**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](mailto:SSCP@sefton.gov.uk) **(FAO: Partnership Manager)**