**BUCKINGHAMSHIRE CHILDREN’S SERVICES**

**CHILDREN’S CARE PLANNING AND RESOURCES PANEL TEMPLATE**

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| **BASIC DETAILS:** |
| **Referral Date** |  |
| **Panel Date** |  |
|  |  |
| **Allocated Social Worker**  |  |
| **Team Manager**  |  |
| **Service / Team** |  |
|  |  |
| **Name of Child** |  |
| **LCS ID** |  |
| **Date of Birth** |  |
| **Home or Placement Address** |  |
| **Ethnicity, Religion & Language** |  |
| **Is there a C&F assessment?** | **Y / N with completion date:** |
| **Is there an EHCP?** | **Y / N with completion date:** |
| **If CLA, date of care episode**  |  |
| **Legal Status** |  |
| **PLO Care Proceedings** |  |
| **Primary reason for entering care** |  |
| **PROFESSIONAL COMMENTS:**  |
| **IRO comments** |  |
| **Virtual School comments** |  |
| **SEN Officer comments** |  |
| **YOS comments** |  |
| **Head of Service comments and signature** |  |

1. **Summary of Child/Young Person’s Profile, Needs, Risks & Circumstances:**
2. **Rationale for Panel Request:**

What Panel outcome is being requested to meet the child/young person’s needs and circumstances and why?

If appropriate, what other interventions and options have been already been considered? Is there an alternative resource or approach that could reduce or modify the need for this resource?

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1. **Strengthening Families Framework – Bullet point key strengths, needs, risks & circumstances:**

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| --- | --- | --- | --- | --- |
| **HISTORIC RISKS** | **CURRENT RISKS** | **GREY****AREAS** | **CURRENT****STRENGTHS** | **ACTION PLAN****‘NEXT STEPS’** |
| **What were we concerned about and what harm did this cause?** | **What are the dangers and what are we concerned about now?** | **What are the complicating factors and what do we need to know more about?** | **What is working well and what are the protective factors?** | **What needs to happen next to build safety and reduce concerns?** |
|  |  |  |  |  |

1. **Views, wishes and feelings about the proposed care and placement plan:**

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| C**hild/Young person** |
| **Birth Parent** |
| **Carer/Other Person with Parental Responsibility** |

**4. Financial Implications**

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| --- | --- |
| **Annual cost of current care arrangements (if any)** |  |
| **Estimated annual cost of proposed arrangements** |  |
| **Anticipated duration of proposed arrangements** |  |
| **Whole life cost of proposed arrangements** |  |

**5. OUTCOME OF PANEL DISCUSSION:**

|  |  |
| --- | --- |
| **Date of Panel** |  |
| **Panel Chair** |  |
| **Panel Decision**  | **Agree** |  |
| **Decline** |  |
| **Defer (state date)** |  |
| **Itemise separately if multiple resources have been considered** |  |
| **Start Date** |  |
| **End Date** |  |
| **Unit Cost** |  |
| **Total Cost** |  |
| **Review Date** |  |