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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:**

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| --- | --- | --- | --- |
| **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: