

‘Escalating for the right Outcome’

Professional Disagreement Procedure

Good Practice Case Studies

Below are 2 cases studies adapted from cases reported to the Business Office that demonstrate the successful use of the Procedure and how disagreements should be managed in Northamptonshire.

Case 1

Agencies involved:

School, Police and MASH

The incident / conflict:

A disagreement occurred between the head teacher of a secondary school and police at the decision not to carry out a welfare check on a set of vulnerable children when requested by the head teacher.

The school contacted the Police requesting that a welfare check was carried out on a family as the children had not attended school in the morning. The school had been notified there was a domestic abuse incident the previous night and a family friend had disclosed in the morning that a firearm was in the property. School were concerned for the children’s welfare, upon receiving the request the Police advised that the welfare check would not be undertaken as there was no immediate risk.

Concerned of this outcome the School contacted MASH for assistance in requesting the welfare check to be carried out. Following a referral to MASH a strategy discussion was held where information was shared between all agencies including school who expressed concern that the children had now not been seen for 2 days. Following the strategy discussion an immediate welfare check was requested and carried out.

Following this the safety of the children was established and they attended school the next day.

Outcome:

The safety of the children was confirmed and they attended school who were able to monitor their needs moving forward.

Case Study 2

Agencies Involved:

NHFT and MASH

The Incident / Conflict:

During a health check on a 2 year old it noted that the child had missed a number of key milestones in their development and had failed to gain the expected weight from the previous visit made by the Health Visitor. During the visit the Health Visitor observed the house to be cluttered but said it was noticeable the lack of child friendly toys despite the houses cluttered appearance. The kitchen was also observed to contain little food although a tub of formula milk was observed on the side of the kitchen.

Mum stated the child's father had recently left the family home leaving them with no money and had not been in contact since leaving. As a result mum said she has had to give up her job as a cleaner as she has no childcare for her child and did not know what to do. The health visitor agreed to carry out a follow up visit in couple of weeks.

At the follow up visit the house appeared to have not been cleaned since the first visit and the tub of formula was no longer in the kitchen, again the child did not seem to have progressed or put on any weight, the child's weight had actually reduced by 2lb. The Health Visitor explained that she would like to carry out an Early Help Assessment to try and give her some support but the mother refused to give her consent.

Following discussion with her manager the Health Visitor decided to make a referral to MASH for Neglect. The initial referral was rejected with an explanation the cases should be managed by the Health Visitor through universal services.

After further discussion with her manager, the Health Visitors manager agreed to escalate on behalf of NHFT to a MASH Manager. The NHFT Manager contacted a MASH Manager to explain the cases and that NHFT disagreed with the outcome that had been reached. Following discussion between the 2 managers it was agreed that the case did in fact reach the threshold for an Initial Assessment to be carried out.

Outcome:

Following the Initial Assessment it was found that although the case did not reach the Threshold for tier 4 intervention. During a joint visit the Social Worker and Health Visitor had engaged with mum and discussed the benefits of the Early Help Assessment to assess her needs and get the support she needs to care effectively for her child. Following this discussion mother agreed for an Early Help Assessment to be carried out led by the Health Visitor.

This Assessment led to the use of the Graded Care Profile by the Health Visitor to effectively offer mum a clear progress map in the various areas of care she was giving to her child identifying where she was exceeding and where she needed help. The assessment also enabled mum to gain knowledge of local support services that could help, this included accessing the local food bank and support through a Childrens Centre and Library.