



4LSAB Multi-Agency Safeguarding Adults Escalation Protocol

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1. Safeguarding Adults Escalation Policy - Background

The Care Act 2014 and Chapter 14 of the Care and Support Statutory Guidance 2023 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. This protocol applies to all partners including Adults Social Care, Police and Health, housing, voluntary sector and any other professionals supporting adults at risk.

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.

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 partnership working and professional responsibilities to achieve high standards. On occasion, this may necessitate challenging practice when staff in one 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.

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. This protocol provides workers with a structure by which concerns they have about decisions made by other workers/professionals in partner agencies can be raised.

The aims will be to resolve difficulties within and between agencies quickly and openly. To promote resolution and development and to ensure that the adult at risk is at the centre of the process, that their voice is heard.

Effective partnership working depends on an open approach and honest and positive relationships between the adult at risk and other workers/agencies.

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, as well as cases where MARM is applicable. 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.

2. 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: these are outside the scope of this process. Individual practitioner performance is also outside the scope of this document. 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.

3. Stages of the policy

At each stage, the worker who has raised an escalation should involve the adult and/or their representative and ensure that the proposed actions/dispute are understood and that the Adult wants matters to be followed through. For guidance on having challenging conversations, see the [4LSAB One Minute Guide to Having Honest Conversations](#).

Stage One

When a disagreement about actions and decisions occurs initial attempts to resolve low level problems should be made between partner agency practitioners. 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. There should be an open discussion where the disagreement is communicated, with the purpose of resolving the matter at this level.

Stage Two

However, where it has not been possible to reach a resolution via Stage One, the worker should escalate their concern to their supervisor or manager. This will result from the worker considering that the decision that was made is not safe or is inappropriate or ineffective. The worker should clearly and explicitly communicate what the disagreement is about and advise what outcome is required.

Their line manager/supervisor 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.

Stage Three

If the problem is not resolved at stage two, the respective supervisors/managers must escalate the concern to their senior managers. An equivalent process to Stage 2 should take place at this higher management level.

Stage Four

In exceptional circumstances, where there is failure to resolve disagreements amongst managers within agencies using the previous processes, the matter must be referred to the relevant Head of Service and the Chair of the relevant LSAB. This might also be relevant if discussions raise significant protocol issues.

4. 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 reached despite taking all practicable steps to do so, then the Court of Protection should be approached. Independent Advocacy should be considered where appropriate.

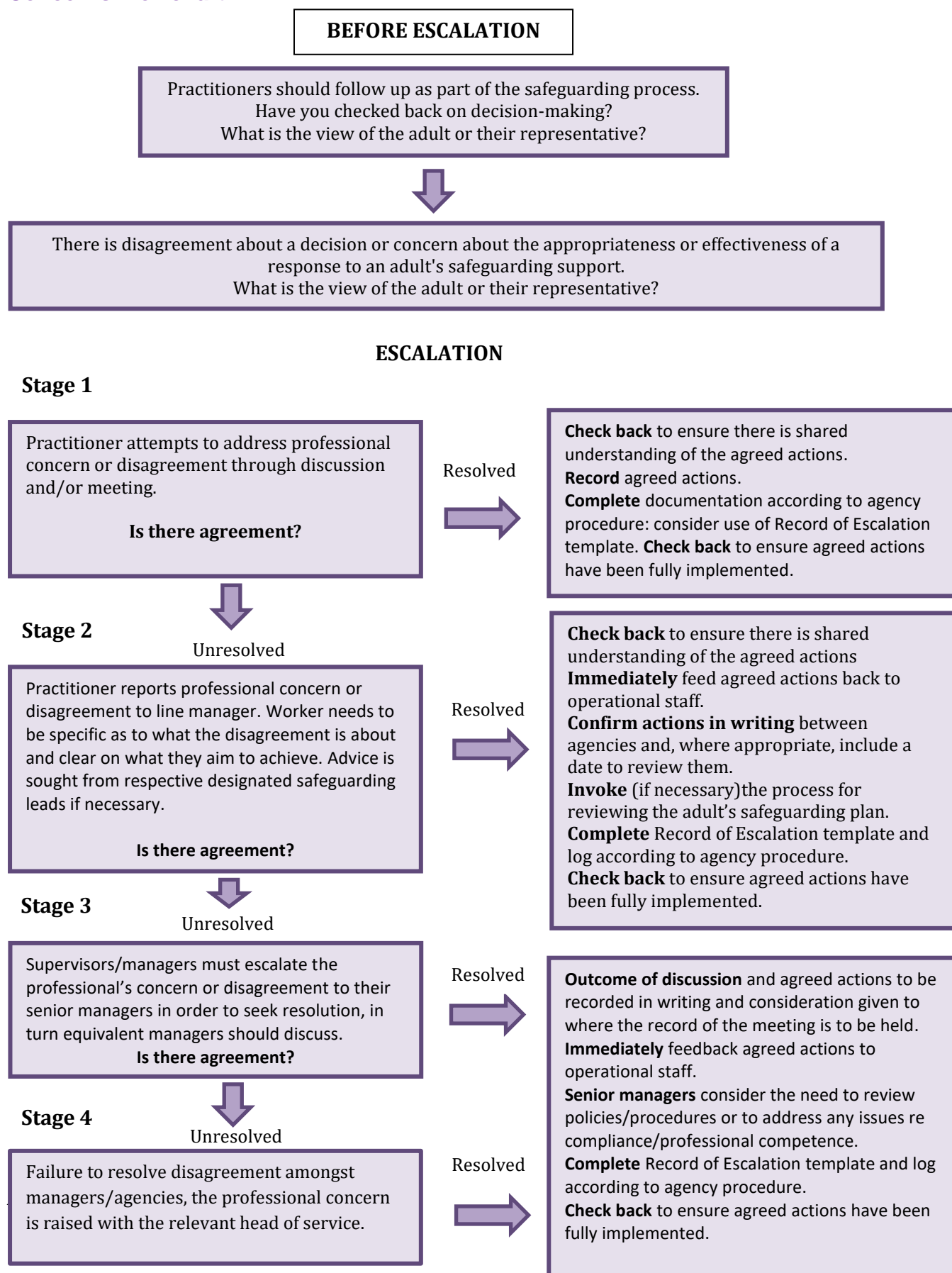
5. Concerns about the practice of colleagues within your own organisation

Each agency should have its own clear and accessible 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 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](#)

6. Annex A: Escalation and Resolution Procedure for Raising Safeguarding Concerns Flowchart



7. Annex B: 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:	
Time taken to reach resolution:	
Additional notes:	
Signatures of all parties:	Name:
	Job title:
	Agency:
	Date:
	Name:
	Job title:
	Agency:
	Date: