**Appendix 5a**

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

**Short-Term IFAs**

**EXTERNALLY COMMISSIONED PLACEMENTS**

Business Case to Placement and Resource Panel

**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 Placement:** |  |
| **IFA Provider:** |
| **Weekly Cost:** |  |
| **Projected Cost for duration of stay:** |  |
| **Breakdown of Cost (ie: what will be provided for the costs stated):** |
| **Date Child/YP became Looked After:** |  |
| **Detail Current Care Plan:****(attach current Care Plan and Single Assessment)** |
| **Court Proceedings:**  |
| **Likely Timescale for Conclusion:**  |

|  |
| --- |
| **Reason for Child / Young Person not being placed in-house:** |
| **List any previous in-house placements:** |
| **List actions being taken or required to identify in house provision:** |
| **Waiting list for residential placement?****If so, what are the reasons?** |
| **What are the objectives of the placement?** |
| **How does the current placement meet the identified needs?** |
| **Contracting Information:****This will be confirmed by the Commissioning Officer at Panel****Is the provider within the IFA 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 for Looked After & Permanence**