**Appendix 3: Informing the relevant Safeguarding Children Partnership about Successful Resolution of Escalation**

**This form should be used to notify the relevant Safeguarding Children Partnership that the escalation process has reached a resolution.**

|  |  |
| --- | --- |
| **Name of Child** |  |

|  |  |
| --- | --- |
| **Date of Birth** |  |

|  |  |
| --- | --- |
| **Escalation Raised by (practitioner)** |  |

|  |  |
| --- | --- |
| **Practitioner’s Agency** |  |

|  |  |
| --- | --- |
| **Escalation Raised with (agency and team)** |  |

|  |  |
| --- | --- |
| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what is was about, whether it stemmed from a meeting or referral etc.)** |  |

|  |  |
| --- | --- |
| **How was the Escalation Resolved?** |  |

|  |  |
| --- | --- |
| **At what Stage of the Procedure was it resolved (2 or 3)?** |  |

|  |  |
| --- | --- |
| **Has the escalation been recorded on the child/young person’s file?** |  |

|  |  |
| --- | --- |
| **Has there been learning for you/your agency from raising the escalation?** |  |

|  |  |
| --- | --- |
| **Name and Position of Person Completing Form** |  |

**The form must be completed by the agency raising the allegation. Please securely email a copy of the form to the relevant Safeguarding Children Partnership**

* **Bedford Borough Safeguarding Children Partnership –** **LSCB@bedford.gov.uk**
* **Central Bedfordshire Safeguarding Children Partnership -** **cbscb@centralbedfordshire.gov.uk**

**Luton Safeguarding children Partnership -** **Lutonlscb@luton.gov.uk**