

**PAST PRE-PLANNING MEETING**

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| **Family / Child(rens) Social worker** |
| DATE AND VENUE …………………...  PRESENT : |
| **WILL THE PLACEMENT BE A PARENT AND CHILD ARRANGEMENT, OR WILL THE CHILD/PARENT BE PLACED ON ANY ORDER?** |
| **P.L.O - taken place or planned? Outcome of meeting ?** |
| **Parent’s understanding of reasons for placement** |
| **Identified risk/danger**  **strengths and safety aspects that reduce identified risk**  **complicating factors**  **grey areas** |
| **OUTLINE LEVEL OF SUPERVISION REQUIRED FROM THE PLACEMENT PROVIDER** |
| **FINANCE AND EQUIPMENT** |
| **ANY SPECIFIC NEEDS OF PARENT OR CHILD TO BE CONSIDERED?**  *Identity, Health, Education, family contact, other?* |
| **EXIT PLANS / POSSIBLE OUTCOMES OF ASSESSMENT** |
| **PLANS FOR THE CHILD(REN) SHOULD THE PLACEMENT END PREMATURELY.** |  |
| **PLANS FOR THE PARENT(S) SHOULD THE PLACEMENT END PREMATURELY.** |  |
| **DATE OF PROPOSED INTRODUCTION TO PLACEMENT PROVIDER AND PLANNING MEETING** |
| Actions: |