# Appendix 2: Report to HSCP – Multi-Agency Resolution template

**Professional Differences Policy**

Completed forms should be sent to the HSCP Partnership Team: [admin.sbu@herefordshire.gov.uk](mailto:admin.sbu@herefordshire.gov.uk), and to the relevant professional at Stage 2 in the organisation to which the challenge is being raised. The relevant professional is the Designated Safeguarding Lead / Service Manager / Head of Service (as per Stage 2 of the policy).

Please note that, after submitting the escalation form, professionals continue to be responsible for progressing the escalation at Stage 2 and beyond. The Partnership Team’s role is to log and report a summary of escalations raised, not to facilitate the resolution of the issue unless a meeting of the Safeguarding Partners needs to be arranged at Stage 4.

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| **Multi-Agency Resolution: Escalation Template – (required from Stage 2)** | |
| Section A: Escalation Information | |
| 1. Child’s information   If the escalation is not about a specific child, complete Section 2: Practice Issue / Themed Escalation | |
| 1.1 Name of child/young person: |  |
| 1.2 D.O.B: |  |
| 1.3 Child’s Address: |  |
| 1.4 Unique child reference number  (e.g. Mosaic I.D) |  |
| 1. Concerns | |
| 2.1 Brief details of professional difference:  Please describe the issue, concerns, and desired outcome. |  |
| 2.2 What are the key themes or practice issues in this matter?  Please note if this is a recurring issue. If so, it is helpful to reference previous escalations. |  |
| 1. Professionals’ Information | |
| 3.1 Name of Professional, role, agency and email contact details of the person escalating a concern: |  |
| 3.2 Name(s) of other professionals involved, roles and agency: |  |
| 1. Level of Need and Action Taken | |
| 4.1 Current level of need (Right help right time, also state any legal orders, CIN / CP Plan, etc.) |  |
| 4.2 Perceived level of need (Right help right time, also state any legal orders, CIN / CP Plan, etc.) |  |
| 4.3 Date of initial concern: |  |
| 4.4 Action taken: |  |

As the escalation progresses, please update Section B:

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| Section B: Progress Updates | |
| Progress update (include meetings, agreed actions, timeframes and if escalation moves to higher stages) |  |

After the escalation is resolved, please complete Section C:

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| Section C: Resolution Summary | |
| Methodology used to resolve disagreement: |  |
| Difference resolved at:  Escalation Stage:  Date: |  |
| Please indicate lessons learned, themes, recommendations for the HSCP to consider, and any feedback from the resolution process: |  |
| Form completed by: |  |
| Date: |  |

**To be completed by HSCP Partnership Manager:**

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| Section 4: HSCP Partnership Manager | |
| Date received by HSCP Partnership Manager: |  |
| Actions taken by HSCP |  |

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