

Safeguarding Adults Board and Safeguarding Children Partnership – Professional Resolution Practice Guidance

The Professional Resolution Practice Guidance is for use by practitioners from all agencies with safeguarding responsibilities.

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Date of Review:	June 26



Escalation and Resolution

The Professional Resolution Practice Guidance is for use by practitioners from all agencies with safeguarding responsibilities. This guidance has been jointly agreed by the Hull and East Riding Safeguarding Children Partnerships, and the Hull and East Riding Safeguarding Adult Partnership Boards.

This guidance provides a structured process for promptly resolving professional differences which may arise in the safeguarding of children and adults.

1. Introduction

To ensure a culture of effective multi-agency working, it is important that practitioners are professionally curious and have an open and transparent approach to ensure impactful joint working. On occasions there will be a difference of professional views, particularly when practitioners are working together in the complex arena of safeguarding children and adults.

The purpose of this practice guidance is to ensure that where issues between agencies arise, safeguarding matters can be resolved in a timely manner. It is important that practitioners and managers understand what action they need to take to address professional differences of opinion. The safety and wellbeing of children and adults must always remain paramount.

Professional differences will sometimes arise over decisions, actions, or lack of actions. In these circumstances practitioners have a duty to address professional differences as soon as they arise in a way that is appropriate and proportionate.

Some examples may include:

- When there is disagreement about the response to a referral made by one agency to another agency or service (e.g. decision making/ request for care provision).
- Where there is concern about unsafe practice.
- When there is disagreement about the progression or outcome of an assessment or safeguarding enquiry (including a Section 42 enquiry or a Section 47 enquiry – as detailed within [Care Act 2014](#) and [Working Together to Safeguard Children 2023: statutory guidance](#)).
- When there is serious concern about the effectiveness of an individual's plan in bringing about the necessary changes and disagreement about how this should be addressed (e.g. drift/delay).
- When there is disagreement over the sharing of information/ the effectiveness of communication to support an individual.
- When there is dispute about consent or an individual's mental capacity to make an informed decision.

2. Guidance and Legislation

When supporting, and ensuring the safety and wellbeing of adults, actions must be undertaken in line with the safeguarding principles detailed within the Care Act 2014 (empowerment, prevention, proportionality, protection, partnership and accountability).

[Care Act 2014](#)

When supporting children and their families, the principles and duties of all agencies to safeguard children must be adhered to. These are detailed within the Children Act 1989 (updated 2004) and Working Together to Safeguarding Children 2023.

[Children Act 1989](#)

[Children Act 2004](#)

[Working together to safeguard children 2023: statutory guidance](#)

Professional differences must not inhibit timely and clear decision making. All professionals working with children, families and adults have a duty to:

- Act assertively and proactively to ensure safety and welfare is seen as a priority at all levels of professional activity. The views and desired outcomes of individuals should always be considered.
- Professionals must ensure that problems are resolved within the shortest timescale possible to protect the child or adult. Individuals should therefore exercise their judgement as to whether the timelines outlined in this practice guidance needs to be achieved more quickly.

Learning from national and local safeguarding practice reviews consistently highlights the importance of multi-agency communication and the prompt resolution of any barriers.

It is crucial that disagreements are escalated in accordance with the process outlined in this guidance, and that at each stage any decisions, and actions taken, are **clearly recorded** on the individual's record.

3. Key Principles

Professionals providing services to adults, children and families should work together across all agencies to ensure individual needs are well met. All professionals must challenge the practice of other professionals where they are concerned that actions may be placing individuals at risk of harm or failing to meet needs.

Problem resolution is an integral part of professional co-operation and joint working. All agencies must adopt a proactive approach towards problem solving which enables professional disagreements to be resolved as quickly as possible.

Professionals should ensure they:

- Share **information in a timely and proportionate manner** - professionals should share information appropriately, in line with national and local guidance.
- Are **committed to developing trusted relationships** with other professionals through communicating in an open, supportive and honest manner.

[Information sharing advice for safeguarding practitioners - GOV.UK](#)

- **Listen to voices** - always consider the views and desired outcomes of the individual, and their family networks.
- **Seek to resolve an issue quickly** at a practice level rather than at a management level.
- **Liaise with designated safeguarding leads** within their organisation, at the earliest opportunity.
- Always keep the **focus on the individual's safety and welfare**.
- Have good awareness of the **escalation routes** within their own individual agency for resolution.
- Ensure **accurate recording** on file records of key decisions and reasons for the decision.
- Professionals' actions should always be based on a **robust assessment of the risk of harm** to the individual, and the impact of the given situation on their wellbeing.

