**The Escalation of Concern (including Dispute Resolution) Form**

This must be used to record a formal concern of the IRO or CP Chair & the response at each stage. A copy of the final resolution must be placed on the child’s case file and a copy sent to the Safeguarding Business Manager when the concern is raised and when it is concluded.

**Formal Escalation of Concern– Stage 1** **Date of Alert:**

**From: To:**

**Response expected within 5 working days**

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| **Name of Child:** **Case ID:****DOB:** **Social Worker:** **Team Manager:** **Team:**  **IRO:** **Category of Concern: (*As specified within IRO Handbook) X theme/s***

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| --- | --- |
| **Significant safeguarding concern** |  |
| **Significant drift in permanence planning**  |  |
| **Failure to visit as required by regulations/internal protocol**  |  |
| **Failure to plan as required by regulations/internal protocol**  |  |
| **Key documentation missing e.g. care plan, placement plan, pep, health assessment, pathway plan, social work report, post adoption support plan**  |  |
| **Non- implementation of review decisions**  |  |
| **Change of care plan without consulting young person** |  |
| **Change of care plan without consulting IRO**  |  |
| **Failure to inform IRO of significant event between reviews**  |  |
| **Other-specify** |  |

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| **Brief Summary of Concern(s)** **Impact on the Child** |

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| **Requested Action****What:****Who:****By When:****Expected Outcome for the Child**

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| --- | --- |
| **Safeguarding concern addressed- child now safe** |  |
| **Permanence planning back on track- child will have secure and loving home** |  |
| **Visits as required by regulations/internal protocol now on track- child sees their social worker regularly and is building a relationship** |  |
| **Child’s Plan as required by regulations/internal protocol back on track- child and family/carers know what is planned for the child** |  |
| **Key documentation now recorded in LCS and distributed to relevant parties e.g. care plan, placement plan, pep, health assessment, pathway plan, social work report, post adoption support plan –child and family/carers have the right information and LCS shows correct information** |  |
| **Implementation of review decisions –child’s plan is on track** |  |
| **Young person has been consulted about change of care plan –child feels listened to and understood** |  |
| **IRO has been consulted about change of care plan- IRO is satisfied that the proposed change ensures the child’s welfare remains paramount and their assessed needs will be met**  |  |
| **IRO has been updated about significant event between reviews –IRO is satisfied that the impact of the event on the child has been considered and action taken re any change/address any concerns arising &/ or early Review convened if event is significant and will need change of care plan**  |  |
| **Other- specify** |  |

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| **Response by Team Manager/Deputy Team Manager in consultation with Social Worker****What are you doing/have done:****Who:****By when:****Expected Outcome for the Child: *(use list above)*****Date:** |

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| **Resolution of Alert (recorded by IRO)****Date resolved:****Outcome confirmed: *(use list)******If not resolved IRO to progress to Stage 2*** |

**Formal Escalation of Concern– Stage 2** **Date of Alert:**

**From: To: Service Manager**

**Response expected within 5 working days**

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| **Name of Child: DOB:****Social Worker: Team:****Team Manager: IRO:** |

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| **Brief Summary of concern(s) remaining from Stage 1:****Impact on the Child:** |

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| **Requested Action****What:****Who:****By When:****Expected Outcome for the Child: *(use list)*** |

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| **Response by Service Manager****What are you doing/have done:****Who:****By when:****Expected Outcome for the Child: *(use list above)*****Date:** |

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| **Resolution of Alert (recorded by IRO in agreement with Service Manager)****Date resolved:****Outcome confirmed: *(use list)******If not resolved IRO to progress to Stage 3*****Date:** |

 **Formal Escalation of Concern – Stage 3** **Date of Alert:**

**From: To: (Head of Service/ Director)**

**Response expected within 5 working days**

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| **Name of Child: DOB:****Social Worker: Team:****Team Manager: IRO:** |

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| **Brief Summary of concern(s) remaining from Stage 2****Impact on the Child:** |

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| **Requested Action****What:****Who:****By When:****Expected Outcome for the Child: *(use list)*** |

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| **Response by Head of Service** **What are you doing/have done:****Who:****By when:****Expected Outcome for the Child: *(use list above)*****Date:** |

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| **Resolution of Alert (recorded by IRO in consultation with Head of Service/Director)****Date resolved:****Outcome confirmed: *(use list)******If not resolved IRO to progress to Stage 4*****Date:** |

**Formal Escalation of Concern– Stage 4** **Date of Alert:**

**From: To: (Chief Executive & Elected Member)**

**Response expected within 7 working days**

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| **Name of Child: DOB:****Social Worker: Team:****Team Manager: IRO:** |

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| **Brief Summary of concern(s) remaining from Stage 3****Impact on the Child:** |

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| **Request Action****What:****Who:****By When:****Expected Outcome for the Child: *(use list)*** |

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| --- |
| **Response by Chief Executive****What are you doing/have done:****Who:****By when:****Expected Outcome for the Child: *(use list above)*****Date:** |

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| **Resolution of Alert (recorded by IRO in consultation with Chief Executive/Elected Member)****Date resolved:****Outcome confirmed: *(use list)******If not resolved IRO to progress to CAFCASS*****Date:** |