**Appendix 4: Informing the relevant Safeguarding Children Partnership about Escalation to their Chair (Stage 3)**

**This referral is not a substitute for raising a child safeguarding concern and should only be used if attempts to resolve the practitioner’s disagreement at Stage 2 have failed.**

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| |  |  | | --- | --- | | **Referrer details** | | | **Date of referral:** |  | | **Name of referrer:** |  | | **Position/Role of referrer:** |  | | **Agency and team:** |  | | **Contact number:** |  | | **Email address:** |  | | **Your manager:**  *Please Note: a referral must be made with the support and awareness of your manager/ agency.* |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child/Young Person concerned** | | | | | | **Last name:** |  | | | | | **First name:** |  | | | | | **Date of birth & age:** |  | | | | | **Current Address:** |  | | | | | **Post Code:** |  | | | | | **Telephone:** |  | | | | | **Current Need level:** | **Early Help** | **Targeted Support** | **CiN**  **Plan** | **Child Protection Plan** |  |  |  | | --- | --- | | **Please provide a pen picture of the child, agency intervention /involvement and a summary of your concerns, risk /barriers.** |  | |
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| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what it was about, whether it stemmed from a meeting or referral etc.)** |  |

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| **What attempts have been made to resolve this escalation at Stages 1-2?** |  |

|  |  |
| --- | --- |
| **Disclosure:** | |
| **Is the child/young person/parent/carer aware a meeting is taking place and information may be shared as part of the multi-agency safeguarding approach to the resolution of escalations?** | **Please confirm.**  **Yes / No** |
| **The SCBs, with their partners are working to understand if what they do makes a difference. They therefore may wish to ask the child/young person/parent/carer for their views. Please can you confirm if they have agreed to do this?** | **Please confirm.**  **Yes / No** |

**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**](mailto:LSCB@bedford.gov.uk)
* **Central Bedfordshire Safeguarding Children Partnership -** [**cbscb@centralbedfordshire.gov.uk**](mailto:cbscb@centralbedfordshire.gov.uk)
* **Luton Safeguarding Children Partnership -** [**Lutonlscb@luton.gov.uk**](mailto:Lutonlscb@luton.gov.uk)