Sometimes professional differences can arise about whether an adult has the **capacity** to make a certain decision. Where there are disagreements about a capacity assessment, these can be undertaken jointly; or by someone who has a specialist area of expertise. Ultimately a referral can be made to the Court of Protection for decision making. All efforts must be made to support the person to make their own decision (i.e. using education programmes, tools). Only after establishing that a person lacks capacity should best interest decisions be made. This could also apply to a young person aged 16 years plus.

[Mental Capacity Act 2005](#)

The timescales identified within this document are practice guidance and refer to the maximum timescales' agencies should follow. In some cases, it may be necessary for action to be taken sooner to protect an individual.

If an individual is thought to be at risk of harm the designated safeguarding lead within the agency identifying the concern should be informed immediately. If the individual is

felt to be at immediate risk, Humberside Police and the respective local authority safeguarding team must be contacted.

4. Process for Professional Resolutions

The process for professional resolution is set within seven stages. The table below identifies the actions at each stage of the process, who is responsible at each stage and timescales for completing actions. A process flowchart is available at Appendix A.

Timescales should not be a reason for delaying action.

At all stages of the process, actions and decisions must be recorded in writing by the agencies involved and shared with relevant personnel, including the worker who raised the initial concern. There must be written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued. How this is undertaken should be determined in each case.

When a resolution has not been achieved at stage six, the independent chair or scrutineer of the Local Safeguarding Children Partnership or the Local Safeguarding Adults Partnership Board should be informed by email, as outlined in Appendix B.

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Resolution Process to be completed within 22 working Days (1 month)					
	Stages	Owner	Timescale	Outcome	Comment
1.	<p>Practitioner to practitioner - a professional from an agency involved with a child, young person or adult is dissatisfied with a decision/response or inaction from another agency.</p> <p>Discussion to take place between agencies to agree a resolution. This discussion should be documented on the individuals record, including the outcomes.</p>	Practitioner raising issue for resolution.	Discussion to take place within 24 hours.	<p>When a resolution is reached the outcome should be clearly recorded and shared with agencies involved.</p> <p>If resolution is not achieved, go to stage 2.</p>	Please consider application of the Mental Capacity Act 2005 for individuals who are 16 years plus.
2.	Line manager to line manager - the referring professional discusses the issue	Line manager of referring professional.	Line manager or equivalent should respond to	When a resolution is reached the	

	for resolution with their line manager/ supervisor, including the actions they have already taken and the impact on the child or adult. Line manager to take action to resolve.		escalation within 24 hours. This should include details of any liaison between agencies, actions and timescales. Information should be communicated via email and recorded as management oversight/ supervision.	outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 3	
3.	Group Manager/ Service Manager to Group Manager/ Service Manager - if resolution is not reached within 24 hours, escalation is made to the next management tier.	Agency Designated Safeguarding Professional i.e. Group Manager Named Nurse Education Safeguarding Manager Chief Inspector	Escalation/ concerns to be communicated in a written/email format within 24 hours. This should include actions already taken to achieve resolution and details of the reasons why resolution has not been achieved at that stage. Discussion to take place between the relevant agency leads with an agreed resolution within a maximum of 5 working days.	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 4.	
4.	Head of Service/ Senior Manager – Head of Service/ Senior Manager - If	i.e. Head of Service. Superintendent	Within 24 hours – 48 hours	When a resolution is reached the	Escalation will be undertaken by agency

	the matter remains unresolved escalation required to next most senior person in the line management hierarchy.	Assistant Chief Nurse		outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 5.	designated professional.
5.	Director/ Assistant Director/ Senior Leads – Director/ Assistant Director/ Senior Leads - escalation to next senior level within individual organisation (i.e. Assistant Director/ Director, Chief Nurse, Chief Superintendent).	Senior leads	Within 24 hours – 48 hours	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 6	
6.	Escalation to local safeguarding partnerships in exceptional circumstances where resolution cannot be agreed, escalation should be made to the local safeguarding partnership via the local safeguarding partnership business unit (form attached – Appendix B). Delegated Safeguarding Partners/ Executive Leads to collectively agree resolution (chaired by Independent Scrutineer/ Chair, if required).	Local Safeguarding Partnership (details page 11)	Within 24 hours – 48 hours	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 7	

7.	Resolution considered by a multi-agency panel (arranged by the local safeguarding partnership) comprising of lead safeguarding partners, Chief Executives, Chief Constable/ Officer chaired by Independent Chair/ Scrutineer.	Lead Safeguarding Partners and equivalent.	Between 3-5 days dependent on the severity of risk	Resolution must be agreed.	The Chair of the panel will make the final recommendation of actions which must be shared in writing within 5 working days.
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5. Timescales

Resolution needs to be achieved within timescales that are linked to the needs of the individual. When disagreements need to be resolved very quickly to safeguard an individual, professional judgement should always be used.

The maximum timescale for completion of a dispute at each of the seven stages has been provided within the table above, however all practitioners should endeavour achieve a resolution as quickly as possible.

6. Learning lessons

To ensure a continued culture of practice improvement, learning from the process of dispute resolution should be considered, either on a single or inter agency level.

For example:

- Identification of training needs
- Commissioning needs
- New agency practice guidance
- Updated practice guidance

For further information on Learning Reviews for Children and Adults, please visit [Learning reviews – Hull Collaborative Partnership](#)

Resolution Process for Children, Young People & Adults

If the person is deemed to be at risk of significant harm (at any stage) an immediate response is required determined by the level of risk.

1. **Practitioner to practitioner** - Professional from an agency involved with the person is unhappy with a decision/ response, or inaction, from another agency. Discussion to take place between agencies to agree a resolution. This discussion should be documented in the person's records and include the outcomes.

Discussion to take place within 24 hours.

If resolution is not achieved, go to Stage 2

2. **Line manager to line manager** - The referring professional discusses the issue for resolution, including actions they have already taken and outcomes, with their line manager.

Line manager or equivalent should respond to escalation within 24 hours. This should include details of any liaison between agencies, actions and timescales. This information should be communicated via email and/or recorded as management oversight/supervision.

If resolution is not achieved, go to Stage 3.

3. **Group Manager/ Service Manager to Group Manager/ Service Manager (or equivalent)** - issue for resolution escalated to next management tier.

Escalation/concerns to be communicated in a written/email format within 24 hours. This should include actions already taken to achieve resolution and details of reasons why resolution has not been achieved at that stage. Discussion to take place between the relevant agency leads with an agreed resolution within a maximum of 5 working days.

If resolution is not achieved, go to Stage 4

4. **Head of Service/ Senior Manager to Head of Service/ Senior Manager (i.e. Head of Service, Assistant Chief Nurse, Superintendent)** - If the matter remains unresolved, escalation is required to the next most senior person in the management hierarchy.

Within 24 – 48 hours. Escalation will be undertaken by designated agency professional.

If resolution is not achieved, go to Stage 5.

5. **Director/ Assistant Director/ Senior Leads/ Chief Superintendent/ Chief Nurse** - Escalation to next senior level within individual organisation.

Resolution to be achieved within 24 – 48 hours.

If resolution is not achieved, go to Stage 6.

6. **Escalation to the local safeguarding partnership/ board** via the local safeguarding partnership business unit (form attached on page 9). Delegated Safeguarding Partners/ Executive Leads to collectively agree resolution.

Within 24 – 48 hours – meeting to be chaired by Independent Chair/ Scrutineer, if required.

If resolution is not achieved, go to Stage 7.

7. Resolution considered by a multi-agency panel (arranged by the local safeguarding partnership) comprising of Lead Safeguarding Partners, Chief Executives, Chief Constable/ Officers. Chaired by Independent Chair/ Scrutineer.

Between 3 – 5 days dependent on the severity of the risk. Chair of panel will make final recommendation within 5 working days.

Appendix B Stage 6 Involvement of the LSCP/SAB

The relevant LSCP/SAB should be informed if a case reaches stage six by returning this completed form to:

**Email: FAO Local Safeguarding Partnership Manager and
Independent Chair/Scrutineer**

Hull LSCP: Hull SafeguardingChildrenPartnership@hullcc.gov.uk
Hull SAPB SafeguardingAdultsBoard@hullcc.gov.uk

East Riding LSCP:
East Riding SAB: ersab@eastriding.gov.uk

Date of Referral:

Name of Referrer:

Job Title:

Agency:

Address/Email Address:

Family Details – First Name, Surname and DOB

Parents:

Children:

Family Address:

Agencies involved – in the dispute or in the case generally

Issues of Concern/Nature of Disagreement:

Dates and Outcomes of all stages prior to stage six

Desired Outcome:

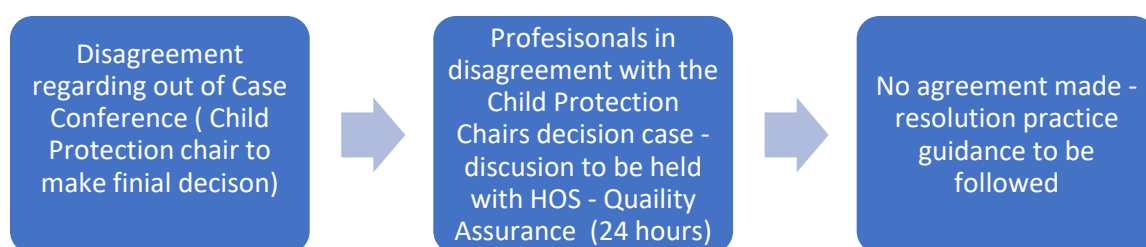
Appendix C

Effective escalation and resolution for Child(ren) Subject to Child Protection Plans

If a Child Protection Conference Chair is unable to achieve a consensus as to the need for a Child Protection Plan, The chair will make a decision and note any dissenting views. This will include the situation where there is no majority view and where the Conference Chair exercises his or her decision-making powers.

