

**PLACEMENT AND RESOURCE PANEL REFERRAL FORM**

Information and guidance on how to complete this form, what the panel will require and some things to think about when completing this form is contained in the PRP Policy online through Trix. This policy contains details on how to submit this referral, frequency of the panel and what you are required to do for the panel and following any decision of the panel. Please ensure you have read the policy prior to submitting the referral. And remember if in doubt ask…we are only too happy to help.

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| **PART A: GENERAL INFORMATION – To be completed by the social worker** |
| **Name of Child / Young Person:** |  | **Name of Social Worker:** |  |
| **Liquidlogic PID Number:** |  | **Social Worker Contact Number:** |  |
| **Date of Birth:** |  | **Name of Team Manager:** |  |
| **School Year:** |  | **Team Manager Contact Number:** |  |
| **Legal Status:** |  | **Team:** |  |
| **Last Looked After Review date:**  |  | **Next Looked After Review date:** |  |

**-All of the above information must be provided-**

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| **Part B: PURPOSE OF THE REQUEST – To be completed by the social worker** |
| **Social Worker to highlight which provision you are requesting a decision for:** |
| Durham County Council Residential Care Home | External Residential Children’s Home either located in Durham or at a Distance | External Residential and Education & Health Provision | External Education Provision with no residential support |
| Durham County Council Foster Home  | Independent Foster Home (IFA) | Connected Carer Arrangement | Supported Living Arrangement |
| University Accommodation | Other please state: (i.e. IFA permanency, staying put, staying close, placement support cost above £1,000 etc) |  |
| **Please indicate if this request is:**  |
| The first-time funding has been requested for this child, young person or provision | To review or extend an existing provision which has previously been agreed | Update the panel with new information as a change to what was previously agreed is required  |

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| **Part c: CURRENT ARRANGEMENT – To be completed by the Social Worker** |
| **Why is the child / Young person in care or entering into care or remaining in care?****(Include danger statement, safety goals)** |
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| **Please respond to the following questions below:*** **Family Group Conferencing: Please provide details on whether a FGC has been held and what the outcome was. Is there a current referral for an FGC? If so, please provide details. If not, why not?**
* **Family Network Meeting: Please provide details on whether a FGC has been held and what the outcome was. Is there currently plans in place to hold a network meeting with the family? If so, please provide details. if not, why not?**
* **Have Supporting Solutions been involved with this child / young person to prevent an entry into care? If so, what work was undertaken or is planned. If not, why not?**
* **Does the child / young person have an Education Health and Care Plan? If so when was it last updated?**
* **What other actions were taken to try and keep the child / young person at home or with family members?**
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| **Who is the child / young person living with now?****Outline why the child / young person needs this provision and how it will help them to heal, succeed and feel a sense of belonging?** **Outline why other provisions are not suitable at this stage?** |
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| **How do you intend to review how this package of care / support is meeting the child or young person helping them to heal, succeed and feel a sense of belonging?****If there is a reduced support offer, please provide the detail of this below?** |
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| **What is the plan for the child / young person?** **How will we support the child / young person to return home or to family members?** |
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| **What is the child / young persons views on what you are requesting on their behalf and how do you know this?** |
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| **Part D: FINANCAL INFORMATION - To be completed by the social worker** |
| What is the first date from when you require this provision to be funded from? This may also be the first day from when a previous decision to fund this provision expired, however the placement remains the same. | Start date: | What is the total cost of the full package from the start date to the end date? |  |
| What is the end date from when this funding would end, or you are proposing to review the package and request continued funding? | End date: | What is the **Local Authority** contribution to this package from the start date to the end date? |  |
| If you have a current provider or proposed provider enter their company name and address here: |  | Does the child / young person have continuing health needs. If so what is the **Health Contribution** to this package from the start date to the end date? |  |
| What is the **Education** contribution to this package from the start date to the end date? |  |
| What are the **transport** costs associated with this package? |  |
| Has the child / young persons current provider given notice on their arrangement? If so when does this end?Has formal notice been issued? |  |  |  |

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| **PART E: OUTCOME FROM PANEL** |
| **Date of Panel:** |  |
| **Name of Panel Chair:** |  |
| **Decision from Panel:** | Approved |
| Not Approved |
| Item Deferred |
| **Details of what was approved i.e. provision type** |  |
| **Was the item requested back at panel?** | Yes / No |
| **If yes, date of return:** |  |
| **Reason for the request back to panel?** |  |
| **Duration of funding Agreed:**  |  |
| **Does this request need to go to High Cost Panel?** |  |
| **Panel Comments / Decision** |  |