## National Vulnerability Action Plan (NVAP)

# Action Impact Toolkit

# 2.2.1 Appropriate Referral

## Action Impact Toolkit Guidance Notes

The National Vulnerability Action Plan (NVAP) has been adopted by all forces across England and Wales and seeks to create a more coordinated, consistent and holistic policing response to vulnerability.

The aim of this toolkit is to help forces measure and track the impact of fully embedding an NVAP action within their force as well as providing suggested steps in the form of evidence-based activities and outputs that can be taken to achieve this. Long term impacts for both the organisation and externally (i.e. victims and the public) have been identified as well as suggested ways in which to measure these.

There are four parts to the toolkit:

### 1. Impact Statement

This is the **headline information** summarised from the logic model and supporting information. This sheet is provided for those who only require an **overview of the toolkit**.

This sheet provides the reader with the key information of:
- What do we mean? – clarifying the action objectives
- What do we need? – key activities for the force
- How do we know? – a few suggested impact measures

The sheet also sets out the long-term impacts the force could expect to see from embedding the action. There is one organisational impact, i.e. the impact on the workforce and how it operates, and one external impact i.e. the impact on victims, the public and communities.

### 2. Logic Model

**This is the main element of the Action Impact Toolkit.**
A logic model is a graphical representation of the relationships between a problem, action or intervention, and measurement of success. For more information see: https://www.college.police.uk/research/practical-evaluation-tools.

There is one logic model per objective within the NVAP action and has the following elements:
- **Situation** – this provides an on overview of the current situation in relation to the objective
- **Activities** – this column contains key activities that forces could put in place to help them achieve the objective
- **Outputs** – this column identifies main outputs from the force putting the activity in place
- **Short to Medium Term Impacts** – this column provides a number of impacts that the force could expect to see in the short to medium term from putting the activities in place. These will all link into the long-term impacts identified at the top of the sheet
- **Impact Assessment** – these are prompt questions for forces to encourage them to consider how they might best want to measure impact
- **Suggested Measures** – this column provides a number of suggested measures forces can use to help them measure impact. **These are not prescriptive.** Where relevant these have been linked to the PEEL Assessment Framework measures
- **Unintended Consequences** – this section identifies a number of consequences that may occur from embedding the action within the force which could be considered as having a negative impact on other areas of policing

*It is not expected that a force would put in all activities at once. In fact, some forces may find they are already doing some of the activities or alternatively will identify key gaps they can begin to address.*

### 3. Supporting Information

This part of the toolkit provides **additional information, evidence and key links** to the logic models as well as setting out which of the **policing perennial issues** are linked to the NVAP action.

The toolkits have been developed using a variety of evidence including a review of academic and grey literature, policies, guidance, inspection reports, PCC plans and force NVAP benchmarking reports, as well as conducting scoping chats with relevant departments and organisations. Forces have also been consulted throughout the development of the model with feedback collated and incorporated.

This sheet is intended for those who would like to find out further information on the activities suggested in the logic model.

### 4. Impact Realisation Plan

This part of the toolkit has been designed to help forces identify and prioritise which elements of the logic model they would like to focus on, what they will do to put the activity in place and to consider how they might want to measure the impact. **It is not expected that forces implement all the suggested activities at once**.

It may be helpful to ask a few questions to be clear about what you are trying to achieve:
· Why are we doing this?
· What do we want to achieve?
· What does success look like?
· Who will benefit and how?
· How will we track and measure the short, medium and long term impacts?

### Contacts

For any queries about the toolkit please contact:        VKPP@norfolk.police.uk

# VKPP IMPACT STATEMENT

# Action 2.2.1 Appropriate Referral

**In response to identified vulnerability-related risk of harm, ensure officers/staff understand and utilise appropriate referral pathways, including how to access internal and external service provision, and are empowered to challenge or escalate decisions**

| *Objective 1:* **To ensure officers/staff take appropriate action to make the right referral which meets the needs of the individual at that time** | *Objective 2:* **For forces to establish feedback systems to monitor responses and outcomes to referrals** | *Objective 3:* **For officers/staff to understand and feel empowered to use escalation policies, challenging responses to referrals where the outcome is not timely or appropriate** |
|---|---|---|
| *What do we mean?*<br>Officers/staff make the most appropriate referral in relation to the risk and the needs of the individual<br><br>*What do we need?*<br>Force overview of the referral process to ensure that:<br>• Officers/staff know how and when to refer<br>• Referrals are checked for quality and appropriateness<br>• Information sharing agreements are in place and officers/staff know what information they can share and when | *What do we mean?*<br>Forces set up systems to enable to monitoring of referrals<br><br>*What do we need?*<br>Forces to develop monitoring and feedback systems which<br>• Have a governance framework and system of accountability<br>• Seek to address blockages within the pathway<br>• Ensure that challenges and escalation procedures are conducted appropriately<br>• Ensure that referring officers/staff receive feedback on referrals helping to improve quality and reduce duplication | *What do we mean?*<br>Officers/staff feel confident in using the escalation policies and can challenge responses to referrals where they are not satisfied with the outcome i.e. the individual will still be at risk<br><br>*What do we need?*<br>Development of escalation policies which:<br>• Cover all types of referrals for children and adults at risk<br>• Are easily accessible<br>• Are regularly reviewed<br>• Officers/staff are trained in and understand their responsibility in the process |

**How do we know? Related PEEL Measures**

4.2 The force provides an appropriate response to incidents, including those involving vulnerable people.
6.2 The force provides good-quality safeguarding and support for all vulnerable people.

**ORGANISATIONAL IMPACT**

The force appropriately uses and monitors referral pathways and is confident in challenging decisions, aiding the best outcome to be reached for children/adults at risk, thus reducing repeat presentations to the police.

**EXTERNAL IMPACT**

Children/adults at risk of vulnerability-related harm feel confident that the police will refer them to the appropriate agency and help achieve that the best outcome for them.

