Escalation and Resolution Protocol
Managing professional disagreements in work relating to the safety of children

Updated May 2019
Inter-agency Escalation and Resolution Protocol: The resolution of professional disagreements in working together in children’s safeguarding

1. What is ‘Escalation’ and ‘Resolution’?

Escalation is the course of action that should be taken by professionals where they have concerns that the child or young person’s safety is compromised by the action of other agencies, or that other professional input does not support effective safeguarding of the child or young person.

Resolution is the desired outcome of this protocol – that all parties concerned reach a shared understanding, with minimal dissent, of the next steps in order to keep the child or young person safe.

2. Introduction and purpose of this protocol

Learning from safeguarding practice has highlighted the need for staff across all agencies to have a clear understanding about their responsibility to make professional challenge and to know how to escalate concerns about decisions made where there are concerns about the welfare of a child.

This LSCB protocol has been updated supporting frontline practitioners and their managers in the positive resolution of professional differences that they may have with colleagues from other agencies working with children and families in Haringey. The document outlines why and in what situation escalation might be needed and who should be involved.

This guidance is intended to complement the London Child Protection Procedures (5th edition, 2017) part B1 General Practice Guidance Chapter 11. Professional Conflict Resolution). This does not cover disagreement within single agencies, nor does it cover cases where there may be concerns about the behaviour or conduct of another professional that may impact on a child’s or vulnerable adult’s safety and well-being. In such cases, reference should be made to the agency’s own Whistleblowing Policy and in the case of a child an initial discussion should be held with line management and the LADO (see London Child Protection Procedures (5th edition, 2017) part A: Chapter 7: Management of Allegations against Staff or Professionals who work with Children)

3. Key Principles in escalating and in resolving disagreements

- It is every professional’s responsibility to safeguarding children and to act in their best interests. This means that they should ‘problem solve’ where required in order to support effective multi-
agency safeguarding work. Professional challenge is acceptable and should be considered part of everyday practice

- **The safety of the child is the paramount consideration in any professional disagreement.** It is also the responsibility of all professionals to present a challenge to the actions and decisions of other agencies where they believe they have evidence to suggest that the child’s development may be compromised or that there is risk of harm to the child.

- **The aim must be to resolve a professional disagreement at the earliest possible stage,** as swiftly as possible, always keeping in mind that the child and young person’s safety and welfare is paramount.

- **Robust professional challenge can be facilitated through consistent communication** and information sharing between agencies, by clarity about roles and responsibilities and through clear plans for children and families that have been developed or shared collaboratively. Professionals should know who in the multi-agency network is involved with the child, young person and their family.

- **Professionals should be mindful that they may not have all the facts of each child’s case when concerned and considering escalation.** The preferred position is to work together to establish a comprehensive assessment of the risk to the child or young person, before challenging actions or decisions.

- **The best way of resolving difference is through discussion** and where possible a face to face meeting between those concerned which will enable clear identification of the specific areas of difference and the desired outcomes for the child. Email communication, whilst important, can be open to misinterpretation or make for a stilted exchange of views.

- **Disagreement should be resolved at the lowest possible stage** between the people who disagree but any worker who feels that a decision is unsafe should consult their manager or designated safeguarding lead. It should be acknowledged that differences in status, knowledge or experience may affect the confidence of some workers to pursue this unsupported. This document offers a list of the line management structures in each of the key agencies working in Haringey.

4. **Practice situations where possible dissent or disagreements may take place.**

Disagreements can arise in a number of areas, but are most likely to arise around thresholds, roles and responsibilities, the need for action and communication. Some examples may include:

- The referral is judged not to meet the threshold for assessment by children’s social care, or assessment intervention by another agency e.g. police investigation, access to specialist health provision involved in safeguarding children in Haringey. **NB – the co-located MASH will facilitate early resolution of many professional disagreements around case decision making in the early stages of multi-agency intervention.**

- Where one professional disagrees with another around a particular course of action or inaction, such as closing involvement with a child or family, or where practice appears intrusive.

- Where one worker or agency considers that another worker or agency has not completed an agreed action for no acceptable or understood reason, which may compromise the safeguarding of the child or young person.
• Where one agency considers that the child’s needs are not being best met by the current multi-agency plan. This could include a disagreement that a particular agency does not feel it needs to be involved, but another does, or there is a decision to close the case
• Where a member of staff or an agency considers that the child’s safeguarding needs are better met by a Child Protection Plan and have requested that a Child Protection Conference be convened and feel that this has been refused. The Escalation Process (please refer to the list of agency roles and their structures at Appendix B).
• Where the decision making around the management of an allegation against a professional is felt to not align with the evidence presented in the risk assessment process at the Allegations against Staff and Volunteers (ASV) meeting, chaired by the LADO. The outcome might not be felt to be in the best interest of children and young people or of the professional who is the subject of the allegation.

5. The Escalation Process (also see Appendix A flowchart)

Stage 1: If practitioners working directly with the family are unable to reach agreement about the way forward in an individual case then their disagreement must be addressed by more senior staff. In most cases this will mean the first line manager who will discuss the disagreement with their equivalent in the partner agency.

Stage 2: If the concern continues then the line manager should without delay, refer to a Head of Service or equivalent and a discussion should take place with the equivalent in all of the key agencies involved with the child and family, at a meeting which is convened in a timely fashion.

Written records must be kept of all these discussions and these should be retained on the child’s case file/agency database. It is important that timely feedback is given to the person who raised the concern as to what action has been taken in response.

It may also be useful for individuals to debrief following some disputes in order to promote continuing good working relationships and identify possible training needs.

6. Specific practice scenarios where this protocol to escalate should be used

One agency believes a child protection conference should be held and Children’s Social Care disagree: The procedure outlined above in stage 1 should be followed. If concerns remain after this, the agency may formally request that children’s social care convene a child protection conference. Where one or more professionals supported by a senior manager or named or designated professional makes this request, Children’s Social Care should convene a conference.
Complex High Risk Cases: In a small number of cases, there may be significant areas of disagreement between children’s social care, police and health which may lead to polarised views. This can make it difficult to come to a common agreement and if acute health services are involved there is an added time pressure. This might also include the risk management of allegations against professionals (co-ordinated by the LADO), where the recommended initial risk management plan is contested. In such cases, that multi-agency oversight of the case involving senior staff is undertaken in a timely way on by convening a ‘short notice response’ round table discussion, to include Heads of Service/ DCI/ Designated leads. This group would then propose actions to be communicated directly to front line staff involved for including in case files and any further disagreement would be considered.

7. Learning from Escalation in Practice:

The LSCB will ensure that some of the themes arising from escalation can be understood and fed back in to practice. This may take place through a range of activities for example multi-agency case reviewing. Additionally, themes can be identified where professionals meet to discuss and resolve the disagreement, through a reflective approach to the conversation.

Where the Escalation Process highlights wider learning points or gaps in policies and procedures: Any general issues should be identified and referred to the agency’s representative on the HSCB for consideration by the Quality Assurance and Practice Review sub-group to inform future learning and possible changes to existing policies and procedures. Where this relates to a training need, then the Training, Learning and Development Sub-Group will give this consideration. If the process highlights any gaps in policies and procedures this will be brought to the attention of the Independent Chair of the LSCB.

8. Cross boroughs disputes:

Should it not be possible to resolve disagreements at first line manager level, they should be immediately escalated through the agency management structure who will liaise with their other LA counterpart to seek resolution.

See below for appendices for staff involved in escalating cases and a process flowchart.
Appendix A: Local Safeguarding Children Board Inter-agency Escalation Procedure For Professionals with Safeguarding

If a professional is unhappy with a decision or response from any agency

Professional speaks to their manager or safeguarding lead in their own agency regarding their concern

Resolved

No Further escalation action required

Still unresolved

Manager/Named Professional/ CP Advisor in the Agency discusses concern/response with the opposite number in the agency

If concern continues the Manager/Named Professional/ Advisor in Agency discusses concern/response with the relevant designated managers.

Named professional advises concerned professional of outcome at this stage

Designated Lead for Child Protection provides original concern

At all stages actions/decisions must be recorded in writing and shared with relevant personnel.
HARINGEY SAFEGUARDING CHILDREN BOARD

Borough Commander/Det Superintendent
- Detective Chief Inspector
  - Detective Inspector
  - Detective Sergeant
  - PC/DC
- Assistant Director
- Asst Director, Early Help
  - Head of Service
  - Operational Manager
  - Team Manager
  - Team Manager/CC Manager
  - Early Help/Family Worker
- Social Worker
- Early Help
- YOT Targeted Support
  - YOT Team Manager
  - YOT Worker
- Met Police Borough/PPD/CAIT
  - Children's Social Care
  - Early Help
  - YOT Targeted Support
- Commissioning Orgs & Primary Care
- Community Health
- Acute Hospital
- Mental Health Services

Chief Nurse Operating Officer; delegated to Director of Quality & Nursing; delegated to Designated Nurse
- HCCG Named GP
- CAMHS & GPs/Named Safeguarding Lead
  - CP Advisor
  - Health Visitors/Midwife
- Executive Lead for Safeguarding
  - Head of Safeguarding
  - Named Nurse, Whittington
- Executive Director of Nursing
  - Safeguarding Lead
  - Named Nurse, Named Dr, Named Midwife
  - NMUH frontline staff
  - CAMHS & BEH staff
  - BEH Frontline staff