

## ESCALATING INTER-AGENCY SAFEGUARDING CHILDREN DISAGREEMENTS POLICY

		POLICY
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<b>Lead Specialty/ Service/ Department</b>	Nursing – Safeguarding Team	
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<b>Associated Documents/ Information</b>	<b>Date Associated Documents/ Information was reviewed</b>	
Not Applicable		Not Applicable

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## 1.0 INTRODUCTION

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.

Due to the nature of safeguarding work it is inevitable that situations will arise when workers within one agency feel that the decision made by a worker from another agency is not a safe decision. All workers should feel able to challenge decision making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice.

Multi-agency debate and respectful challenge should be encouraged to influence positive outcomes for children. When practitioners are not working well together this may have an impact on a child's development or even place the child at risk of harm. It is therefore important that professionals have a full understanding of each other's roles and responsibilities and recognise the need for resolution.

Resolving problems is an integral part of professional cooperation and joint working to safeguard children. Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.

Although disagreements can arise in any area of Safeguarding Children practice the most likely areas where they may occur are:

- Thresholds for referral to Children's Social Care
- The respective roles and responsibilities of the practitioners involved
- The need for action by respective practitioners and agencies
- Inadequate communication between practitioners and agencies.

Effective working together depends on resolving disagreements to the satisfaction of workers and agencies, and a belief in a genuine partnership and joint working to safeguard children. Agencies should work to the principle of restoring relationships and disagreements at the lowest possible level so that each agency is satisfied both that their concerns have been listened to and with the outcome for the child/ren and families.

Professionals should remain respectful of each other at all times when communicating disagreement and this should be evidenced in both their direct and written communication, and throughout the escalation resolution process. This may be particularly important when challenging practice or professional standards.

Throughout any professional disagreement workers must remain child focused. The safety of individual children is the overriding consideration in any professional disagreement and any unresolved issues should be addressed with consideration given to the risks that might be present for the child.

## 2.0 POLICY STATEMENT

Safeguarding and promoting the welfare of children is a responsibility shared by all agencies and fundamentally depends on effective joint working between professionals at all levels. This requires an open and honest approach which recognises that resolving problems and disagreements is an integral part of professional co-operation.

The aim of this policy is to ensure that when inter-agency disagreements occur they are addressed appropriately, effectively and within a timely manner. It sets out clear pathways and procedures making a clear distinction between routine day-to-day professional disagreement, much of which can and should be resolved at an informal level between practitioners, and those disagreements which require escalation through line management and accountability structures.

This clinical policy applies to:

#### **Staff group(s)**

- All staff involved in inter-agency working to safeguard children (including unborn babies)

#### **Clinical area(s)**

- All areas across the Trust.

#### **Patient group(s)**

- Children and Adults

#### **Exclusions**

- None

### **3.0 DEFINITIONS / ABBREVIATIONS**

<b>Trust</b>	Sherwood Forest Hospitals NHS Foundation Trust (SFHFT)
<b>Staff</b>	All employees of the Trust including those managed by a third party on behalf of the Trust
<b>Child</b>	Any child or young person under the age of 18
<b>Named Professionals</b>	Named Doctor, Named Nurse for Safeguarding Children, Named Midwife for Safeguarding Children
<b>NSCP</b>	Nottinghamshire Safeguarding Children Partnership
<b>SCB</b>	Safeguarding Children Partnership

### **4.0 ROLES AND RESPONSIBILITIES**

#### **Practitioners are responsible for:**

- Ensuring line managers are aware of any inter-agency disagreement concerning the safety and welfare of a child.
- Making every attempt to achieve resolution at practitioner level.

#### **The Named Professionals for Safeguarding Children are responsible for:**

- The escalation of disagreements to the appropriate Children's Social Care manager where resolution cannot be achieved at practitioner level.
- Reviewing and updating the policy at least every 3 years, earlier in the light of new evidence or if additional changes are required.

#### **Divisional Leads, Divisional Matrons & Departmental / Service Managers are responsible for:**

- Ensuring the policy is followed within service areas

## 5.0 APPROVAL

This document will be reviewed and approved by the members of the Safeguarding Steering Group.

## 6.0 DOCUMENT REQUIREMENTS (NARRATIVE)

Good communication and information sharing skills between practitioners supported by knowledge of multi-agency referral thresholds, NSCB Safeguarding Children Procedures and relevant multi-agency practice guidance will actively avoid inter-agency disagreements occurring.

If however an inter-agency disagreement does occur the practitioner must follow the process for resolution and escalation as outlined in the 3 stages below (it can take up to **6 steps**, see Appendix A – it is expected that the majority of disagreements and disputes will be resolved prior to initiating Step 4).

### **Stage One: Professional Resolution**

#### **Step 1 – Identifying the concern**

The first step of the resolution process is to identify the concern or reason for disagreement:

- Recognition that there is a disagreement over a significant issue, which impacts on the safety and welfare of a child;
- Identification of the problem, and clarity about the disagreement and what you aim to achieve;

#### **Step 2 - Discussing the concern between individuals**

In the first instance, staff should raise the matter with their fellow professional, either verbally or in writing. Time should be taken to resolve the problem unless the child is at immediate risk of harm, in which case verbal discussion will need to take place to ensure that action is taken to immediately protect the child.

It should be recognised that differences in professional status and/or experience may affect the confidence of some workers to pursue this unsupported.

Staff should inform their line manager making them aware of the reasons for the disagreement and what attempts the staff member has already made to achieve resolution.

## **Stage Two: Professional Escalation**

### **Step 3 – Raising the concern between line management**

If unresolved, the concern/disagreement should be referred to the staff members own line manager, who will discuss the matter with their equivalent manager in the other agency.

The line manager should also at this time inform the more senior manager within their division in accordance with their own divisional escalation processes.

### **Step 4– Seeking advice from the Trust Named Safeguarding Professionals**

If resolution cannot be achieved between practitioners in a time scale proportionate to the degree of urgency or child safety the disagreement must be escalated to the Named Professionals. The Named Professional will:

- Discuss with the practitioner why the disagreement has occurred.
- What actions have been taken so far by whom and when.
- Provide support to resolve the conflict at practitioner level
- Contact the appropriate manager within the other agency [if resolution has not been achieved by supporting the practitioner] to discuss and agree resolution [if possible].
- If necessary arrange a meeting between practitioners/agencies
- Advise the practitioner if a clinical incident report is required

**If the practitioner considers the multi-agency disagreement places a child, children or unborn child in immediate danger the conflict must immediately be escalated to a Named Professional.**

### **Step 5– Referring the concern to the Head of Safeguarding**

If the matter cannot be resolved at Step Two the Named Safeguarding Professional must make contact with the Trust Head of Safeguarding who will attempt to resolve the situation.

The Head of Safeguarding will notify the executive lead for safeguarding.

An **Escalation Notice** MUST be completed at this point of the process by the Named Safeguarding Professional or Head of Safeguarding within the organisation. (see [Appendix B](#)).

### **Stage 3: Professional Mediation**

#### **Step 6 – Referring the disagreement to the Chair of Nottinghamshire Safeguarding Children Partnership (NSCP) Chair**

In the rare circumstances where the problem cannot be resolved through line management arrangements, the matter will be referred to the Chair of the Safeguarding Children Partnership (SCP) who will offer mediation. Where felt appropriate, a mediation meeting will be set up involving as a minimum the SCP Chair, the respective organisations Partnership representatives and the SCP manager.

Good documentation is paramount in any multi-agency disagreement. The reason for the disagreement and the actions taken to achieve resolution must be fully documented in the patients' medical record. All copies of correspondence concerning the disagreement should also be filed within the record.

#### **Post Resolution**

When the issue is resolved, any general issues should be identified and referred to the agency's representative on the SCP for consideration by the NSCP to inform future learning. Following resolution the Named Professional will be responsible for:

- Providing a debrief for the trust practitioner [s] involved.
- Considering whether existing Safeguarding Children guidelines and policies require review/amendment or new practice is required.
- Considering whether the practitioner[s] involved require additional Safeguarding Children training/supervision
- Disseminating any "lessons learnt"

The process for escalating disagreements can be found in [Appendix A](#).

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

This policy will be monitored on an ongoing basis by the Named Professionals by the recording of all multi-agency disagreements reported to them. Any Inter-agency disagreements will be reported in the Safeguarding Report to the Trust Safeguarding Steering Group and in the Annual Safeguarding Report.

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Audit of all cases of escalation reported to Named Professionals	Named Nurse Safeguarding Children	Audit of reported cases	Yearly	Safeguarding Steering Group

## 8.0 TRAINING AND IMPLEMENTATION

Information on the Escalation Policy will be included in Safeguarding Children Training.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix C](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- HM Government [2018] *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, Stationery Office, London
- Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Partnership (NSCP) (2018)  
<https://www.nottinghamshire.gov.uk/nscb>

### Related SFHFT Documents:

- Safeguarding Children Policy
- Policy for Admission and Discharge of Children where there are Child Protection Concerns

