

# 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)	B - Early help assessment and services	C - Making a referral	D - Strategy meeting, section 47 investigation or process for rapid response to the unexpected death of a child	E - Assessments	F - Child protection conferences, core groups and Child in Need meetings	G - Ongoing case work and professionals' meetings
<p><b>Information about a parent known to the GP, which is relevant to safeguarding, is not shared with health professionals working with the child</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>problems with information-sharing between professionals</li> <li>a lack of ability of some professionals (e.g. school nurses) to access adult health information</li> </ul>	<p><b>The Team around the Family (TAF) process is poorly co-ordinated, which inhibits communication</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>'drift' in the process created by a lack of a consistent lead professional</li> <li>the process not being led by a professional familiar with the case</li> </ul>	<p><b>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</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>professionals unfamiliar with referral process using incorrect referral process</li> <li>automatic notifications</li> </ul>	<p><b>Lack of police involvement in a section 47 investigation leads to insufficient consideration by other agencies that a crime may have been committed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>lack of emphasis on investigative focus</li> <li>key individuals not interviewed</li> </ul>	<p><b>Children's social care (CSC) not checking with other relevant agencies for information as part of their assessment</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>protocol for only one agency check</li> <li>no clear continuity in professional involvement</li> </ul>	<p><b>During criminal investigations, police do not share all relevant information at child protection conferences</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>assumptions about what agencies know</li> <li>difficulties of sharing information on live cases</li> </ul>	<p><b>Agencies running parallel recording systems, with a time lag in updating from one to the other</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>professionals working on systems in isolation</li> <li>professionals unaware of other modes of recording</li> <li>different access levels among professionals to records</li> <li>transitions from paper to electronic recording</li> </ul>
<p><b>Information relevant to safeguarding is not shared in referrals to antenatal services</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>information not shared due to confidentiality issues</li> <li>information given by parents not adequately verified</li> </ul>	<p><b>Agencies do a CAF because they've been told to, even though they don't agree with this suggestion</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>difficulty in challenging the decisions of another professional</li> </ul>	<p><b>Referring agencies and CSC disagree about whether cases referred to CSC actually need CSC involvement, and this is not resolved</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>high workloads negatively impact on decision making</li> <li>role of 'call handling' staff</li> </ul>	<p><b>Agencies interpret input from health about possible causes of injuries as definitive, rather than one of a range of possibilities</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>an over-emphasis on medical conclusions as to the cause of injuries</li> <li>the pursuit of categorical explanations</li> </ul>	<p><b>Probation not checking with CSC as part of their risk assessment for any information relevant to safeguarding children</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>policy may not require multi-disciplinary information gathering</li> </ul>	<p><b>Police not pursuing a prosecution is interpreted by other agencies as meaning that child protection procedures are not needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>an over-emphasis on criminal proceedings at the expense of other professional opinion</li> </ul>	<p><b>Non-engagement by parents with substance misuse services not highlighted to other agencies as reason for termination of service</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>assumptions about professional roles</li> <li>overly informal data sharing</li> <li>inconsistent safeguarding practices</li> </ul>
<p><b>Information about domestic violence incidents known to the police is not shared with health visitors</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>problems with information sharing systems</li> <li>information entered by one professional not being seen by another</li> </ul>	<p><b>A CAF is not used when one is needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>the need for a CAF may not be recognised when the child is perceived as less disadvantaged than others</li> </ul>	<p><b>The referral process does not convey the level of risk in the case</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>referrals processed as 'for information'</li> <li>subject seen as a young person not a vulnerable child</li> </ul>	<p><b>Agencies do not proceed with rapid response processes following a child death, inhibiting multi-agency communication</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>problems with joint planning</li> <li>a lack of training around rapid response</li> </ul>		<p><b>Professionals experience the participation of families in conferences as hindering frank exchange of information</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>staff unwilling to share information for fear of upsetting family or inducing aggression</li> </ul>	<p><b>Professionals in children's and adults' social care do not communicate when needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>a lack of understanding of: roles and responsibilities, modes of information sharing and collaborative working</li> </ul>
<p><b>Health visitors do not have access to maternal mental health notes, which are held by midwives</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>difficulties in information sharing between health visitor and midwifery services</li> <li>possible lack of contact between services</li> </ul>	<p><b>No Team Around the Family meetings are held, despite being needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>multidisciplinary working not embedded</li> <li>services working under different administrative and IT systems</li> </ul>	<p><b>Repeated attendances at A&amp;E do not trigger referral to children's social care</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>physical health issues taking precedence over child protection concerns</li> <li>a lack of joint working preventing challenge to assessments</li> </ul>	<p><b>A strategy meeting is not convened when one is needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>information sharing procedures hindering timely action</li> <li>difficulties in challenging decisions when there is disagreement</li> </ul>		<p><b>School giving a positive portrayal of the child and not sharing concerns at child protection conference</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>education staff wary of sharing concerns in front of family members</li> </ul>	<p><b>Agency working with a family currently subject of a child protection plan does not pass on safeguarding information to children's social care (CSC)</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>lack of understanding of the role of CSC in the case of a child protection plan</li> </ul>
		<p><b>Information about young person's sexual activity/sexual health relevant to safeguarding does not trigger referral to children's social care</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>misapplication or a lack of awareness of guidance around disclosures of rape or sexual abuse</li> </ul>	<p><b>There is no acknowledgement or resolution of conflicting medical opinion on the cause of physical injury to a child</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>inadequate discussion to resolve disagreement</li> <li>cancellation of strategy meetings</li> </ul>		<p><b>All agencies' views are not given equal weight in child protection conference decision-making</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>challenges to decisions not made through formal escalation processes</li> <li>issues of hierarchy in deference to social care decisions</li> </ul>	<p><b>Data management system used by GPs does not allow effective receipt of information from CSC about child protection status</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>systems not capable of flagging events like a child protection plan</li> <li>busy schedule limits professional curiosity</li> </ul>
		<p><b>Bruising to non-mobile babies does not trigger referral to CSC</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>discrepancies in child protection practices in out of hours services</li> <li>a lack training for some professionals</li> </ul>	<p><b>Professionals only consider a narrow range of presenting issues in the strategy meeting</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>the absence of a review strategy meeting</li> <li>hierarchy among professionals inhibiting challenge to decisions</li> </ul>		<p><b>Child protection plans not sufficiently specific or detailed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>goals in the plan lack clarity</li> <li>child protection plan seen as less important than evidence for care proceedings</li> </ul>	<p><b>The use of euphemistic or misleading language in reports and written records hinders communication</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>fears of damaging relationship with family</li> <li>tendency to 'sanitise' difficult situations</li> </ul>
		<p><b>Children's social care (CSC) do not check with adults' social care for any relevant information at point of referral</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>unclear</li> </ul>	<p><b>Paediatric conclusion on cause of injury is not challenged by other professionals</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>unclear</li> </ul>		<p><b>Children's social care not communicating legal advice to the conference</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>inexperience in workforce around conference process and procedure</li> </ul>	<p><b>Mutual misunderstandings about who is going to do what following a conversation/plan</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>disagreement about roles and responsibilities in multi-agency working</li> </ul>
		<p><b>Differences of opinion within an agency prevent a referral being made to children's social care when one is needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>problematic relationships within teams</li> </ul>			<p><b>Discussion between agencies in child protection conferences lacks purpose</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>lack of access to required information</li> <li>changes of conference chair creating inconsistent processes</li> </ul>	<p><b>Professionals relying on updates from family members rather than communicating with each other directly</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>a potential lack of information sharing between professionals</li> </ul>
					<p><b>Agencies do not convene a child protection conference when one is needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>lack of challenge of decisions not to hold conferences</li> </ul>	
					<p><b>GPs not attending child protection conferences</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>logistical difficulties (timing, location) impede attendance</li> </ul>	
					<p><b>No Child in Need meetings held, despite being needed</b></p> <p><b>WHY</b></p> <ul style="list-style-type: none"> <li>unclear</li> </ul>	

## 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.nspcc.org.uk/lipp](http://www.nspcc.org.uk/lipp) or [www.scie.org.uk/lipp](http://www.scie.org.uk/lipp)

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.