



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 to keep the child or young person safe.

2. Introduction and purpose of this protocol

Enfield Safeguarding Children's Partnership (ESCP), The Children Act (2004) and Working Together to Safeguard Children 2023 set out expectations that people working directly with families, whether this is with the child or parent, work to multi-agency plans and processes. This could range from Early Help and the Team Around the Child process to more complex Child in Need, Child Protection and Looked After Children (LAC) processes.

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 ESCP 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 Enfield. The document outlines why and in what situation escalation might be needed and who should be involved.

This guidance is intended to complement the <u>London Child Protection Procedures part B1</u> <u>General Practice Guidance Chapter 11. Professional Conflict Resolution</u>). 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 <u>London Child Protection</u> <u>Procedures part A: Chapter 7: Management of Allegations against Staff or Professionals</u> <u>who work with Children</u>)

3. Key Principles in escalating and in resolving disagreements

• Share key information appropriately and often

- Seek to resolve the issue quickly and at the practice rather than the management level
- Avoid disputes which place children at further risk by obscuring the focus on the child or which delay decision making.
- Liaise with lead professionals in safeguarding or child protection designates in your organisation at the earliest opportunity. Clarity is expected from all agencies in respect of designated roles and responsibilities.
- Familiarise yourself with the escalation routes within your agency for escalation and resolution.
- Ensure accurate and contemporary recording on the child's file of key decisions and conversations in relation to the resolution process.
- Stay proactively involved; safeguarding is everyone's responsibility.
- Use the ESCP escalation and resolution process set out here at section 6.

4. Communication and sharing information to enhance decision- making

Sharing and evaluating information on an inter-agency basis is required by Working Together Statutory Guidance 2023 to gain an accurate picture of concerns about children and their families. Colleagues in all ESCP agencies are available for consultation to assist staff in this context. All staff must be clear about the nature of their concerns, including the available evidence to support their view. This should be done prior to sharing information with other agencies.

Professionals making referrals for children to the Enfield Multi-Agency Safeguarding Hub (MASH) should be aware that this will involve them in working with colleagues from both Education and Early Help and Specialist Children's Services to identify the appropriate response to concerns, and in identifying which service or agency is best placed to achieve positive outcomes for the child. Local and national evidence shows that effective intervention occurs where agencies co-ordinate their responses.

5. 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 Enfield. 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.
- 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.
- Professional disagreements can occur at any time, not just during office hours. The principals of this escalation protocol should be followed at any time when disagreements occur. Many agencies have out-of-hours services and appropriate escalation should be utilised at the earliest opportunity to resolve any issues and achieve the best possible outcome for the children and their families.

6.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. The line managers should be informed the same working day.

Stage 2: If the concern continues then the line manager should without delay, but no later than the next working day, refer to a Head of Service or equivalent and a discussion should take place with the equivalent in all the key agencies involved with the child and family, at a professionals meeting which is convened within 2 working days.

Written records must be kept of all these discussions, as well as an executive summary of the concerns and how they were resolved, and these should be retained on the child's case file and by the agency raising the concern. 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 to promote continuing good working relationships and identify possible training needs.

Stage3. If matters cannot be resolved at step 2, then the matter should be escalated to the next senior person in the agency's line management. The timescale for resolution should still be within 5 working days from initial stage 1 to resolution of the dispute.

Step4. At Step 4, the matter will be referred directly to the Chair of ESCP via the ESCP Strategic Safeguarding Partnership Manager.

7. 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 (coordinated 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.

8. Learning from escalation in practice:

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 ESCP for consideration by the **Practice Improvement group** to inform future learning and possible changes to existing policies and procedures. Where this relates to a **multi-agency** training need, then the **Practice Improvement 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 ESCP

The ESCP will ensure that some of the themes arising from escalation can be understood and fed back into practice. Information will be collected where cases or situation required escalation to partnership meetings or chairs, as well as any incidents where escalation required Level 4 or above intervention (see Appendix 2). In these cases, the Enfield Safeguarding business unit should be included in the emails (safeguardingenfield@enfield.gov.uk). 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.

All escalations of Level 4 or above, that have been shared with the Partnership, will be collated and monitored to ensure that the dispute is resolved at the earliest possible opportunity, and we will be able to identify any emerging trends and through partnership working and recommend practice change where appropriate to avoid any future disputes of similar nature.

9. 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.

