*The QARO will manage this process and ensure timescales are met to enable a timely resolution and best outcome for the child/young person.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date started |  | Name of child/young person |  |
| Mosaic ID |  | Legal status |  |
| Team Manager |  | Team  |  |
| QARO |  | QARO Manager |  |

|  |  |
| --- | --- |
| Detail of concern |  |
| Outcome sought |  |

Reason for Escalation

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| --- | --- | --- | --- |
| Statutory IRO handbook & Care Regs not met |  | Concerns re: provision of services |  |
| Care Plan implementation |  | Concerns where the child/young person lives |  |
| Voice of the child/young person |  | Outstanding CIC review decisions |  |
| Concerns re: safety |  | Life story work/later life letters |  |
| Health issues |  | Transitions (post 16/18) |  |
| Education issues |  | Staff turnover/sickness |  |
| Issues re: family time/time with important people |  | Other- please specify |  |

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| **Informal Escalation** |
| Name of Team manager |  |
| Date sent to Team manager |  |
| Date response requiredAccording to C/YP needs |  |
| Manager response (to include actions taken & timescales) |  |
| Date concluded |  |
| Reasons for decision to progress to formal escalation/stage 1 |  |

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| **Stage 1: Formal Escalation** |
| Name of Team manager |  |
| Date sent to Team manager**CC Service Manager** |  |
| Date response requiredAccording to C/YP needs |  |
| Manager response (to include actions taken & timescales) |  |
| Date concluded |  |
| Reasons for decision to progress to formal escalation/stage 2 |  |
| **Stage 2: Formal Escalation** |
| Name of Service Manager |  |
| Date sent to Service manager**CC Head of Locality** |  |
| Date response requiredAccording to C/YP needs |  |
| Manager response (to include actions taken & timescales) |  |
| Date concluded |  |
| Reasons for decision to progress to formal escalation/stage 3 |  |

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| **Stage 3: Formal Escalation** |
| Name of Head of Locality |  |
| Date sent to Head of Locality**CC Corporate Director** |  |
| Date response requiredAccording to C/YP needs |  |
| Manager response (to include actions taken & timescales) |  |
| Date concluded |  |
| Reasons for decision to progress to formal escalation/stage 4 |  |

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| **Stage 4: Formal Escalation** |
| Name of Corporate Director |  |
| Date sent to Director**CC Executive Director**  |  |
| Date response requiredAccording to C/YP needs |  |
| Manager response (to include actions taken & timescales) |  |
| Date concluded |  |
| Reasons for decision to progress to formal escalation/stage 5 |  |

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| **Stage 5: Formal Escalation** |
| Name of Executive Director |  |
| Date sent to Executive Director |  |
| Date response requiredAccording to C/YP needs |  |
| Response (to include actions taken & timescales) |  |
| Date concluded |  |
| Reasons for decision to Request CAFCASS intervention. |  |

***It is the responsibility of the QARO to attach this form to the child’s Mosaic file at the point of resolution or escalation to CAFCASS.***

***File name to be:*** Escalation\_CIC or Escalation\_CP