

**Decision Making Meeting agenda and guidance (November 2020)**

1. Introductions of attendees
2. Date of DMM
3. Chairperson explains the purpose of the Meeting

*(This should include informing the meeting that professionals are present to give their input and views about the recommended plans for the children).*

1. Chairperson will ask the allocated social worker for a Pen Picture of the child/ren (This can include placement, health, education).

1. Chairperson will ask the social worker to read out the danger statement and safety goals that represent this case.

1. Chairperson will confirm that parents/family members have received relevant assessments and the assessments have been filed to court.

*Housekeeping issues: if DBS have been completed as part of the SGO report are these in date. If there is any delay record the reasons as to why. If a parent is not involved in proceedings why, what has been done to involve the parent ie DWP searches.*

1. Chairperson will then ask each author of assessment present to summarise their report and give the opportunity for others in the meeting to ask questions of each assessment.

1. Chair to consider ‘Best Questions’ to be asked as part of this discussion.

1. Chairperson will then go to analysis of permanence option

*( the meeting to discuss pros and cons of each option) Chairperson may wish to consider overall scaling questions to assist with the analysis of each permanence option).*

1. Chairperson will then outline the Local Authorities recommended Care Plan in relation to placement and reasons why.

1. Chairperson will then seek clarification from the social worker/team manager of the plan for contact between the children/their siblings/their parents/extended family.

1. The Chair will then agree the Local Authorities recommended Care Plan in relation to contact and reasons why.

1. Chairperson will then explore Specialist Support Plans. A draft support plan should be brought to the decision making meeting.

*SGO/Any ongoing or future funding agreement i.e., child therapy/sibling contact/family contact if out of the area. Consideration to be given to funding for potential SGO carers to gain independent legal advice.*

1. Chairperson will then ask the legal representative if there are any issues around timetable and filing dates or any other matters need to be considered.

1. Chairperson will then agree to any next steps i.e. when/how will parents be made aware of LA decisions, when is the next care team/review so the care team will be made aware of LA decisions.

1. If proposed plan is agreed as adoption chairperson must clarify when ADM is, when CPR will be completed and who is advising Dr Anna Redfern to arrange adoption medical. Helen Hartness must to aware of proposed adoption plan. If plan of long term fostering Christine Logan must be made aware of the proposed plan.

**Examples of Best Questions:**

**Strengths**

What do the children say that their parents/network/subject of assessment do best when caring for them? *(this brings in the strengths from the parenting or SGO assessments)*

What is it that the parents/network/subject of assessment have done since xx that has helped make the children safer? On a scale of 0 to 10, where 10 means you are really confident they can and will keep caring in this way, and 0 means you have no confidence they will keep caring in this way, and that this example is a one off, where would you rate that today? *(this brings in the actions people have taken, and can highlight what the parents have not done as well as what they have done, and also the actions of anyone else under assessment).* Why did you choose that number?

**Worries**

What is the most harmful thing that has happened to these children in the care of their parents/caregiver? What happened?

What is the future worry (danger) to the child(ren) if they continued to be cared for in this way? Why is this harmful?

What is the danger to the children if they are cared for by \* person that has been assessed and is negative \*

**Examples of Overall Scaling Questions:**

Thinking about how safe the children are in the care of their parent(s) where 10 is we feel that there is a good plan involving the network and everyone is doing all the things they need to do to look after the children and 0 is there is no plan, no network and no safety and we do not think that the children are safe where would you scale today?

For each realistic option (e.g. Living at home with parents, Living with friend or family member (SGO), living in a foster family, adoption):

On a scale of 0 to 10 where 10 means that the child's every need will be met in this arrangement, they will be safe and protected from further harm, loved and well cared for, be encouraged to go to school, taken to the doctors if they are unwell, have all the things they need for a comfortable and happy life and have lots of opportunities for hobbies, to make friends and learn and have fun. They will be part of a community and network of people that help them feel safe, solve problems when they happen and where they feel connected and that they belong. If they have difficulties or worries the people caring for them will be able to help them to deal with these throughout the whole of their life

and

0 means means this arrangement will not keep them safe and protected from further harm, as there are big worries there that could hurt them, they will not be cared for well because of those worries, meaning it will be hard for them to be encouraged to attend school and learn all the things they need to grow up well, or be taken to the doctors if they are ill. They don’t have a community and network of people that help them feel safe, or who have plans that work really well to solve problems and help them when things get really scary or the worries happen.

Where would you scale (each realistic option) now?



**Expectations of the meeting**

1. All authors of assessment are responsible :
* completing their section of the report prior to the meeting,
* written assessments should have been shared parents and all present at DMM
* the author of each report should write their analysis of their assessment within the report.

All of the above needs to be with DMM at least 72hrs before the scheduled meeting

1. DMM meetings are booked in diaries for 2 hours and it is expected that everyone stays for the duration of the meeting

1. All members should attend the meeting well prepared, on time with the expectation to contribute to the discussion and decision making .

1. Social Worker to have updated views of the Care Team/Parents/IRO/Children Guardian ready for the meeting. To assist it is recommended that a Care Team meeting is held 10days prior to DMM.

1. DMM will determine the best way to share the outcome of DMM with parents. within 24 hours of the meeting (where possible).

1. Social workers to hold a meeting (Care/Core Group or LAC/CP Review) within ten days of DMM to advise the Care Team/IRO/Network/Children’s Guardian of the Local Authorities proposed plan.

1. Review DMM’s - For this meeting the Social worker does not need to complete another' Decision Making Report’ unless any significant changes or updated assessments. Any updated assessments and previous mins must be shared within 24 hours of the Review meeting. This meeting will follow the same format as the previous meeting.

**Flow Chart** 