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

PUBLC LAW OUTLINE – PRE PROCEEDINGS AGENDA/MINUTES

DATE OF MEETING

MEETING NUMBER

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

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

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

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| PARENTS |
| Is paternity established?If not, attempts to resolve | Yes | No | Action required to establish paternity : |
| DNA testing requiredIf required, is this agreed | YesYes | NoNo | 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  |

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| 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) |

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

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| PLO PRE PROCEEDINGS REVIEW/ACTIONS |
| Review PLO to be arranged | Yes | No | Date for Review : |
| Proceed to s31Proceedings | 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

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| 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**