**ASSESSMENT PLAN AGREEMENT**

**PRE-PROCEEDINGS PUBLIC LAW OUTLINE**

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| **NAMES OF CHILD(REN)** | **DATE OF MEETING:** |
| **PRESENT:** | |
| **Apologies:** | |
| **Introduction:**  This Assessment Plan is part of the Pre-Proceedings Public Law Outline Process (PLO)  The aim of the plan is to be clear with you about what needs to change and what support can be given to help you to make things better for your children within a clear timeframe as identified within the Letter Before Proceedings.  The Assessment process will include:   * Parenting Assessment sessions * Observations gained from home visits; * Information gathered from other services and family members. * Engagement with other specialist services as appropriate. (See below) * Family Group Conference to identify support network and alternative carers. * Consideration of any Expert Assessments.   *(Delete any that do not apply. Delete guidance upon completion)*  The Assessment will inform future planning for your child(ren). It will help with decisions about how we can make sure your children are safe and well looked after.  **What We Will Do:**  We will be fair and take account of your individual needs and the needs of your child(ren).    We will let you know dates of any meetings and sessions. If we need to cancel, we will give you as much notice as possible and will rearrange as soon as possible.  **ADD anything specific here eg if assisting with child care costs/arrangements for PLO meetings**  *Specify any additional communication / cultural needs to be taken into account during the assessment process.*  *For example, if parents have learning difficulties, D of H Guidance will be followed and additional communication tools used as appropriate; interpreters will be used as appropriate (please specify language required); where the family have additional cultural needs these will be take into account during the assessment process.* *(Delete guidance upon completion)*  **What You need to Do:**  Please let us know as soon as possible if there is anything you do not understand or if you need any more help or support.  Please attend the planned assessment sessions and meetings, and come on time.  If you are unable to attend, please let us know and give as much notice as possible so we can rearrange. | |
| **Reasons why the pre-proceedings Public Law Outline has started.**  *Please give BRIEF reasons why PLO has been initiated, outlining the primary risks (a bullet point list will suffice) and what has already been tried to achieve change. For example, if the children have already been subject to Child Protection plans locally , or whether there has been involvement/interventions from other Local Authorities. .Please consider what was discussed and recorded at Gateway Panel when the decision was made to escalate to the Pre-Proceedings phase of the PLO (delete Guidance upon completion):-*  *Ensure the risks are consistent with the Child Protection Plans, but do not “copy and paste” as this is too long.*  *Ensure risks correlate with threshold categories as identified in Letter Before Proceedings table*  Example:  The risks to the children include:  Being frightened and at risk of being injured due to Domestic Violence – fighting and arguments between the parents.  Neglect, including dirty home conditions, children being hungry, poor school attendance.  We have not been able to make/sustain the changes outlined in the Child Protections Plan during the past 13 months  *(Delete guidance upon completion)* | |
|  | |
| **Parenting Assessment Sessions with Social Worker.**    *Think about what sessions are needed and what needs to be covered. In cases where the family have been known to services for a long time, we are likely to already have a lot of information. Do not have sessions covering information that we already know, or has already been gathered in previous assessments. The primary focus of the sessions should be on reflecting on the history and assessing capacity to change. (Delete guidance on completion)*  **This assessment will be informed by the WTPN Good practice guidance on working with parents with a learning disability 2021** *(please ensure this guidance is used with parents presenting with any difficulty, or being unable to, read, write, budget, deal with numbers or abstract concepts, process information, retain and apply it etc )*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date | Times | Venue | Who is to attend | What the session will cover. | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   FAMILY AND FRIENDS – VIABILITY ASSESSMENTS  The names of family and friends put forward by the parent(s)  *(Please add as appropriate and indicate by which parent then delete this guidance)*   |  |  |  | | --- | --- | --- | | **Name of family/friend** | **Completed by target** | **Outcome** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   EXPERT ASSESMENTS (*please liaise with the legal team regarding letters of instruction add details and delete guidance )*   |  |  |  | | --- | --- | --- | | **Type of assessment** | **Letter of instruction target** | **Assessment completion target** | |  |  |  | |  |  |  |   **The name, contact details and role of the people who are identified to support/assess the parent(s) during the PLO process and those involved in supporting the children’s wellbeing**  *Example included but make specific to case. (Delete guidance on completion)*   |  |  |  |  | | --- | --- | --- | --- | | **Goal to correspond with PLO letter** | **Support Available. (Service and worker)** | **Target Date** | **How will we know if goal achieved?** | | *Mother achieve abstinence from drugs* | *Weekly individual sessions with Recovery Steps Service* | *First session by 8th September 2023* | *Drug testing will show no drug use.* | |  |  |  | *.* | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| **How will the child(ren)’s wishes and feelings be obtained and taken into account in the assessment process?**  *Points to consider:*  *How old is the child?*  *Direct work?*  *Who does the child feel most comfortable taking to?*  *Have you considered that the child may feel torn in his opinions?*  *(Delete Guidance on completion)* | |
| **Date of Review of Assessment Plan**  This plan will be reviewed with the family every 6 weeks from the date on this plan to discuss how plans are progressing. For example, have appointments, sessions, been attended and if not have you done all you can as the SW to support the family to succeed. ***The frequency of reviews should be case specific and adapted if necessary (delete guidance)*** | |
| **TIMETABLE**     |  |  | | --- | --- | | **MEETING** | **DATE** | | 1ST PLO MEETING |  | | 1ST REVIEW PLO |  | | 2ND REVIEW PLO |  | | 3RD REVIEW PLO |  | | DECISION TO EXTEND |  | | DECISION TO END |  |   REASONS TO EXTEND PLO (please update the details in brief and include date of LPM)  REASONS TO END PLO (please give brief overview of reasons to step down and what next steps are eg CIN plan or close case) | |

Parent’s name: ……………………………………

Signed: …………………….. Date: ………………

Parent’s name: ……………………………………

Signed: …………………….. Date: ………………

Social Worker………………………………………

Signed:………………………Date:……………….

Team Manager…………………………………….

Signed:……………………....Date:………………

You may need to simplify the Plan, alter the font size, or translate depending on the needs of the specific family. This document should correlate to the issues discussed in the Letter Before Proceedings - Concerns and Dealbreakers