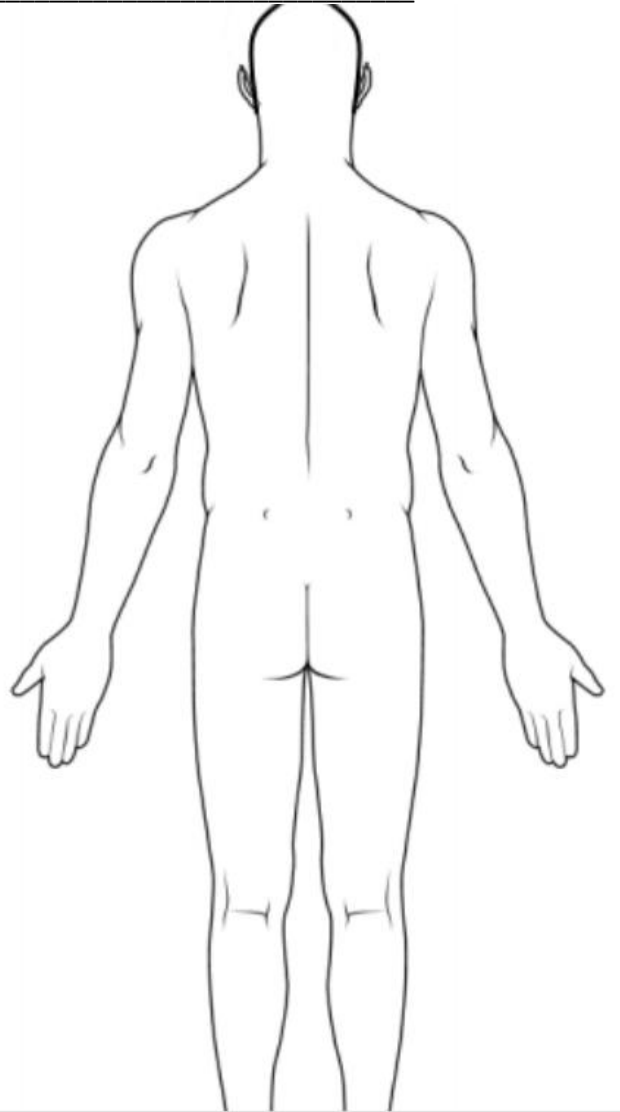
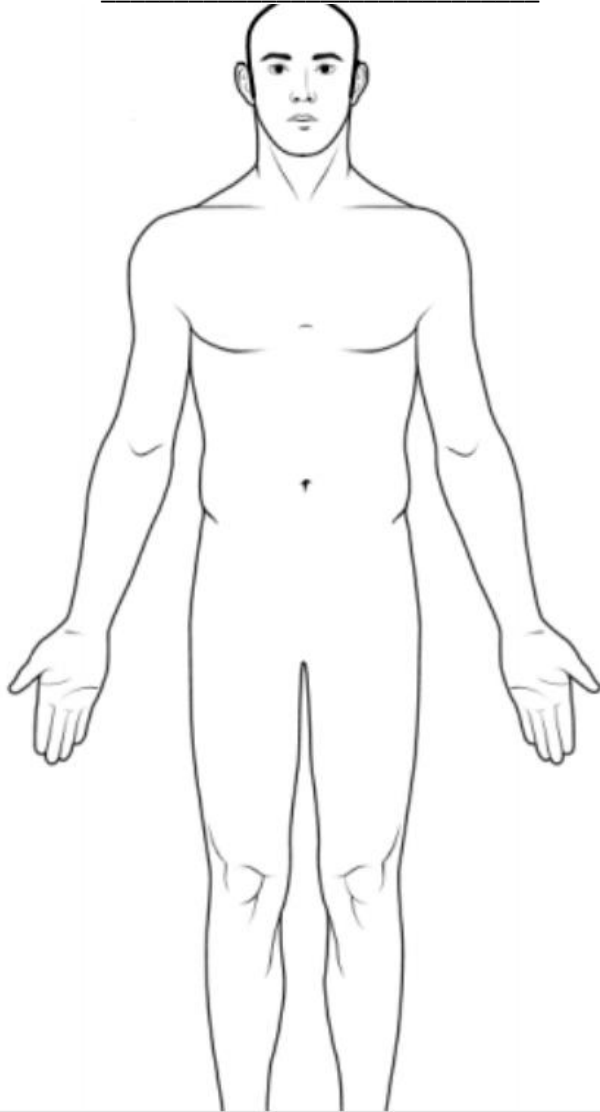
14.7.2 At the end of the process, feedback will be given to the referrer, Adult at Risk and Care Quality Commission (for regulated provider) and anyone else as required.

15 Complaints

- 15.1** There may be times where concerns are raised about the safeguarding adults' process. It is hoped that professionals will be able to work together to resolve these problems before they become a complaint. However, there will be some occasions when this is not possible.
- 15.2** All complaints about the safeguarding adults process, for example if timescales are not met or if you do not agree with the outcome of an investigation, should be sent to the appropriate safeguarding manager.
- 15.3** Safeguarding managers should comply with their internal guidelines on complaints meeting timescales and informing the relevant people.
- 15.4** All complaints about individual organisations, for example the conduct of the police in relation to a Section 42 enquiry, should be sent to that organisation's complaints department.
- 15.5** Please refer to your local Safeguarding Boards Escalation Policy:
- Nottinghamshire County – [safeguardingadultsatriskguidancefollowingreferral.pdf \(nottinghamshire.gov.uk\)](#)
 - Nottingham City - [ncsab-complaints-and-escalation-process.pdf \(nottinghamcity.gov.uk\)](#)
- 15.5** The introduction of the Care Act, together with lessons learnt from the Local Government Office's (LGO) previous involvement in complaints about Safeguarding Adults Boards and Safeguarding Adults Reviews has led the LGO to review its approach to how such complaints are investigated. This means that, in some circumstances, where a complainant is unhappy with the decision of a local council's investigation following a complaint, the LGO has jurisdiction to investigate. Full details of when the LGO can investigate can be found at the following link: [Guidance on Jurisdiction - Local Government and Social Care Ombudsman](#).

Appendix A – Body Map

Name of Adult: _____ Date of Birth: _____



Date of Completion: _____