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QUESTIONS FOR SELF-REFLECTION, SUPERVISION AND TEAM MEETINGS

- Have I clearly expressed my own observations and concerns about risk and how these relate to a decision / action or inaction by the other practitioner?
- Have I sought to directly resolve the issue with the other practitioner?
- Have I sought support from my Line Manger?
- Should I be following the Resolution & Escalation procedures for my Service / Agency?

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P&K CPC INTER-AGENCY ESCALATION ARRANGEMENTS

Stage 1 – Escalate the dispute to your Manager / Supervisor; Agree the next steps / course of action and timescales. Your Manager should arrange a meeting with their equivalent to address the dispute.

Stage 2 – If Stage 1 has not achieved resolution, the matter can be escalated further to Senior Management.

Stage 3 - The Chief Social Work Officer will have the final determination responsibility in terms of any unresolved dispute or disagreement. Any ongoing disagreement can be referred to the Perth and Kinross CPC and / or the Chief Officers Group (COG).

Ensure that feedback remains a two-way process throughout these stages as the situation may change.

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ESCALATION ARRANGEMENTS

Where resolution between practitioners has not been successful, and a practitioner remains of the view that CYP is not safe, they should, **without delay, escalate the dispute further through their own service or agency arrangements.**

Processes and Guidance are in place about how to do this e.g. [Perth and Kinross CPC Practitioners Guide: Resolution & Escalation Arrangements](#).

Resolution & Escalation of Professional Differences



Getting it Right
in Perth and Kinross

Helping children be the best they can be



ChildProtection
Perth & Kinross

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BACKGROUND

Practitioners working together with shared responsibility for the wellbeing and protection of an unborn baby, baby, child or young person (shortened to CYP in this document) will, at times, disagree about the actions, inactions or decisions of another professional or agency regarding the safety and protection of a child or young person.

Where professional differences cannot be resolved informally, it is **essential** that professionals constructively challenge the decisions and practice of others whilst ensuring the needs of the CYP remain the primary focus.

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REASONS FOR PROFESSIONAL DIFFERENCES

These include:

- Misunderstanding of each other's roles & responsibilities
- Criteria or thresholds for referral; assessment or Intervention
- Perspectives of level of risk / complexity
- Timescales
- Information sharing & communication
- Practice / Case management issues

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PROFESSIONAL AGREEMENT DOES NOT NECESSARILY LEAD TO SAFER PRACTICE

Be aware of...

Professional Deference – excessively respecting or prioritising the opinions or judgement of another professional – often one of higher status or perceived expertise – potentially to the point of overlooking one's own concerns.

Groupthink – Making poor decisions together as a group because members opt to conform with the consensus view rather than engage in critical thinking and professional challenge.

IF YOU DON'T AGREE – SPEAK UP!

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RESOLUTION ARRANGMENTS

Always try to address and resolve disagreements through direct one-to-one professional discussions in the first instance. Arrange to meet quickly and centre the discussion around professional concerns, observations, assessment of needs/risks and the impact on the CYP. Going through the chronology together can be helpful.

Try to be curious and open-minded and aim to better understand each other's perspectives in these discussions. Be respectful at all times and guard against taking professional challenge personally or letting the child's needs become lost in the resolution process. This should help agree a way forward.

However, if no resolution can be found, note the professional positions in Service / Agency records and let the other person know that You intend to escalate the issue.

Resolution & Escalation of Professional Differences

REFLECTIVE LEARNING ACCOUNT

After reviewing the 7-minute briefing, this form can be used to record learning reflections and actions. It can be used in groups, teams, 1-1 supervision discussions or by individual practitioners.

How does the information in this 7-minute briefing link with your practice?

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What did you learn from the 7-minute briefing and associated guidance?

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How did you change or improve your practice as a result?

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How is it relevant to the professional standards, behaviours, values and / or codes of practice and conduct you require to meet?

e.g. [SSSC Codes of Practice](#) (2024); The [Health and Social Care Standards](#) (2017); The [GTC Scotland Code of Professionalism and Conduct](#) (2021) or the [NMC Code](#) (updated 2018).

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