**Appendix One**

**ESCALATION RECORD**

**Escalation Proforma**

**(copy to be kept on service user file and sent to the Safeguarding Partnership Manager at resolution)**

**Date Escalation and Record Commenced:**

|  |  |  |
| --- | --- | --- |
| **1** | **Name of child/young person** |  |
|  | **DOB:** |  |
|  | **Address:** |  |
|  | **Name, Role and Agency of person completing this form:** |  |
|  | **Name, Role and Agency of others involved:** |  |

|  |
| --- |
| **Brief details of the professional disagreement:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2** | **Has the disagreement been resolved at Stage 1** | **YES** | **NO** |

|  |
| --- |
| **If yes, what was agreed?****Please complete box 4 and 5** |

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | **Has the disagreement been resolved at Stage 2** | **YES** | **NO** |

|  |
| --- |
| **If yes, what was agreed?** |

|  |  |
| --- | --- |
| **4** | **What is the learning for your agency from this case?** |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **5** | **Is there learning for the wider safeguarding partnership?** |

|  |  |  |
| --- | --- | --- |
| **A requirement for staff training** | **YES** | **NO** |
| **Development of new policy, procedure or process** | **YES** | **NO** |
| **Further discussion at a particular Partnership Sub-Group** | **YES** | **NO** |

|  |
| --- |
| **Other comments** |

Please send the completed form via secure email to: SafeguardingUnit@barnsley.gov,uk