**SECTION 1: To be completed by Allocated Social Worker 72hours before DMM and shared with all attending DMM 24 hrs before meeting.**

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| **Decision Making Meeting Report****Completed by:** |

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| **NAME OF CHILD:** |  |
| **DOB:** |  |
| **ICS NO:** |  |
| **NAME OF SOCIAL WORKER:** |  |
| **TEAM MANAGER** |  |
| **IRO:** |  |
| **CHILDRENS SENIOR MANAGER:** |  |
| **SOLICITOR:** |  |
| **FAMILY PLACEMENT WORKER/CHILD PERMANENCE WORKER:** |  |

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| **GENOGRAM:****NETWORK MEMBERS:** |
| **Add a row for each DS, SG, SQ****DANGER STATEMENTS:-** | **SAFETY GOAL:-** |
| **DANGER STATEMENTS:-** | **SAFETY GOAL:-** |
| **BOTTOM LINES:-** |
| **ANALYSIS OF ASSESSMENTS:- To be completed by the author of the assessment not all by the allocated social worker****Parenting Assessment of ……..Completed by ………….Date completed….:****Parenting Assessment of ……..Completed by ………….Date completed….:****Sibling Assessment of ……..Completed by ………….Date completed….:****Viability Screenings undertaken:****Special Guardianship Assessment of ……..Completed by ………….Date completed….:****Other work that has been undertaken ie Freedom programme, Henry Programme, Caring Dads etc (please highlight impact upon parenting)?** |
|
| **Family Time (please comment on parents commitment to family time and quality):** |
| **Views of Care Team:****Parents:****Child:****IRO:****Children’s Guardian:****Education:****Health:** |

**SECTION 2 - These are minutes of Decision Making Meeting and are to be completed within the meeting by a minute taker.**

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| **Decision Making Meeting** **Date of meeting:-** **Present:-****Apologies:-** |

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| **PURPOSE OF DECISION MAKING MEETING:-****PEN PICTURE OF CHILD/REN:-** |

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| **DISCUSSION OF ASSESSMENTS:-****ANALYSIS OF PERMANENCE:** |
| **REALISTIC OPTION:** |
| **FACTORS IN FAVOUR** | **FACTORS AGAINST** |
| **Scaling Questions** |  |
| **REALISTIC OPTION:** |
| **FACTORS IN FAVOUR** | **FACTORS AGAINST** |
| **Scaling Questions** |  |
|  **REALISTIC OPTION:** |
| **FACTORS IN FAVOUR** | **FACTORS AGAINST** |
| **Scaling Questions** |  |
| **OUTCOME OF DECISION MAKING MEETING:-****Proposed plan placement:****Proposed contact plan:****Proposed SGO support Plan (If applicable will be expected to bring to this meeting)** |
| **TIME TABLE:-** |
| **NEXT STEPS (include when and how sharing outcome with parents, when next Care team/LAC review date/time) :-** |
| **Signed and dated:**Service Manage/Chair:Team Manager:Social Worker: |

**SECTION 3: To be completed by Allocated Local Authority Solicitor within 72hours after DMM.**

**THIS INFORMATION IS CONFIDENTIAL AND MUST NOT BE SHARED WITH ANYONE OUTSIDE OF THE DMM MEETING.**

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| **Decision Making Meeting Legal Advice****Completed by:****Date:** |

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| **Advice Given:** |
| **Views on Proposed Plan:** |
| **Actions:** |