**Placement and Commissioning Panel Report and Minutes**

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| **Social Worker:** |  |
| **Manager:** |  |
| **Team:** |  |
| **Date:** |  |

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| **Name of Child:** | **DOB:** | **PID:** | **Legal Status:** |
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| **Names of Siblings** | **DOB:** | **PID:** |
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| **Name of Parent/carer:** | **Relationship to child:** | **PR?** |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |

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| **Home/ Placement address:** | | |
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| **Where is this person living at the moment?** | | |
| **Choose an item.** | | |
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| **What are the costs of where the child or young person currently lives?** |  |
| **Accommodation** |  |
| **Education** |  |
| **Support** |  |
| **Therapy** |  |
| **Total** |  |

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| **Short summary of previous and current issues (Attach any Care plan, CLA and/or pathway plan, chronology, specialist assessment, SWET)** |
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| **Date of last updated care assessment:** |  |
| **Date of last Pathway plan:** |  |

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| **Pen Picture(s) of the child / young person(s):** | **Please ensure that this is a true balanced reflection of the child / young person with both positive and negative attributes. Include likes, dislikes, hobbies and activities, sports, favourite foods and any aspirations they have.** |
| **What do people like about me?** |  |
| **What do I like to do?** |  |
| **What are my hopes for the future?** |  |
| **What do I like to eat and drink?** |  |
| **What makes a good day for me?** |  |
| **What do I struggle with?** |  |
| **What makes me angry or upset?** |  |
| **What do I worry about?** |  |
| **What is the best way of helping me when I’m finding something difficult?** |  |

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| **Does the child/ young person have family time/contact? (***if so, please list the frequency for each family member)* |
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| **The child / young person’s views, wishes and feelings.** |
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| **What is going well for this child / young person at the moment?** |
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| **What are we worried about for this child / young person at the moment?** |
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| **What needs to change for this child / young person to thrive and fulfil their potential?** |
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| **What do you require from panel today and why?** |
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| **What difference will it make for the child or young person if this request is agreed?** |
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| **What is the approximate cost of this request?** |
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| **Does the child or young person have Special Educational Needs and if so what are they?** *(Include: EHCP/ SEN Support)* |
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| **Attach EHC Plan (if applicable)** |
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| **What health needs does this person have (including mental health) and are they currently well managed?** |
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| **What are the current priority outcomes for this child or young person?** |
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| **Update since last presentation: (if applicable)** |
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| **Date of previous panel** |  |

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| **Date:** |  |
| **Signature of Social Worker:** |  |

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| **Date:** |  |
| **Manager’s comments** |  |
| **Manager’s Approval** | Choose an item. |
| **Managers signature:** |  |

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| **Date:** |  |
| **Service Managers comments** |  |
| **Service Manager Approval:** | Choose an item. |
| **Service Managers signature:** |  |

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|  | **Minute Takers Record** |
| **Minutes taken by:** |  |
| **Date of Panel:** |  |

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|  | **Panel Members** |
| **1)** |  |
| **2)** |  |
| **3)** |  |
| **4)** |  |
| **5)** |  |
| **6)** |  |

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| **Current costs:** | **£** |
| **Proposed costs:** | **£** |
| **Costs approved:**  *With breakdown* | **£** |
| **Duration:** |  |

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| **Discussion:** |
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| **Actions agreed by Panel:** | *(By whom by when)* |  |
| **Action** | **Person responsible** | **Date for completion** |
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| **Case tracker details:** *(Including: return to panel date, if applicable)* |
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