**Appendix - Escalation Notification Form**

The purpose of this template is to capture detail of significant or recurring practice or policy issues. In capturing this detail, the CSCP Quality Improvement Group[[1]](#footnote-2) will agree a response to make improvements – this may relate to a process, policy or practice issue. Use of this policy will be reported on annually.

**When to complete this form:**

* **This form should be used at Stage 3, and subsequently updated if moving to**
* **Stages 4 and 5**
* Completed forms should be saved locally and relevant information should be added to the child’s record
* Do not include full family details, use family initials only
* Completed forms should be emailed securely to CSCP@croydon.gov.uk
* **If printing this form, expand all fields before printing.**

|  |
| --- |
| Details of person completing notification |
| Name | Role |
|  |  |
| Agency | Email |
|  |  |
| Date of referral | Click or tap to enter a date. |
|  |
| Details of child/young person |
| Full name | Date of birth |
|  | Click or tap to enter a date. |
| Gender | Ethnicity |
| Choose an item. | Choose an item. |
| SEND | Choose an item. |

|  |  |
| --- | --- |
|  |  |
| **Stage 3** | This should be completed in all cases where Stage 3 has been reached, it should be submitted whether issue is resolved or not. If unresolved Stage 4 should be followed. |
| Brief description of your concerns (incl. key dates, evidence of need, key procedural issue/disagreement, summary of interventions to date) |
|  |
| **Is the matter resolved?***(please select from the drop down menu)* | Yes | If yes, please provide details of the outcome below.*If no, please move to section 4* |
| Decision / Outcome |  |
| Summary of key learning |  |
| Date |  |

|  |  |
| --- | --- |
| **Stage 4** | **This should be completed in all cases where Stage 4 has been reached, it should be submitted whether issue is resolved or not. If unresolved Stage 5 should be followed.** |
| Brief description of your concerns (incl. key dates, evidence of need, key procedural issue/disagreement, summary of interventions to date) |
|  |
| **Is the matter resolved?***(please select from the drop down menu)* | No | If yes, please provide details of the outcome below.*If no, please move to section 5*  |
| Decision / Outcome |  |
| Summary of key learning |  |
| Date |  |

|  |  |
| --- | --- |
| **Stage 5** | This should only be completed in all cases where all the previous stages remain unresolved. |
| Outline concerns along with supporting evidence.Conclude with a request for the Executive Group to consider. |
|  |
| Partnership ExecutiveDecision / Outcome |  |
| Summary of key learning |  |
| Date |  |

**Submit the completed form via secure email to the CSCP Manager at** **CSCP@Croydon.gov.uk**

1. CSCP Quality Improvement Group is a multi-agency partnership group [↑](#footnote-ref-2)