

Cambridgeshire Escalation Policy - Resolution of Professional Disagreements in Safeguarding Work

This policy was revised in October 2013 in response to the findings from LSCB case reviews in Cambridgeshire and Working Together

What is Escalation?

Escalation is the course of action that should be taken by professionals where there are concerns that the child or young person's safety is compromised and the current action of other agencies does not support effective safeguarding of the child or young person.

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1. Key Principles

- 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.
- 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 or their safety may be compromised.
- Robust professional challenge can be facilitated through consistent communication and information sharing between agencies, and through clear plans for children and families. Professionals should know who in the multi-agency network is involved with the child, young person and their family.
- 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.

2. Policy

The Cambridgeshire Local Safeguarding Board is clear that there must be respectful challenge whenever a professional or agency has a concern about the **action or inaction** of another. Similarly agencies/professionals should not be defensive if challenged. Practitioners and managers should always be prepared to review decisions and plans with an open mind and revise decisions in the light of new information.

1. Problem resolution is an integral part of professional cooperation and joint working to safeguard children;
2. Professional disagreement requires resolution in a constructive and timely fashion;
3. At no time must professional disagreement distract from ensuring the child is safe. The child's welfare and safety must remain paramount throughout.
4. Differing opinions could arise in a number of areas, but are most likely to arise as a result of differing views of thresholds, lack of understanding of roles and responsibilities, the need for action and communication. Examples where the concerns about the child should prompt action are given below although this list is not exhaustive.
 - A referral is not considered to meet eligibility criteria for assessment by Children's Social Care, for example, several low level concerns;
 - A professional is concerned about the action and inaction of another professional in relation to a child or family member.
 - There is disagreement between professionals as to the course of action in an open case. Examples of this might include whether there should be an Initial Child Protection conference, or whether a case should be closed
 - There is disagreement over the sharing of information and/or provision of services;
 - Disagreements over the outcome of any assessment and whether the appropriate plan is in place to safeguard and promote the welfare of the child.

The aim should be to resolve difficulties at practitioner level between agencies if necessary with the involvement of their supervisors or managers, engaging in open discussion with colleagues in other agencies.

5. It should be recognised that differences in status and/or knowledge and experience may affect the confidence of some workers in making a challenge. All professionals **they should always seek the advice and support of the safeguarding lead in their organisation (see list below)**
6. Attempts at resolution must be within a time frame which clearly protects the child or children; for example, differences of opinion concerning the possible non-accidental injury of an infant/young child must be resolved immediately;
7. If unresolved, the problem should be referred to the worker's own line manager, who will discuss with their opposite number in the other agency. Some examples of agencies working primarily with children and families are given below:
 - Social Worker – Consultant Social Worker – Group Manager – Head of Service – Service Director
 - Early Help Service Worker– Team Manager– District Manager -Head of Service – Children Service Assistant Director – Service Director
 - Health Visitor - Locality Safeguarding Children Nurse and the Locality Lead for the HV's geographical area – Named nurse for Safeguarding, Cambridgeshire Community Services – Chief Nurse
 - Midwife - Supervisor of Midwives and/or Named Midwife for Safeguarding Children Acute Trust;
 - GP - NHS Named Doctor and/or Named Nurse Safeguarding Children – Deputy Designated Nurse for Safeguarding (Clinical Commissioning group);
 - Paediatric Staff - sister and/or Names Nurse Safeguarding Children for Acute Trust;
 - Hospital Doctor - Named Doctor and/or Named Nurse Safeguarding Children Acute Trust;
 - CAMHS / Community Mental Health Team - Named Professional Cambridgeshire and Peterborough Foundation Trust (Mental Health Trust);
 - Member of school staff - Designated Person for Child Protection – Lead Designated Person for Child Protection/Headteacher – Education Child Protection Service – Education Safeguarding Manager. The Lead Designated Person for Child Protection/Headteacher *should* seek advice from the Education Child Protection Service and if it remains unresolved discuss with the Education Safeguarding Manager.

- Police- within the specialist Child Abuse Investigation team, the management tree is Detective Constable (DC) – Detective Sergeant (DS) – Detective Inspector – Detective Chief Inspector – Detective Superintendent, Public Protection

In the case of service working with adults, the manager of the professional / service involved should be the first point of contact.

Specifically for key services:

For Addaction (Adult alcohol treatment service) that is the manager of the service – Director of Operations (Lead for Safeguarding)

For Inclusion (Adult drug treatment service) that is the manager of the service – Named nurse for Stafford and South Staffs Foundation Trust (provider of service)

NB – Appendix one provides the names and contacts of the key named safeguarding roles named in the agencies above for resolution of difficulties at a more senior level.

8. Failure to resolve disagreements between Line Managers must be further escalated, by the Line Managers concerned. Senior Managers will, if and as necessary, be required to intervene;
9. At any point in the process that it is required, advice should be sought directly from the Designated Professional, Named Professional in the agency.
10. If there is no resolution, the Independent Chair of the LSCB should be informed in line with the “Resolution of Professional Differences” process
11. A clear record should be kept at all stages, by all parties. In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.
12. Any professional can request that a CP Conference is convened by contacting the Service Manager for Safeguarding and Standards Unit.

13.

14. **3. Escalation Policy for Professionals with Safeguarding or Child Welfare Concerns**

Flowchart

