



Kent and Medway Multi-Agency

Resolving Practitioner Differences;

Escalation Policy for Adult Safeguarding

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1. Key Principles:

The key principles are:

- Effective working together depends on an open approach and honest relationships between agencies, this includes resolving disagreements to the satisfaction of workers and agencies and a belief in a genuine partnership;
- Professional disagreements are reduced by clarity regarding roles and responsibilities and airing and sharing problems.
- Practitioners must maintain focus on the safety and welfare of the adults at risk and the adult abuse issues;
- Any differences in practitioner's opinions/views about a safeguarding concern must be clearly recorded.
- Disagreements within and between agencies must be resolved quickly and openly; the expectation is that all disagreements will be communicated in writing and will be addressed within 5 working days from the day the disagreement is notified.

2. Escalation of Professional Concerns:

The Kent and Medway Safeguarding Adults Board are clear that whenever a practitioner, agency or service has a concern about the action or inaction of another, this must be addressed and any challenges conducted in a professional and respectful manner. Practitioners and managers should always be prepared to review decisions and plans with an open mind. Where there are concerns about who is responsible for what in carrying out enquiries, this must be clarified at the planning stage.

Problem resolution is an integral part of cooperation and joint working to safeguard adults at risk. Practitioner disagreement must be resolved in a constructive and timely fashion. All parties must ensure that practitioner disagreements do not detract from ensuring the adult(s) is safeguarded and their welfare is their primary concern.

The aim should be to resolve difficulties at practitioner level between agencies/services; if necessary with the involvement of their first line managers, engaging in open discussion with colleagues in other agencies. Attempts at resolution must be within a time frame which clearly protects the adult(s) at risk. If the concerns cannot be resolved at this level, escalation processes must be followed in Section 7.

Disagreements over the handling of concerns reported to adult social care may be experienced at a different stage of the safeguarding process.

3. Issues regarding the Concern / Referral / Planning stage:

This may include:

- The alert lacks clarity and the issues may be more about quality in care or self-neglect;
- Further information is requested before the alert can progress;
- Professional opinion about level of risk;
- Professional disagreement about decisions and actions;
- The concerns appear to require a social care assessment
- The concerns reported appear to be very serious and a section 42 enquiry is invoked or a non-statutory enquiry is required
- The concerns appear to be a crime and police need to take the lead

The above list is not exhaustive.

If the professionals are unable to resolve differences through discussion and/or meeting within a time scale, which is acceptable to both of them, their disagreement must be addressed by more experienced / more senior staff.

4. Planning or Following an Enquiry:

This may include:-

The manager that coordinated the consultation / planning process considers that a planning meeting is not required and representatives from other agencies/services believe that a planning meeting is essential to ensure that there is clarity about who is doing what and by when.

If the Designated Senior Officer or their manager has concluded that at the end of an enquiry a case conference is not required, the practitioners, agencies, services who have had the most involvement with the adult and or their family or advocate in the enquiry may request a conference be convened on the basis of serious concerns that the adult's safety and wellbeing and the safety and wellbeing of others may not be adequately safeguarded without one.

If these matters cannot be resolved through initial discussions between managers/agencies/ services, then the escalation process should be followed.

5. Arising from Adult Safeguarding Conference:

This may include:-

If the chair of a conference is unable to achieve a consensus regarding the outcome of the enquiry and necessary action plans, a majority view will be recorded. Majority of decisions will be agreed and any dissenting views will be recorded.

The agency or individual who dissents from the majority decision must determine whether they wish to further challenge the outcome. In the event that the dissenting representative

believes the decision reached by the majority does not take account of the continued risks to the adult(s) they should formally raise the matter with the Chair and their own agency's safeguarding lead.

If that designated agency lead concurs with the concerns of their representative, they should immediately alert the Designated Safeguarding Officer/or chair of the meeting in the Local Authority. The escalation process should be followed.

6. Related to the implementation of the Protection Plan:

This may include:-

Concern or disagreement may arise over another practitioner's decisions, actions or lack of actions in the implementation of an interim or post abuse care plan for the adult at risk or action plan in relation to a service.

The line managers of the practitioners involved should first address these concerns.

If agreement cannot be reached following discussions between the above 'first line' managers, the escalation process must be followed.

7. Stages of the Escalation process:

Stage 1 – Escalate to Team Manager

If professionals are unable to reach agreement about the way forward in an individual case, their disagreement must be recorded and addressed by more senior staff.

A Team Manager must contact the equivalent Team Manager from the other agency to discuss and seek resolution.

This would include a member of the Police (Detective Sergeant for Safeguarding); a Health Professional, Nurse, GP; Social Work Team Manager or care provider.

A written response is required within 5 working days from the day the disagreement is notified.

If agreement cannot be reached following discussion between the above managers it will go to stage 2.

Records of discussions must be maintained by all the agencies involved.

Stage 2 – Escalate to Safeguarding Leads/ Service Managers

If a practitioner disagreement is not resolved at stage 1, the Team Manager must escalate concerns to their Service Manager or Safeguarding Lead within their organisation. This may be a Social Care Service Manager/Head of Service; Detective Inspector for Safeguarding in the Police, service provider organisation, named Health lead, GP or other designated professional.

The Local Authority may consider referring concerns to a commissioning organisation e.g. Clinical Commissioning Group (CCG), a Director of a private care provider or to the Chief Executive of a voluntary care provider. In some circumstances an NHS provider may wish to involve the Designated Nurse in the commissioning CCG or NHS England. A private or voluntary service may consider that their company or voluntary body should take a lead in discussions. Records of discussions must be maintained by all the agencies involved. If an agreement has been reached, this must be communicated by all parties in writing.

If agreement cannot be reached following discussions between the above managers it will go to Stage 3.

Stage 3 – Escalate to Social Care Assistant/Deputy Directors/Divisional Director; Detective Chief Inspector for Safeguarding in the Police; Senior Health Manager/Director a CCG Director of Nursing or NHS England.

If the problem is not resolved at stage 2, the Service Manager/Designated Safeguarding Leads must escalate to the agency Assistant Director/ Deputy Director or Divisional Director or NHS or Detective Chief Inspector for Safeguarding in the Police.

A written report of the concerns must be completed and sent to the Assistant Director/ Deputy Director/ Divisional Director/ Detective Chief Inspector for Safeguarding, NHS Provider or Commissioner, Head of Safeguarding or equivalent. A response is required within 5 working days.

If agreement cannot be reached following discussion between the above Directors/ Senior Managers, it will go to stage 4.

Stage 4 – A Report of the concerns should be made to the Chair of the Kent and Medway Safeguarding Adults Board for final resolution.

8. Complaints Process:

If an adult at risk, their carer/family member or advocate or other relevant person has concerns about any aspect of the management of the safeguarding case the Local Authority complaints procedure will apply.

If a complaint is raised about the chair of the Kent and Medway Safeguarding Adults Board, these should be sent to the Director of Adult Social Services in Kent County Council in the first instance.