# Appendix A

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

**(Step 4)**

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| --- | --- |
| 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.ukCheshire East SCP via CESCP@cheshireeast.gov.uk  Halton SCP via CYPSafeguardingPartnership@halton.gov.ukWarrington SCP via safeguardingpartnerships@warrington.gov.uk |