## Action Detail

In response to identified vulnerability-related risk of harm, ensure officers/staff understand and utilise appropriate referral pathways, including how to access internal and external service provision, and are empowered to challenge or escalate decisions

## Objective

1. To ensure officers/staff take appropriate action to make the right referral which meets the needs of the individual at that time
2. For forces to establish feedback systems to monitor responses and outcomes to referrals
3. For officers/staff to understand and feel empowered to use escalation policies, challenging responses to referrals where the outcome is not timely or appropriate

## Long Term Impacts

*Organisational:* The force appropriately uses and monitors referral pathways and is confident in challenging decisions, aiding the best outcome to be reached for children/adults at risk, thus reducing repeat presentations to the police.
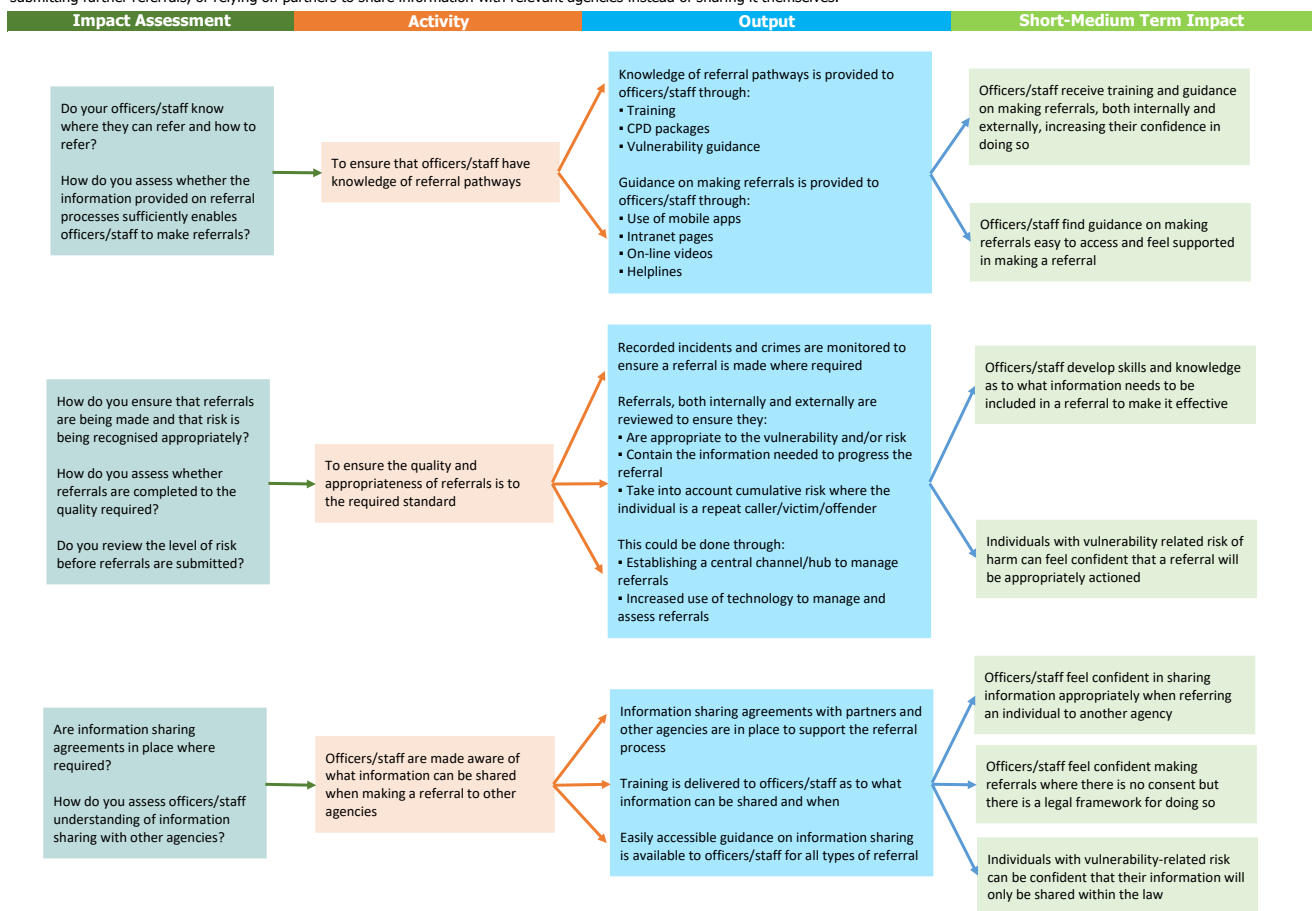
*External:* Children/adults at risk of vulnerability-related harm feel confident that the police will refer them to the appropriate agency and help achieve that the best outcome for them.

## Objective 1 - Making the right referral

### Situation

A referral is the passing on of information between agencies, or internally, if someone believes a child or adult experiencing vulnerability may be suffering or is at risk of suffering significant harm. Appropriate referrals enable children or adults at risk to receive the right service at the right time.

Often problems can occur from the absence of effective systems for sharing information, referrals lacking relevant details or officers not making a referral even when there are concerns. In some cases, more so with vulnerable adults, issues are caused by a lack of knowledge of the relevant referral services and processes, a lack of feedback on previous referrals deterring officers from submitting further referrals, or relying on partners to share information with relevant agencies instead of sharing it themselves.

| Impact Assessment | Activity | Output | Short-Medium Term Impact |
|---|---|---|---|
| Do your officers/staff know where they can refer and how to refer?<br><br>How do you assess whether the information provided on referral processes sufficiently enables officers/staff to make referrals? | To ensure that officers/staff have knowledge of referral pathways | Knowledge of referral pathways is provided to officers/staff through:<br>▪ Training<br>▪ CPD packages<br>▪ Vulnerability guidance<br><br>Guidance on making referrals is provided to officers/staff through:<br>▪ Use of mobile apps<br>▪ Intranet pages<br>▪ On-line videos<br>▪ Helplines | Officers/staff receive training and guidance on making referrals, both internally and externally, increasing their confidence in doing so<br><br>Officers/staff find guidance on making referrals easy to access and feel supported in making a referral |
| How do you ensure that referrals are being made and that risk is being recognised appropriately?<br><br>How do you assess whether referrals are completed to the quality required?<br><br>Do you review the level of risk before referrals are submitted? | To ensure the quality and appropriateness of referrals is to the required standard | Recorded incidents and crimes are monitored to ensure a referral is made where required<br><br>Referrals, both internally and externally are reviewed to ensure they:<br>▪ Are appropriate to the vulnerability and/or risk<br>▪ Contain the information needed to progress the referral<br>▪ Take into account cumulative risk where the individual is a repeat caller/victim/offender<br><br>This could be done through:<br>▪ Establishing a central channel/hub to manage referrals<br>▪ Increased use of technology to manage and assess referrals | Officers/staff develop skills and knowledge as to what information needs to be included in a referral to make it effective<br><br>Individuals with vulnerability related risk of harm can feel confident that a referral will be appropriately actioned |
| Are information sharing agreements in place where required?<br><br>How do you assess officers/staff understanding of information sharing with other agencies? | Officers/staff are made aware of what information can be shared when making a referral to other agencies | Information sharing agreements with partners and other agencies are in place to support the referral process<br><br>Training is delivered to officers/staff as to what information can be shared and when<br><br>Easily accessible guidance on information sharing is available to officers/staff for all types of referral | Officers/staff feel confident in sharing information appropriately when referring an individual to another agency<br><br>Officers/staff feel confident making referrals where there is no consent but there is a legal framework for doing so<br><br>Individuals with vulnerability-related risk can be confident that their information will only be shared within the law |

## Suggested Measures

**PEEL Measures:**
4.2 The force provides an appropriate response to incidents, including those involving vulnerable people.
▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments.

