**Children’s Services Directorate**

Initial Permanence Planning

Meeting (PPM)

|  |  |
| --- | --- |
| **Date and Time:** |  |
| **Venue and Location:** |  |
|  |  |
| **Present:** |
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|  |  |
| **Minute Taker:** |
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| --- | --- |
| **Child’s Name:** |  |
|  |  |
| **Date of Birth:** |  | **Age:** |  |
| **Electronic Record ID:** |  | **Legal Status:** |  |
| **Ethnicity:** **Disability:** |  |
| **Placement Provider Details:****Name: Address:** |  |
| **Allocated Social Worker:** **Practice Manager:****Team Manager:** |  |
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| **Summary of Background** |
| **Case summary** |
| **Current Legal Context** |
| **Current Assessments in Progress with Probable Outcome** |
| **Child(ren)’s Health** |
| **Child(ren)’s Education / Geographical Needs** |
| **Child(ren)’s Wishes and Feelings** |
| **Views of Parents and Other Significant Adults** |
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| **Views of the IRO** |
| **Name of IRO:** |  | **Date of Next CiC Review**: |  |
| **Discussions of Relevant Options / Likely Outcomes** |
| **ACTION** |
| *Details of Actions* | *Who will do this* | *By When* |
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| **Review Date** |
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| **Chair’s Comments** |
| **Chair’s Signature:** |  | **Date:** |  |
| **Service Manager Comments** |
| **Service Manager Signature:** |  | **Date:** |  |

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