

4LSAB Safeguarding Adults Escalation Protocol

Background

The Care Act 2014 and Chapter 14 of the Care and Support Statutory Guidance 2016 includes six key principles that underpin Safeguarding Adults Practice. **Accountability** and **Partnership** are two of these. All partner agencies and their staff are accountable for delivering their part of the adult safeguarding process to a high standard.

The Key Principle: Communicate appropriately and effectively: *“You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.”* HCPC (Health and Care Professionals Council) Standard of conduct, performance and ethics, 2016.

The four Local Safeguarding Adults Boards (LSAB) in Hampshire, Isle of Wight, Portsmouth and Southampton are committed to the principle that appropriate challenge and escalation is an essential part of being part of partnership working and professional responsibilities to achieve high standards. On occasion, this may necessitate challenging poor practice when staff in one partner agency have concerns about the way in which staff within another agency are delivering their practice. In such circumstances, there must be a respectful challenge about the **action** or **inaction** taken. Appropriate challenges and escalations are vital to delivering continuous improvement, ensuring both accountability and partnership working as well as for achieving good outcomes for adults with care and support needs.

It should be clear how to escalate concerns about decisions made and actions taken or proposed where these cause concerns about safeguarding practice. Those challenged should retain a professional approach and avoid becoming defensive if when a concern is raised- about their practice or decision making. Practitioners and managers should always be prepared to review decisions and plans with an open mind and act proportionately and in accordance with the principles underpinning making safeguarding personal.

Primacy is always accorded to the wishes and preferences of the person affected by any safeguarding concern. One of the key principles of adult safeguarding work is that adults may have the right, and may exercise the right, to make unwise high risk decisions. As long as they have capacity to do so, their wishes must be accorded primacy by all professionals involved.

Problem resolution is an integral part of professional co-operation and joint working to safeguard adults. The safety of adults at risk and/or the impact on the adult’s wellbeing must be the paramount consideration in any professional disagreement. Unresolved or contested areas should be addressed with due consideration to the risks that might exist for the adult as well as having cognisance for the adult’s views and wishes and desired outcomes, where known.

All workers should feel able to challenge decision making and to see this as their responsibility in developing and promoting person centred safeguarding practice, as well as multi-agency working. This protocol provides workers with the means to raise concerns they have about decisions made by other workers/professionals or agencies by:

- a) Avoiding professional disputes that put adults at further risk or take focus away from the adult
- b) Resolving the difficulties within and between agencies quickly and openly
- c) Identifying problem areas in working together where there is a lack of clarity
- d) Promoting resolution and development via amendment to policies and procedures
- e) Ensuring that the adult at risk is at the centre of the process, their voice is heard and views and wishes are informing the actions being/ to be taken

Effective partnership working depends on an open approach and honest and positive relationships between the adult at risk and other workers/agencies. The resolution of problems and challenges are integral to effective professional co-operation and joint working to safeguard adults at risk.

Resolution should be sought within the shortest timescale possible to ensure the adult at risk has a proportionate level of response, promoting the wellbeing of the adult and taking full account of their views and wishes and/or where appropriate, their representative. Disagreements should be resolved at the earliest possible stage, however if an adult is thought to be at risk of immediate harm, discretion should be used as to which stage is initiated.

The process outlined in this document relates to cases where there are safeguarding concerns that meet the statutory threshold under section 42 of the Care Act 2014. The threshold for triggering a local authority's duty to carry out an enquiry, or cause others to do so is when the local authority has reasonable belief that an adult in its area has:

- care and support needs, **and**
- is experiencing, or is at risk of abuse or neglect, including some aspects of self-neglect, **and**
- as a result of care and support needs, it appears that he or she is unable to protect themselves from the risk of , or experience of, abuse or neglect.

There may also be occasions when the local authority uses its powers to make proportionate, non-s42 enquiries including cases sitting outside of the s42 process managed using the Multi-Agency Risk Management Framework.

Introduction

Disagreements could arise in a number of areas, but are most likely to arise around:

- Adult safeguarding concerns/enquiries where the threshold for intervention is contested.
- Concerns about agency adult safeguarding case management.
- Lack of engagement of key partners in the multi-agency risk management process.
- A lack of understanding regarding respective roles and responsibilities.
- An absence of action/ case closure.
- The views of the adult and/ or their representative being at odds with professionals / agencies views/ and or where it places the adult at on-going risk of harm

This Escalation Protocol should only be used within safeguarding practice, not for other matters, such as assessment for more general care and support needs, eligibility for care and support and funding of care and support needs are outside the scope of this process. Individual practitioner performance is also outside the scope of this document. Also, the adult subject to the safeguarding concern and/or their representative should, wherever possible, be aware of the dispute and have an opportunity to express their views and wishes, in particular, that in raising a dispute, the worker has full consideration of the adult's wellbeing.

Stages of the policy

At each stage, the worker initiating the issue/challenge must, wherever possible, involve the adult and / or their representative in order to ascertain and ensure that the proposed actions/ areas of concern/dispute are understood and do not conflict with/ impact upon the adult's independence, wellbeing and / or decisions/outcomes they want to achieve.

Stage one

Initial attempts to resolve low level problems should be made between practitioners and agencies when a disagreement arises. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this without support. However, all members of staff have a professional duty to raise concerns about the safety and well-being of service users and to act promptly.

Stage Two

Any worker who feels that a decision is not safe or is inappropriate, and/or where it has not been possible to resolve the disagreement through Stage One discussion, must escalate their concerns as soon as possible to their supervisor/manager, being specific as to what the disagreement is about and clearly advising what outcome is required.

