**CONCERNS REGARDING INTER-AGENCY SAFEGUARDING PRACTICE**

This form supports Stage 2 of the 'Protocol for Resolving Concerns Regarding Inter-Agency Safeguarding Practice'. The form should only be used in cases where a professional disagreement or concern has:

1. not been resolved at an individual level, and
2. following the Stage 1 process, has not been resolved through single agency processes.

**PART A - TO BE COMPLETED BY AGENCY RAISING THE CONCERN**

**Name of Child/Adult at Risk:**

**Date of Birth: Address:**

**Occurrence number (if appropriate):**

**Name(s) and Dates of Birth of Parent(s)/Carer(s):**

|  |  |
| --- | --- |
| **NAME OF PERSON RAISING CONCERN:** |  |
| **ORGANISATION:**  |  |
| **CONTACT NUMBER:** |  | **DATE:** |  |
| **WHAT IS THE ISSUE?** |
|  |
| **WHAT HAS BEEN DONE ALREADY TO RESOLVE THIS?** |
|  |
| **WHAT IS THE OUTCOME THAT YOU ARE LOOKING FOR?:** |
|  |
| **AGENCY/AGENCIES REQUIRED TO RESPOND:** |
|  |

**PART B - TO BE COMPLETED BY RESPONDING AGENCY WITHIN 10 WORKING DAYS OF RECEIPT**

|  |  |
| --- | --- |
| **NAME OF PERSON RESPONDING:** |  |
| **ORGANISATION:**  |  |
| **CONTACT NUMBER:** |  | **DATE:** |  |
| **RESPONSE:** |
|  |

**PART C - RESOLUTION AGREEMENT**

|  |  |
| --- | --- |
| **DATE FEEDACK SENT TO AGENCIES CONCERNED:** |  |
| **RESOLUTION REACHED (YES/NO):** |  |
| **IF YES, NAME OF PERSON ACCEPTING THE RESPONSE:** |  |

**IF RESPONSE IS NOT SATISFACTORY ESCALATE TO QA GROUP:**

**PART D - TO BE COMPLETED BY SAFEGUARDING BUSINESS UNIT**

|  |  |  |  |
| --- | --- | --- | --- |
| **SBBU REF NO:** |  | **DATE REPORTED TO QA:** |  |
| **OUTCOME AND FOLLOW ON ACTIONS:** |
|  |