6.2 The force provides good-quality safeguarding and support for all vulnerable people.
▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity.
▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators.

**Other potential measures:**
▪ Quality assurance checks of incidents to ensure a referral was made when needed
▪ Quality assurance checks of referrals
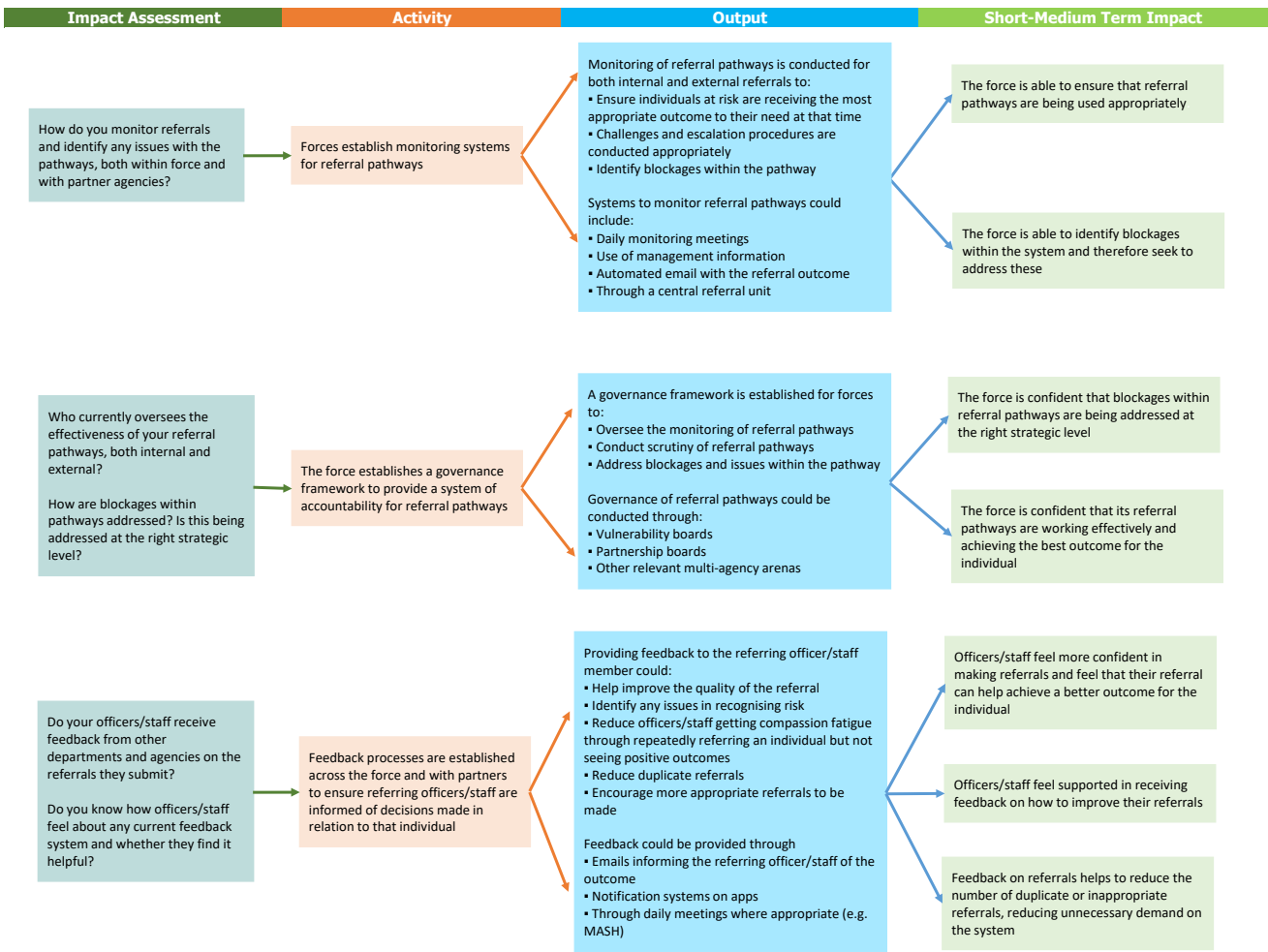▪ Staff survey

## Unintended Consequences

▪ Providing training and protected CPD days may have a negative impact on officer/staff time and therefore capacity to deal with demand
▪ Officers/staff may identifying more vulnerable people who need to be kept safe than previously, adding to the demand on policing and an increase in referrals

Consequences of not embedding this action are described in the College of Policing's Perennial Issues listed in the Supporting Information

## Objective 2 - Monitoring referrals
### Situation

Monitoring the outcome of the referral was identified as a gap by a number of forces in the 2021 NVAP benchmarking exercise. This is a particularly important finding when considering that VKPP research has demonstrated that, in many serious case reviews, professionals not being aware of the outcome of a referral, or escalating/challenging decisions not considered to be consistent with the risk identified, was a feature prior to the death of a child or vulnerable adult.

