***GUIDANCE – TO BE COMPLETED BY SOCIAL WORKER DURING MEETING***

PUBLC LAW OUTLINE – PRE PROCEEDINGS AGENDA/MINUTES

DATE OF MEETING

MEETING NUMBER

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD(REN) | | | | | |
| Name |  | DOB |  | Health Issues |  |
| Name |  | DOB |  | Health Issues |  |
| Name |  | DOB |  | Health Issues |  |
| Name |  | DOB |  | Health Issues |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Any current legal order |  | Placement Details  (Home/*Foster Care/Kinship)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PARTY DETAILS | | | |
| Social Worker |  | Legal Representative |  |
| Practice Manager |  | Legal Representative |  |
| Mother |  | Legal Representative |  |
| Mother |  | Legal Representative |  |
| CAFCASS |  | Legal Representative |  |
| Others |  | Others |  |
| Others |  | Others |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENTS | | | |
| Is paternity established?  If not, attempts to resolve | Yes | No | Action required to establish paternity : |
| DNA testing required  If required, is this agreed | Yes  Yes | No  No | Referral to be made by : |
| Concerns raised re parents’ capacity? | Yes | No | Referral for assessment to be made to / Report sought from : |
| Is either parent considered to be a vulnerable parent ? | Yes | No | Provide details |
| Health Issues – either parent? | Yes | No | Provide details |
| History of Police involvement ? | Yes | No | Provide details |
| International element? | Yes | No | Provide details |
| Interpreter or translator required ? | Yes | No | Provide details |

|  |  |  |  |
| --- | --- | --- | --- |
| CONNECTED PERSONS/ FAMILY SUPPORT | | | |
| Has the genogram been agreed by the parents ? | Yes | No | Information to be obtained |
| Maternal Family / Connected Persons – currently involved ? | Yes | No | Name, relationship and current level of support: |
| Paternal family / Connected Persons – currently involved ? | Yes | No | Name, relationship and current level of support: |
| Family Network Meeting details | Yes | No | Date and outcome: |
| Initial Viability Assessments (IVA) completed ? | Yes | No | Name .................................. Date ……………………………….  Name .................................. Date ……………………………….  Name .................................. Date ……………………………….  Name .................................. Date ………………………………. |
| Positive IVA referred for full assessment | Yes | No | Name .................................. Date ……………………………….  Name .................................. Date ……………………………….  Name .................................. Date ……………………………….  Name .................................. Date ………………………………. |
| INVOLVEMENT OF OTHER SERVICES | | | |
| CAFCASS | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Health Professional (eg Paediatrician) | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Health Visitor | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Expert assessment required  (eg Psychological/  Psychiatrist) | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Advocate | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Drug/Alcohol Services | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Domestic Abuse Services | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Education | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Mental Health | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Children’s Centres | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Any other Support Services | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |
| Home Office/Immigration | Yes | No | Details of involvement, referral or report to be requested (inc. dates) |

|  |  |  |  |
| --- | --- | --- | --- |
| ANY OTHER RELEVANT INFORMATION/RELEVANT POINTS DISCUSSED IN THE MEETING | | | |
|  | | | |
| LOCAL AUTHORITY ASSESSMENTS | | | |
| Child and Family Assessment | Yes | No | Date completed: |
| Specialist input required to assessment | Yes | No | Give details: |

|  |  |  |  |
| --- | --- | --- | --- |
| PLO PRE PROCEEDINGS REVIEW/ACTIONS | | | |
| Review PLO to be arranged | Yes | No | Date for Review : |
| Proceed to s31  Proceedings | Yes | No | Issued date agreed at : |
| Step down from PLO | Yes | No | Plan to be in place : |

OBTAIN SIGNATURE AND HAND COPY TO ALL ATTENDEES

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED BY – FORM TO BE COPIED AND PROVIDED TO ATTNEDEES AT THE END OF MEETING | | | |
| Mother | PRINT |  | Dated |
| Father | PRINT |  | Dated |
| Social Worker | PRINT |  | Dated |
| Team Manager | PRINT |  | Dated |

**ENSURE TO UPDATE DURING THE MEETING THE THINGS WE ARE WORRIED ABOUT, AND ATTACH**