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| **Formal Escalation** |
| **Section A: To be completed by agency requesting the formal resolution** |
| Name: |  |
| Role: |  |
| Agency: |  |
| Date completed: |  |
| Child/young person’s name: |  |
| Child/young person’s date of birth: |  |
| Child/young person’s early year’s placement/school: |  |
| Describe the issue which requires resolution |  |
| Describe what resolution has already taken place, with whom and the outcome |  |
| Describe the elements that remain unresolved and what is needed in your experience |  |
| Additional Agency’s involved  | ☐ Children’s Social Care☐ Early Years (Nurseries and Childminders)☐ Education -Primary☐ Education -Secondary☐ Education -Further Education☐ Probation Service☐ General Practitioners☐ Police☐ Bolton NHS Foundation Trust☐ Greater Manchester Mental Health Trust☐ Other (please specify)Click here to enter text. |
| Date escalation resolved |  |
| If not resolved, describe what remains unresolved and why  |  |
| Date escalated to Partnership Resolution |  |

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| **Response to Formal Resolution** |
| **Section B - To be completed by agency responding to the escalation** |
| Describe what was done in response to already seek a resolution |  |
| Describe the further action taken to seek a resolution |  |
| Describe any learning from this escalation |  |
| Date escalation resolved |  |
| If not resolved, describe what remains unresolved and why  |  |
| If not resolved, date escalated to Partnership Resolution |  |