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

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

|  |  |
| --- | --- |
| **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