**Placement and Resource Panel Referral Form**

***Please ensure this referral is sent to Shirley McGillick, no later than***

***3pm on the Tuesday prior to panel***

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| **Date referral form completed** | (Date) |
| **For discussion at panel on** | (Date) |

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| **Reason for Panel Referral (mark one option with an X)** | |
|  | New planned placement requests for external commissioned placements (residential, IFA, and semi-independent placements) |
|  | Retrospective requests for new placements made in an emergency (must be referred to the next available panel following the placement having been made) |
|  | Scheduled / Director requested review of externally commissioned placement |
|  | Unregistered placements |
|  | Additional funding for an externally commissioned placement (e.g. ‘solo’ placement, additional staffing ratios, additional therapy, provision of psychological reports, escort arrangements) |
|  | Externally commissioned placement unplanned ending or placement at risk of being disrupted (**prior to** any alternative placements being secured whenever possible i.e. at the next available Panel within the contractual notice period being served) |

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| **BASIC DETAILS** | |
| **Social Worker and Team** |  |
| **Team Manager** |  |
| **Service Manager** |  |
| **Details of request to Panel (be specific about the type of placement / resource being requested)** |  |
| **Child(ren)’s names, date of birth and age, gender and ethnicity** |  |
| **MOSAIC ID** |  |
| **Legal Status** |  |
| **Current placement / living arrangement** |  |
| **Birth family composition** |  |
| **DETAILED INFORMATION AND ANALYSIS** | |
| **Pen picture of the child / young person** |  |
| **Child’s / young person’s views** |  |
| **What is working well?** |  |
| **What are we worried about?** |  |
| **What steps have been taken already to address these worries?** |  |
| **How will this placement / resource request meet the child’s needs and what are the desired outcomes?** |  |

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| **Team Manager Analysis and Reasons:**  ***Include consideration of the following:***   * *Whether a more co-ordinated multi-agency approach could forestall the need for the provision requested.* * *Whether the resource request best meets the identified needs and outcomes for the CiC.* * *Whether a time limit should be placed on enhanced provision (where applicable) and the frequency with which that provision should be reviewed.* * *The on-going need for this resource to be provided.* * *Whether any drift in the care planning implementation is delaying a positive outcome for the CiC and is preventing a more cost-effective provision being identified/secured.* * *Whether a referral should be made for consideration of joint or tri party funding via the MARP process.* * *Whether a referral should be made to the Accommodation Planning Panel for CiC aged 17 years.*   **Name & Signature:**  **Date:** |
| **Service Manager Analysis and Management Oversight:**  **Name & Signature:**  **Date:** |

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| **PANEL DECISION – TO BE RECORDED ON THE CHILD’S MOSAIC RECORD (document upload and casenotes)** | |
| **Panel Decision** |  |
| **Actions** |  |
| **Commissioning details of proposed placement options including breakdown of costs (if available)** |  |
| **Date of scheduled Panel review** |  |