**Care and Resource Panel / Multi Agency Resources & Placement Panel**

**(delete as applicable)**

There is a minimum expectation that any referral to CARP or MARP will include an up-to-date assessment, plan and genogram (network / support map) for the child / family whose situation is being discussed. It is the responsibility of the referrer to ensure the correct documentation is submitted with the referral to the panel.

If you are resubmitting to CARP or MARP please use the original referral form and complete Part D with an update of what has happened since the last panel discussion.

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| **Panel Date** |  |

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| **Part A: to be completed by Referrer**  |

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| **Background Information** |
| Childs Name |  |
| Date of Birth |  |
| ICS / Mosaic number |  |
| Address |  |
| Family composition |  |
| Ethnicity |  |
| Disability |  |
| SEND |  |

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| **Education Details** |
| Education / Training Provider |  |
| Year Group |  |

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|  |
| Current Total Funding Level (indicate if transport costs required) |  |

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| **Professional Network** |
| Agency | Role | Name |
| ICS – Social Care | Social worker |  |
| ICS – Preventative Services |  |  |
| ICS – EHCP Coordinator |  |  |
| YOT |  |  |
| Health – CAMHS |  |  |
| Health – Other |  |  |
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| **Status and planning for child** |
| Plan Status | Details |
| CIN |  |
| CP |  |
| CLA |  |
| Care Leaver |  |
| Care & Support |  |
| EHCP (final) |  |
| EHCP (draft issued to parents) |  |
| LDA |  |
| Statement |  |
| Qualify for Children’s Continuing Care (C&YP) |  |
| Qualify for Continuing Health Care (Adults) |  |
| Other |  |

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| **1. Reason for Referral to Panel** |
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| **For MARP only** |
| Decisions Required by the Panel | Tick as required |
| * Has an OLA maintained school been sought (to be completed)
 |  □ Date |
| * Approval to look for independent school placement (on framework)
 |  □  |
| * Decision on either named ……………….. or type ……………. Of educations placement (off framework)
 |  □  |
| * Consideration of personal budget and / or Direct Payment
 |  □  |
| * Approval for a joint funded extended care placement
 |  □  |
| * Approval of funding decision - state upper limit
 |  □ £ …………. |
| * Multi Agency funding agreement
 |  □ Provide % Split  |

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| **2. Case Summary** |
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| **3. Chronology of significant events**  |
| Date of Event | Significant Event | Impact on / for the Child | Decision Made / Next Steps |
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| **6. Views of Child / Parents / Carers** |
| Child / young person’s Views | How was this obtained | Date |
|  |  |  |
| Parents &/or Carers Views / Parental Preference | How was this obtained | Date |
|  |  |  |
| Mental Capacity Assessment | If required, please provide outcome | Date |
|  |  |  |

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| **7. Next Steps and Proposed Plan (including details of further assessments required)** |
| Action | By Whom | By When |
|  |  |  |
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| **Team Manager Comments and Endorsement of Proposed Plan** |
|  |
| Team Manager Name |  |
| Date of endorsement |  |

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| **Service Manager Comments and Endorsement of Proposed Plan** |
|  |
| Service Manager Name |  |
| Date of Endorsement |  |

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| **Part B: Panel Discussion and Points for Clarification**  |
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| **Part C: Panel Decisions and Approvals**  |

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| --- | --- | --- |
| Action to be taken | By Whom | By When |
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| **Date for Review at Panel** |  |

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| **Approval by Panel Chair** |
| Signature |  |
| Chair | Jo CrossHead of Integrated Children’s Services |
| Date  |  |

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| **Part D: Resubmission / Panel Review** |

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| **Resubmission 1: Update provided to the Panel by referrer** |
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| **Resubmission 1: Panel Discussion and Points for Clarification**  |
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| **Resubmission 1: Panel Decisions and Approvals**  |
| Action to be taken | By Whom | By When |
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| **Date for Review at Panel** |  |

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| --- |
| **Approval by Panel Chair** |
| Signature |  |
| Chair | Jo CrossHead of Integrated Children’s Services |
| Date  |  |

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| **Resubmission 2: Update provided to the Panel by referrer** |
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| **Resubmission 2: Panel Discussion and Points for Clarification**  |
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| **Resubmission 2: Panel Decisions and Approvals**  |
| Action to be taken | By Whom | By When |
|  |  |  |
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| **Date for Review at Panel** |  |

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| **Approval by Panel Chair** |
| Signature |  |
| Chair | Jo CrossHead of Integrated Children’s Services |
| Date  |  |

Panel Referral Now closed

Date

Review Date

Or N/A