Date of decision by Legal Gateway Panel to enter Pre-Proceedings: ……………………………………………………

Date of Initial meeting: ……………………………….

Date of Review Meeting: ………………………………………………

Children

|  |  |  |
| --- | --- | --- |
| **Names** | **DOB** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

Family Composition:

(*including significant others*)

|  |  |  |
| --- | --- | --- |
| **Names** | **DOB** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

Attending the Meeting:

|  |  |  |
| --- | --- | --- |
| **Names** | **DOB** | **Address & Contact Details**  *Please complete the address, email and telephone contact details for each attendee to support ongoing communication.* |
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| --- |
| **Danger Statement**: |
| **Safety Goals**: |
| **Scaling Question**:  Your Social Worker currently feels that you are:  You feel that you are currently: |
| **Child’s Voice** |

**The Plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What we are worried about** | **How will this happen?** | **Who will do this?** | **What are the timescales?** | **What impact has this had?** |
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**The Meeting:**

*Please reference any assessments being undertaken and progress as part of the review of the plan.*

|  |  |  |
| --- | --- | --- |
| **How will this happen?** | **What is the progress against this element of the plan?** | **What is the impact for the children and family?** |
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| --- |
| **Any other comments** |

The above plan has been discussed and agreed at a pre-proceedings meeting and I understand that any failure to comply with the plan could result in an application being made to the Court.

Please note that during the Covid-19 period, we will not be able to sign the plan but your attendance at the meeting and comments will indicate your involvement and agreement with the plan.

Signed…………………………………………………………………………….(Parent) ………………………….. (*date*)

Signed…………………………………………………………………………….(Parent) ………………………….. (*date*)

Signed…………………………………………………………………………….(Social Worker) ………………………….. (*date*)

Signed…………………………………………………………………………….(Manager) ………………………….. (*date)*