# Appendix A

**Form for submitting professional challenge cases for escalation and resolution to the Local Safeguarding Children’s Partnership**

**(Step 4)**

|  |  |
| --- | --- |
| Name of Child/Young Person: |  |
| Date of Birth: |  |
| Address: |  |
| Name of Manager who escalated concern at Step 2, Role and Agency: |  |
| Name of Manager who escalated concern at Step 3, Role and Agency: |  |
| Date that Step 3 was concluded |  |
| Name of Board Members, Roles and Agencies Involved: |  |

|  |  |
| --- | --- |
| Brief details about the inter agency disagreement: |  |

|  |  |
| --- | --- |
| What was the methodology used to resolve the disagreement? |  |

|  |  |
| --- | --- |
| Please submit this referral to: | Cheshire West SCP via [SCP@cheshirewestandchester.gov.uk](mailto:SCP@cheshirewestandchester.gov.uk)  Cheshire East SCP via [CESCP@cheshireeast.gov.uk](mailto:CESCP@cheshireeast.gov.uk)  Halton SCP via [CYPSafeguardingPartnership@halton.gov.uk](mailto:CYPSafeguardingPartnership@halton.gov.uk)  Warrington SCP via [safeguardingpartnerships@warrington.gov.uk](mailto:safeguardingpartnerships@warrington.gov.uk) |