**INITIAL PERMANENCY PLANNING MEETING**

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| **Meeting Details:** |

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| --- | --- |
| Date |  |
| Time |  |
| Attendees  | Apologies |
|  |  |
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| **Details of child(ren):** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 |
| Name |  |  |  |
| DOB / Age |  |  |  |
| Gender |  |  |  |
| Ethnicity |  |  |  |
| Religion |  |  |  |
| Language |  |  |  |

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| **Who has Parental Responsibility for the child(ren):** |
|  | Person 1 | Person 2 |
| Name |  |  |
| DOB / Age |  |  |
| Relationship |  |  |
| Parents Whereabouts |  |  |
| **Brief information on the child(ren):**  |
| Reason for LA involvement |  |
| Childs Needs – specific to each child, strengths and worries |  |
| Family Relationships – strengths and worries |  |
| Health: - specific to each child1. Does the child have any specific health needs?
2. Any contra indications i.e. parental mental health, substance misuse during pregnancy, learning disability etc?
3. Has the child had an adoption medical?
 |  |
| Education – specific to each child, strengths and worries |  |
| Behaviour – specific to each child, strengths and worries |  |
| Therapeutic Input – specific to each childHas a referral to CAMHs been made? |  |
| **Legal Status:** |
|  | Date  | Update |
| PLO initiated |  |  |
| Care Proceedings |  |  |
| CMC |  |  |
| IRH |  |  |
| ICO |  |  |
| Final Hearing |  |  |
| Care Order |  |  |
| Supervision Order |  |  |
| Placement Order |  |  |
| No Order |  |  |
| **Care Plan/Parallel Plan in order of preference (Adoption, Long Term Fostering, SGO, Residence Order)** |
| Plan A |  |
| Plan B |  |
| Plan C |  |
| **Assessments and timescales:** |
|  | Person(s) to be assessed / Update | Who is responsible for completing the assessment and update | Timescale |
| FGC held? If so who is putting themselves forward? |  |  |  |
| Parenting Assessments |  |  |  |
| Child & adolescent assessment of child(ren) being completed? |  |  |  |
| Connected Persons – viability, Reg 24, Kinship? |  |  |  |
| Expert Assessments i.e. psychiatric, psychological etc |  |  |  |
| **Consideration of separation of the brother and sister group: together or apart?** |
|  | Yes / No – Details of Assessment | Person Responsible  | Date / Timescales |
| Has the Letter of Instruction requested a view on whether the brother and sisters should be placed together or separately? |  |  |  |
| If the decision is to separate the brother and sister group, what are the proposed placement arrangements? |  |  |  |
| If the decision is to separate the brother and sister group, what are the proposed Family Time arrangements? |  |  |  |
| **Work with parents:** |
|  | Yes / No - Details | Person responsible | Timescale |
| Have the parent’s views been established?  |  |  |  |
| Have the parents been referred for counselling? |  |  |  |
| Have the parents been involved in life story work for the child? |  |  |  |
|  |
| For relinquished babies has a referral been made to CAFCASS?  |  |  |  |
| **Any other deadlines, timescales and significant dates including for the child:** |
| LAC Review |  |
| Court dates |  |
| Filing dates for Court Reports |  |
| Child/ren’s important dates |  |
| **Family Time Arrangements:** |
| Direct Family Time | Person 1 | Person 2 | Person 3 |
| Frequency |  |  |  |
| Duration |  |  |  |
| Supervised / Unsupervised |  |  |  |
| Venue |  |  |  |
| Quality of family time |  |  |  |
| Letterbox Family Time | Person 1 | Person 2 | Person 3 |
| Months of the year |  |  |  |
| Letters, festival cards |  |  |  |
| Photographs |  |  |  |
| Vouchers |  |  |  |
| **Life Story Work** |
| Yes / No - Details | Person Responsible | Date / Timescale |
| Life Story work |  |  |
| **Decisions:** |
|  | **Action** | **Person(s) Responsible** | **Date / Timescale** |
| **1)** | Decisions to be emailed from meeting | Chair | Today |
| **2)** | Record to be sent to attendees and those who gave apologies  | Chair | 5 days |
| **3)** | Upload minutes to the child’s file on FWi/ICS | CSW | 1-2 days |
| **4)** | Social worker to contact hospital to obtain completed BAAF forms M/B (mother and baby obstetric and neo natal) | As relevant |  |
| **5)** |  |  |  |
| **6)** |  |  |  |
| **7)** |  |  |  |
| **Next Meeting:** |
| **Date:** |  |
| **Time:** |  |
| **Venue:**  |  |
| Record completed/distributed by: |
| **Name:** |  |
| **Role:** |  |
| **Date:** |  |