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**Guidance for Professional Disagreements Resolution, including CP and CLA Escalation and Practice Alerts Guidance**

**Contents**

1. Introduction
2. Disagreement and Resolution Process
3. Key Principles
4. Recording Disagreement and Resolution

**CP and IRO Escalation and Practice Alert Guidance**

1. Review in Child Protection Cases
2. Review in Children Looked After cases
3. Practice Alerts Reason Codes
4. Resolution Process
5. Communicating and recording that a case is subject to alerts
6. **Introduction**

Working Together 2018 makes it clear that safeguarding children is everyone’s responsibility and effective, collaborative working is essential. Rutland children’s social care needs to ensure that there are robust systems in place to check that safeguarding of children is effective and delivers good outcomes. The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for children.

This guidance should be referred to by all those working across children’s social care in the event of any situation involving a professional disagreement concerning a specific case within the local authority where a resolution cannot be reached by discussion between the relevant people concerned.

All staff members have a responsibility to work in a professional and ethical manner towards the children and families. This document does not intent to prevent or avoid staff following the local authority policy on Whistleblowing, if they believe that a decision is unethical or illegal, or compromises the safety of a service user.

Members of staff can also refer to the LSCB children’s procedures for the policy on Resolving Practitioner Disagreements and Escalation of Concerns <http://llrscb.proceduresonline.com/chapters/p_res_profdisag.html?zoom_highlight=escalation>

The LSCB document refers to concerns relating to the following:

* Thresholds into services;
* Outcomes of assessments;
* Decision making;
* Roles and responsibilities of workers;
* Service provision;
* Information sharing and communication.

All matters concerning disputes should be discussed with the Head of Service to discuss/agree next steps.

1. **Disagreement and Resolution Process**

All children, young people and their families must have confidence in Rutland County Council that we will make the right decision for them, at the right time, without unnecessary and avoidable delay. To this end, it is essential we work collaboratively as a local authority, and with our partner agencies, in a ‘joined up’ manner to ensure we deliver a coordinated plan of work.

Constructive discussion and deliberation of the various options is vital to ensure we deliver the best practice in all aspects of our work with our children, young people and families. We will facilitate this by ensuring we include families in discussions when decisions are made which affect them, by recording discussions we have concerning children, young people and families in team meetings, in professional supervision, and any informal discussions between colleagues or between a member of staff and their line manager or service manager/senior manager.

There will be times when a decision is made by a manager, or a Panel, to determine the next steps for a child, young person or family with which a member of staff does not agree.

In the event of a disagreement the following four stage escalation process should be followed, which can be adapted where necessary when disagreements are across agencies:

In circumstances where a professional / agency believes that a child is at risk of significant harm, then professionals should proceed to stage 4 immediately and on the same working day. **Timely action is paramount if there are concerns that a child or young person is at risk.**

### **Stage 1 –Practitioner to Practitioner Discussion**

Differences of opinion or judgement should be discussed amongst frontline practitioners as soon as practicable, which includes multi-agency challenge within meetings and with respective Chairs of Meetings to attempt to achieve a shared understanding and agree a resolution, in line with the plan, or to ensure a plan is developed if needed. Care should be taken to agree a way of managing disagreements, which allows children and families to understand the issues under discussion.

### **Stage 2 - Direct Manager to Manager Discussion**

If Step 1 does not resolve the issue then each practitioner should discuss the issue with their line manager. The line manager should review the concerns and ensure that they are justified and meet the purpose of this procedure. The line manager should then liaise with the other practitioner's line manager in an attempt to reach a resolution. Consultation with senior managers within each organisation can be used if this would be felt to assist resolution.

### **Step 3 - Where practitioner differences remain unresolved**

Where agreement cannot be reached at Steps 1 & 2 the matter must be referred to the Designated Safeguarding Lead or Senior Officer (e.g. Head of Service, Head teacher, Housing Manager) within your agency. A resolutions meeting should then be convened between the relevant parties. This should be chaired by the Designated Safeguarding Lead or Senior Officer within your agency. Where Children’s Social Care are the subject of the disagreement a resolution meeting should be convened and chaired by the Head of Service.

If the agency who raised the initial concern remains unsatisfied, that agency's Designated Safeguarding Lead/Senior Officer should refer the matter to the LSCB Step 4 of this procedure.

### **Stage 4 – Escalation to the LSCB Manager**

On receipt of the concerns the LSCB will formally log the information**.** The LSCB Manager should determine a course of action, if all steps to resolve the matter have failed and/or discussions raise a policy issue. This should include reporting the matter to the LSCB Independent Chair, who would then consider the merit of convening a Chief Officer Resolutions Meeting to resolve the disagreement.

The outcome of any discussions at this stage will be fed back to your own agency’s Designated Safeguarding Lead/Senior Officer.

When the matter is satisfactorily resolved in relation to the particular child or young person, any general principles should be identified and referred to the LSCB for discussion to inform future learning. To avoid similar practitioner disagreements arising again, amendments may be required to protocol and procedures.

A clear record should be kept at all stages, by all parties. This must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

1. **Key Principles**

It is vital, in order to safeguard children, that there is open, honest, transparent and respectful communication between staff members, with the families we work with and other professionals.

When a decision is made concerning a child, young person or a family it is crucial that all staff involved work to implement this plan. When circumstances change or significant new information becomes available, this should be brought to the manager’s attention for further consideration.

Anyone concerned about a particular decision that has been made must make their concerns known and discuss these concerns with the relevant manager or if appropriate, the service manager, without delay. Where a decision could pose a risk to a child, this should be done urgently.

1. **Recording Disagreements and Resolutions**

In the event of a disagreement, the worker and their manager should discuss the issue and agree what will be recorded on the child’s file, prior to any recording taking place. Any record should include a summary of the consideration given to the various options available and include rational for why one option was chosen over the other options.

It would not be appropriate for any disagreement to be entered onto the child’s electronic record without a discussion and the line manager’s knowledge and approval. To make such a record without prior agreement may result in disciplinary discussions being undertaken.

Any disagreement which is discussed at a meeting where the child, young person or family is present will be recorded in the meeting and the parents should have access to this. However, all reasonable effort should be made to avoid any disagreements being discussed at professional meetings and to arrive at an agreed local authority view on the issue in question.

In the event that there is a disagreement across services, this should be referred to the respective service manager.

**CP and IRO Escalation and Practice Alert Guidance**

1. **Review in Child Protection cases**

The Child Protection Plan must be progressed between conferences by the Core Group and the family. If recommendations have not been met the social worker and Core Group must give a reasoned explanation of why this has not happened and provide alternative actions that may have taken place. If crucial elements of the Child Protection Plan e.g. initiating legal proceedings, have not been actioned, the Independent Chair must be kept informed between Child Protection meetings

The social worker's report to conference must be evidence-based and have a clear risk analysis of the current situation and appropriate recommendations. The Social Work report must be available 2 days prior to an Initial Child Protection Conference and 3 days prior to a Review Child Protection Conference. This should be shared with the family to allow them time to review and correct any factual inaccuracies. The report must always be endorsed by a manager in line with the above timescales.

Significant failures in any of the above aspects of child protection can lead to the Independent Chair initiating a Practice Alert.

1. **Review in Children Looked After cases**

The Care Plan must be progressed between CLA reviews by the Social Worker, the family, and all professionals involved with the child. If recommendations have not been met the social worker and team manager must give a reasoned explanation of why this has not happened and provide alternative actions that may have taken place.

The social worker should see the child within 3 days of them being placed with carers and regularly, at least 4 weekly, in their placement. **Statutory visits must take place in the placement, where the child should be seen alone and their bedroom also seen.**

Significant failures in any of the above aspects of the Care Plan can lead to the Independent Chair initiating a Practice Alert.

1. **Practice alert - Reason codes**

There are 13 reason codes for practice alerts which might be raised by the IRO/CP Chair, detailed below:

|  |  |
| --- | --- |
| **CODE** | **REASON** |
|  | Report not completed for CPC/CLA review |
|  | Core Group not help/ recorded within required timescales |
|  | Care/CPC plan not updated/progressed |
|  | Statutory visit not undertaken within required timescale |
|  | Agreed action not completed – CPA/CLA |
|  | Childs views not ascertained |
|  | Child/family not included/invited to meeting |
|  | Life story work /direct work not completed |
|  | Assessment not completed within required timescale (parenting/pre-birth/CSE/domestic abuse) |
|  | Missing protocol not followed |
|  | IRO/CP Chair not informed of significant event |
|  | Pathway Planning not completed within required timescales |
|  | Other |

1. **Resolution process**

The Independent Chair has the discretion to proceed directly to stage 3 and 4 in more serious or urgent cases.

