A picture containing drawing

Description automatically generated**Children’s Services Directorate**

Initial Permanence Planning

Meeting (PPM)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and Time:** |  | | |
| **Venue and Location:** |  | | |
|  |  | | |
| **Present:** | | | |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| **Minute Taker:** | | | |
|  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | |  | | | | | | | | | | | |
|  | | | Page 1/4 | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | |
|  | | | Page 2/4 | | | | | | | | | | | |
| **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* | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
| **Review Date** | | | | | | | | | | | | | | | |
|  | | | Page 3/4 | | | | | | | | | | | | |
| **Chair’s Comments** | | | | | | | | | | | | | | | |
| **Chair’s Signature:** | | |  | | | | | **Date:** | | | |  | | | |
| **Service Manager Comments** | | | | | | | | | | | | | | | |
| **Service Manager Signature:** | | |  | | | | | **Date:** | | | |  | | | |

Page 4/4