

Croydon Safeguarding Adults Escalation Protocol

Accountability and Partnership is one of the six key principles that underlines and promotes effective Safeguarding Adults Practice and is enshrined in the Care Act 2014 and in Chapter 14 of the Care and Support Statutory Guidance 2016. All Adult Social Care Staff are accountable for their professional practice which include decisions and actions in ensuring a high standard and efficient adult safeguarding interventions which promote best outcomes for the adult at risk.

Furthermore, 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.

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. 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.

This protocol seeks to make clear how and when 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.

At the centre of any contested decisions or actions must be the wishes and preferences of the person affected by any safeguarding concern. Adults at risk 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.

Therefore, this protocol seeks to achieve the following objectives;

1. Create a supportive environment that promotes constructive professional dialogues with respect for individual perspectives to address problems or conflicts where adult safeguarding practice or policy is likely to have a detrimental effect on the experience, safety and wellbeing of adults at risk.
2. Provides the framework for constructive challenge and builds professional relationships
3. Underlines the importance of sharing difficulties and dilemmas with the goal of learning, improving and developing frontline adult safeguarding practice
4. Supports problem resolution as an integral part of professional cooperation and joint working to safeguard adults at risk and promotes their wellbeing.
5. Encourage appropriate scrutiny, oversight and challenge of safeguarding adults interventions and plans
6. Supports willingness to review decisions and plans with an open mind and act in accordance with the principles as detailed in the Care Act 2014, Human Rights Act 1998, Equality Act 2010, Mental Capacity Act 2005 and in making safeguarding personal.
7. Identify problem areas, manage professional disagreements, and ensure that the adults at risk are at the centre of the process with their voices heard and their views and wishes informing all relevant decisions and actions.
8. Supports timely and proportionate adult safeguarding interventions as well as speedy resolution of any conflicts.

This protocol is to be used in respect of all adult safeguarding referrals and concerns including cases that meet the statutory threshold as defined under section 42 of the Care Act 2014.

Some examples of applicable themes are;

1. Adult safeguarding Referrals for clients on a waiting list
2. All disputes regarding responsible teams
3. Delays in allocation
4. Situations where risk is not reduced sufficiently to close intervention
5. High case load/staffing issues impacting on Adult Safeguarding interventions
6. Adult Safeguarding concerns or enquiries where dispute exists around thresholds
7. Concerns about team or service's case management of adult safeguarding concern
8. Lack of engagement from key teams in the multi-agency risk management process
9. Lack of clarity around roles and responsibilities
10. An absence of action/case closure
11. The views of adult and/or their representatives or referrers (not related to adults) being at odds with professionals/agencies' views/ and or where it places the adult at further risk of harm

Exceptions are as below;

1. Assessment for general care and support needs
2. Eligibility for care and support
3. Funding of care and support needs
4. Individual performance and all Human Resources' related activities

All attempts should be made to secure relevant information from families, carers and other involved professionals, where possible and proportionate.

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

Ideally and to strive for, resolution should be sought within the shortest timescale possible to ensure the adult at risk has a proportionate level of response, promote the wellbeing of the adult and take 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 it is initiated.

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 Manager in the other agency. This can also be direct to the manager who made the decision or the Chair of a Safeguarding Planning Meeting, if indicated.

Stage Three

If the problem is not resolved at stage two, the respective supervisors/managers must escalate the concern to their service managers.

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 Heads of Service.

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.

Concerns about the practice of colleagues within teams, services and departments

Each team, service or department should refer to the Croydon Council's policy 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 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 Croydon LADO policy and in line with respective organisational HR processes. Concerns relating to criminal matters must be referred to the police. See link for details: Croydon's 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 Manager of Croydon Safeguarding Adults Board/ Relevant Heads of Service/Principal Social Worker.

Annex 1: Possible Trigger points/Timescales/Possible actions

Issue Escalation - Trigger Points					
	Issue Trigger Point	Escalate Issue To	Escalation Urgency	Action Required	Target Completion Date
1	Adult Safeguarding Referral on a team's waiting list	Refer to stages flow chart Annex 2	Within 24 hours	Allocation	48 hours
2	Adult safeguarding referral where dispute exists about responsible team	Refer to stages flow chart Annex 2	Within 24 hours	Identify relevant team	48 hours
5	Adult Safeguarding Referral where risk of self-neglect remains after intervention	Refer to stages flow chart Annex 2	Within 48 hours of end of intervention	1. Consider Further action to mitigate risk 2. Consider Multiagency interventions 3. Consider legal interventions if applicable	Within 4 weeks
6	High case load/Staffing impact on Adult Safeguarding Interventions	Team Managers/Service Managers	Within 1 week	1.Consider Internal Team support via targeted case management supervision	Within 4 weeks

Annex 2

Escalation and Resolution Procedure for Raising Concerns about Adult Safeguarding Concerns or Interventions Flow chart

