

**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: |