The agency or individual who dissents from the Chair's decision must determine whether (s)he wishes to further challenge the result.

If the dissenting professional believes that the decision reached by the Conference Chair places a child at (further) risk of Significant Harm, it is expected that (s)he will formally raise the matter with their line manager and/or Designated or Named Professional in their agency. This matter should be discussed with the Head of Service, Quality assurance who will consider what further actions are required, if not agreement can be made the resolution practice guidance should be followed.

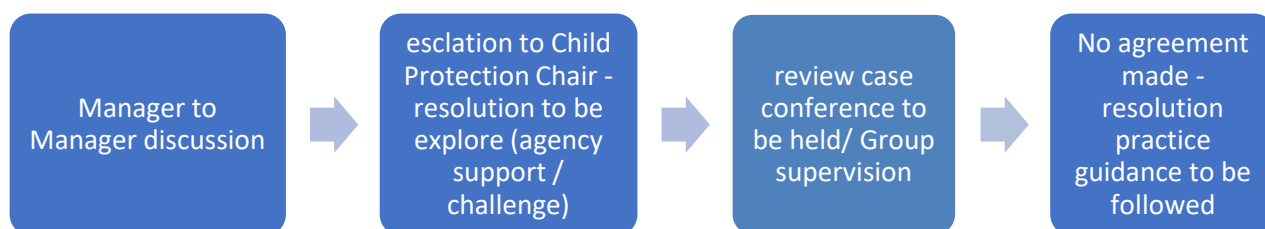


Disagreement regarding the Implementation and progress of Core groups

Concern or disagreement may arise over another professional's decisions, actions or lack of actions in the implementation of the Child Protection Plan, including participation in Core Group meetings.

The Practitioners should discuss such issues with their peer colleagues in the first instance and attempt to resolve informally. Where this is unsuccessful it should be escalated as per the procedure.

If agreement cannot be reached following discussions between the above 'first line' managers, the issue must be referred without delay through the line management of each agency. The Conference Chair should be copied into all correspondence and if disagreement can't be resolved the chair should speak to the individual agencies and consideration should be given to reconvening the Child Protection Review Conference. where there are any concerns which may have a detrimental impact on the progress of the child protection plan.



Appendix D Agency Contact Details

Local Safeguarding Children Partnerships

East Riding LSCP - erscpbusinessactivity@eastriding.gov.uk

Hull LSCP – HullSafeguardingChildrenPartnership@hullcc.gov.uk

Local Safeguarding Adults Partnerships

East Riding SAB – ersab@eastriding.gov.uk.

Hull LSAPB – SafeguardingAdultsBoard@hullcc.gov.uk

East Riding of Yorkshire Council

Beverley Safeguarding Team – 01482 880066

Bridlington Safeguarding Team – 01482 395470

Goole Safeguarding Team – 01482 396842

Haltemprice Safeguarding Team – 01482 565560

Safeguarding and Partnership Hub (SaPH) – 01482 395500

Hull City Council Children's Safeguarding Teams

West Locality – 01482 61(4872)

East Locality – 01482 61(5075)

North Locality – 01482 61(2900)

Early Help and Safeguarding Hub (EHaSH) 01482 44(8879)

Hull City Council Adults Safeguarding Teams

Hull Adults Safeguarding – 01482 61 (6092) – adultsafeguarding@hullcc.gov.uk

Humberside Police

Protecting Vulnerable Persons (PVP) – 01482 578488 vulnerabilityhub@humberside.pnn.police.uk

Hull University Teaching Hospitals NHS Trust Email c/o hyp-tr.safeguardingchildren@nhs.net

Humber Teaching NHS Foundation Trust Email: HNF-TR.SafeguardingHumber@nhs.net

City Health Care Partnership Email: chcp.safeguarding@nhs.net

York and Scarborough Teaching Hospital Trust Email: sctyorkhospital@nhs.net

Education

ERYC Safeguarding in Education Team Email: safeguardingineducation@eastriding.gov.uk

Hull Safeguarding in Education Email:

LADO

The Local Authority Designated Officer is responsible for managing allegations against adults who work with children.

Hull: LADO@hullcc.gov.uk

East Riding: LADO@eastriding.gov.uk