



SAFER communication guidelines

These are guidelines for communications between health visitors and local authority children's social care teams using the SAFER process when a child may be suffering or is likely to suffer significant harm*.

All verbal communications can be carried out using the SAFER process. It can also be used for 'no name consultations'. The use of SAFER will ensure a uniform approach to communicating the level of risk to a child/children.

Section A:

Prior to referral ask yourself these questions:

Assessment

- Have I assessed the child and family and documented my findings? If not what is the source of my information?

Evidence

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

Actions

- Have I consulted my Local Safeguarding Children's Board (LSCB) interagency procedures?
- How do the child's needs meet the local threshold for referral (Working together, 2013 p.14)
- Is a Common Assessment Framework (CAF) in existence for this child/ren?
- Have I documented all existing risk factors or issues?
- Has the situation/referral been discussed with the child's parent(s)/carers, or would this put the child at greater risk?
- Who else lives in/regularly visits the household? Can I provide their personal details and relationships to the child/children?
- Has the situation been discussed with the child's general practitioner and other relevant health professionals, e.g. adult mental health?
- Have I updated myself on the child and family's recent health history?
- Do I have knowledge of any siblings? May they 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 named nurse/senior colleague for safeguarding?

Prior to making a call, have the following available:

- the child's health record
- a chronology of significant and recent events
- the evidence triggering your concern

Section B:

Aide-memoir to support efficient and appropriate telephone referrals of children who may be suffering, or are likely to suffer significant harm

S

Situation

- This is the health visitor (give name) for (give your area). I am calling about...(child's/children's names, address and date of birth).
- To whom am I speaking? (Ensure you log the main role of the person taking the referral).
- I am calling because I believe this/these child/ren may be at risk of significant harm.
- The parents are/aren't aware of the referral.

A

Assessment and Actions

- I have assessed the child personally and the specific concerns are..... (provide specific factual evidence, ensuring the points in Section A are covered).
- Or: I fear for the child's safety because...(provide specific facts – what you have seen, heard and/or been told, and when you last saw the child and parents).
- A CAF has/hasn't been followed.
- This is a change since I last saw him/her (give number of) days/weeks/months ago.
- The child is now.....(describe current condition and whereabouts).
- I have not been able to assess the child/children but I am concerned because.....
- I have.....(actions taken to make child safe).

F

Family factors

- Specific family factors making this child at risk of significant harm are:(based on the Assessment of Need Framework and covering specific points in section A).
- Additional factors creating vulnerability are.....
- Although not enough to make this child/ren safe now, the strengths in the family situation are.....

E

Expected response

- In line with Working Together to Safeguard Children, NICE guidance and Section 17 and/or Section 47 of the Children Act I recommend that a specialist social care assessment is undertaken (urgently?).
- Other recommendations?
- Ask: Do you need me to do anything now?

R

Referral and recording

- I will follow up with a written referral and would appreciate it if you would get back to me as soon as you have decided your course of action. When might I expect to hear from you?
- Exchange names and contact details with person taking the referral.
- Now refer in writing as per local procedures (LSCB) and record details, time and outcomes of telephone referral.
- If the referral is not accepted /actioned, consult the escalation policy/process and discuss this with the named nurse.

(NB: The intention is to make reasons for referral factual and informative to assist the duty team in taking appropriate action.)

If a child 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 to a place of safety without parental consent

*The Children's Act (1989) defined harm as 'ill treatment or the impairment of health or development'. To decide whether harm is significant the potential/current health and development of the child in question should be considered compared to that of a similar child

References

- Brandon et al (2012) New learning from serious case reviews a two year report for 2009-2011. Department for Education Research Report. DfE-RR226.
- HM Government (2013) Working Together to Safeguard Children. <http://www.workingtogethernonline.co.uk/resources.html>
- Your local safeguarding policy and procedures.
- Framework for the Assessment of Children in Need and their Families. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256.
- NICE (2009) When to suspect child maltreatment. NICE Clinical Guideline 89.
- Children Act (1989) HMSO.
- DCSF.(2006) What to do if you are worried a child has been abused.
- Pocket information sharing guide (2008) HM Government.

The SAFER tool was developed from another SBAR which originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA