



## **Warwickshire Safeguarding Children Board**

### **WSCB Escalation Processes Relating To:**

- Disagreement between agencies about threshold judgements
- Disagreement within agencies about the appropriate course of safeguarding action
- Situations where there are Concerns about Professional Practice
- Children the subject of a Child Protection Plan exceeding 9 months and 21 months
- Children the subject of more than 1 Child Protection Plan

**Overview – An Integrated Approach to Escalated Action**

Local Safeguarding Children Boards are required by government guidance to set out the action to be taken where there are concerns about a child's safety or welfare, including *thresholds for intervention*. This relates to concerns under Section 17 ("children in need") and Section 47 ("children in need of protection") of the Children Act 1989, and emerging safeguarding issues requiring an Early Help single assessment and co-ordinated early help.

Part 1 of this protocol is designed to assist in situations where interpretation of the threshold is contested between agencies at the point of referral to Children's social care, eg

- "Stuck" Early Help Family Support Plan and Children in Need Plans (characterised partly by the length of time they have been going or repeated ones)
- Cases where there is parental resistance and invariably lack of change and the outcomes for the child/ren have not improved.
- Cases that are frequently closed and re-opened
- Cases where there have been a number initial assessments undertaken but which do not result in a service being offered from Children's Social Care.

Part 2 relates to disagreement about safeguarding action within agencies, for example in relation to emerging safeguarding concerns where there is disagreement between staff in an agency about the way to proceed

Part 3 provides a framework for challenging the safeguarding practice of colleagues in another agency. The Board acknowledges that in most cases professional practice involving the safeguarding of children in Warwickshire is of a high standard. However, on occasions, concerns about professional practice may be raised. These may arise in respect of the management of a case by a Children's Team. In other situations, a Children's Team may have concerns about the response of a professional colleague to a situation involving actual or likely harm to a child. For example:

- A poorly framed or constructed referral;
- A failure to make a referral to Children's Social Care in a timely way;
- A failure to otherwise discharge professional responsibilities in relation to safeguarding children.

Government reports and Serious Case Reviews conducted in Warwickshire show us that when children are subject to chronic child abuse and repeated or prolonged involvement in child protection processes, there is a danger of these complex cases "drifting". In these cases, the risks to children may become particularly acute and there is an increased likelihood of a serious incident arising. The emotional and psychological damage to these children is also likely to accumulate if there is no demonstrable improvement in their care. To help professionals recognise and manage these situations, WSCB has put in place Parts 4 and 5 of this document.

To further explain the operation of Parts 4 and 5, information is provided on the Enhanced Risk Analysis that is triggered when these aspects of the escalation process come into play. The terms of reference governing the circumstances in which an independent review of a case is considered and commissioned are also set out.

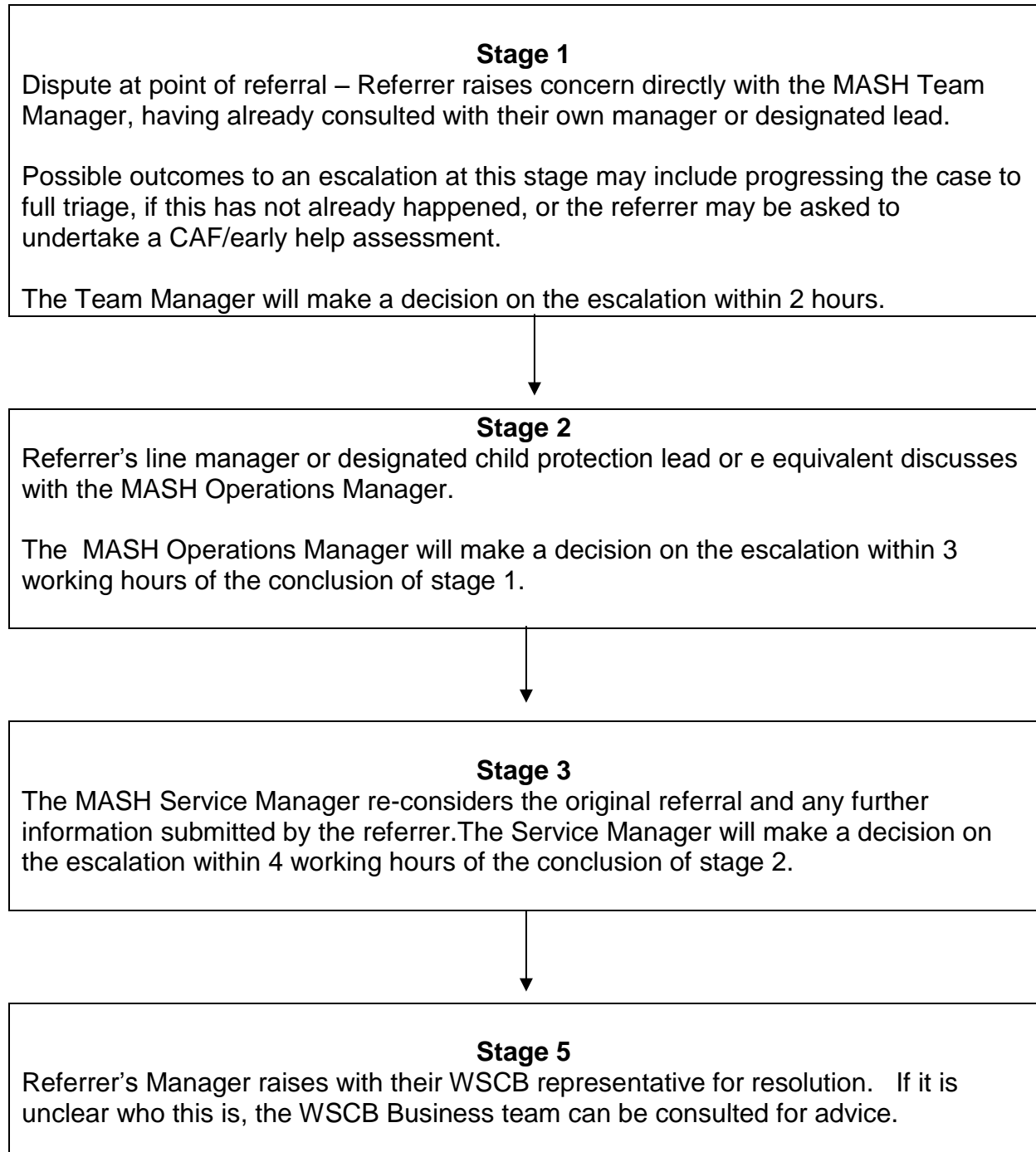
Taken together, these five parts should be seen as forming an integrated approach to escalation processes in Warwickshire.

This approach should be seen in conjunction with Warwickshire's Threshold for Services Document which describes the relationship between agencies in meeting the needs of children.

Warwickshire Safeguarding Children Board  
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**Part 1: WSCB Escalation Processes in Response to a Contested Threshold for Intervention**

Key Principle: It is every professional's responsibility to 'problem-solve'. The aim must be to resolve a contested threshold at the earliest possible stage as swiftly as possible, always keeping in mind that the child's safety and welfare is the paramount consideration.



**Part 2 – Disagreement within agencies.**

All agencies providing services to children and families should have a designated safeguarding lead who provides practice advice to frontline staff in respect of their safeguarding responsibilities.

In some organisations, (e.g. Designated Safeguarding Leads in schools) safeguarding leads will also be responsible for deciding when to initiate early help assessments or make referrals to children's social care, and may take this action themselves. In this context, staff should receive some feedback about what action will be taken in respect of their information. This is important so that they can be confident they have fulfilled their own personal safeguarding responsibility, and they should be able to discuss the suitability of this response if they have concerns about it.

**All organisations should have a policy for internal escalation of disagreements about safeguarding issues which is made known to staff in their induction and refresher safeguarding training.** This should include access to advice from a suitable person outside the line management/ supervisory hierarchy of the people involved. In some sectors there are clearly defined roles for this, eg the designated nurse or doctor, and the education safeguarding manager. If no similar role exists, then consultation from a social worker in the MASH can be sought.

### **Part 3: WSCB Escalation Processes Where There Are Concerns about Professional Practice**

**Key Principle:** It is every professional's responsibility to 'problem-solve'. The aim must be to resolve a concern about professional practice at the earliest possible stage as swiftly as possible, always keeping in mind that the child's safety and welfare is the paramount consideration.

In situations where a professional has concerns about the handling of a case by a Children's Team, resolution will be sought according to the following process:

#### **Stage 1**

The individual professional will raise their concern directly with the social worker / team manager and seek a resolution of the concern(s). If the case concerns a child being dealt with on a duty basis, the first port of call will be the duty manager.

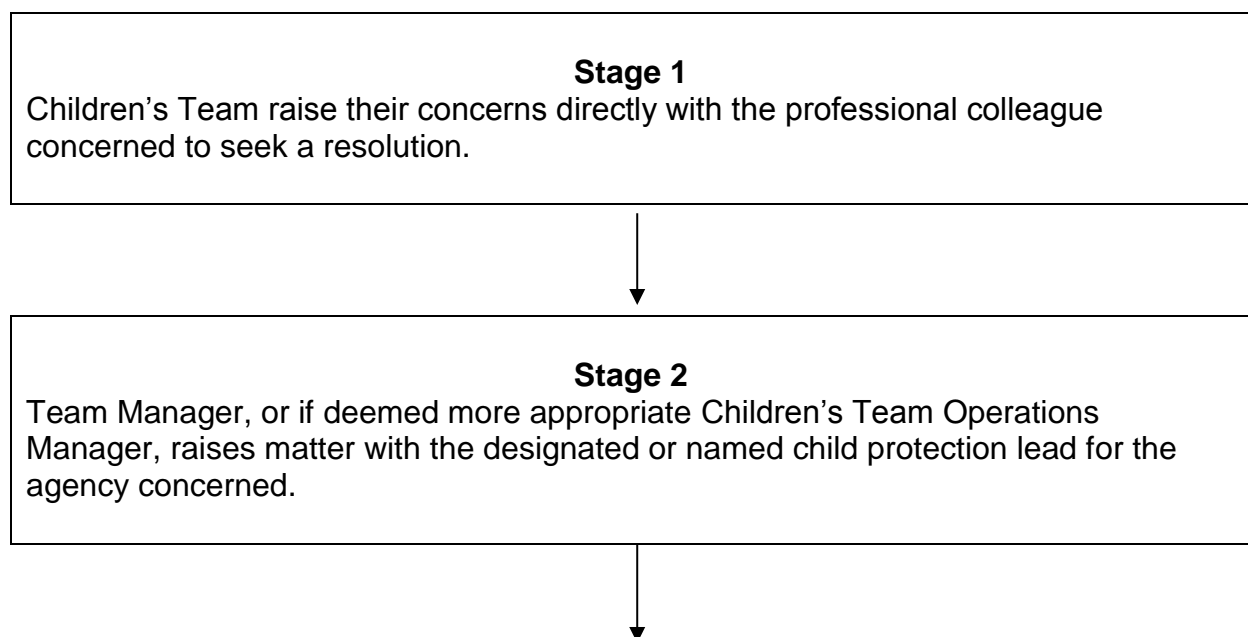
#### **Stage 2**

If this is not possible, the professional, their line manager and / or designated officer (named and designated doctors and nurses in Health, Education Safeguarding Children's Manager, CPU Detective Sergeant in Police) will raise their concern with the appropriate Children's Operations Manager to seek resolution.

#### **Stage 3**

If a resolution is still not possible, the Children's Operations Manager must read and review the file, meet with the professional concerned and their manager / designated officer, and the outcome of this discussion will be recorded on the case file. In circumstances where a resolution is still not possible, the matter may be raised with the professional's WSCB representative.

In situations where a Children's Team raises concerns about professional practice, the following process will apply:



**Stage 3**

Children's Team Operations Manager notify their Service Manager who may discuss with the relevant agency's representative on the WSCB for resolution. If the agency is not represented on the Board, the Service Manager may contact the head of the agency or service concerned.

