Publication withdrawn

This guidance was withdrawn in August 2025. It has been superseded by the Healthy child programme schedule of interventions.

Department of Health

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.workingtogetehronline.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/PublicatioinsPolicyAndGuidance/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

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