## 11.0 KEYWORDS

- Escalation
- disagreement

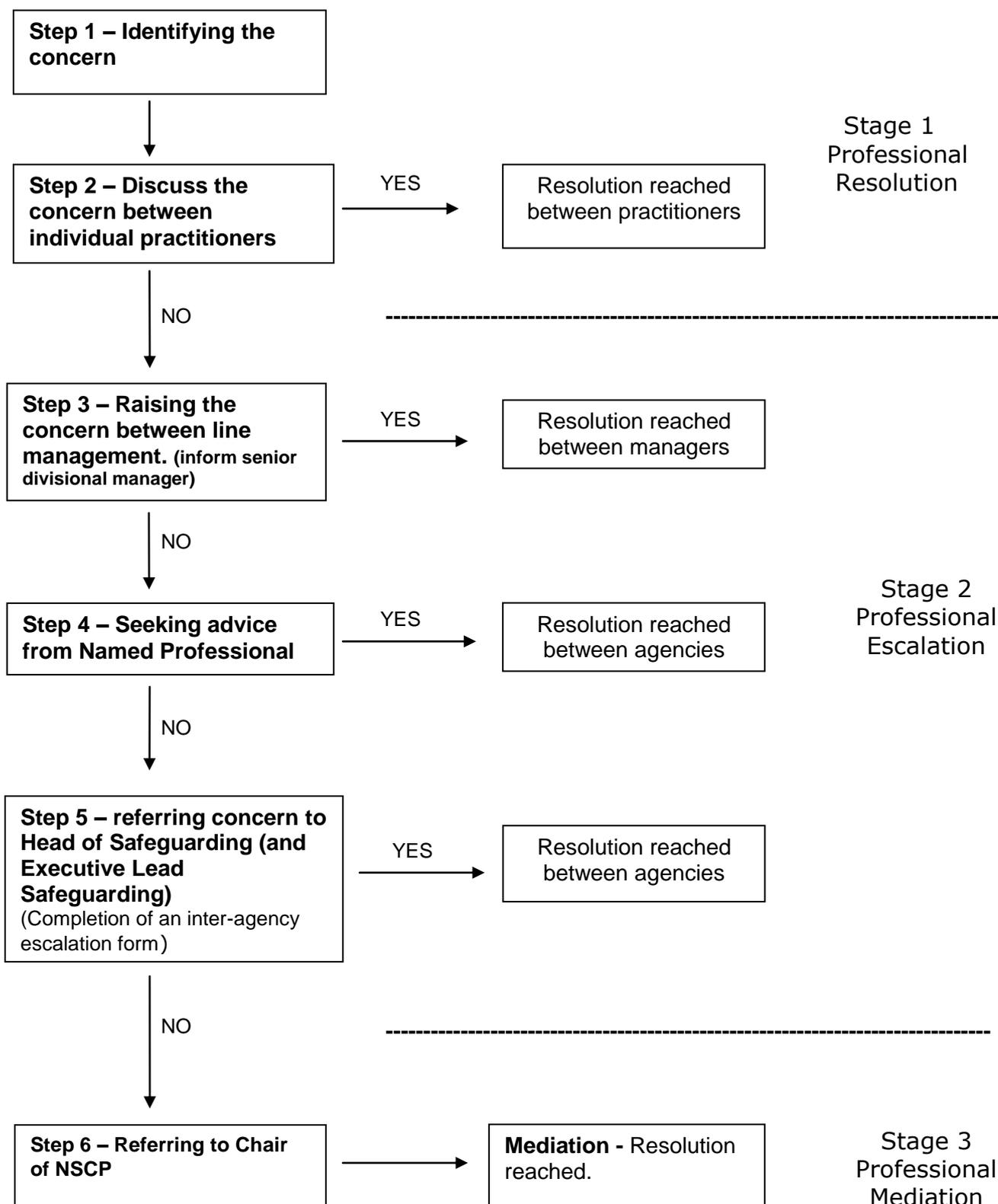
## 12.0 APPENDICES

[Appendix A](#) – Escalation of Inter-agency Safeguarding Children Disagreements Flow Chart

[Appendix B](#) – Inter-Agency Escalation Notice Form

[Appendix C](#) – Equality Impact Assessment

**Appendix A – Escalation of Inter-agency Disagreements Flow Chart**



**APPENDIX B**

**Inter-Agency Escalation Notice**

This form is ONLY to be completed if Stages 1-4 have been unsuccessful in resolving a professional disagreement via escalation through line management structures within the organisations

Name of Child(ren)/Young Person (people)	Date of Birth

Please document the original concern or professional disagreement

Please provide an overview of attempts at professional resolution and how the matter has been escalated

Signed: ..... Date: .....

Name: ..... Designation:.....



**APPENDIX C - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed:</b> Escalating Inter-Agency Safeguarding Children Disagreements Policy			
<b>New or existing service/policy/procedure:</b> Existing			
<b>Date of Assessment:</b> 14/01/2019			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	This policy provides equitable care for all irrespective of race or ethnicity	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Gender</b>	This policy provides equitable care for all irrespective of gender	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Age</b>	This policy provides equitable care for all irrespective of age and is relevant to all patients over the age of 18 years	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Religion</b>	This policy provides equitable care for all irrespective of religion	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Disability</b>	This policy provides equitable care for all irrespective of disability	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Sexuality</b>	This policy provides equitable care for all irrespective of sexuality	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No

<b>Pregnancy and Maternity</b>	This policy provides equitable care for all whether pregnant or not.	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Gender Reassignment</b>	This policy provides equitable care for all irrespective of gender	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Marriage and Civil Partnership</b>	This policy provides equitable care for all irrespective of marital status.	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	This policy provides equitable care for all irrespective of socio-economic status	This policy replaces the previous Escalating Inter-Agency Safeguarding Children Disagreements Policy	No
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b>			
This policy acknowledges the needs of patients that require care from an acute perspective. To ensure that it is compliant with all legislation it has been shared with senior medical/nursing and safeguarding colleagues for consultation and feedback to ensure that it effectively meets the needs of all staff and patients.			
<b>What data or information did you use in support of this EqIA?</b>			
<ul style="list-style-type: none"> <li>• HM Government [2018] <i>Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children,</i></li> <li>• Nottinghamshire and Nottingham City Safeguarding Children Boards [2018] <i>Safeguarding Children Procedures</i></li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> No			
<b>Level of impact</b>			
From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact: Low Level of Impact			
<b>Name of Responsible Person undertaking this assessment:</b> Lisa Nixon			
<b>Signature:</b>			
<b>Date:</b> 14/01/2019			