Practice issues from Serious Case Reviews

5. Unresolved disagreement about the need for children's social care involvement

What is the issue?

Referring agencies and children's social care disagree about whether cases referred to children's social care actually need their involvement, and this is not resolved

Agencies involved in safeguarding may disagree about the level of risk a case presents, and whether a referral to children's social care (CSC), and subsequent statutory response, is necessary. Our analysis of recent SCR reports found that, although disagreements were common, divergent views were often not explored or challenged and escalation procedures were not always followed.

One illustration of this was an SCR which was conducted following the death of a 1-month-old baby from sudden infant death syndrome (SIDS). A health visitor who had significant experience of working with the family contacted CSC via their 'front door' service, with concerns about the baby's older sibling. She was concerned that the mother's alcohol problems and the parents' volatile relationship were affecting their parenting. Staff in CSC discussed the case and decided that it did not warrant further assessment. The health visitor strongly disagreed with this decision and contacted the 'front door' service again. The case was passed to a manager but not escalated. The health visitor remained concerned and contacted the service again but was told that there was no social worker available. There was no evidence that the LSCB escalation procedure was suggested.

This document is one of a set of 14 briefings intended to support managers, senior managers and practitioners by:

- identifying difficult issues in multi-agency safeguarding work, focusing on interprofessional communication and decision-making
- exploring why these issues arise, and therefore how they might be addressed.

The briefings are based on analysis of 38 Serious Case Reviews (SCRs) published between May 2014 and April 2015, augmented by information gathered from multi-agency summits in London, Leeds and Birmingham. The summits were held in September 2015 and were attended by 194 practitioners and managers from across children's social care, health, education, police, probation and Local Safeguarding Children Boards (LSCBs).

The briefings are the result of a pilot process that developed and tested new ways that SCR findings can be shared and used to support improvement.

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Why does this occur?

The **analysis within the SCR reports** found the following reasons for not resolving or escalating a difference of opinion regarding referrals to CSC:

- thresholds for CSC intervention may be high due to heavy workloads and staff shortages
- referrers feel unable to challenge CSC decisions, as social workers are seen as the experts
- referrals which are incomplete or poorly written may wrongly lead to a decision of no further action
- use of 'call handlers' to take referrals in some areas, with staff unaware that they have the right to escalate and speak to a social worker if they wish to
- referrers are not always aware of escalation procedures available to them where a disagreement occurs.

Participants at the three summits also identified a number of underlying reasons for this issue including the following:

General pressures on the system which become evident at the point of referral

Participants talked about wider pressures on the system, such as budget cuts and reductions in staff numbers, and the impact this has at the point of referral:

> *'Part of it [is] about time and pressure. Very much about resources and capacity. People are overwhelmed …'. (Team Manager)*

As such the 'front door' of children's services can become a 'flash point' where wider pressures become evident.

One reason given for the increased pressure was requirements in other agencies to make routine checks with CSC. For example, one participant said:

> *'The National Probation Service interim guidance on safeguarding children suggests that they should be checking for every single case whether there is DV or child abuse concerns, but this is thousands of cases.' (Senior Probation Officer)*

Lack of local clarity and consensus about thresholds

Summit participants talked about general disagreements in their local areas concerning thresholds and the respective roles of different agencies, which are then played out in individual cases. Linked to this, participants thought there was a lack of recognition of the role that organisations can have below the statutory threshold. There was a perception that wanting always to refer to CSC can be an 'abdication of responsibility' (LSCB Manager). Others acknowledged the anxiety involved in 'holding' a case below the statutory level:

> *'Having practitioner confidence, holding anxiety and courage is hard work.' (Nurse)*

In contrast, in some areas, greater investment in early help was seen as helpful, meaning that referrals could be signposted to other services, rather than just getting a yes/no response from CSC.

Professionals submitting referrals that are incomplete or lack detail

Numerous participants at the summits raised the issue of referrals that were not adequately detailed or clear. Examples were given of referrals being completed inaccurately, or forms being left unfinished:

> *'I see a lot of examples of poor referrals, a real failure to appreciate what the legislative imperatives are.' (Independent Consultant)*

It was felt that if staff were inexperienced, or did not submit adequate referrals, the chances of a case meeting the threshold for CSC intervention was compromised. Summit participants also referred to the lack of specific training for many professionals in how to complete a referral to CSC, which contributed to the poor quality.

Reluctance to use escalation procedures

Some participants at the summits thought that staff were reluctant to use escalation procedures. This may have been linked to the way that escalation was presented by managers and senior managers:

> *'Conflict resolution management is a bit of a dirty secret and not promoted.' (LSCB Manager)*

Participants also talked about the extra work for practitioners involved in escalating a case, which can lead them to ask, 'Will it be worth it?'

A lack of awareness of escalation procedures

Some professionals felt that there was a general lack of awareness of the procedure to escalate concerns about decisions, and that less experienced or less confident staff may not know where to go with concerns:

> *'Escalation processes are not used. When asked in safeguarding training are you familiar with the escalation process, I see blank faces.' (Training and Development Advisor)*

Solutions suggested by summit participants

Participants at the summits suggested the following possible solutions:

- use of 'threshold moderation meetings' where cases are presented once a month at a panel with representatives from health, social care and the police
- 'double screening' of referrals to try to avoid errors of judgement
- advice on referral submission and thresholds as well as feedback on referrals which are unsuccessful
- training and support for professionals making referrals
- professionals encouraged to persevere and escalate concerns
- the establishment of transparent escalation policies
- developing a culture of challenge.

Questions for you to consider

Unpicking the issue

1. Is this issue familiar to you?
2. Locally, is the issue exactly the same as described above? If not, what does this issue 'look like' for you?
3. What good practice is there in relation to this issue? Are there weaknesses you are aware of and how would you describe them?

Why do you think this happens in your local area?

1. Do some or all of the reasons described above apply in your area?
2. Is it an issue that has been identified in local SCRs, audits or inspection feedback? What light have these activities shed on the issue?
3. What knowledge do you have from your own experience about why this happens?
4. What organisational factors are involved locally?
5. How does local culture, custom and practice, within and between agencies, contribute to this?

Thinking through the solutions

1. Have there been previous efforts locally to address this issue? What was the result?
2. Given your understanding of the reasons for this issue, what further actions do you think would be helpful in addressing it?
3. What strengths can you build on, and what are the areas of difficulty?
4. What action would need to be taken at a strategic or leadership level?
5. Who would need to be involved to achieve improvement?
6. Are there any unintended consequences you anticipate for the different agencies and professions involved?
7. How will you know whether any actions have had an impact?

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For more information see nspcc.org.uk/lipp or scie.org.uk/lipp