****

**Multi-agency Risk Escalation Protocol (MaREP)**

This protocol should only be used within Adult Support & Protection practice contexts, following that agency having made an ASP referral, as **this protocol is not intended as a replacement for following local ASP guides & procedures** but to **augment the duty to refer and cooperate process.**

It is also **not** for matters relating to e.g. assessment for more general care and support needs, funding of care and support needs, which are outside the scope of this process.

Developing multi-agency Adult Support & Protection practice is enshrined in the 2007 Act under [Section 5](https://www.legislation.gov.uk/asp/2007/10) relating to refer and cooperation between public bodies or office holders.

***NOTE: If an adult is thought to be at imminent risk of harm, the matter should be referred immediately to the Police/Social Care to decide what action to take to safeguard/protect them whilst the area of disagreement is being resolved.***

All staff, including those in partner agencies, are accountable for their professional practice, which includes decisions and actions in ensuring a high standard and efficient Adult Support & Protection interventions which promote best outcomes for the adult at risk of harm.

Furthermore, problem resolution is an integral part of professional co-operation and joint working to protect 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.

Transparency, openness and a willingness to understand and respect individual and agency views are a core aspect of multi-agency / inter-agency working. However, there may be occasions where individuals / agencies disagree on how best to keep ‘adults at risk’ safe and promote their welfare.

**The ‘adult at risk' safety and welfare should be the key focus at all times.**

**Disagreements can arise in a number of areas, but are most likely to arise around:**

* Adult Support & Protection concerns or inquiries, where disagreement exists around thresholds for intervention.
* Perceived levels of risk.
* Levels of need and whether a concern has met the threshold for a service or intervention.
* Lack of understanding around roles and responsibilities, particularly managing expectations.
* Level or quality of communication/ information sharing.
* Action or lack of action progressing plans- drift.
* Cases being / not being stepped up or down and / or closed.
* An agency believes there is a vital or public interest, which makes it necessary to seek a multi-agency response.
* Perceived lack of engagement, from key partners, in the multi-agency risk management process.

**Renfrewshire Adult Protection Committee is clear that there must be respectful scrutiny whenever a professional or agency has a concern about the action or inaction of another. The aim must be to resolve a professional disagreement at the earliest possible stage, always keeping in mind that the adult at risk’s safety and welfare is paramount.**

**Resolving Differences of Opinion:**

Any worker who feels that a decision is not safe, or is inappropriate, can initially consult their supervisor / manager to clarify their thinking, if required.

**Pre Escalation:**

Recognition that there is a disagreement over a serious issue, which impacts on the safety and welfare of an adult at risk of harm.

* Identification of the problem, and clarity about the disagreement and what you aim to achieve.

**Discussion between workers**

The practitioners/ people who disagree should have a discussion to try to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face to face or virtual meeting. It should be recognised that differences in status and /or experience may affect the confidence of some workers to pursue this unsupported.

They should be able to evidence the nature and source of the concerns and should keep a record of all discussions.

**As soon as Stage 1 is initiated, the proforma in** [**Appendix 1**](#bookmark=id.gjdgxs) **should be completed, identifying the area of disagreement, and ensure a copy is saved in adults case file/ records.**

**At all stages of the protocol**, it is important to create a supportive environment that promotes constructive professional dialogues with respect for individual/ agency perspectives to address concerns or areas of disagreement.

**Each meeting convened will receive representations from those involved in the disagreement and will aim to collectively resolve the professional differences concerned.**

At all stages of the protocol, 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.

**Stage One:**

**Discussion between Direct Line Managers:**

If the issue is not resolved and concerns remain, the worker should contact their supervisor / line manager / safeguarding or ASP lead within their own agency to consider the issue raised, what outcome they would like to achieve and how differences can be addressed.

The line manager should contact their respective counterpart to try to negotiate an agreed way forward. This could involve a professional meeting if deemed appropriate.

**If there remains disagreement, escalation continues through the appropriate tiers of management in each organisation until the matter is resolved.**

**Stage Two: Discussion between Operational/ (equivalent level) Senior Manager**

If the issue is not resolved at stage two, the supervisor/ line manager reports to their manager or named/ lead ASP/ safeguarding representative. These senior managers of the individual/ partner organisations must liaise and attempt to resolve the professional differences through discussion.

**Stage Three:** If the problem is not resolved at stage two, the respective Operational/ equivalent Senior Manager, **must escalate the concern to their Service Manager/ equivalent level in other agency** involved.

**Stage Four:** If there is no resolution, and having exhausted all previous stages, the matter should be escalated **to the relevant Heads of Service/ equivalent level in the other agency involved.**

If the area of disagreement remains unresolved, **the Head of Service (Social Work) should refer to the Chief Social Work Officer for consideration.**

The CSWO may make a decision or ask for further information before making a final decision.

**Renfrewshire Adult Protection Committee (RAPC).**

If any stage highlights gaps in policies, procedures, raises issues with protocol implementation; this should be brought to the attention of RAPC**.**

**Appendix 1**

| **Professional concern/Outcome Resolution form**This document MUST be sent and stored securely on the adults electronic records |
| --- |
| **Date of Notification** |  |
| **Name of Adult**  |  |
| **Identification number/NHS number (if known)**  |  |
| **DOB**  |  |
| **Name of person raising the concern**  |  |
| **Role** |  |
| **Agency/Team**  |  |
| **Name of Line/Team Manager** |  |
| **Contact details of person and Line Manager** |  |
| **Details of Area of Disagreement** |  |
| **Details of the professional scrutiny of decision/ actions** |  |
| **Desired outcome** |  |
| **Evidence of action taken:** |  |

| **Stage** | **Date of discussion** | **Evidence of discussion to resolve disagreement.** | **Date outcome/ issue resolved.** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
|  |  |  |  |
| **Achieved outcome (please state the achieved outcome to the disagreement):** |