**TSCP Professional Differences Record of Escalation**

**Child’s Name and Date of Birth:**

|  |  |
| --- | --- |
| **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 cc 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:  |   |