Contact Information

Direct general enquiries related to escalation to safeguardingenfield@enfield.gov.uk

Report Abuse and Neglect

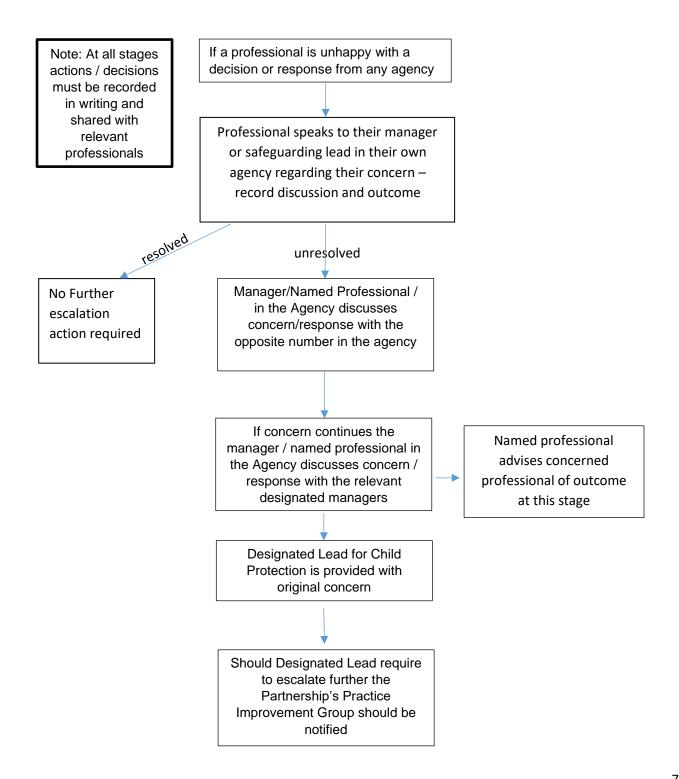
Enfield CSC portal: https://cp.childrensportal.enfield.gov.uk/web/portal/pages/home

If you are worried about a child for any reason, contact MASH on 0208 379 5555.

If you are calling between 5pm and 9am weekdays or anytime at the weekend, call the **Emergency out-of-hours duty team on 020 8379 1000**.

If you or a child is in immediate danger you should always phone 999.

Appendix A: Enfield Safeguarding Children's Partnership Inter-agency Escalation Procedure For Professionals with Safeguarding Concerns





Appendix B flowchart

ENFIELD SAFEGUARDING CHILDREN'S PARTNERSHIP - for indicative purposes only to show corresponding levels of seniority													
	↑ Executive Director for People							<u> </u>	\uparrow	\uparrow	\uparrow	_	\uparrow
Level 5	Det.	←→	Director of Children and Family Services					>	CCG Director of Quality & Chief Nurse			<►	Executive
Lev	Superintendent							^	Ŷ	\uparrow	Ť		Headteacher
	<u> </u>		\uparrow	-	<u>^</u>	<u> </u>		\uparrow		Designated Nurse/ Designated Dr		L.	\uparrow
Level 4	Inspector				Head of Service EH,	Head of Service EH,	Designated Nurse/						Headteacher / Head of School
		<			Touthand	Touthand			^	<u> </u>	\uparrow	·	
					Community Services	Community Services			Provider Executive Lead		←		
	<u>^</u>		\uparrow	7	<u> </u>	<u>↑</u>	1	Designated					^
<u>8</u>	Detective Inspector	••	Service Manager	+	•	 Head of Service YOT 		Doctor/Named GP ↑	<u>↑</u>	<u> </u>	↑		Headteacher /
Level 3					Head of Service EH					Head of Safeguarding			Assistant Headteacher
	\uparrow		\uparrow		\uparrow	\uparrow		\uparrow	\uparrow	<u> </u>	<u> </u>		\uparrow
Level 2	Detective Sergeant	< →	Team Manager	••	EH Team Manager	► YOT Team Manager	~	GPs/Lead	Named Nurse ↑ CP Advisor	Named Nurse / Dr. / Midwife	Named Nurse/Named Doctor	••	Teacher
	\uparrow		\uparrow		\uparrow	\uparrow		Safeguarding GPs,	\uparrow	<u>↑</u>	\uparrow	-	\uparrow
Level 1	PC / DC (investigating officer)	<→	Social Worker	••	Early Help / Family	► YOT Worker		Commissioners	Health staff	NMUH Frontline Staff	CAMHS/ BEH Frontline	+	Support Staff
Agency	Met Police		Children's Social Care		Early Help	YOT Targeted Support		Commissioning Orgs & Primary Care	Community Health	Acute Hospital	Mental Health Services		Education