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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Assessor and Actions</th>
<th>Family factors</th>
<th>Expected response</th>
<th>Referral and recording</th>
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</table>
| • 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. | • 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). | • 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..... | • 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? | • 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
- Your local safeguarding policy and procedures.
- Children Act (1989) HMSO.
- DCSF,(2006) What to do if you are worried a child has been abused.

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.

Amended and updated by the Institute of Health Visiting, 2013 on behalf of the Department of Health.