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| **Professional Challenge and Resolution Template** | | |
| Name: |  | |
| D.O.B: |  | |
| Address: |  | |
| Name of Professional and email contact details of the person escalating a concern | |  |
| Role and Agency: | |  |
| Name(s) of other professionals involved: (Including DSPP Members where appropriate) Role and Agency: | |  |

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| Current level of need | |  | | | | | | |
| Please indicate perceived level of need: | |  | | | | | | |
| Stage of Process: | Stage 1 |  | Stage 2 |  | Stage 3 |  | Stage 4 |  |
| Brief details of agency disagreement (including agreed outcomes) | |  | | | | | | |
| Date of discussion / Meeting re disagreement: | |  | | | | | | |
| Methodology used to resolve conflict: | |  | | | | | | |
| Disagreement resolved at:  Level:  Date: | |  | | | | | | |

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| Please indicate lessons learned from this disagreement resolution  (e.g. Individual agency review of procedure, requirement for staff training, further understanding of thresholds and Levels of Need); | |  | |
| Please identify any further actions taken by your agency following the resolution of this issue: | | | |
| Actions taken: | | By whom: | Date completed: |
|  | |  |  |
|  | |  |  |
| Form completed by: |  | | |
| Date: |  | | |