**16 - 17 PANEL FORM**

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| **Young Person’s Information** | | | | | |
| **Name** | **AZEUS ID** | **Status** | **DOB** | **Ethnicity** | |
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| **Social Worker:** |  | | | | |
| **Looked After Service/Practice Leader:** |  | | | | |
| **Personal Advisor:** |  | | | | |
| **Leaving Care Service/Practice Leader (If co-allocated only):** |  | | | | |
| **IRO Name:** |  | | | | |
| **Type of Accommodation?** | Choose an item. | | | |

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| **Checklist** | | |
| **Task** | **Completed?** | **Date of Completion** |
| **Has there been a joint visit between the Social Worker and Personal Advisor if co-allocated?** |  |  |
| **PWP Updated?** |  |  |
| **Has a Personal Advisor (PA) been Co-Allocated?** |  |  |
| **Has the Leaving Care Team been invited to the Next Review?** |  |  |
| **Immigration/naturalisation process started / underway?** |  |  |
| **ID documents available – Passport, etc.** |  |  |
| **Financial arrangements?** |  | |
| **Future accommodation?** |  | |

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| **What is working well for the young person where they are living and how will they be supported to transition to leaving care?** (consider: the 6 C’s – Co-production, Curiosity, Compassion, Confidence, Clarity, Community) |
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| **What are the worries for the young person now and what gaps in support do you think they may have in the future? ? Are there any significant risks that needs to be addressed or considered?** (consider: exploitation, mental health, emotional well-being, education/employment, leisure, risks/vulnerabilities) |
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| **What needs to happen for this young person to prepare them for their transition towards independence?** (what actions are being taken by the Social Worker and others in the young person’s network, think SMART. Also is the intervention Purposeful, Planned, & Focused?) |
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| **What is the young person’s view of their current situation and what do they feel they need to be ready to transition to leaving care?** |
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| **Panel Decisions** |
| Discussion: |

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| **What needs to happen?** (Is the work Purposeful, Planned, & Focused?) | **Who is responsible for ensuring that it happens?** | **When will this happen by?** |
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| **Panel Chair**  (print name) |  |
| **Panel Date:** |  |
| **Panel Review Date** |  |