Learning into Practice: Inter-professional communication and decision making – practice issues identified in 38 serious case reviews

A - Communication about safeguarding within universal services (intra or inter-professional)

Information about a parent known to the GP, which is relevant to safeguarding, is not shared with health professionals

WHY
- problems with information-sharing between professionals
- a lack of ability of some professionals (e.g. school nurses) to access adult health information

The Team around the Family (TAF) process is poorly co-ordinated, which inhibits communication

WHY
- failure in the process created by a lack of a consistent lead professional
- the process not being led by a professional familiar with the case

Referring agencies think they are making a referral or requesting action of children's social care (CSC), but CSC thinks they are only receiving information to be logged

WHY
- lack of emphasis on investigative key individuals not interviewed
- automatic notifications

Lack of police involvement in a section 47 investigation leads to insufficient consideration by other agencies that a crime may have been committed

WHY
- protocol for only one agency check
- clear ownership in professional involvement

Children's social care (CSC) not checking with other relevant agencies for information as part of their assessment

WHY
- assumptions about what agencies know
- difficulties of sharing information on live cases

During criminal investigations, police do not share all relevant information at child protection conferences

WHY
- non-engagement by parents with substance misuse services not highlighted to other agencies as reason for termination of service

B - Early help assessment and services

Agencies do a CAF because they've been told to, even though they don't agree with this suggestion

WHY
- difficulty in challenging the decisions of another professional

Referring agencies and CSC disagree about whether cases referred to CSC actually need CSC involvement, and this is not resolved

WHY
- high workloads negatively impact on decision making
- role of 'call handling' staff

Agencies interpret input from health about possible causes of injuries as definitive, rather than one of a range of possibilities

WHY
- over-emphasis on medical conclusions as to the cause of injuries
- the pursuit of categorical explanations

Probation not checking with CSC as part of their risk assessment for any information relevant to safeguarding children

WHY
- policy may not require multi-disciplinary information gathering

Police not pursuing a prosecution is interpreted by other agencies as meaning that child protection procedures are not needed

WHY
- an over-emphasis on criminal proceedings at the expense of other professional opinion

C - Making a referral

A CAF is not used when one is needed

WHY
- the need for a CAF may not be recognised when the child is perceived as less disadvantaged than others

The referral process does not convey the level of risk in the case

WHY
- referrals processed as 'for information'
- subject seen as a young person not a vulnerable child

Agencies do not proceed with rapid response processes following a child death, inhibiting multi-agency communication

WHY
- problems with joint planning
- a lack of training around rapid response process

No Team Around the Family meetings are held, despite being needed

WHY
- multidisciplinary working not embedded
- services working under different administrative and IT systems

A strategy meeting is not convened when one is needed

WHY
- information sharing procedures hinder decisions
- difficulties in challenging decisions when there is disagreement

Information about young persons' sexual activity/sexual health relevant to safeguarding does not trigger referral to children's social care

WHY
- misappreciation or a lack of awareness of guidance around disclosures of rape or sexual abuse

Brusling to non-mobile babies does not trigger referral to CSC

WHY
- discrepancies in child protection practices in out of hours services
- a lack of training for some professionals

Children’s social care (CSC) do not check with adults’ social care for any relevant information at point of referral

WHY
- unclear

Paediatric conclusion on cause of injury is not challenged by other professionals

WHY
- unclear

D - Strategy meeting, section 47 investigation or process for rapid response to the unexpected death of a child

About This Document

This mapping document gives an overview of practice issues identified through an analysis of 38 Serious Case Reviews (SCRs), published between May 2014 and April 2015. The analysis focused on issues relating to inter-professional communication and decision making.

This document is intended to support managers, senior managers and practitioners by showing common difficulties in inter-professional communication identified in SCR reports. It can be used for self-assessment, to consider whether any of these issues are occurring in your own locality.

More detailed briefings about 14 of these practice issues are available at www.onscp.org.uk/lpp or www.scie.org.uk/lpp

The document works best printed on A3.

This mapping was produced as part of the Learning into Practice Project: a one-year DfE-funded project conducted by NSPCC and SCIE between April 2015 and March 2016.

G - Ongoing case work and professionals’ meetings

Agencies running parallel recording systems, with a time lag in updating from one to the other

WHY
- professionals working on systems in isolation
- different access levels among professionals to records
- transitions from paper to electronic recording

Non-engagement by parents with children’s social care do not communicate when needed

WHY
- lack of understanding of roles and responsibilities, modes of information sharing and collaborative working

Professionals in children’s and adults’ social care do not communicate when needed

WHY
- lack of understanding of the role of CSC in the case of a child protection plan

Data management system used by GPs does not allow effective receipt of information from CSC about child protection status

WHY
- systems not capable of flagging events like a child protection plan
- ‘busy schedule limits professional curiosity

School giving a positive portrayal of the child and not sharing concerns at child protection conferences

WHY
- education staff wary of sharing concerns in front of family members

All agencies’ views are not given equal weight in child protection conference decision-making

WHY
- challenges to decisions not made through formal escalation processes
- issues of hierarchy in decision to social care interventions

Child protection plans not sufficiently specific or detailed

WHY
- goals in the plan lack clarity
- the child protection plan seen as less important than evidence for care proceedings

Child protection services do not communicate with other agencies

WHY
- lack of understanding of the role of CSC in the case of a child protection plan

The use of euphemistic or misleading language in reports and written records

WHY
- lack of understanding of terms used
- difficulty in challenging multi-agency involvement

Mutual misunderstandings about who is going to do what following a conference

WHY
- lack of understanding of roles and responsibilities in multi-agency working

Discussion between agencies in child protection conferences

WHY
- logistical difficulties (timing, location) impedes attendance

Social workers and health professionals relying on updates of information from colleagues

WHY
- lack of understanding of roles and responsibilities in multi-agency working

Agencies do not convene a child protection conference when one is needed

WHY
- lack of challenge of decisions not to hold conferences

GP’s not attending child protection conferences

WHY
- logistical difficulties (time, location) impedes attendance

No Child in Need meetings held, despite being needed

WHY
- unclear