**IRO Escalation Form**

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| 1 | Name of child: |  |
| 2 | Date of birth: |  |
| 3 | Liquid Logic ID |  |
| 4 | Current legal status: |  |
| 5 | Current placement: |  |
| 6 | Name of IRO/CP chair: |  |
| 7 | Date of escalation: |  |
| 8 | Reason for escalation, please mark with an ‘x’ at least one or more of the following options:  |
| 1. **Incomplete or inadequate care plans**

Care plan not completed or signed off on Liquid Logic and so work flow stalled  |  |
| 1. **Drift or delay in care planning**

Drift/delay in legal planning or permanency decisions including a lack of consultation when changing the care plan. Contact arrangements |  |
| 1. **Safeguarding concerns including missing episodes, crime related or CSE risk**
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| 1. **Concerns around social work provision**

Including delay in allocating cases, lack of stability and/or consistency of social work input, visits not being completed, lack of case notes, social work absence, child raises concerns, discriminatory practice or frequent transition between social workers/teams/services. |  |
| 1. **Placement concerns**

Including poor placement planning, quality/appropriateness of provision.  |  |
| 1. **Education**

Lack of educational progress, no PEP or no education provision. |  |
| 1. **Health**

Health issues, recommendations not being addressed, health, emotional and/or behavioural support |  |
| 1. **18+ planning**

Including staying put decision making  |  |
| 1. **Action and effectiveness of management**

Including timeliness and evidence of decision-making |  |
| 1. **Non completion of review decisions**
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| 1. **Child protection plans not being implemented**

Outline plan not being followed, concerns about visits, children not being seen alone, views not being gathered about the plan, |  |
| 1. **Core group meetings**

Not being held, minutes not available, plan not being updated in response to incident or new information |  |
| 1. **Other – please state:**
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| 9 | Description of the issue/concern raised for escalation: |  |
| 10 | Requested action: |  |
| 11 | Deadline for response to be provided by: |  |
| 12 | Name of Manager/Agency the representation is addressed to: |  |
| 13 | Management/Specialist agency response: |  |
| 14 | Outcome: |  |
| 15 | Date concluded: |  |