**Part 4: WSCB Escalation Processes Where Children Have Been The Subject Of A Child Protection Plan Exceeding 9 Months and 21 Months**

(It is open to a professional to trigger 4.16 of the WSCB Interagency Child Protection Procedures at any time should they have concerns about the progress of a case)

**Child Becomes Subject of a Child Protection Plan**

1	
2	
3 Month Review	
4	
5	
6	
7	
8	
9 Month Review	Enhanced Risk Analysis completed at 2 <sup>nd</sup> review
10	
11	
12	
13	
14	
15 Month Review	Enhanced Risk Analysis completed at review. Child Protection Conference Chairs) are required to refer to the Service Manager at 15 months to ensure that plans remain on course
16	
17	
18	
19	
20	
21 Month Review	Enhanced Risk Analysis completed at review <ul style="list-style-type: none"> <li>At 21 months the case is examined by the Independent Reviewing Service in the first instance who will determine if the case is appropriately progressing or requires a more detailed examination.</li> <li>It will then be referred to the Chair of the Escalation Panel) on behalf of the Performance, Monitoring and Evaluation sub-committee, to determine if it is satisfied with this examination and that the case is progressing adequately or if further examination is required.</li> <li>If further examination is deemed necessary one of the designated reviewers in the escalation panel will undertake this and make recommendations to Social Care as to how to progress this.</li> </ul>

### **Part 5: WSCB Escalation Processes Where Children Have Been The Subject Of More Than 1 Child Protection Plan**

Professionals may escalate their concerns about the handling of a case using part 3 of this procedure at any time.

Child Protection Plan 1 Start	<ul style="list-style-type: none"> <li>Should a child be subject to a <b>third</b> child protection plan or a family have three episodes of children becoming subject to a child protection plan, the case will automatically be referred to the Escalation Panel by the Independent Reviewing Service with a view as to whether the plan is progressing satisfactorily.</li> <li>Escalation panel will determine if it is satisfied with this examination and the case is progressing adequately.</li> <li>If further examination is deemed necessary one of the designated reviewers in the panel will undertake this and make recommendations to Social Care as to how to progress this.</li> </ul> <p><i>Plans can be escalated at any time should the Child Protection Conference Chair form a judgement that the plan is making unsatisfactory progress and that managerial intervention is warranted.</i></p>
Child Protection Plan 1 Ceased	
Further request for conference discussed between Children's Team Operations Manager and Children's Reviewing Manager	
Child Protection Plan 2 Start	
Child Protection Plan 2 Ceased	
Further request for conference discussed between Children's Team Operations Manager and Children's Reviewing Manager	
Child Protection Plan 3 Start	
Enhanced Risk Analysis completed at Initial Child Protection Conference	



### **The Enhanced Risk Analysis**

This is referred to in Part 3 and Part 4 of the Escalation Processes, and it should be seen as an additional component of the *Warwickshire Risk Assessment Model*. Its primary purpose is to enable professionals to capture the *full history* of the case using this as the basis for effective decision-making and planning, particularly in chronic (i.e. more longstanding) cases.

It is designed to assist members of child protection conferences when they are considering the progress of a case after escalation processes have been triggered.

The chair of the conference will lead this analysis and it will be updated at subsequent child protection review meetings.

The Enhanced Risk Analysis (ERA) should be utilised in discussions that take place between the Independent Reviewing Officer and Service Manager or Operations Manager, and taken into account by the Escalation Panel following referral of a case.

#### *Components of the Enhanced Risk Analysis:*

- Consider the *full history* of the case taking into account:
  - The progress of the current child protection plan (if applicable);
  - The progress and outcome of any previous child protection plan;
  - The progress and outcome of any previous child in need plan;
  - The progress of any previous periods of professional intervention falling outside these plans e.g. CAF plans
  - The full, updated chronology of the case as provided by the core group if there is a current child protection plan, or by the child's social worker if the enhanced risk analysis is being completed at an initial child protection conference where the child has been made the subject of a child protection plan for the third time or is living in a household with other children who have attained this status.
- What evidence does this information provide about the prospects for clear demonstrable and sustained change by the family in response to professional intervention and support?
- What evidence does this information provide about the likely future outcomes for the child(ren) in terms of their safety, health and wider development?
- What does this indicate about the tenability of the current care arrangements for the child(ren)?
- Is further action now needed to safeguard the child(ren) and promote their welfare, and if so, what further actions should be taken?

