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**Resolving Professional Differences Form**

To be read alongside the Somerset Safeguarding Children Partnership’s (SSCP) [**Protocol for Resolving Professional Differences in Work Relating to the Safety of Children**](https://somersetsafeguardingchildren.org.uk/publication/resolving-professional-differences-protocol/) and the [**Effective Support for Children and Families in Somerset guidance.**](https://somersetsafeguardingchildren.org.uk/publication/effective-support-for-children-and-families-in-somerset/)

**Please note: This form should be used only after you have been through the stages one and two of the Resolving Professional Differences process.**

**The form should be discussed with and signed off by a senior manager before submission.**

**The form should not be used to address urgent operational matters. If you believe a child is at risk, contact Somerset Direct 0300 123 2224 or** [**childrens@somerset.gov.uk**](mailto:childrens@somerset.gov.uk) **or in an emergency dial 999 to call the Police.**

**The completed form should be sent to:** [**SSCP@somerset.gov.uk**](mailto:SSCP@somerset.gov.uk)**.**

**Section A: Stage 3 Formal Resolution procedure**

To be completed by agency raising the professional difference to stage 3

|  |  |
| --- | --- |
| Name/Role/Agency of person raising professional difference: |  |
| Email address of person raising professional difference: |  |
| Telephone number of person raising professional difference: |  |
| Other agency involved: | Children’s Social Care  Early Years (Nurseries and Childminders)  Education  Prevention (Family Intervention Service & YOS)  National Probation Service  General Practitioners  Police  Somerset NHS Foundation Trust  Yeovil District Hospital NHS Foundation Trust  Other (please specify)  Click here to enter text. |
| Date form completed: |  |
| Child’s name: |  |
| Child’s date of birth: |  |
| Child’s address: |  |
| Please briefly describe the issue which requires resolution and the desired outcome for the child: |  |
| Date of stage 1 resolution and names of staff involved: |  |
| Why was this unsuccessful in resolving the issue? |  |
| Date of stage 2 resolution and names of staff involved: |  |
| Why was this unsuccessful in resolving the issue? |  |

**Section B: Response to Stage 3 escalation**

To be completed by agency responding to the professional difference

|  |
| --- |
| Please describe what was done in response to the stage 1 and 2 escalations of the issue(s) described above: |
|  |
| What actions have been taken, or are planned, to resolve the professional difference? |
|  |
| Date response made to the agency that escalated the issue: |
|  |
| Is there any learning from this dispute? Please specify: |
|  |
| Additional Comments: |
|  |

*These forms will be reviewed by the SSCP Business Unit to ensure effective resolution and continuous learning across the partnership.*