**PUBLIC LAW OUTLINE PRE-PROCEEDINGS PLAN**

**CHILDREN’S SERVICES, LEGAL**

**NOTE TO SOCIAL WORKERS - PLEASE ENSURE THIS DOCUMENT IS**

**KEPT CONFIDENTIAL FROM ALL THIRD PARTIES**

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| **Family:** |  |
| **Date of Initial Meeting** |  |
| **Allocated social worker** |  |
| (1) Attendance and Introductions: |  |
| Apologies: |  |
| Review meeting date | The **review pre proceedings meeting will take place at xx pm on the xxxx** . The meeting will take place virtually / at [address] [ delete as appropriate] |

**This is the initial PLO meeting. Minutes will be taken and will be saved on the child’s file. If Children’s Services issue proceedings before the family court the minutes may be used in evidence and placed before the court.**

**Is this format sufficient to be provided to the parents or is an alternative format required, e.g. coloured paper, larger text, translated version, etc**

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| **(2) Summary of Background**   * *Social worker* * *discuss positives / strengths within the family* * *outline what the local authority is worried about and evidence from other involved agencies* * *discuss outcome of ongoing/already completed assessments of parents/ carers* | | | | | |
|  | | | | | |
|  | **What we are worried about** | | | **Response from parents / carers** | |
| **1.** |  | | |  | |
| **2.** |  | | |  | |
| **3.** |  | | |  | |
| **4.** |  | | |  | |
| **5.** |  | | |  | |
| **(3) Expectations and Support**   * Social worker sets out what parents/ carers need to do and explain to them that if they don’t do these things the local authority will consider taking the matter to court * Discussion about the support that will be provided to the parent(s)/ carers to help them | | | | | |
|  | **What you need to do** | | | **Agreed by parents / carers** | |
| **1.** |  | | |  | |
| **2.** |  | | |  | |
| **3.** |  | | |  | |
| **4.** |  | | |  | |
| **5.** |  | | |  | |
|  | **Type of Support/ Intervention** | | **Service Provider** | | **To help with?** |
| **1.** |  | |  | |  |
| **2.** |  | |  | |  |
| **3.** |  | |  | |  |
| **4.** |  | |  | |  |
| **5.** |  | |  | |  |
|  | | | | | |
| **Signatures:-** | | | | | |
| **(4) Parents/ Carers and Child’s Position**   * *Parents/ carers to confirm whether* * they are able to do what is needed and whether there are any reasons they believe they won’t be able to do what is needed * they think there is anything else they would like to do to improve matters * there is anything else they would like the local authority to do * *Social worker to confirm the children’s wishes and feelings from their last contact with the children* | | | | | |
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| **(5) Family time**   * Discussion about who the child(ren) spend time with and how this is incorporated into the child’s plan | | | | | |
|  | | | | | |
| **(6) Extended Family / Friends**   * Confirm whether a Family Group Conference is to be convened and the date and time if already in place. * Identification of viable family/friend carers: * To support placement and form part of the support network * To provide care in the event the children are not able to remain/return to their parent(s) * Discussion of outcomes of assessments of already completed family/friends | | | | | |
| **Name of individual(s) put forward by mother:-**  **Name of individual (s) put forward by father:-** | | | | | |
| **(7) Child Protection Plan**   * Date and time of next * Case Conference * Core Group * Confirm parents have received a copy of the CP plan | | | | | |
|  | | | | | |
| **(8) ASSESSMENTS TO BE COMPLETED**   * + Social work assessments (parents, wider family, sibling assessment etc)     1. Who being assessed and timescale for assessment     2. Assessment plan   + Independent Expert to be instructed (psychologist, HST, ISW for outsourcing SW assessments)     1. Identity confirmed     2. Letter of Instruction to be agreed     3. Timescale for report confirmed   *Delete as necessary* | | | | | |
| **(9)ASSESSMENTS COMPLETED** *Delete as necessary*   * Social work team to provide a summary of the outcome of each assessment | | | | | |
|  | | | | | |
| Type of Assessment | | Hair Strand Testing for xxxxxx (if alcohol testing need to do consider Liver Function Testing and CDT testing for accurate picture) | | | |
| Person to be tested | |  | | | |
| Name of Expert | |  | | | |
| To be completed by | | Date | | | |
| Date received: | |  | | | |
| **Outcome:-** | |  | | | |
|  | |  | | | |
| Type of Assessment | | Psychological Assessment/Cognitive Assessment etc | | | |
| Person to be assessed | |  | | | |
| Name of Expert | |  | | | |
| Letter of Instruction | | Agreed in meeting / to be agreed by [date] | | | |
| To be completed by | | Date | | | |
| Date received: | |  | | | |
| **Outcome:-** | |  | | | |
|  | |  | | | |
| Type of Assessment | | Social Worker Assessment | | | |
| Person to be assessed | |  | | | |
| Assessment Plan | | Provided in meeting / to be provided by [date] | | | |
| To be completed by | | Date | | | |
| Date received: | |  | | | |
| **Outcome:-** | |  | | | |
|  | |  | | | |
| Type of Assessment | | Sibling Assessment | | | |
| To be completed by | | Date | | | |
| Type of Assessment | | Viability Assessment / Screening Assessment / Connected Person Assessment / SGO Assessment etc | | | |
| Person to be assessed | |  | | | |
| To be completed by | | Date | | | |
| Date received: | |  | | | |
| **Outcome:-** | |  | | | |

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| **Date of Review Meeting** |  |
| (1) Attendance and Introductions: |  |
| Apologies: |  |

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| **(2) PROGRESS AND WHAT WILL HAPPEN NEXT**  Social work team to provide update whether the parents/ carers have been able to do what they needed to do | | | |
|  | **What you needed to do** | | **Outcome** |
| **1.** |  | |  |
| **2.** |  | |  |
| **3.** |  | |  |
| **4.** |  | |  |
| **5.** |  | |  |
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| **(3) IMPACT ON CHILD(REN) AND PROPOSED CARE PLAN**   * Social work team to set out what the ongoing impact is on the children in light of the progress and outcome of assessments |
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| **(4) RECORD OF THE OUTCOME OF THE PRE-PROCEEDINGS PROCESS**   * Are proceedings to be issued? * What is a summary of outcome of PLO and next steps |
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