| Impact Assessment | Activity | Output | Short-Medium Term Impact |
|---|---|---|---|
| How do you monitor referrals and identify any issues with the pathways, both within force and with partner agencies? | Forces establish monitoring systems for referral pathways | Monitoring of referral pathways is conducted for both internal and external referrals to: ▪ Ensure individuals at risk are receiving the most appropriate outcome to their need at that time ▪ Challenges and escalation procedures are conducted appropriately ▪ Identify blockages within the pathway<br><br>Systems to monitor referral pathways could include: ▪ Daily monitoring meetings ▪ Use of management information ▪ Automated email with the referral outcome ▪ Through a central referral unit | The force is able to ensure that referral pathways are being used appropriately<br><br>The force is able to identify blockages within the system and therefore seek to address these |
| Who currently oversees the effectiveness of your referral pathways, both internal and external?<br><br>How are blockages within pathways addressed? Is this being addressed at the right strategic level? | The force establishes a governance framework to provide a system of accountability for referral pathways | A governance framework is established for forces to: ▪ Oversee the monitoring of referral pathways ▪ Conduct scrutiny of referral pathways ▪ Address blockages and issues within the pathway<br><br>Governance of referral pathways could be conducted through: ▪ Vulnerability boards ▪ Partnership boards ▪ Other relevant multi-agency arenas | The force is confident that blockages within referral pathways are being addressed at the right strategic level<br><br>The force is confident that its referral pathways are working effectively and achieving the best outcome for the individual |
| Do your officers/staff receive feedback from other departments and agencies on the referrals they submit?<br><br>Do you know how officers/staff feel about any current feedback system and whether they find it helpful? | Feedback processes are established across the force and with partners to ensure referring officers/staff are informed of decisions made in relation to that individual | Providing feedback to the referring officer/staff member could: ▪ Help improve the quality of the referral ▪ Identify any issues in recognising risk ▪ Reduce officers/staff getting compassion fatigue through repeatedly referring an individual but not seeing positive outcomes ▪ Reduce duplicate referrals ▪ Encourage more appropriate referrals to be made<br><br>Feedback could be provided through ▪ Emails informing the referring officer/staff of the outcome ▪ Notification systems on apps ▪ Through daily meetings where appropriate (e.g. MASH) | Officers/staff feel more confident in making referrals and feel that their referral can help achieve a better outcome for the individual<br><br>Officers/staff feel supported in receiving feedback on how to improve their referrals<br><br>Feedback on referrals helps to reduce the number of duplicate or inappropriate referrals, reducing unnecessary demand on the system |

### Suggested Measures

**PEEL Measures:**
4.2 The force provides an appropriate response to incidents, including those involving vulnerable people.
▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments.

**Other potential measures:**
▪ Monitoring of referrals
▪ Audit of referral pathways
▪ Monitoring of feedback and changes in referral quality over time

6.2 The force provides good-quality safeguarding and support for all vulnerable people.
▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity.
▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators.
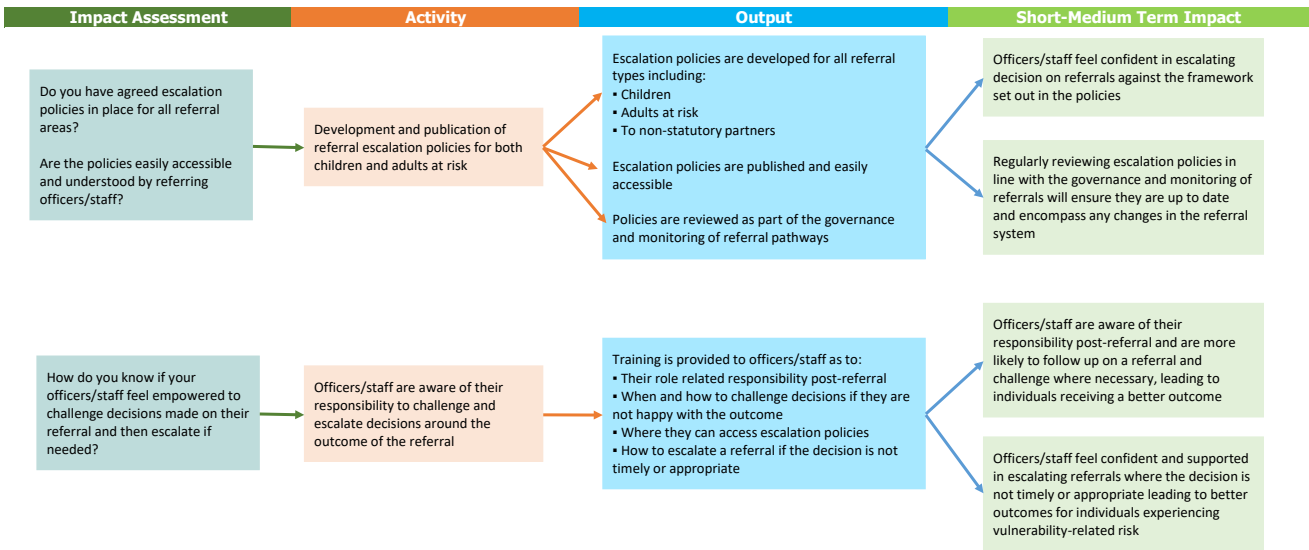
### Unintended Consequences

▪ The establishment of monitoring systems may initially be resource intensive to set up
▪ If there is a lack of feedback from partner agencies, governance structures may focus purely on the performance of policing

**Consequences of not embedding this action are described in the College of Policing's Perennial Issues listed in the Supporting Information**

## Objective 3 - Escalating and challenging decisions
### Situation

Benchmarking returns suggest that escalation procedures tend to be more embedded where referrals are made through a MASH, and that in this environment professional challenge is encouraged. These escalation procedures mainly relate to referrals to children's services. Escalation procedures tend to be less clear for adults at risk or where the referral is internal.

| Impact Assessment | Activity | Output | Short-Medium Term Impact |
|---|---|---|---|
| Do you have agreed escalation policies in place for all referral areas?<br><br>Are the policies easily accessible and understood by referring officers/staff? | Development and publication of referral escalation policies for both children and adults at risk | Escalation policies are developed for all referral types including:<br>▪ Children<br>▪ Adults at risk<br>▪ To non-statutory partners<br><br>Escalation policies are published and easily accessible<br><br>Policies are reviewed as part of the governance and monitoring of referral pathways | Officers/staff feel confident in escalating decision on referrals against the framework set out in the policies<br><br>Regularly reviewing escalation policies in line with the governance and monitoring of referrals will ensure they are up to date and encompass any changes in the referral system |
| How do you know if your officers/staff feel empowered to challenge decisions made on their referral and then escalate if needed? | Officers/staff are aware of their responsibility to challenge and escalate decisions around the outcome of the referral | Training is provided to officers/staff as to:<br>▪ Their role related responsibility post-referral<br>▪ When and how to challenge decisions if they are not happy with the outcome<br>▪ Where they can access escalation policies<br>▪ How to escalate a referral if the decision is not timely or appropriate | Officers/staff are aware of their responsibility post-referral and are more likely to follow up on a referral and challenge where necessary, leading to individuals receiving a better outcome<br><br>Officers/staff feel confident and supported in escalating referrals where the decision is not timely or appropriate leading to better outcomes for individuals experiencing vulnerability-related risk |

### Suggested Measures

**PEEL Measures:**
4.2 The force provides an appropriate response to incidents, including those involving vulnerable people.
▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments.

