**Appendix 2. Report to SSCP: Multi-Agency Resolution: Escalation Steps 3 and 4**

(\*Multi-agency conflicts resolved at Steps 3 and 4 must be reported to Sefton SCP Team)

|  |  |
| --- | --- |
| **Name of Child / Young Person** |  |
| **Date of Birth**  |  |
| **Address: (If Known)** |  |

|  |
| --- |
| **Name & Email of Professional Escalating Concern:**  |
| **Role & Agency:**  |
| **Other professionals involved: (Including SSCP Member as appropriate):** **Name / Role / Agency:****Name / Role / Agency:****Name / Role / Agency:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level of Need:**  | **Early Help** |  | **S17:**  |  | **S47:** |  |

|  |
| --- |
| **Details of inter-agency disagreement:** |

|  |
| --- |
| **Date of discussion / Meeting re Disagreement:**  |
| **Actions taken to attempt resolution:**  |
| **Disagreement resolved at:**  | **Level 3:** | **Y / N** |
|  | **Level 4:** | **Y / N** |
|  | **Referred to SLT** | **Y / N** |

|  |
| --- |
| **Please indicate lessons learned from this disagreement resolution (e.g. Individual agency review of procedure, requirement for staff training, further understanding of SSCP Levels of Need):** |

|  |
| --- |
| **Actions taken by your agency following resolution of this issue:**  |
| Action(s):  | By whom:  | Date completed:  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Form Completed by: (Name / Designation):**  |
| **Date:**  |

Monitoring: *For completion by Sefton SCP*

|  |
| --- |
| **Date received:**  |
| **Outcome: / Issues notified to Sefton SCP Performance, Quality Assurance & Data Sub Group:**  |

**Completed form to be returned to** SSCP@sefton.gov.uk **(FAO: Partnership Manager)**