

## Dumfries and Galloway

### Children's Services Resolution and Escalation Protocol

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## Introduction

In Dumfries and Galloway, one of our particular strengths across services for children and young people is our partnership working. Staff frequently highlight good working relationships with colleagues from other services and other agencies as one of the very positive factors about working in Dumfries and Galloway. Sometimes however, when staff are working together around a child or young person, planning for the child can run into obstacles/disagreements that those involved are not able to resolve. In these situations, it is critical that such issues are resolved as quickly as possible to avoid the potential for increased risk to a child's safety and wellbeing. This may require escalation of issues through line management structures.

Planning and the protection of children will always be an area in which there may be differences of opinion about the best course of action. It is very important that all those working with children and families feel able to air their views and constructively challenge the action of others. This includes examples of where the difference of opinion is with professionals who are more senior or experienced. Similarly, agencies/professionals should try not to feel defensive if challenged but see and respond to this through the lens of safe and healthy partnership working practices. Practitioners and managers should always be prepared to review decisions and plans with an open mind and act proportionately.

Two fundamental principles of escalation are that:

- Before escalation to formal dispute, professionals should always seek to resolve disagreements through discussion and negotiation.
- Escalation should follow a staged process, in which we would always seek to resolve disagreements at the earliest stage before escalating to senior managers. This framework will help professionals to escalate issues in an agreed, staged way that is supportive of effective working relationships.

It is important to stress that this framework is about how **professionals escalate issues that they are facing as partners when planning for children**. This is **not** a framework about deciding whether a child's needs are escalating. You would follow this escalation framework if you are involved in planning for a child or young person, and there are problems or disagreements that you and the other professionals involved cannot resolve.

**If you consider a child or young person to be at immediate risk of significant harm**, you must ensure that your concerns are escalated on the same working day using **established child protection referral procedures**. For health practitioners, advice can be sought from the **Public Protection Team** on 01387 244300, email [dg.childprotectionteam@nhs.scot](mailto:dg.childprotectionteam@nhs.scot). The **Education Safeguarding Manager** can be contacted on 07827277336, email: [Nicola.Reynolds@dumgal.gov.uk](mailto:Nicola.Reynolds@dumgal.gov.uk). For **Social Work Access Team**, call 03033333001 or email [AccessTeam@dumgal.gov.uk](mailto:AccessTeam@dumgal.gov.uk).

We have existing structures and processes across our agencies to support work around planning for individual children and young people: we routinely hold professional discussions; there are supervision arrangements; and there are existing protocols such as the Protocol for Professionals Meeting on the [Public Protection website](#). It is expected that professionals will make use of existing processes and assessment tools to assist with resolution, before formally escalating an issue.

## General Principles

Below are the general principles that underpin work with children, young people and families:

- The wellbeing of a child is always paramount and professional disagreement should never detract from ensuring that the child is first and foremost safe from harm.
- Good practice includes the expectation that there is professional and constructive challenge amongst colleagues within agencies and between agencies.
- Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.
- Professionals will model the working relationship expected by families where there is respect, openness, honesty and a desire to work together for the needs of the child.
- Professionals should inform each other if they intend to escalate their concerns.
- Professional disputes should never obscure the needs of the child and intervention by services.
- Professional disputes are reduced by clarity about roles and responsibilities and airing and sharing problems in networking forums.

## Before using the Escalation Protocol

It is important that you understand that there is an Escalation protocol that exists to provide support to practitioners and help them to understand and work effectively in partnership and achieve early resolution of disputes. However, in most cases, professionals would be expected to reach agreement through discussion with each other and with the child/young person and their family. A formal dispute process should only be used when discussion and negotiation have not led to resolution of the issue/s.

It is every practitioner's responsibility to 'problem solve'. Where there is professional disagreement about concerns for children, strong emotional issues may impact on judgement. Communication is extremely important and is the key to resolving professional misunderstandings or disagreements. The aim must be to resolve a

difference of opinion at the earliest possible stage, always keeping in mind that the child or young person's safety and welfare are paramount. There must be respectful challenge whenever a professional or agency has a concern about the action or inaction of another.

Good practice in child planning would be to routinely seek to involve the child/young person and parent/carer in meetings. However, where there are areas of disagreement or dispute between practitioners, care should be taken in discussing these with children and families present, so that children and families can understand the issues being debated, while still experiencing a joined-up approach by the services involved. Rather than hold disputes in front of families, practitioners may consider the use of **Professionals Meetings**.

**Professionals Meetings** can give practitioners the opportunity to meet to discuss and debate complex practice issues specific to individual children and their families where the opportunity to do so does not fit into any existing forums or processes. The aim is to assist practitioners to analyse information on a multi-agency basis and to form professional judgements taking account multi-agency perspectives. A Professionals Meeting is not a planning forum and should not be confused with these but could be used to inform decision-making and planning within such meetings. A Dumfries and Galloway [Protocol for Professionals Meetings](#) can be found on the [Public Protection website](#).

**Group supervision** can help practitioners think into the work and how best they can work with families. The aim is to bring out the best ideas from the participants via shared analysis. Throughout the process we all learn from each other and are able to think through how we can work with risk and the uncertainty this brings. Group Supervision promotes organisational learning and creates parallel learning processes across the organisation. Group supervision is fundamental to continuous improvement and ongoing learning. It underpins and supports all levels (from workers to leaders) of an organisation to think about practice and to reflect. It promotes group cohesion and self / organisational evaluation. If we come to a realisation through the process, we are more likely to make the necessary improvements. Resources on Group Supervision are available here:  
[Step into Leadership – Group Supervision](#)  
[Group Supervision – Reflective Case Discussion Model](#)  
[Using Group Supervision in Children's Social Care](#)

**GIRFEC Locality Groups** provide a forum where professionals can seek advice on, or resolution of, general practice issues rather than case-specific issues. A general GIRFEC practice issue for example, could be that there has been a recent trend for poor attendance at meetings, without apologies given. Locality Groups allow general, anonymised issues to be raised and discussed, and solutions sought. We have locality groups for Wigtownshire; Stewarty; Nithsdale; and Annandale and

Eskdale. For current contact details for any group, please email [ChildrensServices@dumgal.gov.uk](mailto:ChildrensServices@dumgal.gov.uk) in the first instance.

**Courageous Conversations** can help professionals to have difficult conversations, and develop tools/strategies for managing the stress involved in these. A webinar on courageous conversations is available [here](#).

## Examples of issues that might require escalation.

Below are some examples of when the escalation framework might be needed – this is not an exhaustive list.

- A referral is not considered to meet the threshold for assessment or provision of services by an agency.
- There are different interpretations/thresholds regarding the need for significant agency response in relation to concerns about a child.
- There is a disagreement over the sharing of information.
- There is disagreement over the outcome of any assessment and whether the appropriate action plan is in place to support, promote and safeguard the child.
- Where one professional disagrees with the action of another about a particular course of action, such as closing involvement with a child or family.
- Where one agency considers that the plan is inappropriate and that a child's needs are not being best met by the current plan.
- Professionals are not attending meetings to progress a child's plan.
- Where there is a significant delay in completing an agreed task in relation to a child's plan.
- Disagreement about who should take the role of Lead Professional.
- Where gaps in service-provision or interventions have been identified.

### Remember...

This Escalation Framework is about helping practitioners to resolve situations where planning for a child/young person is encountering barriers – it does not replace other procedures such as those for complaints, or adverse events. If at any stage it is felt necessary to make a formal complaint, or to raise an adverse event, then your service's recognised procedure should be followed.

## Levels of Escalation

### Pre-escalation: Problem solving before using a formal disagreement process

Most disagreements can be resolved through discussion and negotiation. The front-line practitioners involved should make every effort to resolve differences through discussion. This may take the form of a one-to-one or, if appropriate, a group

discussion or group supervision. Themes – for example, poor attendance at planning meetings - may also be discussed anonymously at GIRFEC Locality Groups.

## Stage 1

If disagreements are unable to be resolved through discussion and negotiation, then these must be reported by the practitioners concerned to their line manager or equivalent, for support and advice in how to reach a resolution. Record details of the issue, including who has been part of the discussion for the purposes of accountability. Language should be factual, unemotive and non-judgemental. Recording should include: areas discussed, points of agreement/ disagreement and the barriers that require resolution.

With respect to most day-to-day issues, the relevant line managers will be able to resolve the disagreement. The purpose of this contact is to review the available information and to resolve the concern. Line Manager to Line Manager discussion may be helpful at this stage, for example: Senior Charge Nurse, Head Teacher, Team Leader, Senior Social Worker. Agreed plans for resolution will be recorded.