**A response is required within 5 working days of receipt of any practice alert.**

|  |  |
| --- | --- |
| **Stage** | **Manager** |
| Stage 1: | Team Manager (with line management responsibility for the worker) |
| Stage 2: | Service Manager |
| Stage 3: | Head of Service |
| Stage 4: | Director for People |
| Stage 5: | Independent Chair of the LSCB |
| Stage 6: | CAFCASS (using Dispute Resolution Process – IRO Handbook) |

1. **Recording and communicating that a case is subject to alerts**

The Independent Chair should verbally inform the members of a Child Protection Conference or Children Looked After Review of any practice alerts they have raised since the previous meeting or which they intend to initiate subsequent to the current meeting.

The Independent Chair shall record all practice alerts on the child’s file and also recorded on the practice alert tracker on SharePoint, by the Quality Assurance Service – <http://sharepoint01/sites/ICTTest/workprogramme/Social%20Care%20Trackers/CSC%20Practice%20Alerts.xlsx>

Each practice alert will be raised by a **single case note** to ensure that these are in one place and do not appear as multiple alerts. The Independent Chair will create the Practice Alert Case Note, and managers are required to respond using the same case note clearly detailing their response to resolve as quickly as possible. The case note will only be finalised once the alert has been responded to appropriately and the independent chair is satisfied this can be closed. **The independent chair will finalise all practice alert case notes.**

All reasonable efforts should be made to resolve practice alerts at stage 1 and stage 2, prior to stage 3 – escalation to Head of Service.

**A response is required within 5 working days of receipt of any practice alert.**

The Quality Assurance Service will report quarterly to the Performance and QA meeting, on the number of alerts that have been raised, the themes raised as concerns and whether the timescales for resolution have been met.

**Appendices**

[Appendix 1 - IRO CP Escalation Flow Chart.docx](file:///%5C%5Ccfs1%5Cusers%24%5Cjtyler%5CPOLICIES%20%26%20PROCEDURES%5CESCALATION%20POLICY%5CAppendix%201%20-%20%20IRO%20CP%20Escalation%20Flow%20Chart.docx)

[Appendix 2 - Stage 1 IRO CP Escalation Form.docx](file:///%5C%5Ccfs1%5Cusers%24%5Cjtyler%5CPOLICIES%20%26%20PROCEDURES%5CESCALATION%20POLICY%5CAppendix%202%20-%20Stage%201%20IRO%20CP%20Escalation%20Form.docx)

[Appendix 3 - Stage 2 IRO CP Escalation Form.docx](file:///%5C%5Ccfs1%5Cusers%24%5Cjtyler%5CPOLICIES%20%26%20PROCEDURES%5CESCALATION%20POLICY%5CAppendix%203%20-%20Stage%202%20IRO%20CP%20Escalation%20Form.docx)

[Appendix 4 - Stage 3 IRO CP Escalation Form.docx](file:///%5C%5Ccfs1%5Cusers%24%5Cjtyler%5CPOLICIES%20%26%20PROCEDURES%5CESCALATION%20POLICY%5CAppendix%204%20-%20Stage%203%20IRO%20CP%20Escalation%20Form.docx)

[Appendix 5 - Stage 4 IRO CP Escalation Form.docx](file:///%5C%5Ccfs1%5Cusers%24%5Cjtyler%5CPOLICIES%20%26%20PROCEDURES%5CESCALATION%20POLICY%5CAppendix%205%20-%20Stage%204%20IRO%20CP%20Escalation%20Form.docx)

[Appendix 6 - Stage 5 IRO CP Escalation Form.docx](file:///%5C%5Ccfs1%5Cusers%24%5Cjtyler%5CPOLICIES%20%26%20PROCEDURES%5CESCALATION%20POLICY%5CAppendix%206%20-%20Stage%205%20IRO%20CP%20Escalation%20Form.docx)

**End**