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| --- | --- | --- | --- |
| Panel Date | / / | | |
| Professional Involved |  | Role |  |
| Team/Service/Agency |  | E-Mail |  |

|  |  |
| --- | --- |
| Please provide names & email addresses all professionals involved: | |
| Role/Team & Email |  |
| Role/Team & Email |  |
| Role/Team & Email |  |
| Role/Team & Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child/Family Name |  | | |
| Address |  | Tel No. |  |
| NHS Number |  | Ethnic Origin |  |
| Date of Birth | / / | Age |  |
| MOSAIC no. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Context**  *(Context of the young person for example: age, ethnicity, culture, lived experiences, mental health or social care intervention, CIN,CP, CiC plan and legal status pen picture of themselves)* | | | |
|  | | | |
| **Service User consent to referral if over 18** | **Y/N** | **Service User attendance at Panel** | **Y/N** |

Child/Family details (please provide details below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Age** | **Relationship** | **Employment Details** | **Siblings opened to Children Services (Y/N)** |
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Information held

|  |  |
| --- | --- |
| Outline of how the young person is currently supported, please set out the role of all agencies involved. |  |
| Identify areas that would support transition and preparation into adulthood |  |
| Does the young person have 2 or more stable and loving relationships or any other potential lifelong relationships that can be explored/supported |  |
| Please outline any potential gaps in service provision that may impact on the young person’s journey into adulthood safely. |  |
| What is the young person’s accommodation/Housing situation? |  |
| Home office status/NRPF etc |  |

**Service User’s Plan**

*Please identify which are the views of the worker and which are the views or input of the service user.*

|  |  |
| --- | --- |
| **Identified Risks**  **(including** contextual Safeguarding, transitional safeguarding, mental health and wellbeing context ) |  |
| **Identified Needs** |  |
| **Please indicate what the panel is being asked to consider with specific reference to service provision and/or blockages** |  |
| **What would be a good outcome for this young person** |  |
| **Any Additional Information** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Managers Comments** | | | |
|  | | | |
| **Line Manager Signature** |  | **Date** | **/ /** |