Their line manager should then raise the concerns with the equivalent supervisor/manager in the other agency. This can also be direct to the manager who made the decision, for example the Chair of a Safeguarding Planning Meeting

Stage Three

If the problem is not resolved at stage two, the respective supervisors/managers must escalate the concern to their senior managers e.g. Assistant Director for Integrated Delivery, Deputy Director of Nursing, LA Adults Safeguarding Manager and Trust/CCG Named Professional.

Stage Four

Where there is failure to resolve disagreements amongst managers within agencies and or/ if discussions raise significant protocol issues, the matter must be referred to the relevant Head of Service, Director of Nursing, Designated Safeguarding Lead for the CCG/NHS Trust and the LSAB Chair They must be prepared, where necessary, to intervene.

Additional Notes

At all stages of the process, actions and decisions must be timely, recorded in writing and shared with relevant personnel including the worker who initially raised the concern. This must include written confirmation between the parties about an agreed outcome of the disagreement, the timescales for responses/actions and how any outstanding issues will be pursued.

Where the disagreement relates to family member or professional differences in opinion about a best interest decision made for a person who lacks mental capacity to make that decision themselves, reference should be made to Chapter 15 of the Code of Practice to the Mental Capacity Act 2005. Where no consensus of agreement can be researched despite taking all practicable steps to do so, then the Court of Protection should be approached.

A clear record should be kept **at all stages by all parties**. In particular, this must include written confirmation between the parties about the agreed outcome of the dispute and how any outstanding issues will be pursued. This should be documented in the appropriate record system within each individual agency, in accordance with their internal processes.

Complex High Risk Cases

Where there are significant and serious areas of disagreement between adult social care, police and health, resulting in polarised views, it can be difficult to reach agreement. Where time pressures, particularly within or about acute health service issues are involved, it is proposed that multi-agency oversight of the case involving senior staff is undertaken early on by convening a round-table discussion or consultation involving senior managers. This group would agree and propose actions to be communicated directly to the operational staff involved. This should seek to resolve the matter promptly or propose how disagreements would be considered and resolved further. The 4LSAB Multi-Agency Risk Management Framework should be used to address concerns in a multi-agency forum. See link for details: [4LSAB Multi-Agency Risk Management Framework](#)

Concerns about the practice of colleagues within your own organisation

Each agency should have its own clear and accessible protocol in respect of 'whistleblowing' which should be consulted where there are serious concerns about the practice of a colleague which have not yet been resolved by discussion with the relevant managers. If you have exhausted your organisation's whistleblowing process you should escalate outside the organisation. See link for details: <https://www.gov.uk/whistleblowing>

Concerns relating to colleagues in a position of trust believed to pose a risk to adults with care and support needs should be addressed using the 4LSAB Allegations Management Framework and in line with respective organisational HR processes. Concerns relating to criminal matters must be referred to the police. See link for details: [4LSAB Guidance on Managing Allegations Against People in a Position of Trust](#)

Wider learning points or gaps in policies and procedures

If the process highlights gaps in policies and procedures this should be brought to the attention of the Independent Chair of Safeguarding Adults Board.

Annex A

Escalation and Resolution Procedure for Raising Safeguarding Concerns Flowchart

BEFORE ESCALATION

Practitioners should follow up as part of the safeguarding process.
Have you checked back on decision-making?
What is the view of the adult or their representative?



There is disagreement about a decision or concern about the appropriateness or effectiveness of a response to an adult's safeguarding support.
What is the view of the adult or their representative?

ESCALATION

Stage 1

Practitioner attempts to address professional concern or disagreement through discussion and/or meeting.
Is there agreement?

Resolved
→

Check back to ensure there is shared understanding of the agreed actions.
Record agreed actions.
Complete Record of Escalation template and log according to agency procedure.
Check back to ensure agreed actions have been fully implemented.



Stage 2 Unresolved

Practitioner reports professional concern or disagreement to line manager. Worker needs to be specific as to what the disagreement is about and clear on what they aim to achieve. Advice is sought from respective designated safeguarding leads if necessary.
Is there agreement?

Resolved
→

Check back to ensure there is shared understanding of the agreed actions
Immediately feed agreed actions back to operational staff.
Confirm actions in writing between agencies and, where appropriate, include a date to review them.
Invoke (if necessary) the process for reviewing the adult's safeguarding plan.
Complete Record of Escalation template and log according to agency procedure.
Check back to ensure agreed actions have been fully implemented.



Stage 3 Unresolved

Supervisors/managers must escalate the professional's concern or disagreement to their senior managers in order to seek resolution.
Is there agreement?

Resolved
→

Outcome of discussion and agreed actions to be recorded in writing and consideration given to where the record of the meeting is to be held.
Immediately feedback agreed actions to operational staff.
Senior managers consider the need to review policies/procedures or to address any issues re compliance/professional competence.
Complete Record of Escalation template and log according to agency procedure.
Check back to ensure agreed actions have been fully implemented.



Stage 4 Unresolved

Failure to resolve disagreement amongst managers/agencies, the professional concern is raised with the relevant head of service. If still unresolved the escalation should be referred to the LSAB Chair.

Resolved
→

Record of Escalation, Challenge and Conflict Resolution between Practitioners or Agencies

At all stages of escalation, records of discussions and any decisions made should be recorded in writing and shared with any relevant personnel.

The LSAB does not prescribe a specific reporting format, but this form can be used where helpful.

Name of adult at risk:	
Summary of reason for dispute – include views of all agencies concerned:	
Agreed outcomes or actions if satisfactorily resolved/agreed next steps including escalation to next stage if unresolved:	
Please indicate who this information is being copied to:	
Stage at which resolution achieved:	
Take taken to reach resolution:	
Additional notes:	
Signatures of all parties:	Name:
	Job title:
	Agency:
	Date:
	Name:
	Job title:
	Agency:
	Date: