### Stage 2: Making a referral

This Stage covers:

- How to make a referral and where to send it
- Screening referrals
- Trafford’s 5 Harms

#### 16.5 What is a referral?

A referral is the direct reporting of an allegation, concern or disclosure of harm, neglect or abuse as outlined in Stage 1, to the **Community Screening Team, Trafford Council** using the **Adult at Risk Referral Form**.

A referral begins a process of screening the level of harm experienced, gathering facts, assessment of the allegation, assessment of the adult at risk’s needs and a risk assessment to decide whether the Safeguarding Adults policy applies. Where possible and/or appropriate this should be done in consultation with the referrer and any relevant organisations. The decision about whether the Safeguarding Adults policy applies must be made on the same working day or within 24 hours of the referral reaching the appropriate health or social care team during normal operating hours. Out of hours, the responsibility for this decision will fall to the Trafford Emergency Duty Team (for contact details see Appendix A: Local Contact Details) and will be made on the same day the referral is received.

Where the referral meets the criteria, as described in the 3 steps outlined in Stage 1, the Local Authority, Trafford Council, must make or arrange an enquiry under Section 42 of the Care Act 2014. ‘The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom.’

#### 16.6 Where to refer to and how to make a referral

Staff and volunteers from all agencies should make written referrals, using the **Adult at Risk referral form** to:

- Send an **adult safeguarding referral**
- Send a referral for Trafford Adults at Risk Group TARGet (See Section 8.3 for more information about TARGet)
- Send a Domestic abuse referral following completion of the **CAADA DASH risk assessment**. See Section 8.2.2 for more information.

Please note: Staff cannot make an adult safeguarding referral by telephone unless in an emergency. Best practice determines that the referral should be made by the person raising the concern, or their line-manager, if appropriate. In certain circumstances this can be delegated, however it is the person raising the concern that retains responsibility to ensure that the information reported is accurate.

If members of the public or relatives, friends, neighbours or representatives have concerns, they can contact Trafford Council on 0161 9125135 (during office hours)
or 0161 912 2020 (out of hours). Alternatively, if they have access to the internet, they can complete a Safeguarding Adults: Public Concern Form. It is not a requirement that this Form is completed, it is simply another option for those members of the public who have access to the internet and prefer to use this format, rather than telephone.

Members of the public, relatives and friends can make anonymous referrals by telephone, but, they should be offered the opportunity of a meeting to discuss the referral they are making. The Community Screening Team, not the referrer, must make a report to the police where a crime is alleged, suspected or disclosed as part of a referral from a member of the public, a relative or friend.

16.7 Contacting the Police
- In an emergency you should call the police on 999
- For a non-emergency police response dial 101
- If the referring person or the Community Screening Team reasonably believes a crime has been or may have been committed, they should refer immediately to the police unless the adult at risk has mental capacity, does not want a report made and there are no overriding public or vital interest issues. The police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.

16.8 Screening referrals for Adult Safeguarding
There are five levels of harm in Trafford:

<table>
<thead>
<tr>
<th>Level 1: Low level harm</th>
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<tbody>
<tr>
<td>Level 2: Moderate Harm</td>
</tr>
<tr>
<td>Level 3: Significant Harm</td>
</tr>
<tr>
<td>Level 4: Serious Harm</td>
</tr>
<tr>
<td>Level 5: Catastrophic Harm</td>
</tr>
</tbody>
</table>

Note that the level of harm can change at any time during the process.

**Level 1 and 2 Harm in care settings** (including hospitals, care homes, supported housing providers, domiciliary care agencies and re-enablement services) will be investigated by the Provider.

**Level 1 or 2 Harm that occurs in the home of an adult at risk** will usually be investigated by a health or social care service providing support to the adult at risk. Where there are more than one of these services involved in supporting the adult at risk, the referring team will always take the primary, lead role. Where there are no services involved in supporting the adult at risk, the screening team will make a decision about who the most appropriate team to undertake the investigation will be and send the referral form to them.

