**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** | | | |  |
| 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** | | | |  |
| 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:** | | | |  |
| 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: | |  | |