**Appendix 5c**

**To be completed by Social Worker of Child/Young Person**

**EXTERNALLY COMMISSIONED PLACEMENTS**

**Business Case for Residential Placement**

**Meeting Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/ YP:** |  | **Date of Birth:** |  |
| **Legal Status:** |  | **School Year:** |  |
| **Name of Social Worker:** |  | **Ethnicity:** |  |
| **Name of Team Manager:** |  | **Team:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Placement (if at home attach Single Assessment):** | | | |
| **Start Date with this Provider:** | |  | |
| **Duration of Residential Placement:** | |  | |
| **Residential Provider:** | | |  |
| **Weekly Cost:** | |  | |
| **Projected Annual Cost:** | |  | |
| **Breakdown of Costs:**  **Please confirm if education/health provision is included in this placement package.** | | |  |
|  | | |  |
| **Is this Shared with Education?** | | **YES / NO %** | |
| **Is this Shared with Health?** | | **YES / NO %** | |
| **Date Child/Young Person became Looked After:** | |  | |
| **Detail Current Care Plan:**  **(attach current Care Plan and Single Assessment)** | | | |
| **Placement Objectives and how they will meet the child/young person’s needs:** |  | | |
| **Family Composition:** |  | | |
| **Case History:** |  | | |
| **Education:**  **Current Status** |  | | |
| **Health:**  **Current Status** |  | | |
| **Emotional / Behaviours:** |  | | |
| **Child/Family’s Views:** |  | | |
| **Contact/Relationship with Family Members:** |  | | |
| **Conclusion:** | | | |

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| --- |
| **Contracting Information:**  **Is the provider within the Residential Framework**  **If not, what checks have you made to ensure that the provider is able to offer safe and secure care?**  **Further Information:** |

**PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE ATTACHED:**

* **Single Assessment (if young person at home)**
* **Up to date Care Plan**
* **LAC Review Recommendations**
* **Up to date Risk Assessment**

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Printed Name** |
| **Social Worker:** |  |  |
| **Date:** |  | |
|  | **Signature** | **Printed Name** |
| **Team Manager:** |  |  |
| **Date:** |  | |
| **Team Manager’s Comments:** |  |  |

**PANEL DECISION**

|  |  |
| --- | --- |
| **DECISION OF PLACEMENT AND RESOURCE PANEL/STRATEGIC MANANGER** | |
| **External Provision Agreed:**  **Date of Panel:** | Yes/No |
| **Reasons:** |  |
| **Duration of funding:** |  |
| **Further Actions:** |  |
| **Date of referral back to Panel:** |  |

**Signature: Date:** Click or tap to enter a date.

**Karen Robb**

**Strategic Manager**

|  |  |
| --- | --- |
| **DECISION OF HEAD OF SERVICE** | |
| **Decision to Fund**  **(full costs provided)** | **Yes/No** |
| **Decision to Fund**  **(pending full cost confirmation)** | **Yes/No** |
| **Where full costs are not confirmed at the stage of submission of Business Case to HOS, full details of costs must be re-submitted on business case for HOS final decision.** | |
| **Reasons:** |  |
| **Date Business Case Returned** |  |

**Head of Service: Date: Click or tap to enter a date.**

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| --- |
| **Please ensure that the Business Case is progressed to the next available High Cost Placement Panel only where there is an education and/or health provision.** |