Level 1 and 2 Harm will be investigated by a Provider Manager. There will be no necessity to convene a strategy meeting, case conference or an adult safeguarding hearing panel for level 1 and 2 Harm.
Where allegations of Level 1 or 2 Harm relates to a commissioned, regulated social care provider, they will be notified along with the regulator and commissioner by email that a concern has been received. The notification will outline the investigation required and timescales for response. The investigation report will be returned to the person requesting the investigation where a quality assurance process will be applied. A copy of the final report should be sent to the relevant commissioner.

The timescales set out in this document, will apply to Providers undertaking an investigation of Level 1 or 2 Harm, the timescale for investigation in this circumstance is twenty five working days. If the investigation is unlikely to be completed in this time the Provider must liaise with the person requesting the investigation to negotiate an extension, with a clear and reasonable rationale for why this additional time is required.

Where there is no commissioned service involved, but where level 1 or 2 harm is identified the referral will be passed to a Health and Social Care Team to allocate to a practitioner.

There will be no necessity to convene a strategy meeting, case conference or an adult safeguarding hearing panel for level 1 and 2 Harm.

**Level 3 and 4 Harm** will be investigated using the multi-agency procedures, led by an investigating officer appointed at a Strategy Meeting.

**The chart below categorises these “harms” and risk matrices used by the community screening team in more detail:**
### Trafford’s Five Harms

<table>
<thead>
<tr>
<th>Level of harm</th>
<th>Investigation to be undertaken by</th>
<th>Definition of harm</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 1</strong></td>
<td>Low Level Harm</td>
<td>Low Level Harm: Any incident that required extra observation, care or minor treatment and caused minimal harm, to a person.</td>
<td>The incident(s) has occurred within a health or social care commissioned service.</td>
</tr>
<tr>
<td><strong>LOW LEVEL HARM</strong></td>
<td>Investigation undertaken by a Service Provider using these procedures</td>
<td></td>
<td>The nature of the incident(s) is such that it can be investigated impartially by the Provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Provider is able to assess and advise on any protection plans required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The incident(s) may relate to one or more adult at risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The concerns relate to an isolated or infrequently occurring incident rather than a pattern of, harm, exploitation, neglect or abuse.</td>
</tr>
<tr>
<td><strong>LEVEL 2</strong></td>
<td>Moderate Harm</td>
<td>Moderate Harm: Any incident that resulted in a moderate increase in care or treatment and/or which caused moderate but not permanent harm, to a person.</td>
<td>The incident(s) has occurred within a health or social care commissioned service.</td>
</tr>
<tr>
<td><strong>MODERATE HARM</strong></td>
<td>Investigation undertaken by a Service Provider using these procedures</td>
<td></td>
<td>Adult is reported missing from a hospital, care home or supported accommodation; they are at risk to be unsupported in the community and require supervision / support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Adult receiving individual budget lacks capacity and/or confidence in relation to care arrangements or in dealing with incompetent or exploitative personal assistant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Care provided with no reference to specialist advice e.g. regarding pressure area care/tissue viability, diet, care or equipment, emotional support and/or behaviour management.</td>
</tr>
</tbody>
</table>
Services or equipment in place to manage risk; however, areas of unresolved risk remain

An adult with capacity continues to reside in the place where the abuse occurred or continues to have contact with the alleged abuser; however, there is increased monitoring/supervision in place.

Information acquired suggests there are concerns for children and/or adults at risk

These Include:
The concerns/allegations indicate gaps or tensions in the way current care and/or support is provided, either by publicly commissioned or funded service or by informal support networks.

