SAFER communication guidelines



These are guidelines for communications between health 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. 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:

- Have I assessed the child and documented my findings?
- Have I documented existing risk factors or issues?
- Is there any evidence of substance abuse, domestic abuse, mental illness, a chaotic lifestyle or missed appointments?
- Has a Common Assessment Framework (CAF) been followed?
- Has the situation been discussed with the child's parent(s)?
- Who else is in the household?
- Has the situation been discussed with the child's GP?
- Have I updated myself on the child'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 this 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 list of recent events
- the evidence triggering the call.





Section B: Aide-memoire 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 name(s) and address). I am calling because I believe this child is 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 done a CAF) 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 no. of) days/weeks/months ago. The child is now (describe current condition and whereabouts). I have not been able to assess the child but I am concerned because I have (actions taken to make the child safe).
F	 Family factors Specific family factors making this child at risk of significant harm are (base on the Assessment of Need Framework and cover specific points in Section A). Additional factors creating vulnerability are Although not enough to make this child 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. Exchange names and contact details with the person taking the referral. Now refer in writing as per local procedures and record details and time and outcomes of telephone referral.

(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 remains 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.

References

- DCSF (2010) Working together to safeguard children
- Your local safeguarding policy
- NICE (2009) When to suspect child maltreatment
- Children Act, 1989
- Framework for the Assessment of Children in Need and their Families.
 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/
 DH 4003256
- What to do if you are worried a child has been abused. (2006) DCSF
- 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.



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