***When and how should professionals complete an Enhanced Risk Analysis?***

The following *Frequently Asked Questions* will assist professionals in knowing when to complete an *ERA* and how:

Q. What is the purpose of the enhanced risk analysis?

A. It is designed to assist members of child protection conferences when the third and fourth parts of the escalation process have been triggered.

Q. How will conference members know when an enhanced risk analysis is due?

A. The Conference Chair will advise members on the need for this at the time of the second child protection review conference. The chair will advise members that an enhanced risk assessment should be presented to the third review conference (15 months after the initial child protection conference) and thereafter at every subsequent review conference. Completing the enhanced risk analysis will override the need to compile an updated risk assessment as applies at the time of the first and second review conferences.

Q. Who will complete this enhanced risk analysis?

A. Where this is to be compiled for a review conference at 9 months and thereafter up to 21 months, the Core Group will undertake this work collectively and present their analysis to the review conference.

Q. What about cases where an initial child protection conference is requested in respect of a child who is likely to become the subject of a third plan?

A. The Children's Team Operations Manager and the Operations Manager for the Independent Reviewing Service will discuss the request for an initial child protection conference. This discussion will ensure that information held on the family by the children's team and Independent Review Service will be made available to the conference so the full history of the case can be considered.

Q. Who will complete the enhanced risk analysis in these circumstances?

A. There are two parts to this.

The social worker bringing the case to the initial child protection conference will prepare and present to the conference a report which draws together this full history. The "triggers" described in the very first part of the enhanced risk analysis format can be used to compile this report.

At the initial child protection conference, other professionals will contribute the information which they hold on the family, allowing the conference to work through all the questions and complete a full interagency enhanced risk analysis.

Q. Up-to-date chronologies are an important part of the process of properly assessing full family history. Where will professionals find the template for completing chronologies and guidance notes to assist them?

A. All the documentation that professionals will need is to be found on the WSCB web-site: [www.warwickshire.gov.uk/wscb/resources](http://www.warwickshire.gov.uk/wscb/resources)

Q. How else might an enhanced risk analysis be used to assist planning?

A. When the Chair of the Child Protection Conference has concerns that a child protection plan is making unsatisfactory progress and managerial intervention is warranted, an available enhanced risk analysis may be utilised in subsequent discussions between the Chair and the Service Manager. An enhanced risk analysis will also be taken into account by the Escalation Panel following referral of a case to the subcommittee under parts 3 and 4 of the case escalation processes.

**Terms of Reference for an Independent Review of a Case**

When a case is referred to the Escalation Panel under these processes, in the first instance one of its members will be charged with reviewing the case and making a recommendation to the Sub Committee as to whether it is progressing satisfactorily, requires additional action to promote satisfactory progress, or is of such an intractable nature that a further review may be necessary.

The criteria that will be applied to help make this recommendation will be consideration of:

- The conclusions of the Enhanced Risk Analysis completed at the 21 month child protection review conference, or at the initial child protection conference convened when a child is made the subject of a child protection plan for the third time or where a family has had three episodes of children being subject to a child protection plan;
- Whether the child(ren) are continuing to suffer significant harm;
- Whether the need for a child protection plan is coming to an end and that the reasons for this are consistent with the criteria for discontinuation of a child protection plan set out in the WSCB Interagency Child Protection Procedures;
- Whether the current child protection plan appears to have impetus such as a decision to initiate legal proceedings, or is showing evidence of “drift”.

There will be three possible outcomes of this screening process:

- The Escalation Panel will be satisfied that a dynamic and timely plan is in place that will achieve its objectives, and will take no further action at this point;
- The Panel will come to a view about a proposed course of action that will enable the plan to be progressed and accordingly, request that a child protection review conference is convened as a matter of urgency to consider the recommendations the Sub Committee has made;
- The Panel will determine that the case is of such an intractable nature, and/or that the issues raised are of such wider professional interest that an alternative form of review needs to be considered by Social Care e.g. critical incident review.