



West Dunbartonshire Multi-Agency Escalation and Dissent Guidance

Date Agreed at CPC: April 2016 and May 2017

Review Date: April 2019

1. Dissent within child protection meetings.

Dissent within child protection case conferences may occur where an agency, or professional representative of an agency or service, does not agree with the outcome of a child protection case conference.

It is important to be clear as to the role of the conference chairperson in this context;

- To ensure that the correct participants are invited to the case conference.
- To facilitate information sharing in respect of the risks felt to exist in relation to a child or young person.
- To ensure that all relevant information, positive and negative is discussed and that all attendees contribute both their held information, and to the ensuing discussion.
- To contribute information from those not attending but who have submitted reports.
- To build consensus regarding risk of future harm
- To facilitate all attendees in stating their perception of risk, and their view as to the outcome of the meeting, with reasons.
- To consolidate the outcome, identify the initial core group and the initial child protection plan.
- To ensure that, where children are not named on the child protection register, the key professionals to be involved in the on-going support of the child / young person are identified, and the focus of work for the family / young persons' outcome plan agreed.

It is equally important to be clear as to the role of participants;

- To attend the case conference and contribute both verbally and in the form of a written report if requested.
- To participate in the discussion, including assessment and analysis of risk.
- To contribute any information pertaining to protective factors within the situation.
- To develop their own view in respect of the threshold for child protection registration, and their reasons for or against.
- To articulate this when asked by the chairperson.
- To be honest in respect of any dissent / disagreement – both in the discussion phase and in the decision making stage of the meeting.
- To be open to full participation in subsequent core groups, should this be identified as appropriate at the case conference.

Where the chairperson has been unable to reach a consensus (and it may be appropriate to revisit the discussion for further consideration), the decision may be reached by a majority view, or the chairperson themselves may make

the final decision based on the information presented in cases where consensus / majority cannot be reached.

Any agency professional who is in disagreement with the final decision should acknowledge their dissent to the chairperson, again with reasons noted. Acknowledgement of dissent from a child protection case conference must then be passed to the Head of Service within one working day; a full review of information shared, the ensuing discussion and the decision reached will then be undertaken within 14 days.

The outcome will be formally notified to both the chairperson and the professional dissenting once the review is complete.

Outcomes following review;

- Agreement with the majority in respect of the potential / actual risk to the child / young person. In this case, the decision of the conference will stand.
- Disagreement with the majority in respect of the potential / actual risk to the child / young person. In this case, the conference will require to be reconvened. This may involve a different chair being appointed to review the information and risk of harm to the child/ young person.

It is important to acknowledge that to dissent can be uncomfortable, particularly when others at the meeting appear to agree. Factors such as "group think" can play a part here i.e. where participants may follow the lead of someone in the group they perceive to be more knowledgeable in respect of the issues being discussed.

In child protection practice there are no definitive "right answers"; decisions are generally made by predicting the likelihood of future harm based on events which have already taken place. As such, all participants will contribute information which informs the group as a whole, and will therefore have a significant part to play in reaching a decision in respect of a child or young person.

Given the above, the facility for dissent forms a key role, as it provides a check on a system in which assumptions, bias and local comfort may influence decision making while also providing an opportunity for objective review.

For further information please also see
West of Scotland Child Protection Procedures

http://www.proceduresonline.com/westofscotland/pdfs/WoS_CP_procedures.pdf

National Child Protection Guidance

<http://www.gov.scot/Resource/0045/00450733.pdf>

2. Escalation process

Social Work Services (HSCP)

Within any meeting or situation in which there is an interface with fieldwork social work services, it is of course preferable that any issues arising are discussed immediately in an attempt to reach agreement / resolution. Team Leaders (social work) will always make themselves available to discuss and attempt to find a solution in respect of any situation involving their team. As such, local contact with the Team Leaders would be the preferred option in respect of the need to escalate a case or decision.

Where none of the above facilitates a resolution, the situation may then be escalated to the Field Work Manager and ultimately to the Head of Service.
Annie Ritchie – Fieldwork Manager, Children's Services, Social Work.
Jackie Irvine – Head of Children's Health, Care and Criminal Justice.
In most cases it would be anticipated that a face to face discussion would ensue to include all parties with the intention of reaching a resolution.

Community Health Services (HSCP)

Within Community Health Services (Health Visiting and School Nursing) as well as within Specialist Children's Services, if resolution at a local joint working approach is not achievable then escalation should be to the appropriate line-manager (Team Leader) for the members of staff. In respect of health visitors and school nurses they should either escalate the matter to their Team Leader at time of caseload management or report any dissent directly their to the Team Leader or Deputy Team Leader at the time the issue arises.

If this does not facilitate a resolution then escalation should be to the manager of the service; either Mags Simpson (Community Health services) or Sheila Downie (Specialist Children's Services Manager).

Education Services (WDC)

When resolution within a local multi agency working situation is not achievable then escalation should be to the Head of Establishment. If this does not facilitate a resolution then escalation should be to the Quality Improvement Officer / Service Manager for the appropriate Learning Community.

- Our Lady and St Patricks Learning Community
- Vale of Leven Learning Community
- Dumbarton Academy Learning Community
- Clydebank High Learning Community
- St Peter the Apostle Learning Community