**Other potential measures:**
▪ Monitoring use of formal escalation
▪ Staff survey

6.2 The force provides good-quality safeguarding and support for all vulnerable people.
▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity.
▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators.

### Unintended Consequences

▪ Development of escalation policies with partner agencies may take time and resource
▪ Increased knowledge around escalation policies and the responsibility of the referring officer/staff member may lead to more challenges and escalations being made

**Consequences of not embedding this action are described in the College of Policing's Perennial Issues listed in the Supporting Information**

**Logic Model Supporting Information**                    **Action 2.2.1 Appropriate Referral**

---

**Action 2.2.1 Appropriate Referral**

**In response to identified vulnerability-related risk of harm, ensure officers/staff understand and utilise appropriate referral pathways, including how to access internal and external service provision, and are empowered to challenge or escalate decisions**

**Organisational Impact (Long term):**

The force appropriately uses and monitors referral pathways and is confident in challenging decisions, aiding the best outcome to be reached for children/adults at risk, thus reducing repeat presentations to the police.

**External Impact (Long Term):**

Children/adults at risk of vulnerability-related harm feel confident that the police will refer them to the appropriate agency and help achieve that the best outcome for them.

---

**Perennial Challenges**

The College of Policing have identified ten recurring perennial challenges within policing (College of Policing, 2020). Action 2.2.1 Appropriate Referral is linked to the perennial challenges of **Identifying and Managing Risk** and **Collaborative Working**

Issues identified within the perennial challenge of **Identifying and Managing Risk** that link to the NVAP Appropriate Referral action include:

- Staff workload results in time pressure to get on and reduces 'professional curiosity'
- Longer term prevention work takes back seat in face of pressures to respond
- Wide variation in identification, recording & response to vulnerability
- Lack of transparent process to screen cases for MARAC
- Intel and threat/risk assessments lack detail resulting in risks being misunderstood or missed
- Inadequate information sharing between partners
- Joint management of risk resulting in devolved responsibility and unclear ownership/accountability
- Lack of multi–agency approach and joint decision making in relation to identifying and supporting vulnerable people and communities
- Risk aversion/fear of blame resulting in staff identifying risk 'just in case' – everything becomes a priority

| **Useful Links** |
| --- |
| Working Together to Safeguard Children |
| Care Act 2014 |
| In harm's way: The role of the police in keeping children safe |

Issues identified within the perennial challenge of **Collaborative Working** that link to the NVAP Appropriate Referral action include:

- Lack of clarity re responsibilities leading to confusion; duplication of workload; unnecessary delay and inefficiencies in investigations and safeguarding
- Staff are unclear of processes and support available from partners and other agencies
- Inadequate information sharing between partners
- Lack of joined up IT for intelligence sharing across forces and with partner agencies (analysts logging into 5 or 6 systems)
- Inconsistent working practices across forces and other agencies
- Lack of compatible/ agreed 'success' criteria

Vulnerability Knowledge
& Practice Programme

*To ensure officers/staff take appropriate action to make the right referral which meets the needs of the individual at that time*

| Activities | Evidence | Short-Medium Term Impact | Impact Assessment | Suggested Measures for Objective 1 |
|---|---|---|---|---|
| To ensure that officers/staff have knowledge of referral pathways | In order to make the right referral in relation to the needs of the individual at that time, officers/staff need to be aware what referral pathways are available to them. In most forces, statutory safeguarding referrals for children are referred to a multi-agency safeguarding hub (MASH), or equivalent, where the referral is triaged and then submitted to the most appropriate agency, usually the local authority. Those working within the MASH or equivalent should have a good knowledge of these statutory referral pathways, however officers/staff referring into the MASH also need an understanding of how to refer to the MASH and what happens to the referral once it has been sent.<br><br>College of Policing guidance suggests that referral routes to other agencies should be included as a potential topic area in developing knowledge and skills in response to vulnerability related risk (College of Policing, 2021). This could be achieved through briefings, policies, continuing professional development (CPD) and training. Good practice in this area identified by the VKPP Peer Review team includes developing training and CPD packages around the referral processes.<br><br>In the 2021 NVAP benchmarking exercise, forces reported that officers/staff working in areas such as MASH or Safeguarding Adults are required to have knowledge of referral pathways as part of their role and that this is included in their training and CPD. Forces referenced the use of vulnerability guidance which provides detail on referral partners and procedures, quality referrals, and information on where to refer to ensure the best outcomes for the child/vulnerable adult. Two forces also referenced a 24/7 helpline that provides advice to all front-line officers and staff regarding vulnerability and provides opportunity for partners to discuss referrals. In other forces, information on referral pathways is provided through the use of apps, or on-line videos. | Officers/staff receive training and guidance on making referrals, both internally and externally, increasing their confidence in doing so<br><br>Officers/staff find guidance on making referrals easy to access and feel supported in in making a referral | Do your officers/staff know where they can refer and how to refer?<br><br>How do you assess whether the information provided on referral processes sufficiently enables officers/staff to make referrals? | **PEEL Measures:**<br> 4.2 The force provides an appropriate response to incidents, including those involving vulnerable people<br>▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments<br><br>6.2 The force provides good-quality safeguarding and support for all vulnerable people<br>▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity<br>▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators |
| To ensure the quality and appropriateness of referrals is to the required standard | To ensure the best outcome for the individual experiencing vulnerability-related risk, referrals must be sent using the most appropriate pathway and contain all the relevant information needed. However, HMICFRS PEEL inspection reports have found that some incidents are being inappropriately graded as high risk in some forces, creating unnecessary referrals that potentially reduce the availability of services for 'genuinely high risk cases'. On the other hand, a review of serious cases that led to either harm or the death of the victim found that often incidents graded low/standard or medium were not subjected to a review of risk, even if there were multiple events (Allnock et al., 2020).<br><br>Several factors can lead to inappropriate referrals. For example, not considering the historic and cumulative risk and looking at each incident individually, a lack of understanding about vulnerability, not recognising vulnerability, and officer/staff assumptions and biases (CJJI, & HMIP, 2014; Allnock et al., 2020). For example, Allnock et al. (2020) identified that in over half of the serious cases resulting in harm or death reviewed, opportunities in identifying risk were missed due to both a lack of understanding of vulnerability and assumptions/biases.<br><br>Forces have implemented a variety of systems and processes to review referrals to ensure they are appropriate and of good quality. For example, in the 2021 NVAP benchmarking exercise, forces reported using central referral hubs that provide a single point of contact for internal staff and external agencies for the management and monitoring of safeguarding referrals. This includes reviewing the appropriateness of the referral and referral pathway. In another force, HMICFRS found that safeguarding forms were entered onto a system which automatically routed them to the MASH for review by specialist support, ensuring that appropriate referrals are made to other organisations. The VKPP Peer review team also suggest forces should introduce auditing or dip sampling of referrals to ensure they are appropriate. Finally, one PEEL inspection found that 'gatekeepers' (officers/staff who review cases to ensure they are referred to the most appropriate pathway) were useful when making a referral and keeping an audit trail. | Officers/staff develop skills and knowledge as to what information needs to be included in a referral to make it effective<br><br>Individuals with vulnerability related risk of harm can feel confident that a referral will be appropriately actioned | How do you ensure that referrals are being made and that risk is being recognised appropriately?<br><br>How do you assess whether referrals are completed to the quality required?<br><br>Do you review the level of risk before referrals are submitted? | **Other potential measures:**<br>▪ Quality assurance checks of incidents to ensure a referral was made when needed<br><br>▪ Quality assurance checks of referrals<br><br>▪ Staff survey |

| Officers/staff are made aware of what information can be shared when making a referral to other agencies | Effective information sharing is key to making high quality referrals. Therefore, officers/staff need to be aware of, and understand, the statutory framework for sharing information between agencies. For children, this is set out in Working Together 2018 (HM Government, 2018), with a recent update providing a myth-busting guide to information sharing. The equivalent legislative framework for protecting adults at risk is the Care Act (2014) and the associated Care and Support statutory guidance. However, information sharing for adults at risk can be slightly more complicated due to issues around agency and consent.

Often information sharing problems can occur from the absence of effective systems for sharing information, referrals lacking relevant details or officers not making a referral even when there are concerns. For example, a lack of effective information sharing between agencies is repeatedly identified as an issue in Serious Case Reviews (HM Government, 2018). Despite this, there are still some fears of sharing information between partners (Working Together, 2018). Consultations have highlighted that this can be due to not fully understanding when information can be shared or not trusting how partners may use the information. Having clear guidance and training on the statutory information framework will help officers/staff feel confident in knowing what information they can share and when.

To encourage greater information sharing between agencies Stable Homes, Built on Love (Department of Education, 2023) suggests agencies such as police, health and local authorities are co-located. Engagement with other agencies is a key factor in enabling better information sharing. A VKPP briefing found that in the cases they reviewed police were sometimes absent from multi-agency meetings due to resourcing and workload issues (VKPP, 2021). This lack of attendance means that police lose an opportunity to share information and engage with partners. | Officers/staff feel confident in sharing information appropriately when referring an individual to another agency

Officers/staff feel confident making referrals where there is no consent but there is a legal framework for doing so

Individuals with vulnerability-related risk can be confident that their information will only be shared within the law | Are information sharing agreements in place where required?

How do you assess officers/staff understanding of information sharing with other agencies? | |

*For forces to establish feedback systems to monitor responses and outcomes to referrals*

| Activities | Evidence | Short-Medium Term Impact | Impact Assessment | Suggested Measures for Objective 2 |
|---|---|---|---|---|
| **Forces establish monitoring systems for referral pathways** | Guidance for recognising and responding to vulnerability-related risk suggests that chief officers should 'consider opportunities for officers and staff to receive, and act on, feedback from any referrals they make (e.g., multi-agency safeguarding hubs, partners)' in order to improve organisational learning and understand the impact of communication skills and knowledge in practice (College of Policing, 2021).<br><br>However, monitoring the outcome of referrals was identified as a gap by a number of forces in the NVAP benchmarking exercise. This is particularly important when considering that VKPP research has demonstrated that, in many serious case reviews, professionals not being aware of the outcome of a referral, or escalating/challenging decisions which were not considered to be consistent with the risk identified, was a feature prior to the death of a child or vulnerable adult (Allnock et al., 2020). In addition, a study looking at repeat referrals to a MASH found that individuals who were re-referred were often done so for the same reason suggesting a lack of appropriate intervention or monitoring by the relevant agency (Shorrock et al, 2020).<br><br>Anecdotally, demand and backlogs within the system are barriers to obtaining feedback on referrals. Despite this, some forces have set up processes to monitor referrals. The NVAP benchmarking exercise and VKPP peer review team have identified good practice such as daily meetings, a specific group to monitor referrals, using management information and having a central referral unit. In addition, one force has developed a system where the referring officer receives an email with the outcome of the referral and how this can be challenged if they are not satisfied with the decision. | The force is able to ensure that referral pathways are being used appropriately<br><br>The force is able to identify blockages within the system and therefore seek to address these | How do you monitor referrals and identify any issues with the pathways, both within force and with partner agencies? | **PEEL Measures:**<br>4.2 The force provides an appropriate response to incidents, including those involving vulnerable people<br>▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments<br><br>6.2 The force provides good-quality safeguarding and support for all vulnerable people<br>▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity<br>▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators<br><br>**Other potential measures:**<br>▪ Monitoring of referrals<br><br>▪ Audit of referral pathways<br><br>▪ Monitoring of feedback and changes in referral quality over time |
| **The force establishes a governance framework to provide a system of accountability to referral pathways** | Clear governance frameworks and accountability are important to enable effective multi-agency working. Atkinson et al. (2007) identified that having appropriate governance with agreed structures for accountability can facilitate effective and efficient decision making, while poor governance and lack of clarity around accountability can inhibit multi-agency work. Additionally, a report by the Home Office (2014) identified leadership and governance as key issues when setting up multi-agency models, such as a MASH.<br><br>Examples of methods to improve governance include creating a strategic board that can analyse and unblock issues as they occur, developing accountability systems, and having transparent decision-making processes (Home Office, 2014; Atkinson et al., 2007). In the 2021 NVAP benchmarking exercise, some forces reported development of governance structures and governance partnership boards. | The force is confident that blockages within referral pathways are being addressed at the right strategic level<br><br>The force is confident that its referral pathways are working effectively and achieving the best outcome for the individual | Who currently oversees the effectiveness of your referral pathways, both internal and external?<br><br>How are blockages within pathways addressed? Is this being addressed at the right strategic level? | |
| **Feedback processes are established across the force and with partners to ensure referring officers/staff are informed of decisions made in relation to that individual** | Giving feedback on referrals allows officers/staff to improve their referrals by identifying areas for development such as the amount of detail in or the quality of the referral, or the identification of risk. Working Together (2018) guidance states that feedback from a referral should include the reasons why a case may not meet the statutory threshold and offer suggestions for other sources of more suitable support.<br><br>However, VKPP peer reviews have found that partner agencies often do not give feedback to the referring officer/staff member or agency, sometimes despite statutory guidance. In addition, some officers/staff may not seek feedback as they feel their involvement with a case has ended once they have sent the referral to another agency. Lack of feedback could also lead to the referring officer/staff member later making a duplicate referral if it is felt that nothing has been done or the incident remains. One VKPP briefing (2021) suggests that due to this lack of feedback, officers/staff can often suffer from referral fatigue, feeling as though they refer the same issue repeatedly without a satisfactory outcome being reached. This could lead to increased compassion fatigue, which research shows can result in reductions in empathy and experiences of moral injury.<br><br>Some forces have set up processes that can provide feedback to the referring officer/staff member. In the NVAP 2021 benchmarking exercise, forces reported methods such as ensuring the result of all referrals are received back into the organisation, such as through an email notification sent to the referring officer/staff. Other methods include daily meetings or notifications on apps. | Officers/staff feel more confident in making referrals and feel that their referral can help achieve a better outcome for the individual<br><br>Officers/staff feel supported in receiving feedback on how to improve their referrals<br><br>Feedback on referrals helps to reduce the number of duplicate or inappropriate referrals, reducing unnecessary demand on the system | Do your officers/staff receive feedback from other departments and agencies on the referrals they submit?<br><br>Do you know how officers/staff feel about any current feedback system and whether they find it helpful? | |

## Objective 3

*For officers/staff to understand and feel empowered to use escalation policies challenging responses to referrals where the outcome is not timely or appropriate*

| Activities | Evidence | Short-Medium Term Impact | Impact Assessment | Suggested Measures for Objective 3 |
|---|---|---|---|---|
| **Development and publication of referral escalation policies for both children and adults at risk** | Guidance such as Working Together (2018) suggest that arrangements should be in place setting out the processes for sharing information including clear escalation policies for officers/staff to follow when they feel that safeguarding concerns are not being addressed within their organisation or by other agencies. Force returns to the NVAP benchmarking exercise suggest that escalation procedures tend to be more embedded where referrals are made through a MASH, and that in this environment professional challenge is encouraged. These escalation procedures mainly relate to referrals to children's services, and in some places adult social care.<br><br>Examples of policies provided in the benchmarking mainly related to children or adult safeguarding and escalation policies with local authorities or partnership boards, although some forces did provide examples of escalation policies with mental health services or between custody and local authorities for youth accommodation. One force reported in the benchmarking exercise that their partnership board terms of reference included the expectation on agencies to "respectfully challenge" each other where necessary.<br><br>This is supported by the Local Government Association which encourages mutual challenge, including where a safeguarding adults inquiry is not pursued, as well as regular face to face meetings to discuss safeguarding concerns and agreement about routes for escalation can help in effectively dealing with safeguarding concerns (Local Government Association, 2022).<br><br>The benchmarking responses also provided examples of different ways in which forces monitor their escalation policies. In some, audits are undertaken and learning shared, in others, forces ask partner agencies for feedback on the process, and in one area it was reported that escalations are captured on a spreadsheet and monitored for trends. However, in most cases data on informal challenges or formal escalations is not captured. | Officers/staff feel confident in escalating decision on referrals against the framework set out in the policies<br><br>Regularly reviewing escalation policies in line with the governance and monitoring of referrals will ensure they are up to date and encompass any changes in the referral system | Do you have agreed escalation policies in place for all referral areas?<br><br>Are the policies easily accessible and understood by referring officers/staff? | **PEEL Measures:**<br> 4.2 The force provides an appropriate response to incidents, including those involving vulnerable people<br>▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments<br><br>6.2 The force provides good-quality safeguarding and support for all vulnerable people<br>▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity<br>▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators<br><br>**Other potential measures:**<br>▪ Monitoring use of formal escalation<br><br>▪ Staff survey |
| **Officers/staff are aware of their responsibility to challenge and escalate decisions around the outcome of the referral** | There is clear guidance surrounding the responsibility of the practitioner. Working Together (2018) states that practitioners should always follow up their concerns if they are not satisfied with the local authority children's social care response and should escalate their concerns if they remain dissatisfied, while Welsh Safeguarding Procedures are clear that responsibility lies with the practitioner to get a satisfactory outcome from social services (Social Care Wales, n.d.).<br><br>However, it is often unclear who is responsible for the referral once it is made and any possible challenge or escalation which can also be dependent on the type of referral made. Chafer (2018) explored the outcomes of adult at risk referrals made by one force to partner agencies and found that officers often did not understand who had responsibility for a referral and often struggled with inconsistent threshold levels. This is supported by a meta-analysis of Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews which found that in some cases officers were concerned about decisions made in relation to the referral by other agency but, for unknown reasons, did not escalate their concerns (Allnock et al, 2020).<br><br>Forces are also responsible for creating an environment where officers/staff feel able to raise concerns and feel supported in their safeguarding role. Partnership working should be collaborative and receptive to 'professional challenge' (Brandon et al., 2020). Although challenging other professionals can be difficult, it is important not to assume the lead agency has made the best decision. The VKPP Peer review team recommend that work should be done at both a strategic and individual level to ensure staff feel empowered to escalate challenges on decisions. In addition, forces should set up specific strategic groups to facilitate and monitor professional challenge or use existing governance structures to do this. Fostering a good working relationship between partner practitioners also enables a culture where escalation and challenge is encouraged. | Officers/staff are aware of their responsibility post-referral and are more likely to follow up on a referral and challenge where necessary, leading to individuals receiving a better outcome<br><br>Officers/staff feel confident and supported in escalating referrals where the decision is not timely or appropriate leading to better outcomes for individuals experiencing vulnerability-related risk | How do you know if your officers/staff feel empowered to challenge decisions made on their referral and then escalate if needed? | |

Allnock, D., Dawson, J., Rawden, H. (2020). *The role of police in responding to child and adult vulnerability: A meta-analysis of 126 reviews of death and serious harm.* VKPP. https://www.vkpp.org.uk/assets/Files/Publications/VKPP_police_response_MetaAnalysis.pdf

Atkinson, M., Jones, M., & Lamont, E. (2007). *Multi-agency working and its implications for practice*. Reading: CfBT Education Trust, 28-42. https://www.nfer.ac.uk/media/2001/mad01.pdf

Brandon, M., Sidebotham, P., Belderson, P., Cleaver, H., Dickens, J., Garstang, J., Harris, J., Sorensen P., & Wate, R. (2020). *Complexity and challenge: a triennial analysis of SCRs 2014-2017: Final Report.* Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869586/TRIENNIAL_SCR_REPORT_2014_to_2017.pdf

Care Act 2014. (UK). https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Chafer, L. (2018). *An exploration of the outcomes of 'adult at risk' referrals made by Leicestershire Police to partner agencies.* [Master's thesis, University of Leicester.] https://library.college.police.uk/docs/theses/Chafer2018_an_exploration_of_the_outcomes_of_adult_risk_referrals.pdf

CJJI, & HMIP. (2014). *A joint inspection of the treatment of offenders with learning disabilities within the criminal justice system - phase 1 from arrest to sentence: A Joint Inspection by HMI Probation, HMI Constabulary, HM Crown Prosecution Inspectorate and the Care Quality Commission.* https://webarchive.nationalarchives.gov.uk/ukgwa/20130128112038/http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmiprobation/learning-disabilities-thematic-report.pdf

College of Policing. (2020). *Perennial Challenges in Policing* . [Unpublished report.]

College of Policing. (2021). *Recognising and responding to vulnerability-related risks: Guidelines.* https://assets.college.police.uk/s3fs-public/2021-11/Recognising-responding-vulnerability-related-risks-guidelines.pdf

Department for Education. (2023). *Stable Homes, Built on Love: Implementation Strategy and Consultation Children's Social Care Reform 2023.* https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love

HM Government. (2018)*. Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf

Home Office. (2014). *Multi Agency Working and Information Sharing project: Final report.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338875/MASH.pdf

Local Government Association. (2020). *Understanding what constitutes a safeguarding concern and how to support effective outcomes.* https://www.local.gov.uk/sites/default/files/documents/25.168_Understanding_what_constitutes_a_safeguarding_07.1.pdf

VKPP. (2021). *Learning for the police from Safeguarding Adult Reviews: A second briefing concerning SARs produced by the VKPP.* https://www.vkpp.org.uk/assets/Files/Publications/VKPP-SAR-Briefing-Aug-2021.pdf

Social Care Wales. (n.d.). *Wales Safeguarding Procedures* . Retrieved 23 May, 2023 from https://www.safeguarding.wales/en/

# Vulnerability Knowledge & Practice Programme

**VKPP NVAP Impact**

**Action 2.2.1 Appropriate Referral**

Impact Realisation for NVAP Impact – knowing what you are trying to achieve

| Impact Realisation Plan | | | |
|---|---|---|---|
| **Reporting Period:** | | **Project Lead:** | |
| **Prepared By:** | | **Date Prepared:** | |
| **Objective 1:** | **To ensure officers/staff take appropriate action to make the right referral which meets the needs of the individual at that time** | | |
| **Impact Owner:** | | | |
| **Impact Description:** | *Organisational Impact: The force appropriately uses and monitors referral pathways and is confident in challenging decisions, aiding the best outcome to be reached for children/adults at risk, thus reducing repeat presentations to the police.* | | *External Impact: Children/adults at risk of vulnerability-related harm feel confident that the police will refer them to the appropriate agency and help achieve that the best outcome for them.* |
| **Activity:** | *What action do you plan to take? (See logic model for suggestions)* | | *What action do you plan to take? (See logic model for suggestions)* |
| **Output:** | *What is the anticipated product of that activity? (See logic model for suggestions)* | | *What is the anticipated product of that activity? (See logic model for suggestions)* |
| **Impact Measurement:** | *How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)* | | *How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)* |
| **Progress:** | *Example: Training rolled out* | | *Example: Quality assurance checks* |
| **Next steps:** | | | |
| **Risks:** | *Enter the risk/unintended consequence associated with the impact* | | *Enter the risk/unintended consequence associated with the impact* |
| **Risk Mitigation Strategy:** | | | |
| **Additional Comments** | | | |

| Objective 2: | For forces to establish feedback systems to monitor responses and outcomes to referrals | |
|---|---|---|
| **Impact Owner:** | | |
| **Impact Description:** | *Organisational Impact: The force appropriately uses and monitors referral pathways and is confident in challenging decisions, aiding the best outcome to be reached for children/adults at risk, thus reducing repeat presentations to the police.* | *External Impact: Children/adults at risk of vulnerability-related harm feel confident that the police will refer them to the appropriate agency and help achieve that the best outcome for them.* |
| **Activity:** | *What action do you plan to take? (See logic model for suggestions)* | *What action do you plan to take? (See logic model for suggestions)* |
| **Output:** | *What is the anticipated product of that activity? (See logic model for suggestions)* | *What is the anticipated product of that activity? (See logic model for suggestions)* |
| **Impact Measurement:** | *How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)* | *How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)* |
| **Progress:** | *Example: Governance structure set out* | *Example: Monitoring of feedback* |
| **Next steps:** | | |
| **Risks:** | *Enter the risk/unintended consequence associated with the impact* | *Enter the risk/unintended consequence associated with the impact* |
| **Risk Mitigation Strategy:** | | |
| **Additional Comments** | | |

| Objective 3: | For officers/staff to understand and feel empowered to use escalation policies, challenging responses to referrals where the outcome is not timely or appropriate | |
|---|---|---|
| **Impact Owner:** | | |
| **Impact Description:** | *Organisational Impact: The force appropriately uses and monitors referral pathways and is confident in challenging decisions, aiding the best outcome to be reached for children/adults at risk, thus reducing repeat presentations to the police.* | *External Impact: Children/adults at risk of vulnerability-related harm feel confident that the police will refer them to the appropriate agency and help achieve that the best outcome for them.* |
| **Activity:** | *What action do you plan to take? (See logic model for suggestions)* | *What action do you plan to take? (See logic model for suggestions)* |
| **Output:** | *What is the anticipated product of that activity? (See logic model for suggestions)* | *What is the anticipated product of that activity? (See logic model for suggestions)* |
| **Impact Measurement:** | *How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)* | *How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)* |
| **Progress:** | *Example: Staff survey* | *Example: Monitoring of challenges* |
| **Next steps:** | | |
| **Risks:** | *Enter the risk/unintended consequence associated with the impact* | *Enter the risk/unintended consequence associated with the impact* |
| **Risk Mitigation Strategy:** | | |
| **Additional Comments** | | |