

E2. Sample assessment agreement

[Name of Local Authority] PLO Plan
Dated

The family

The children

Name	Date of birth
Name	Date of birth
Name	Date of birth

The parents

Mother
Father

Other people who are important	Relationship to the child(ren)
1.	
2.	

1. Children's social worker: `
2. Assistant/Team manager:
3. Health visitor:
4. School:
5. Support workers:
6. Advocates/intermediary:
7. CAMHS or mental health service:
8. Any other relevant professionals/agency:

<u>Duration of the pre-proceedings process</u>	
<i>The duration should be agreed and set at the first meeting. This is bespoke timeframe for the family and ideally should not last longer than 16 weeks</i>	
First PLO meeting	..... 20XX
First PLO review meeting	..... 20XX
Second PLO review meeting	..... 20XX
Target finish date	..... 20XX
Date of decision to extend (and reasons)	..... 20XX

<u>Expectations</u>

<p>These were discussed at the first PLO meeting and any changes are recorded below.</p> <p>1. ...</p>
--

2. ...
<u>Family Group Conference (or similar)</u>
At the first PLO meeting the child(ren)'s mother put forward the following people:
1.
2.
3.
At the first PLO meeting the child(ren)'s father put forward the following people:
1.
2.
3.

The social worker will make the referral for a FGC (or similar) by..... 20XX
<u>Outcome of the FGC (or similar)</u>
Reasons why a FGC has not been held:

<u>Agreed Assessments</u>	Date
Type of Assessment: Hair strand testing	
To be test for [<i>specify substances</i>] for three months on a month by month basis to include liver function testing if testing for alcohol	
To be completed by	.....20XX

Type of Assessment: Expert assessment is necessary/ not necessary		
Name and type of expert agreed		
Letter of Instruction by	..... 20XX	
To be completed by	.....20XX	

Type of Assessment: C&F Assessment (new or update)		
Name of Assessor		
The first session will take place on	..... 20XX	
To be completed by	.....20XX	

Type of Assessment: Sibling assessment is necessary/ not necessary. This will be completed by the child(ren)'s social worker		
To be completed by	.....20XX	

Type of Assessment: Viability assessments		
Names of family and friends put forward by the parent(s)		
To be completed by	.....20XX	
Outcome: Positive/negative Referred to connected persons team on [DATE]		

<u>Supports/ interventions</u> <i>e.g. therapy, domestic abuse work, drug and alcohol service</i>		Date
Type of support/ intervention: Referral made on..... 20XX		
Start date	..... 20XX	
Expected completion date	..... 20XX	
Who will provide the service	....
Which parent will engage	....

Type of support/ intervention: Referral made on..... 20XX		
Start date	..... 20XX	
Expected completion date	..... 20XX	
Who will provide the service	....
Which parent will engage	....

Type of support/ intervention: Referral made on..... 20XX		
Start date	..... 20XX	
Expected completion date	..... 20XX	
Who will provide the service	....
Which parent will engage	....

What may lead to proceedings being issued?

Please identify what may lead to the local authority issuing proceedings e.g. ineffective/unproductive engagement by a parent or persons being assessed causing issues of safety with the need to remove the child(ren) from the care of their parents.

1. If the child(ren)'s safety demands it.
2. If the parents do not work with professionals to make positive changes and there is a need to remove the child(ren) from the care of their parents.

Signatures

Signature	Print name	Date
Mother		
Father		
Social worker		
Team manager		
Advocate/intermediary on behalf of Mother/Father		

Record of the outcome of the pre-proceedings process

Date entry
was
created

Proceedings to be issued:	YES/NO
---------------------------	--------

Record of the outcome of the pre-proceedings process

Please record detail of the outcome of PLO and the next steps that will be taken