

Making a safeguarding referral using SAFER communication guidelines

The [SAFER guidance](#) was developed by the Department of Health (2013) to improve communication between health visitors and children's social care teams when a child (or children) may be suffering or likely to suffer significant harm, as defined by the Children Act 1989.

The CLCH safeguarding team has updated the SAFER guidance to promote best practice not only under the Children Act 1989, but also the Care Act 2014, thereby recognising the statutory duty on all staff to 'think family' and to safeguard and protect children and adults in our care.

Using SAFER can support staff to share relevant information regarding the risk and /or harm a child or adult may actually be experiencing or is likely to experience and the need for the situation to change.

Section A:

Questions to consider prior to making a verbal or written referral:

Assessment

- Have I assessed the child and family /adult and documented my findings? If not where has the information I am going to share come from?

Evidence

- What is happening, or not, which is causing concern/or impacting on the safety of the child or adult?
- Is there any evidence of mental illness, substance abuse, domestic abuse, a chaotic lifestyle, missed appointments or neglect (including self-neglect)?

Actions

- Have I sought advice and support from my line manager or the CLCH safeguarding team and/or reviewed the information in the Safeguarding Manual /NHS England App?
- Have I considered how the threshold for a safeguarding referral has been met i.e. the child or adult's need to be protected requires intervention from the local authority.
- Has Early Help/ community support been considered /already in place?
- Have I documented all existing risk factors or issues?
- Has the situation/referral been discussed with the child or adult's family or carers, or would this put the child or adult at greater risk?
- Who else lives in/regularly visits the household? Can I provide their personal details and relationships to the child/children or adult?
- Has the situation been discussed with the child/adult's general practitioner and other relevant health professionals, e.g. adult mental health?
- Have I updated myself on the child/adult and family's recent health history?
- Do I have knowledge of any siblings or other adults in the care environment who may also be at risk of harm too
- Is there a social worker already allocated? Have I discussed the referral with that social worker?
- Has the situation been discussed with a CLCH safeguarding professional, safeguarding champion or line manager?

Prior to making a call, have the following available:

- the child/adult's health record
- a brief chronology or timeline of significant and recent events
- the evidence triggering your concern

Remember: If a child or adult is at risk of immediate, significant harm, the priority is to move them to a place of safety. The police have the powers to remove a child or adult to a place of safety without parental consent or when an individual lacks mental capacity so **you may need to ring 999 to report the need for urgent intervention to protect the safety and wellbeing of a child or adult.**

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S Situation Clarify: who you are, who are you speaking to, why you are calling and who else knows)

- **Say who you are:** give your name, role and where you work
- **Say why you are calling:** give adult /child's name, address and date of birth).
- **Ask who you are speaking to and document** (if not a social worker ask to speak to one)
- **Say why you are calling:** "I am calling because I believe the child/adult is at risk of or suffered significant harm.
- **Confirm** if the child's parents or adult's family are/aren't aware of the referral.

A Assessment and Actions Clarify

- **What assessments have completed and what the concerns are:** (provide the facts re: assessments and evidence, ensuring the points in Section A are covered).
- **What you are worried about?** (say why you are concerned, what you have seen, heard and/or been told, and when you last saw the child or adult)
- **If professional advice /service input been accepted or followed.**
- **Timeframe of concern:** e.g. what's changed since I last saw him/her (when was that?)
- **Describe the current situation for the child or adult and their whereabouts:**
- **If assessments have not been undertaken, why there are concerns**
- **The actions you have taken to make the child /adult safe.**

F Family /care factors Clarify

- **Specific family /care factors making the child/adult at risk of significant harm (Section A)**
- **Additional factors creating vulnerability are...**
- **Consider how 'making safeguarding personal' or family strengths could better protect**

E Expected response Clarify

- **What service /assessment you are asking social services to undertake/ how urgently**
- **Other recommendations?**
- **Ask: Do you need me to do anything now?**

R Referral and recording Clarify

- **You will follow up with a written referral within 24 hours**
- **You will expect feedback from social services within 48 hours re: outcome of referral**
- **Exchange names and contact details with person taking the referral**
- **Make written referral** and record details, time and outcomes of telephone referral.
- **If the referral is not accepted /actioned, ESCALATE to CLCH safeguarding team**

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References:

HM Government [Working Together to Safeguard Children](#) 2018

Department for Education: [Complexity and challenge: a triennial analysis of SCRs 2014-2017](#)

CLCH Safeguarding Operational Manual

NHS England Safeguarding App

SCIE: [Safeguarding Resources and research findings](#)

[NICE Guidance on Safeguarding](#)