A review of an adult or carers care and/or support needs is required and service provision

A review of service provision is required

The incident(s) may relate to one or more adult

An independent investigation is required

A single agency protection plan is required

| LEVEL 3 SIGNIFICANT HARM | Investigation undertaken by a Lead Investigating agency agreed at Strategy meeting or discussion phase | Significant Harm: Any incident that appears to have resulted in avoidable or permanent harm to a person. | Risks and harm/abuse highlighted in previous level 1 or 2 safeguarding referrals/investigations are still present and are deemed to have escalated and become serious. It is not appropriate to request a Social Care or NHS Provider |
undertake an internal Investigation. The incident(s) has occurred within a health or social care commissioned service or within the police or prison service.

The incident has happened in the persons own home and there are no commissioned services involved, except registration with a GP.

The referral indicates a pattern of incidents, harm, exploitation, neglect or abuse against an individual or by an individual or a commissioned health or social care service.

Organisational abuse is indicated or suspected.

There is a significant impact on an adult’s independence, health or wellbeing.

There has been an impairment or avoidable deterioration in the person’s independence, health or wellbeing.

A deliberate intent to exploit or harm an adult.

The incident or incidents require a single or multi-agency response to quality assure the Provider, to seek assurance regarding quality and outcomes against the CQC Fundamental Standards and other contract compliance requirements.

These include:

- Mismanagement of money by unpaid carers providing support.
- Attendance at hospital or GP contact due to maladministration of medication.
- Person does not receive medication, as a one off or recurrent event.
- Hospital attendance due to non-compliance with care plan resulting in neglect (pressure sores, dehydration, malnutrition, choking, aspiration – this list is not exhaustive).
Missed calls by a domiciliary care provider, community nurses, community mental health team or GP or other provider which has directly caused, or contributed to, ill health or harm.

History of related safeguarding concerns with Social Care or NHS provider / contractor.

Re-current or recent safeguarding investigation involving Social Care or NHS provider / contractor.

Known criminal history of perpetrator/abuser – assault / use of violence or suspected / gangland connections of abuser.

Stalking/harassment behaviour of abuser.

Abuse suggests that a criminal offence has occurred.

Deprivation of Liberty is identified but no legal authorisation in place/has been requested.

<table>
<thead>
<tr>
<th>LEVEL 4</th>
<th>SERIOUS HARM</th>
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</thead>
<tbody>
<tr>
<td>Investigation undertaken by a Lead Investigating agency agreed at Strategy meeting or discussion phase</td>
<td>Serious Harm: Any incident that resulted in serious avoidable or permanent harm or death to a person.</td>
</tr>
</tbody>
</table>

Risks and harm/abuse or exploitation highlighted in previous level 1 or 2 safeguarding referrals /investigations are still present and deemed to have escalated to become significant.

It is not appropriate to request a Social Care or NHS Provider undertake an internal Investigation.

The incident(s) has occurred within a health or social care commissioned service or within the police or prison service.

The incident has happened in the persons own home and there are no commissioned services involved, except registration with a GP.

The referral indicates an incident or incidents that require a single or multi-agency response to quality assure a commissioned health or social care service provider, to seek assurance regarding quality and outcomes against the CQC Fundamental Standards and other.
contract compliance requirements. Organisational abuse is strongly suspected or confirmed. The referral indicates a pattern of incidents, resulting in significant harm, exploitation, neglect, abuse against an individual or by an individual. There is a significant impact on an adult’s independence, health or wellbeing. There has been a major impairment or avoidable deterioration in the person’s independence, health or wellbeing. Overarching concerns around organisational abuse within a hospital, care home or supported accommodation. These include: Mismanagement of money by paid carers/ professional(s) providing support Admission to hospital due to maladministration (including over sedation) of medication Person does not receive medication which impacts negatively on their clinical condition resulting in harm as a one off or a recurring event, or it is happening to more than one person. Hospital admission due to non-compliance with care plan resulting in serious neglect (e.g. pressure sores, dehydration, malnutrition, choking, aspiration - this list is not exhaustive). Missed calls/visits by domiciliary care provider, community nurses, community mental health team, GP or other provider, which has contributed to, or directly caused, ill health, significant harm or death. Referral of the death of an adult at risk to Her Majesty’s Coroner. One or more people experience
harm through failure to follow correct moving and handling procedures, or common flouting of moving and handling procedures make this likely to happen.

Abuser violates protective legal orders to commit acts of abuse.

Recurring or frequent requests for police intervention, for paramedic assistance, for GP visits.

Threats to kill, maim or seriously injure an adult at risk

Information acquired suggests there are concerns for children and/or adults.

Adult is frightened of perpetrator – reasonably believes intent of threats / likelihood of abuse.

Deprivation of Liberty is not identified and no legal authorisation has been requested.

| LEVEL 5 CATASTROPHIC HARM | Investigation undertaken in accordance with Safeguarding Adults Review (SAR) Protocol, Domestic Homicide Protocol or Individual Management Review. | Investigation undertaken in accordance with Safeguarding Adults Review (SAR) Protocol, Domestic Homicide Protocol or Individual Management Review. | The referral indicates an incident or pattern of incidents, resulting in catastrophic harm, catastrophic neglect, abuse or death.

Risks and harm/abuse or exploitation highlighted in previous level 1, 2, 3 or 4 safeguarding concerns/investigations remain present and have resulted in catastrophic impact on an individual or individuals.

A Safeguarding Adults Review or Domestic Homicide Review must always be considered when an adult who is being provided with services dies (including death by suicide) due to a harm, actual, suspected or alleged abuse, including domestic abuse.

This includes services provided by Trafford Council, it’s agents or other commissioned services; |
An NHS Trust or other commissioned health service;
Greater Manchester Police;
In cases where an adult has not died, it may be appropriate to hold an Individual Management Review, Multi-agency Review, a Serious Case Review if any of the following criteria are met:
There was a significant risk of harm to an adult which was unrecognised by organisations or professionals in contact with the adult or alleged perpetrator;
Risk(s) were not shared with others or were not acted upon properly;
Organisations or professionals consider that their concerns and suspicions were not taken sufficiently seriously or acted upon appropriately by another when the concern and suspicions were a determining factor;
The case indicates that there may be failings in one or more aspect of the local operation of formal safeguarding adults procedures which extend beyond the handling of the case;
The adult had previously been subjected to a Protection Plan;
The case appears to have implications for a range of organisations or professionals;
The case suggests that there may be a need for the Adult Safeguarding Board to change its protocols or procedures, or that they need to be more effectively promoted, understood or acted upon.

16.9 Receiving a referral and checking the information

On receipt of a referral the Trafford Community Screening Team will take the following action:
Check that all of the necessary information is included on the referral form.
“Necessary information” is a level of information that will enable the receiving team to be able to immediately and effectively screen the referral.
Once the Community Screening Team practitioner is satisfied there is a sufficient level of information, they will determine the level of harm the referral best matches. Identifying the level of harm/risk is at level 1 or 2, where there are no commissioned services involved, will result in the referral being passed to a Health and Social Care Team Operational Manager to allocate to a practitioner to make, or instruct others to make, enquiries under Section 42 of the Care Act 2014.

Identifying the level of harm/risk is at level 3 or 4, will result in the referral being passed to a Health and Social Care Team Operational Manager to allocate to a practitioner to make, or instruct others to make, enquiries under Section 42 of the Care Act 2014.

Identifying the level of risk at level 5, will result in the Head of Service at Trafford Council, the Designated Nurse for Safeguarding and Vulnerable Adults for the local NHS and the Divisional Inspector for the GMP Public Protection Unit (Trafford) being contacted, they will then liaise regarding the case and involve/alert other agencies as required.

Once the Community Screening Team practitioner is satisfied that the referral contains a sufficient amount of information to enable it to be screened, and it meets the threshold for Level 3 or above harm, it will be sent immediately to the appropriate team or service to make, or instruct others to make, enquires under Section 42 of the Care Act 2014.

