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| **Merton pre-proceedings plan**Dated XXXXXX*This document will be updated at every pre-proceedings meeting*  |

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| **Your family**  |
| *(insert child’s name)* | *(Insert child’s date of birth)* |
| **Your details**  |
| *(insert parent/carer’s name)* | *(Insert parent/carer’s date of birth)* |

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| **Pre proceeding meetings**; the aim is to complete this work within 16 weeks.  |
| First pre-proceedings meeting  | [*Date of meeting]*  |
| Date of first review meeting  |  |

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| **Expectations of you** |
| 1. *That you will engage in XXXXX assessments which will require you, and maybe your children, to meet with expert assessors. The assessments we would like you to engage in are XXXXXX*
2. *To participate in work with a family support worker to address XXXXX. The family support worker will visit you at home every X week or every week.*
3. *To attend at support services. We would like you to engage with (VIA, parenting programmes, community mental health team – add or delete as necessary). We would like you to have regular attendance at agreed sessions and will be seeking feedback from the professionals you engage with to ensure that you are benefitting from the service and any necessary changes or adaptations are made to support your engagement.*
4. *We would like you to attend CGM/CIN meetings.*
5. *We would like work with the social work team to review the progress of the pre-proceedings support, identify progress and areas for further change and ensure that they can see you and your children every ten working days at home.*
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| **Expectations of the social work team** |
| 1. *[Services which will be put in place to support the family ie Parenting programme / C and F practitioner support / D/A , MH/ Substance misuse service , , frequency of visits, referrals that will be made, invitation to meetings /FGC ]*
2. *[Are you concerned the parent you are working with has a learning need? If you are, can you please consider advocacy services and also a referral to ASC for a Care Act assessment? Under the Care Act, when assessing eligibility for services, local authorities must consider if the adult has a condition as a result of, for example, learning disabilities. Para. 6.104 of the statutory guidance confirms that the authority should base their judgment on the assessment of the adult and a formal diagnosis of the condition should not be required.]*
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| Family and Friends you would like to support you  | Their details and their relationship to *[names of child/children]* |
| *[name]* | *[details and relationship to child/children]* |
| *[name]* | *[details and relationship to child/children]* |
| We would like to invite the people you have listed above to a Family Group Conference to think about how they can best support you and your family. If it is not possible for [*child/children’s names]* to remain with you then we would like to assess your friends and family to see if they can care for *[child/children’s names].*The social worker will make the referral for a FGC by……………….. |  |

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| **Agreed assessments**  | Date by which letter to expert will be sent | Date by which the assessment can be expected |
| • *[Name of proposed assessments – parenting assessment (social worker or ISW required only if a parent has a learning need - i.e Parent Assess/ Cubas Assessment, psychological, HST, psychiatric assessments, the named expert identified to undertake this assessment, the proposed timescales.]* |  |  |

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| **What may lead to proceedings being issued?** |
| *If there are increased concerns about or risks posed to your children that cannot be safely managed at home (please offer further detail specific to risk and need).* |

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| **Signatures**  |
| Signature | Print name  | Date  |
| *[Parent’s name]* |  |  |
| *[Parent’s name]* |  |  |
| *[Social Worker]* |  |  |
| *[Team Manager]* |  |  |
| *[Other, i.e. support worker, advocate]* |  |  |