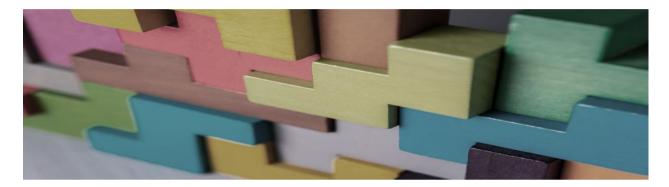


Conflict Resolution and Escalation Protocol



Barking & Dagenham Safeguarding Children Partnership (BDSCP)

December 2023

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1 INTRODUCTION

- 1.1 The aim of this protocol is to enhance partnership working across Barking and Dagenham, promoting an open and honest approach between agencies.
- The Barking and Dagenham Safeguarding Children Partnership recognises that in some exceptional cases the needs of babies, children, young people and families may not easily align with our usual application of thresholds and situations may arise where professional disagreements occur. Disagreements can impact in a negative way on relationships and consequently on the ability to safeguard and promote the welfare of children and young people.
- 1.3 The safety and wellbeing of children and young people is paramount, and it is essential that children and families do not become entangled in professional disagreements. Where professionals consider practice by other professionals is placing a child at risk, they must act swiftly, assertively and ensure that they challenge in line with statutory guidance Working together to safeguard Children 2018
- This policy applies to and is relevant for all Safeguarding Partners, and all professionals working with children and families in Barking and Dagenham in accordance with Working together to safeguard Children 2018

Barking and Dagenham Safeguarding Children Partnership:

Practitioners, managers and leadership within the Local Authority, Health and the Police. Any other staff working with children.

Partner organisations:

Practitioners, managers and leadership within Education; Schools and Colleges, Probation, Voluntary and Community Sector and any other agencies that work directly with children.

2 CONTEXT

- 2.1 Each agency represented at the Barking & Dagenham Safeguarding Children Partnership should have one Safeguarding Lead (SL), who should not be a member of the BD SCP. They should be sufficiently senior within their agency structure to inform and influence decision making regarding concerns that emerge about practice. Ideally, they would report directly into their agency representative on the BD SCP, although different agency structures may not allow for this.
- 2.2 The primary role of the SL is to mediate with SL colleagues across other agencies to seek a consensual resolution to a concern/problem that has emerged that cannot be resolved at practitioner/front line management level between partner agencies. They will not replace any operational roles currently in place that facilitate child protection and safeguarding practices within agencies.
- 2.3 Disagreements between practitioners can arise at any stage in safeguarding processes. The following examples are not an exhaustive list but should be a guide to the types of issues:
 - Concerns in relation to an agency's response to a safeguarding concern;
 - Inappropriate application of London Child Protection Procedures;
 - · Roles and responsibilities; and
 - Practice/Case Management issues
 - Poor/Inadequate information sharing

CORE PRINCIPLES 3.1 All agencies must work together in the interest of the child and it is recognised that at times there are differences of opinion on how to progress a case. Every effort should be made to resolve disagreements as close to the point of origin as possible, and with those working most directly with children. 3.2 Disagreements within and between agencies must be resolved quickly and openly, within the timescales stated within the protocol. 3.3 In reaching a resolution it is essential that at all times, disputes are approached in a considerate manner and one which both respects and seeks to understand the views and concerns of others when engaging with the young person and their family. 3.4 Care should be taken to agree a way of managing conflict, which allows children and families to understand the issues under discussion. 3.5 All agencies are responsible for ensuring that their workers are supported and know how to appropriately escalate concerns and disagreements about a child or young person's well-being. It should be recognised that differences in status and/or experience of individual staff may affect the confidence of some workers to pursue their concerns if unsupported and an internal line management process should be in place to address this and to support. 3.6 Decisions should be recorded in writing and the referring member of staff should be kept informed of the progress of their concern. In particular this must include written confirmation between the parties about an agreed outcome of the resolution process and how any outstanding issues will be pursued. All records should be retained on the child's case file / agency database. This protocol is not designed to replace the BD SCP member organisations complaints 3.7a processes and should not be used when there is a complaint about a specific professional in situations where the relevant organisation's complaints procedure or allegations procedure will apply. b This p is not intended to replace or prevent day-to-day communication and joint working between professionals. In all cases where a professional believes a child to be at imminent risk of harm, they 3.8 should refer the case to the Barking and Dagenham MASH Team and/or Police (EA BCU).

4 PROCESS FOR CONFLICT RESOLUTION

- 4.1 Stage One: Discussion Professional to Professional
- 4.1.1 The first step for the practitioner should be to liaise directly with the colleague whose practice has given rise to the concern to seek resolution at this stage within 2 working days.
- 4.1.2 The Receiving practitioner should review the information and liaise with the concerned professional, within 3 working days.
- Discussions should be clearly recorded, along with the agreed solution and relayed to all parties within a further 2 working days
- **4.1.4** The practitioner should inform their colleague of their intention to escalate, should the issue not be resolved.
- 4.2 Stage Two: Discussion and Escalation to Line Manager
- **4.2.1** If a practitioner remains concerned about a practice issue, despite following stage one escalation, to resolve the matter directly with their colleague, they should inform them that they will be discussing the issue with their own manager and/or child protection adviser.
- **4.2.2** The practitioner and manager/child protection advisor should agree a conflict resolution strategy and record the details of this agreement within 7 working days or a timescale that protects the child from harm (an earlier resolution may be required where a baby is involved)
- 4.2.1 The manager should inform the colleague, and their line manager, of any intention to refer to the SL should the issue not be resolved at this stage.

4.3 Stage Three: Escalation to Safeguard Lead (SL)

- 4.3.1 If no satisfactory resolution has been sought in Stage two, the SL of the referring agency should be contacted by the practitioner by phone to discuss the matter within 2 working days.
- **4.3.2** The Safeguarding Lead from the referring agency, should complete the "Safeguarding Lead Conflict Resolution Form" (Appendix A).
- 4.3.3 Actions agreed between the SLs and the timescales for completion, should be recorded within Section B of the form, and shared with the receiving SL.
- 4.3.4 At the end of the agreed period for completion, the receiving SL should contact the referring SL who should record the outcome within Appendix A of this form.
- If there remains a disagreement, the expectation is that escalation continues through to Superintendent/Director/Designated Level in each organisation for the matter to be resolved. The respective agency member of the Barking & Dagenham Safeguarding Children Partnership (BDSCP) should be engaged in seeking resolution before the case is escalated to Stage four. It is anticipated that escalation to stage four would be the very last resort.

4.4 Stage Four (a): Resolution for BD SCP Independent Scrutineer

- In the unlikely event that the professional disagreements remain unresolved, the matter must be referred to the Independent Scrutineer of the Barking and Dagenham Safeguarding Children Partnership. The agency raising the dispute should email details through to the BD SCP Business Manager bdscp@lbbd.gov.uk
- 4.4.2 A meeting will be arranged between the Independent Scrutineer and the relevant partner organisation where the agencies can discuss the case and conflict issue in a chaired and minuted meeting with a resolution being agreed and recorded. The meeting should happen ASAP with a date being set within 24hours of Stage three.
- **4.4.3** The BD SCP is not an operational body and cannot direct the actions of partner agencies. However, the BD SCP as a body has a strong expectation that the recommendation of the BD SCP Scrutineer will be acted upon.

4.4.4 Stage Four(b): Non-Urgent and/or Lessons Learned

The Safeguarding Leads can advise that the learning points from a non-urgent case should be referred to the next BD SCP Practice Development and Learning (PDL) subgroup for interagency consideration. At this point the group may make recommendations for individual agencies to review performance and/or involvement, or for SCP policy and procedural review and development.



Escalation & Conflict Resolution: Process Flowchart

The escalation to the conflict resolution process can take place by telephone, face to face or internet meeting. the process needs to allow for professional challenge in an appropriate setting and should therefore **not** take place by email. Meetings of this nature must be recorded in single agency records to ensure the process is productive, transparent, and available for auditing by the BD SCP. The process should meet the timescales outlined below.

STAGE 1 (0-7 WD) Direct Professional to Professional Discussion

- Differences of opinion or judgement should be discussed amongst the frontline professionals involved with attempts to resolve the matter locally and to develop and agree a plan with clear timescales if needed.
- Record the discussion and outcome.
- Escalate to Stage 2 if the conflict cannot be resolved by the above.



STAGE 2 (7-14 WD) Discussion and Escalation to Line Manager

- Inform colleague of intent to discuss with Manager
- Consult with Manager to clarify thinking
- ·Line Manager to review concerns and ensure they meet the purpose of this process
- Line manager to contact the other professionals line manager with a conflict resolution strategy to be agreed and outcome recorded
- •Escalate to Stage 3 if not resolved by the above. Professional and Line Manager to Inform colleague and their Line Manager of intention to refer to Safeguarding Lead



STAGE 3 (16+ WD) Discussion and Escalation to Safeguarding Lead

- ·Safeguarding Lead (SL) from referring agency should contact practitioner
- ·Safeguarding Lead Conflict Resolution Form to be completed
- Action agreed and form shared
- Outcome recorded and sent back to referring SL
- •Escalation continues through appropriate management tiers within organisation
- Escalate to Stage 4 if not resolved by the above. This should only occur once all other escalation methods have been exhausted



STAGE 4 – Resolution
Escalation to the Independent Scrutineer for the BDSCP. To be sent via email to bdscp@lbbd.gov.uk

The BD Safeguarding Children Partnership Delivery Group Members (as at point 4.3.5 above)

Name	Job Title	Contact Details		
Local Authority				
Elaine Allegretti (Exec) *	Strategic Director, Childrens and Adults (DCS & DASS)	Elaine.Allegretti@lbbd.gov.uk		
April Bald	Director, (Op) Children's Care & Support	April.Bald@lbbd.gov.uk		
Chris Bush	Director, Commissioning Care & Support	Christopher.Bush@lbbd.gov.uk		
Jane Hargreaves				
Suzanne Knoerr (Interim)	Director (Op) Adult's Care & Support	Susanne.Knoerr@lbbd.gov.uk		
Matthew Cole	Director, Public Health	Matthew.Cole@lbbd.gov.uk		
Heather Storey	Head of Children's Commissioning	Heather.Storey@lbbd.gov.uk		
Frank Mcsheffrey (Interim) Head of Safeguarding & QA (Children)		Frank.McSheffrey@lbbd.gov.uk		
Vikki Rix	Head of Performance and Intelligence	Vikki.Rix@lbbd.gov.uk		
		Erik.Stein@lbbd.gov.uk		
NHS North East Londor	n (NEL) CCG/ICS and GP			
Korkor Ceasar (Exec)	AD Safeguarding Children	Korkor.ceasar@nhs.net		
Kate Byrne *	Designated Nurse, Safeguarding Children	Kate.Byrne@nhs.net		
Dr Richard Burack	Named GP, Safeguarding Children	Richard.Burack@nhs.net		
	st Area BCU) Public Protection			
Lewis Basford (Exec)	Detective Superintendent, Head of Public Protection	lewis.basford@met.police.uk		
Robin Peel	Detective Chief Inspector	robin.g.peel@met.police.uk		
NHS North East London	n Foundation Trust (NELFT)			
Melody Williams	Integrated Care Director	Melody.Williams@nelft.nhs.uk		
Mohammed Mohit	Assistant Director, Childrens	Mohammed.Mohit@nelft.nhs.uk		
NHS Barking, Havering,	, Redbridge University Trust (BHRUT)			
Gary Etheridge	Director of Nursing, Patient Experience, Engagement & Safeguarding	Gary.etheridge@nhs.net		
Daniela Capasso	Assistant Safeguarding Director (inc Midwifery)	dcapasso@nhs.net		
Jay Brown	Named Nurse, Safeguarding Children	Jay.Brown1@nhs.net		
National Probation Serv	vice (NPS)			
Steven Calder	Head of Service, BD & Havering	Steven.calder@justice.gov.uk		
Schools & Colleges				
Clare Cantle	Head Teacher (Secondary Lead)	ccantle@allsaintsschool.co.uk		
Wayne Pedro	Head Teacher (Primary Lead)	wpedro@johnperry.bardaglea.org.uk		
Amy DeCampos	Safeguarding Lead, BD College	Amy.DeCampos@bdc.ac.uk		
Voluntary & Community				
Avril McIntyre	Director	avril@communityresources.co.uk		

All statutory agencies have an on-call manager and director system. Where escalation requires urgent resolution, and it is outside of Monday – Friday 9am - 5pm staff are advised to use the on-call process.

Business Manager for BD Safeguarding Children Partnership (SCP) <u>Jemma.Breslin@lbbd.gov.uk</u> Business Manager for Safeguarding Adults Board (SAB) Contact <u>Joanne.Kitching@lbbd.gov.uk</u>



Appendix A

Safeguarding Lead Conflict Resolution Referral FormSection A

To be completed by referring Safeguarding Lead in consultation with practitioner.

Receiving Agency		
Name of Practitioner:		
ivanie di Fractitioner.		
Name of Agency:		1
Name of Safeguarding Lead:		
Referring Agency:		
Date of Referral:		
Name of Referrer:		
Name of Referrer.		
Agency of Referrer:		1
7.901104 01 1101011011		
Name of Safeguarding Lead:		
		_
Names of Children Concerned:	Date of Birth:	
		4
Provide a brief description of co	ncern:	
Provide a brief description of co	ncern:	
Provide a brief description of co	ncern:	
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	ncern:	
Provide a brief description of co	ncern:	
	ncern:	



Safeguarding Lead Conflict Resolution Form Section B

To be completed by referring Safeguarding Lead.

Action Plan (to be a	Action Plan (to be agreed by both Safeguarding Leads)				
Issue	Agreed Action	By Whom?	By When?	Outcome (to be completed at agreed timescales)	

Ived: Yes/No

Notify Head of Service: Yes/No

Additional Comments