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 visitors
WHY
- problems with information-sharing between professionals
- 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
- taff 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 information on investigative case
- professionals unfamiliar with referral process using incorrect referral process
- automatic notifications

Lack of police involvement in a section 47 investigation or process for rapid response to the unexpected death of a child
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
- assumptions about what agencies know
- difficulties of sharing information on live cases

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

Probability 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 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
- lack of training around rapid response

Police working with a family currently subject of a child protection plan does not pass on safeguarding information to children's social care (CSC)
WHY
- lack of understanding of the role of CSC in the case of a child protection plan

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

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

All agencies' views are not given equal weight in child protection conference decision-making
WHY
- challenges to decisions not made through formal escalation processes

Child protection plans not sufficiently specific or detailed
WHY
- goals in the plan lack clarity
- child protection plan seen as less important than evidence for care proceedings

Child protection conferences
WHY
- ineffectiveness in workforce around conference process and procedure

No Child in Need meetings held, despite being needed
WHY
- unclear

E - Assessments

Information about domestic violence incidents from the police is not shared with health visitors
WHY
- problems with information sharing systems
- information entered by one profession not being seen by another

Health visitors do not have access to maternal mental health notes, which are held by agencies
WHY
- difficulties in information sharing between health visitor and midwifery services
- possible lack of contact between services

A strategy meeting is not convened when one is needed
WHY
- information sharing procedures hindering timely action
- difficulties in challenging decisions when there is disagreement

Agencies interpret information 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 child protection procedures are not needed
WHY
- an over-emphasis on criminal proceedings at the expense of other professional opinion

Agencies working with a family currently subject of a child protection plan does not pass on safeguarding information to children's social care (CSC)
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

The use of euphemistic or misleading language in reports and written records
WHY
- misleading or inaccurate language in reports and charts

F - Child protection conferences, case groups and Child in Need meetings

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

Differences of opinion within an agency prevent a referral being made to children's social care when one is needed
WHY
- problematic relationships within teams

Children's social care (CSC) do not check with adults' social care for any relevant information when one is needed
WHY
- unclear

G - Ongoing case work and professionals' meetings

Professionals experience the participation of families in conferences as hindering frank exchange of information
WHY
- staff unwilling to share information for fear of being seen as inducing aggression

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

Agencies running parallel recording systems, with a time lag in updating from one to the other
WHY
- professionals working on systems in isolation
- professionals unaware of other modes of recording
- different access levels among professionals to records
- transitions from paper to electronic recording

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/lpp or www.scie.org.uk/lpp

The document works best printed on A3.

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