## Stage 2

Where it is not possible to resolve the matter at front line management level, the matter should be referred without delay to the relevant service leads, for example: Locality Managers/Team Managers, Detective Inspector, Safeguarding Manager, Nurse/Service Managers and Child/Public Protection Advisors (Health). Service Leads should be informed about:

- the situation
- what has been already to attempt to resolve it
- the current barriers to resolution.

The issue will then be considered at Service Lead level with any action agreed fed back immediately to the relevant managers involved, and the detail of the conflict and agreements reached should be recorded in the child/young person's record. (In Education, the named person should record any escalations centrally within their school records but not within the child's chronology on SEEMiS.) Private or voluntary providers, including Early Years might not have a management structure beyond their own service to refer to. These providers may escalate to the GIRFEC Leadership Group for advice and guidance, using [ChildrensServices@dumgal.gov.uk](mailto:ChildrensServices@dumgal.gov.uk) as an initial point of contact.

It is good practice to inform the child, young person or family that discussions are taking place to move the situation forward.

### Stage 3

At this stage Senior Managers/Leads (those who sit on GIRFEC Leadership Group) may be able to resolve quickly through discussion or decision taking. Senior Managers may request further information to be supplied urgently from any other relevant agency. The senior managers will then make a decision drawn from this information and any other supporting information requested.

Any general themes or learning that can be identified from the disagreement will be cascaded to all agencies to improve practice and to help avoid the need for formal processes in the future.

If no agreement is reached, then the dispute is escalated to a stage four disagreement.

### Stage 4: Where Disagreements Remain

In the unlikely event that any dispute continues to be unresolved, then the formal process will continue. An assessment about the degree of urgency will be determined by the Executive Manager/Lead from Children's Services Strategic and Planning Partnership (CSSaPP Executive) or Public Protection Committee as appropriate and within an appropriate timescale lasting no longer than 7 working days to be applied.

Any general themes or learning that can be identified from the dispute will be cascaded to all agencies to improve practice and to help avoid the need for formal processes in the future.



## Resolution and Escalation Flowchart

<p><b>Pre-escalation – discussion between professionals</b></p>	<p>The practitioners involved should make every effort to resolve differences through discussion and negotiation. This may take the form of a one-to-one or, if appropriate, a group discussion or group supervision. Themes – for example, poor attendance at planning meetings - may also be discussed anonymously at GIRFEC Locality Groups.</p>
<p><b>Stage 1 – Lime Managers</b></p>	<p>Practitioners refer issue to their line managers for support and advice in how to reach a resolution. Line Manager to Line Manager discussion may be helpful at this stage, for example: Senior Charge Nurse, Head Teacher, Team Leader, Senior Social Worker.</p>
<p><b>Stage 2 –Service Leads/ Team Managers</b></p>	<p>If still unresolved, Line Managers should refer without delay to relevant service leads, eg: Locality Managers/Team Managers, Detective Inspector, Safeguarding Manager, Nurse/Service Managers and Child/Public Protection Advisors (Health). Service Leads should be informed about: the situation; what has been already to attempt to resolve it; and what the current barriers to resolution are.</p>
<p><b>Stage 3 – Senior Managers</b></p>	<p>Service Leads/ Team Managers refer the issue to senior managers who sit on the GIRFEC Leadership Group for discussion and direction. The group may request further information.</p>
<p><b>Stage 4 – Where disagreements remain</b></p>	<p>Issue may be referred to the Children’s Services Strategic and Planning Partnership (CSSaPP) Executive Group or Public Protection Committee as appropriate.</p>

## Membership of GIRFEC Leadership Group

### The GIRFEC Leadership Group are:

Children's Services Manager  
Senior Manager, Children and Families Social Work  
Locality Manager, Children and Families Social Work  
Lead for Nursing and AHPs  
Clinical Nurse Manager, Public Health Nursing  
Integration and Inclusion Manager  
Safeguarding Manager  
Nurse Consultant, Public Protection  
Detective Inspector  
Children's Services Planning and Communications Officer  
Quality Improvement Officer, Early Years - Education  
Quality Improvement Manager - Education  
Team Leader – Youth Work