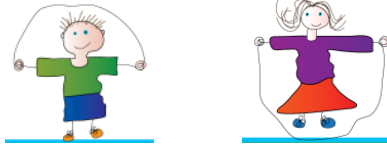


**Bedford Borough Safeguarding Children Board &  
Central Bedfordshire Safeguarding children Board**  
Working together to safeguard children



# **Resolution of professional disagreements relating to the safeguarding of children & the escalation of professional concerns.**

Date Agreed – July 2010

Date to be reviewed – July 2012

This document is available on the LSCB website [www.bedfordshirelscb.org.uk](http://www.bedfordshirelscb.org.uk)

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<b>Practitioner</b>	Anyone working with children and young people whether in a paid or unpaid basis
<b>Manager</b>	Anyone that supervises, provides guidance/support, you report to.
<b>BBC</b>	Bedford Borough Council
<b>CBC</b>	Central Bedfordshire Council
<b>Children's Social Care</b>	BBC – Vulnerable Children CBC – Children Services Operational
<b>NFA</b>	No Further Action
<b>PR</b>	Parental Responsibility
<b>CAF</b>	Common Assessment Framework
<b>Duty Social Worker</b>	Social Worker on the Intake & Assessment Team
<b>DTM</b>	Deputy Team Manager for Children Social Care
<b>Team Manager</b>	Children Social Care
<b>Section 17</b>	Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled.
<b>Section 47</b>	Formal enquiries undertaken under Section 47 of the Children Act 1989 as and when there is "reasonable cause to suspect" that a child is suffering or is likely to suffer significant harm.
<b>CRS</b>	Conference & Review Service
<b>IA</b>	Initial Assessment
<b>CA</b>	Core Assessment
<b>BBSCB</b>	Bedford Borough Safeguarding Children Board
<b>CBSCB</b>	Central Bedfordshire Safeguarding Children Board

## 1. Introduction

**1.1 This document is to assist and guide all practitioners working with children and young people in Bedford Borough and Central Bedfordshire in finding a resolution when they have a professional disagreement/issue in relation to the safeguarding of children and young people.**

1.2 Child protection involves dealing with uncertainties and making important, complex decisions on the basis of incomplete information to demanding timelines in changing, often hostile and stressful circumstances. The repercussions of leaving a child in a dangerous home or splitting up a family can be extremely damaging. However, these judgments and decisions have to be made and it is essential that the professionals do so in a considered way, constantly guarding against the tendency to cling to original beliefs, searching only for information that supports them and devaluing or reframing new information that counters them.

1.3 In his 2003 inquiry report into the death of Victoria Climbié, Lord Laming came up with the phrase "respectful uncertainty" to describe the attitude social workers need to strike in trying to spot an abuser: that they must be much more sceptical and mistrustful about what might really be happening behind closed doors. The death of Baby Peter, five years later, also evidenced that children's services remained "over optimistic" as Lord Laming put it too trusting. This is also something that other professionals working with children and their families need to adopt.

1.4 Whether you are a Social Worker, Probation Officer, Voluntary Worker or a Health Visitor and you are being questioned by another professional in respect of your assessment/opinion then consider the following and play devil's advocate:.

- Would I react differently if these reports had come from a different source?
- What were my assumptions about this family and what, if any, is the hard evidence supporting them.
- Have I been clear with partner agencies about how I gathered, analysed and assessed the information I have?
- Have I asked other practitioners involved with the child how they made their assessment?

## 2. Key Principles

2.1 Practitioners must avoid professional disputes that put children at risk or obscure the focus of the child

2.1 Disagreements within and between agencies must be resolved quickly and openly

2.3 Potential problem areas in working together should be identified and resolution promoted via amendment to protocols and procedures

2.4 The safety of individual children and focus on children are the paramount considerations in any professional disagreement and any unresolved issues should be escalated with due consideration to the risks that might exist for the child

2.5 Effective working together depends on an open approach and honest relationships between agencies

2.6 Effective working together depends on resolving disagreements to the satisfaction of workers and agencies and a belief in a genuine partnership

2.7 Professional disagreements are reduced by clarity about roles and responsibilities and airing and sharing problems in networking forums

### 3. Research

3.1 Both national and local Serious Case Reviews continue to draw attention to the importance of interagency communication and encouraging both professional challenge and escalating concerns for resolution within and between organizations where disagreements remain.

3.2 From the Biennial Analysis of Serious case Reviews 2005 – 07, six of the seven interviewees said they were determined to challenge other professionals' opinions, even if they were more senior in status, if they felt a child was not safe:

"It is every professional's responsibility to say "No, I disagree".

"I guess if I am concerned and they are not, I am a bit like a dog with a bone I tend to keep highlighting concerns".

"Wherever they sit in the hierarchy, at the end of the day they are just a person. And at the end of the day it is about the child".

3.3 All six talked about the importance of professional challenge and gave examples of the way in which they have followed through concerns, and encouraged others to do the same.

"I have situations where health visitors tell me how worried they are about children and about conferences they have been to and how children's services do not seem to be addressing it. I continue to encourage them to both document it and take it higher and continue. And, at times, I have had some involvement as well because I think it is very stressful if you are worried about a family and other people are not".

3.4 Lord Laming's term 'respectful uncertainty' (2003) was thought by some to be a helpful way of thinking about how to challenge colleagues and especially senior colleagues. One interviewee gave an example of the way she and a colleague had recently persuaded a GP to refer a child to hospital and to phone the family to say he had second thoughts about what he had diagnosed and asked the parents to take the child to hospital. She acknowledged, however, that this challenge takes both confidence and training.

"I think it is having the confidence and the training to do that and some professionals may not have that. They may not have the same number of updates in child protection, and I think the more SCRs that can be discussed in training the more beneficial it will be".

3.5 Professional challenge is also said to be easier in the context of good trusting professional relationships where a disagreement is not seen as a threat, or a slight, or a comment on professional competence.

### 4. When to use these procedures:

4.1 Before a practitioner uses these procedures they will have discussed their concerns with their manager giving consideration to:

- the quality of information they currently hold,
- Bedfordshire LSCB Inter- Agency Safeguarding Procedures
- CIN procedures for both Bedford Borough Council and Central Bedfordshire Council and relevant procedures to see if a CAF is appropriate.

4.2 Disagreements 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 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
- Children’s Social Care conclude that further information should be sought by the referrer before a referral is progressed
- Children’s Social Care have not provided feedback or response to the professional making a referral
- A professional is concerned about the action or inaction of another professional in relation to a child protection or child welfare issue
- There is disagreement as to whether child protection procedures should be invoked
- Children’s Social Care and the Police place different interpretations on the need for single/joint agency response.
- There is a disagreement about the need to convene a Strategy Meeting
- There is disagreement about the need to convene an Initial Child Protection Conference
- 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

4.3 In addition agencies may sometimes believe partner agencies are not carrying out their responsibilities in relation to safeguarding e.g. when discussions are held with the police about whether joint section 47 investigations should be undertaken.

## 5. Procedure: Escalation of professional concerns

If there is immediate danger to a child the police should be contacted immediately (though in many cases there will be opportunity for the practitioner to discuss the situation with their manager before deciding to contact the police). **Each agency should also follow their own escalation procedures.**

Stage	Area(s) of Potential Professional Disagreement	Resolution Process	BY Whom	Timescale Required for Resolution
<b>Between a Practitioner &amp; Manager</b>	Professional disagreement at any stage of a case or within any organisation	Practitioner & their Manager to discuss	Practitioner & Manager	Within 24 hours
		If not resolved refer to next line Manager in organisation	Manager’s line Manager	Within 48 hours
<b>CAF Level (pre-involvement of Children’s Social Care)</b>	What to do / whether to share concerns with the family	Contact Children’s Social Care for advice	Practitioner(s) involved in consultation with immediate line Manager	Within 24 hours
	Whether to refer to Children’s Social Care	Contact Children’s Social Care for advice	Practitioner(s) involved in consultation with immediate line Manager	Within 24 hours
<b>Contact / Referral to Children’s Social Care</b>	Children’s Social Care NFAs the Contact /Referral	Discuss with Duty Social Worker who must provide rationale for	Referrer	Within 24 hrs

Stage	Area(s) of Potential Professional Disagreement	Resolution Process	BY Whom	Timescale Required for Resolution
		decision		
		Discuss with DTM and/or Team Manager if matter remains unresolved. If this does not resolve the issues then put in writing to Head of Service.	Referrer and/or their Manager or Safeguarding Champion	Within 48 hrs
	Children's Social Care requires consent of an adult with PR before accepting a referral.  <b>Obtain consent unless doing so would put child at risk or the adult refuses to give consent.</b>	In writing to Head of Service if unresolved	Practitioner(s) involved in consultation with immediate line Manager.	Immediately

<b>Section 17</b>	<u>Initial Assessment (IA) stage</u> <ul style="list-style-type: none"> <li>IA completed but then NFA'd – referrer disagrees</li> <li>IA completed and case proceeds under Section 17 - there is disagreement about: <ul style="list-style-type: none"> <li>➤ Appropriateness of services planned</li> <li>➤ Section 17/47 'threshold' issues</li> <li>➤ Whether to hold a Strategy Meeting</li> <li>➤ CIN Meetings held/not held</li> </ul> </li> <li>Core Assessment not completed</li> <li>Case closure</li> </ul>	Discuss with Allocated Social Worker and confirm in writing	Referrer /Professional and/or their Manager or Safeguarding Champion	Within 24 hrs
		Discuss with DTM and/or Team Manager if matter remains unresolved and confirm in writing	Referrer and/or their Manager or Safeguarding Champion	Within 36 hrs
		In writing to Head of Service if unresolved	Manager or Safeguarding Champion	Within 48 hrs
	<u>Core Assessment (CA) stage</u> <ul style="list-style-type: none"> <li>Disagreement about the CA content/analysis.</li> <li>Disagreement about Section 17/47 threshold.</li> <li>Whether to hold a Strategy Meeting.</li> <li>Case closure</li> </ul>	Discuss with Allocated Social Worker and confirm in writing	Referrer and/or their Manager or Safeguarding Champion	Within 24 hrs
		Discuss with DTM and/or Team Manager if matter remains unresolved and confirm in writing.	Referrer and/or their Manager or Safeguarding Champion	Within 36 hrs
		In writing to Head of Service if unresolved	Manager or Safeguarding Champion	Within 48 hrs

<b>Section 47</b>	<u>Strategy Meeting Stage</u> Strategy Discussion / Meeting held - there is disagreement about: <ul style="list-style-type: none"> <li>Section 17/47 'threshold' issues</li> </ul> and/or	Discuss with Strategy Meeting Chair	Professional and/or their Manager or Safeguarding Champion	Within 24 hrs
	<ul style="list-style-type: none"> <li>Actions that should be taken to progress enquiries</li> </ul> and/or	Discuss with DTM and/or Team Manager if matter remains unresolved and confirm in writing.	Professional and/or their Manager or Safeguarding Champion.	Within 36 hrs
	<ul style="list-style-type: none"> <li>Whether to request a Child Protection Conference (CPC)</li> </ul>	In writing to Head of Service.	Professional and/or their Manager or Safeguarding Champion	Within 48 hrs
	<ul style="list-style-type: none"> <li><u>CPC Request Stage</u> Disagreement about whether an Initial CPC should be held or not between requesting fieldwork practitioner/manager and CRS</li> </ul>	please refer to : CBC - CPC REQUEST / DECISION MAKING POLICY June 2010 - otherwise follow procedures as for Strategy Meeting.		
	<u>CPC Stages (Initial &amp; Review CPCs)</u> <ul style="list-style-type: none"> <li>CPC held - there is disagreement about: <ul style="list-style-type: none"> <li>Information available/not available to CPC</li> <li>Professional attendance at Conference</li> <li>Content of reports</li> <li>Absence of reports</li> <li>Chairing the CPC</li> <li>CPC decision making process</li> <li>Whether the threshold is met/continues to be met for a CP Plan</li> <li>Adequacy of progress in implementing the CP Plan</li> <li>Adequacy of the Outline CP Plan (or CIN Plan)</li> <li>Core Group membership</li> </ul> </li> </ul>	<p>Discussion by the professional with the Conference Chair <u>or vice versa</u> – dependent on the concerns raised &amp; confirm in writing</p> <p>Discussion by the professional's line Manager /Safeguarding Champion with the CRS Team Manager – dependent on the concerns raised. Confirm in writing</p> <p>Resolutions not achieved at 1<sup>st</sup> line Manager stage should be progressed to Head of Service level in each agency and confirmed in writing</p>	<p>Professional and Conference Chair</p> <p>Professional's line Manager or Safeguarding Champion and the CRS Team Manager.</p> <p>Head of Quality Assurance &amp; equivalent Manager in professionals agency</p>	Within 24 hrs
	<u>Core Group Stages</u> Potential disagreements about:	Discuss with Allocated Social	Referrer /Professional	Within 24 hrs

	<ul style="list-style-type: none"> <li>Professional attendance</li> <li>Detailed development/implementation of the CP Plan</li> <li>Progress made /ongoing assessment and related threshold issues</li> </ul>	<p>Worker</p> <p>Discuss with DTM and/or Team Manager if matter remains unresolved</p> <p>In writing to Head of Service if unresolved</p>	<p>and/or their Manager or Safeguarding Champion</p> <p>As above</p> <p>As above</p>	<p>Within 36 hrs</p> <p>Within 48 hrs</p>
<b>Post CP Plan – return to section 17 Stage</b>	As for Section 17 Stage above			

## 6. Practice Guidance: Escalation of professional concerns

6.1 Bedford Borough Safeguarding Children Board (BBSCB) & Central Bedfordshire Safeguarding Children Board (CBSCB) are 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.

6.2 Good practice involves professionals sharing difficulties and dilemmas and an expectation that there will be constructive challenge between them in their day to day work.

6.3 Problem resolution is an integral part of professional cooperation and joint working to safeguard children.

6.4 Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.

6.5 At no time must professional disagreement detract from ensuring the child is safeguarded. The child's welfare and safety must remain paramount throughout.

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

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

6.8 If unresolved, the problem should be referred to the practitioner's own manager, who will discuss with their opposite number in the other agency, please see Appendix B for information about partner agency structures/titles.

6.9 Failure to resolve disagreements between managers must be further escalated, by the managers concerned. Senior Managers will, if and as necessary, be required to intervene.

6.10 Additionally, advice should be sought directly from the Designated Professional, Named Professional or Children's Safeguarding Champion.

6.11 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. Please see Appendix C for a sample template for the recording of the issues and actions agreed.

## **7. What happens if the disagreement is resolved but one agency remains concerned about the process or behaviour of another agency or feels there are wider learning points from the case?**

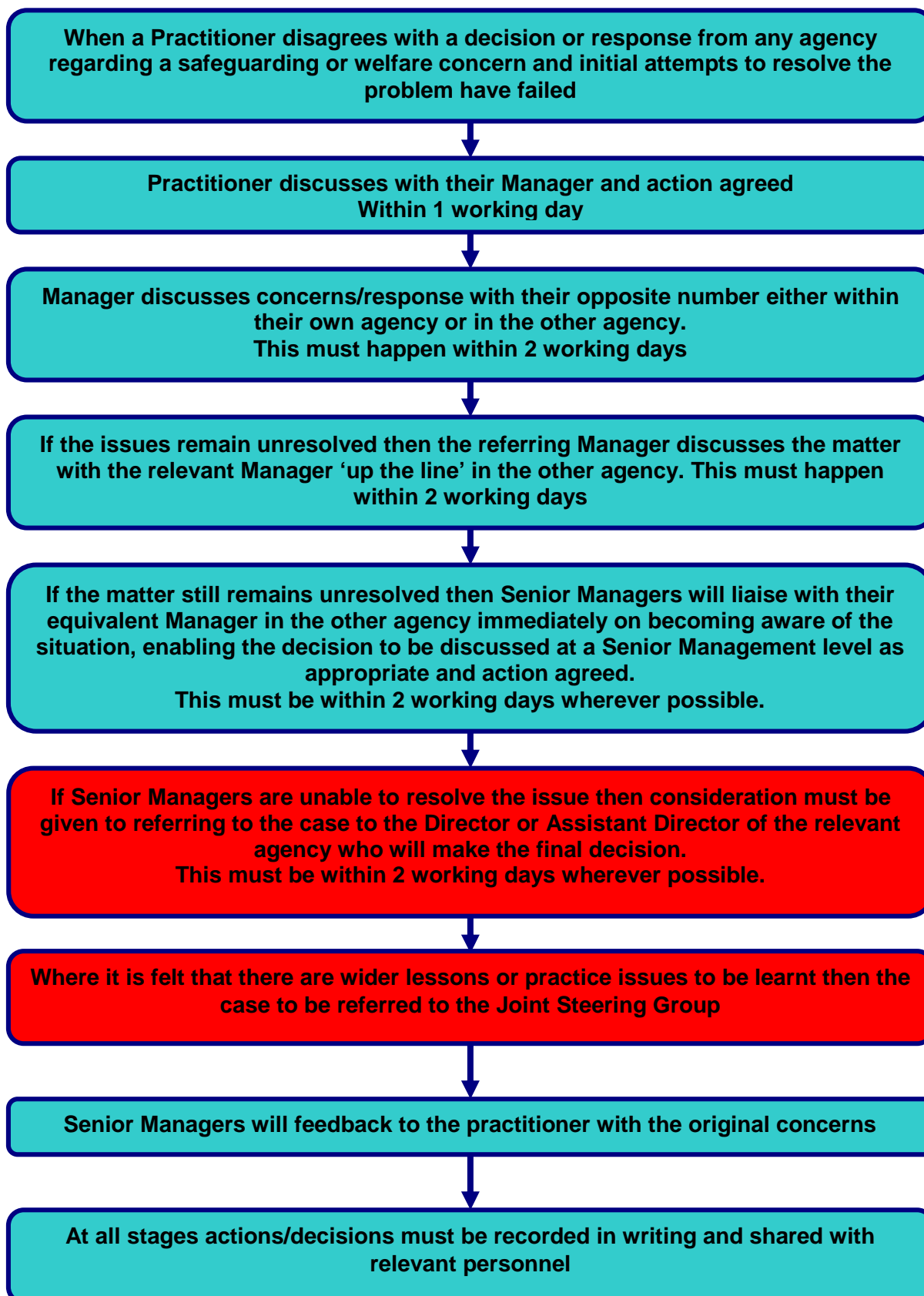
7.1 Providing the above procedures have been followed then the case can be referred to the Joint Steering Group so that wider lessons can be learned. Please refer the case to the Safeguarding Children Board at [LSCB@centralbedfordshire.gov.uk](mailto:LSCB@centralbedfordshire.gov.uk) for consideration.

## **8. Professional disagreement within agencies: What happens if a junior member of staff disagrees with the course of action being taken by their manager and believes a child may be at risk of significant harm?**

8.1 The member of staff should first try to discuss their concerns with their manager. If they feel unhappy about the outcome and believe a child may be at risk of significant harm they should raise their concerns with the manager above.

8.2 If they feel unable to do this but remain seriously concerned about the welfare of a child then they need to put their concerns in writing immediately to their agencies Designated Lead for Safeguarding or Safeguarding Children Champion.

**APPENDIX: A**



**APPENDIX B**  
**AGENCY PROFESSIONAL ROLE EQUIVALENCE FOR ESCALATION PROCEDURE 2010**

Central Beds Children's Services Social Care	Central Beds Children's Service Education	Central Beds Adult Social Services	Bedford Borough Children's Services Social Care	Bedford Borough Children's Service Education	Bedford Borough Adult Social Services	School/ Nursery	Housing	Youth Offending Services (Shared Service)	Beds Police	Beds Probation
Chief Executive	Chief Executive	Chief Executive	Chief Executive	Chief Executive	Chief Executive	Governing Body		Chief Executive	ACC Protective Services	
Director (DCS) / Deputy Chief Executive	Director (DCS) / Deputy Chief Executive	Director Adult Care, Health and Housing	Executive Director	Executive Director	Executive Director Adult Services	Head teacher		Director (DCS) / Deputy Chief Executive	D/Chief Superintendent Protective Services	
Assistant Director-Operations (AD)	Assistant Director-Learning /Assistant Director (Operations)	Assistant Director Adult Social Care	Assistant Director Vulnerable Children Services	Assistant Director Chief Education Officer	Assistant Director Adult Social Care	Deputy/Assistant Head Teacher		Assistant Director-Operations (AD)	D/Superintendent Public Protection Unit	
Head of Service	Head of Service	Head of Service	Head of Service	Head of Service	Safeguarding Manager	Head of Dept		Head of Service	DCI Public Protection Unit	
Team Manager	Team Manager	EDT Team Manager	Team Manager	Team Manager/ Strand Leader	Head of Service	Class Teacher		Service Manager	DI Public Protection Unit	
Deputy Team Manager	Deputy Team Manager	Senior Practitioner EDT	Deputy Team Manager / Review Manager		Team Manager			Operational Manager	DS Public Protection Unit	
Senior Practitioner	Practitioner	Duty Social Workers	Senior Practitioner		Senior Practitioner	Class Teacher		Senior Practitioner		

Social Worker			Social Worker		Social Worker			YJ – Social Worker		
Review Manager					Support Worker			YJ - Practitioner		
Social Work assistant			Social Work Assistant			Classroom Assistant		YJ Support worker		

<b>Bedford Hospital</b>	<b>Luton &amp; Dunstable Hospital</b>	<b>East of England Ambulance Service</b>	<b>SEPT</b>	<b>CAFCASS</b>	<b>Vol + Indep Sector</b>	<b>Beds &amp; Luton Fire Service</b>	<b>SERCO</b>	<b>UKBA</b>	<b>Bedfordshire Community Health Services</b>	<b>NHS Bedfordshire (Children)</b>
Chief Executive	Chief Executive	Chief Executive	Chief Executive		Chief Executive				Chief Operating Officer	Chief Executive
Deputy Chief Executive	Deputy Chief Executive	Executive Director	Executive Director		Head				Deputy Chief Operating Officer	Executive Director
Chief Operating Officer	Chief Operating Officer	Assistant Director			Project Managers/ Team Leaders				Named Nurse/Doctor Head of Safeguarding	Manager
General Manager	General Manager	General Manager			Senior Support Worker/ Support Staff/ Assistant Team Leaders				Head of Service	
Matrons	Matrons	Assistant General Manager	Service Director						Locality Manager	
Team Leaders	Team Leaders	Duty Operations Manager	Team Manager						Team Leader	
Senior Practitioner	Senior Practitioner		Lead Professional						Specialist Community Practitioner Health Visitor/School	

									Nurse	
Practitioner	Practitioner	Practitioner	Care Coordinato r						Qualified Nurse /Allied Professional	
			Support Time Recovery Workers (STR)						Community Nursery Nurse	
									Health care Assistant	

Appendix C

**Escalation Form**

Date:

From:  
(Practitioner)

To:  
(Manager)

Name of Child:

DOB:

Social Worker/Practitioner:

Agency/Team:

Summary of Concern(s):

Requested Action:

Response:

Date:

Resolution of Issues: *(If not resolved, progress as per the flowchart)*

Date:

