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**Draft/ Final *(draft to be sent with the letter, final to be agreed at the first meeting delete as appropriate)***

**Pre-Proceedings Agreement with Parents**

**Date of Pre-Proceedings Meeting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child(ren)’s Name(s) and DOBs:** |  | **Parent(s) Name(s):** |  |

**Date of Mid Point Review Meeting:**

**Date of Final Meeting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Network name(s) and other people important to the children:**  |  | **Professional Network’s Name(s):** |  |

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| **Danger Statement**This is the main worries impacting on your children and the reason why we want you to engage in the pre-proceedings process. |

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| **ACTION FOR PARENTS****Action for you to take as the parent to reduce worries for your children** | **WHY?** **Why do you need to complete this action?** | **WHEN?****When should you complete this action by?** | **SAFETY GOAL****How will we know this action has happened and if the worries for your child(ren) have reduced?** | **UPDATE*****Add Date*: Update from Mid-Point Review meeting**  |
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| **ACTION****Action for Sandwell Children’s Trust to take to support you to reduce the worries for your children?**  | **WHY?****Why do we need to complete the actions?** | **WHEN?****When should we start to complete this action?**  | **SAFETY GOAL****How will we know this action has happened and it the worries for your child(ren) have reduced?** | **UPDATE****Update from Mid-Point Review meeting.** |
| *Direct work with the children* |  |  |  |  |
| *Parenting Assessment* |  |  |  |  |
| *Family Group Conference* |  |  |  |  |
| *Viability Assessments of connected carers*  |  |  |  |  |
| *Together and Apart Assessment*  |  |  |  |  |
| *Expert Assessments (Drug and Alcohol Testing/ DNA)* |  |  |  |  |
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| **ACTION****Actions for the other professionals to take, to support you to reduce the worries for your children?** | **WHY?****Why do they need to complete the actions?** | **WHEN?****When should they start to complete this action?** | **SAFETY GOAL****How will we know this action has happened and if the worries for your child(ren) have reduced?** | **UPDATE****Update from Mid-Point Review meeting.** |
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| --- | --- | --- | --- |
| Name | Role | Signature  | Date  |
|  | Parent |  |  |
|  | Parent  |  |  |
|  | Social Worker  |  |  |
|  | Team Manager  |  |  |

I agree with and understand this plan: