

CHILDREN WITH COMPLEX NEEDS PANEL

PANEL REFERRAL DATE:

(All referrals and paperwork must be with the CNP administrator 10 working days prior to the CNP meeting)

LEAD AGENCY	EDUCATION	SOCIAL CARE	HEALTH
(circle as appropriate)	SEN File Ref:	ICS ID:	NHS No:
This request is made by: Name:		Role:	Date:
This request is supported by Line Manager Name:		Role	Date:

(Referrals to CNP MUST be approved and signed off by your line manager and where delegated budget responsibility is reached a Senior Manager MUST be aware of this referral)

Nature of Request (tick as appropriate):			
Residential Placement	Package of home support	Therapeutic input	Other (please specify)

Assessments and supporting evidence (please tick as appropriate and include documents with referral – requests will not be considered unless all relevant documents are included)		
Social Care Assessment	Children’s Continuing Care	EHCP
CAMHS Assessment	Providers Assessment	TAC Minutes
Other (please specify)		

CHILD OR YOUNG PERSON’S DETAILS

Family name:	Other names:
Date of birth:	Sex: M / F
Ethnic Origin: Choose.	Religion:
Home Address:	First language: Choose.
Sibling Details :	Extended Family /Support Network:

Where a CLA/Placement Details: (Delete as appropriate, In-House / IFA) Placement Address:	Residential School Address:
Legal Status :	Registered GP:

PARENTAL DETAILS

Individuals known to have parental responsibility for the child/ young person.

Name:	Relationship to child: Choose.
Ethnic origin: Choose.	First language: Choose.
Address:	Telephone number:
Name:	Relationship to child: Choose.
Ethnic origin: Choose.	First language: Choose.
Address:	Telephone number:

KEY PROFESSIONAL AND PROVIDER SERVICES INVOLVED

Children's Social Care, Education, Health, Voluntary Sector, Other.

LEAD PROFESSIONALS	
Name:	Address: Email:
Role:	
Telephone number:	
Name:	Address: Email:
Role:	
Telephone number:	
Name:	Address: Email:
Role:	
Telephone number:	

Name:	Address:
Role:	
Telephone number:	

NATURE OF CURRENT CONCERN / UNMET NEED

Provide overview of child's needs – please provide detail of any current support or provision in place.

Specific needs:

EDUCATION *(Is this young person 14yrs Plus YES/NO)*

SOCIAL CARE *(Is this young person 14yrs Plus YES/NO)*

HEALTH *(Is this young person 14yrs Plus YES/NO)*
***If health funding is being sought, please ensure that all relevant health assessments, such as Children's Continuing Care, CAMHS etc have been completed and eligibility agreed PRIOR to referral to CNP*

VOICE OF THE CHILD / YOUNG PERSON

All children express themselves, you may need support in securing this, i.e. parent, teacher, nurse, friend or extended family member, be creative

Does this Child/Young Person need an Advocate/Independent Visitor YES/NO

OTHER RELEVANT CONTEXT

Summary of the child's strengths, family environment, family's views & aspirations, needs

SUMMARY OF PREVIOUS INTERVENTIONS AND OUTCOMES

Evidence Impact

PROPOSED INTERVENTION (AGREED AT TAC/OPTIONS PLANNING MEETING)

IS THE YOUNG PERSON AGED 14 +

Please include details of all transition plans, including referrals for CHC where there is an evident health need.

OPTIONS

*Outline the options considered. ****All options must have costings attached to be considered by the panel****. In the case of requests for Residential placements, potential providers should be asked to provide a breakdown of costs to include the Health, Educational and Social Care aspects of the placement.*

Option 1

Option 2

Option 3

OUTCOMES AND PLANS

*Outline the outcomes you anticipate when addressing this unmet need?
What will indicate that these are achieved? (considering key development stages of the child).*

Form Completed By:

Role:

Date:

Authorised By Name:
(In print)

Role:

Date:

CNP Administrative use only:

CNP Administrator Date of Receipt :

Date of CNP child/young person to be discussed:

Outcome CNP: Decision Made / Further Information Required

If further action needed Next CNP Date:
Outcome:

Agreed Funding Cost:

Education £

Children's Social Care £

Health £

Review Date

Outcome of CNP with Funding Agreement Sent to Lead Agency Date:

Lead Agency Use Only:

Date Received by Lead Agency :

Uploaded onto Child/Yong Persons Case File/Record Date:

Parents/Carers informed of Outcome Date: