**TSCP Professional Differences Record of Escalation**

**Child’s Name and Date of Birth:**

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| **Escalation Stage/Process** | **Essential Information and Record of Escalation Progress (to be completed by the practitioner/agency raising the escalation)** |
| Names of involved key practitioners and contact details (including role and agency), this includes any ‘third party’ agencies working with the family. |  |
| Brief history of family intervention, including information on siblings if relevant to the escalation. |  |
| Summary of the issue/s about which agencies/workers are in dispute. |  |
| **Stage 1** |  |
| Date dispute raised with other practitioner. |  |
| How was this raised with the practitioner?  How have you informed them you have initiated the Professional Differences process? |  |
| Outcome of Stage 1. |  |
| **Stage 2** |  |
| Date dispute elevated to manager. |  |
| Names and designations of managers involved in the dispute at level 2. |  |
| How was this raised with the other practitioner’s manager? How have you informed them you are now at stage 2 of the escalation process? |  |
| Outcome of stage 2. |  |
| **Stage 3** |  |
| Names and designations of senior managers involved in the dispute at level 3. |  |
| Outcome of stage 3. |  |
|  | Please ensure the above information is completed in full by the agency invoking the Professional Differences policy and emailed securely to the TSCP Business Manager at [neil.cotton@torbay.gov.uk](mailto:neil.cotton@torbay.gov.uk) cc [TSCP@torbay.gov.uk](mailto:TSCP@torbay.gov.uk) |
| Date TSCP notified of dispute. |  |
| Has this escalation been resolved or is elevation to Stage 4 required? |  |
| **Stage 4** |  |
| Date of Divisional/Assistant Director meeting. |  |
| Divisional/Assistant Directors in attendance. |  |
| Outcome. |  |
| Has this escalation been resolved or is elevation to Stage 5 required? |  |
| **Stage 5** |  |
| Date and outcome of escalation being referred to the chair of the TSCP Executive Group. |  |
| Date of Resolution Panel meeting if required. |  |
| Names and roles of those in attendance: |  |
| Outcome: |  |