Practice issues from Serious Case Reviews

2. Confusion about 'referrals' and 'contacts' in children's social care

What is the issue? Referring agencies think they are making a referral or requesting action of children's social care, but children's social care think they are only receiving information to be logged

The communication of concerns from referring agencies to children's social care (CSC) is an important step in initiating a child protection response.

Our analysis found several instances in which professionals communicating with CSC thought they were making a referral for further assessment, when in fact the information they were providing was being treated as a 'contact' only, and did not lead to any further action.

Why does this occur?

The **analysis within the SCR reports** we analysed included the following reasons for this issue:

- misunderstanding of the referral process to CSC among some professionals

- professionals with little experience of child protection processes being asked to make referrals (e.g. school staff other than the designated safeguarding lead), which meant they did not follow child protection procedures.

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

CSC response to extremely high demand

Several participants noted that the distinction between 'contacts' and 'referrals' had been introduced due to the extremely high demand on CSC 'front door' services. Drivers of the high demand were thought to include risk averse working cultures; confusion as to whether all potentially relevant information should be shared with CSC, including on closed cases; and 'automatic' contacts/referrals made following domestic violence (DV) incidents. One participant said:

> *'Where I work the police had a … blanket policy of referral of DV. It means their contact into CSC is massive, and so it's hard to understand the risks involved.' (Named Nurse)*

Another commented:

> *'We are encouraged to see CSC as the lead agency, so we feel like we should tell CSC everything as they hold all the information and give a bigger picture.' (Head of Safeguarding)*

Lack of feedback on contacts/referrals

The practice of distinguishing between contacts and referrals was not seen as problematic in itself. However, problems arose when the referrer was not aware that their referral had been categorised as a contact:

> *'The referrer will state they want to make a referral but the people on the other end will make that decision, but not feed back'. (LSCB Manager)*

Lack of feedback regarding the status and outcomes of referrals was noted by a number of participants:

> *'There needs to be better communication from CSC to let people know what they have made – a contact or a referral.' (Safeguarding Business Unit Manager)*

Incorrect assumption that this distinction is well known

Practitioners thought there was an assumption within CSC that other agencies understand their process:

> *'Social care presume people know. Other agencies are unclear of procedures.' (Specialist Safeguarding Nurse)*

This was linked to comments that participants had not received training on how to make a referral. Others thought this training was available, but that not everyone was aware of it.

Influence of who receives the referral

Some practitioners thought the use of 'contact centres' made communication at the referral stage more difficult:

> *'Makes it harder to actually get through to someone – to communicate with another professional.' (CSC Duty Manager)*

Participants also thought that high demand and busy duty teams could contribute to poorer communication at the point of referral.

Solutions suggested by summit participants

Participants at the summits suggested the following possible solutions:

- better information about how to escalate cases when a referral is not accepted

- a system for gaining feedback on referrals

- some continuity in the language of child protection procedures between agencies

- training for staff on how to make an appropriate and detailed referral

- a mechanism to get advice on referrals.

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?