The Community Screening Team will ensure that all adult safeguarding referrals, irrespective of the level of harm identified, are processed within twenty four hours of receipt.

In circumstances where referrals are received after 16:00 hours Monday to Friday, on a Saturday or Sunday all day and on public holidays (all day) the Trafford Emergency Duty Team are responsible for screening and triage of any and all Adult at Risk Referral Forms sent to iat@trafford.gov.uk.

16.10 The Trafford Emergency Duty Team will screen referrals and determine that:

- All of the necessary information is included on the referral form. “Necessary information” is a level of information that will enable the emergency duty team to be able to immediately and effectively screen the referral
- The level of harm/risk is at level 1 or 2, in which case the referral will await processing by the Community Screening Team on the next working day
- The level of harm/risk is at level 3 or 4, the Emergency Duty Team will determine the response needed and, where necessary intervene immediately
- The level of risk is at level 5 the Emergency Duty Team will contact the Senior Manager on Call for Trafford Council and the Designated Nurse for Safeguarding and Vulnerable Adults, who will liaise regarding the case.

Where an adult at risk is referred during the period monitored by the Emergency Duty Team, and they are not known to Adult Social Care, the Emergency Duty Team Practitioner will create an Electronic Social Care Record for the adult at risk.

The Emergency Duty Team practitioner will make an entry in the Electronic Social Care record of every case referred during the period monitored by them. This entry will include the reason for referral, the level of harm and risk identified and their clear rationale for deciding that:
• No further action is required and the referral can be screened out of process
• The level of harm/risk is at level 1 or 2, in which case the referral will await processing by the Community Screening Team on the next working day
• The level of harm/risk is at level 3 or 4, the immediate response they have identified is required, what action they have taken and why.
• The level of risk is at level 5 the Emergency Duty Team will contact the Senior Manager on Call for Trafford Council and the Designated Nurse for Safeguarding and Vulnerable Adults, who will liaise regarding the case, recording their responses and advice.
• Emergency Duty Team practitioners will be required to mobilise, consider the use of wider community resources, NHS resources and other resources when they intervene to protect adults at risk during the hours in which they operate.
• Emergency Duty Team Practitioners will ensure that they have completed all necessary paperwork and standard Safeguarding and care management documents before the end of each shift and will send a formal handover to the receiving health or social work team for the next working day to enable continuous, uninterrupted support for the adult at risk.

16.11 Secondary screening by CSWT/Hospital
The referral will be received by an Operational Manager or Senior Social Work Practitioner initially. They will review the referral and make a determination regarding any immediate action required to keep the person, or others safe or any discussion, including the need for urgent strategy discussion that may need to take place.
If there is no immediate action or discussion required, the case will be allocated to a Registered Practitioner who will make, or instruct others to make, enquiries under Section 42 of the Care Act 2014. Further screening should aim to be completed on the same day the referral is received and allocated as determined by priority. This is a decision to be made by the Operational Manager or Senior Social Work Practitioner, and recorded in the persons care record.
The allocated worker is responsible and accountable for ensuring that any and all documentation is completed contemporaneously, to a sufficient level of competence and quality by those responsible.
The Police officers will enter the information onto the police information system, this enables intelligence to be created and captured. If the level of information meets the threshold for further investigation, a Public Protection Investigation will commence. If not meeting the threshold for investigation, the intelligence is kept on record in case there are further concerns for welfare.

16.12 Decision to move to the Strategy Phase
The risk of, or actual level of harm or abuse, is sufficient to indicate the need to move to the Strategy Phase for further consideration.
Action must be taken under the Safeguarding Adults Procedures, even if the adult at risk does not want any action taken, where taking such action is considered to be in the wider public interest. The adult at risk must be informed of this decision, the reason for the decision and reassured that they will not have to contribute to the investigation if they choose not to. Every effort will be taken to minimise actions which affect them personally without their involvement.
Related documents

Body map
MARAC risk assessment