**Escalation Stage One/Two Pro-forma**

**(Copy to be kept on service user file).**

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| --- | --- |
| **Name of child/young person:** |  |
| **DOB:** |  |
| **Address:** |  |
| **Name, Role and Agency of person completing this form** |  |
| **Name, Roles and Agency of others involved** |  |
| **Brief details of the professional disagreement:** | |

|  |  |  |
| --- | --- | --- |
| **Has the disagreement been resolved at Stage 1 or 2** | **Yes** | **No** |
| **If yes, what was agreed?** | | |
| **How long did it take for the issue to be resolved from the date of initial escalation?** | |  |
| **If not, please state why and who has the escalation been raised to as Stage 2 or 3 of the pathway and what was the date the concern was raised.** | | |
| **What is the learning for your agencies from this case?** | | |
|  | | |
| **Is there learning for the wider safeguarding partnership?** | | |
| **A requirement for staff training** | **Yes** | **No** |
| **Development of a new SSP Protocol** | **Yes** | **No** |
| **Further discussion at a particular SSP Sub Group** | **Yes** | **No** |
| **Other** | | |

**Please send the completed form via secure email to:**  [Safeguardingpartnership@swindon.gov.uk](mailto:Safeguardingpartnership@swindon.gov.uk)