Children and Young People’s Service

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| **FINAL CARE PLANNING MEETING MINUTES** | | | | | | | |
| **DATE OF MEETING** | | |  | | | | |
| **CHILD’S NAME** | | |  | | | | |
| **DOB** | | |  | | | | |
| **DATE OF FINAL HEARING** | | |  | | | | |
| **DATE FOR FILING FINAL EVIDENCE** | | |  | | | | |
| **ATTENDEES:** | | |  | | | | |
| Brief summary with dates of key issues in the case, including completed assessments (internal/ external) and any significant events to inform final care planning.*(All assessments must have been received and read prior to the meeting)* | | | | | | | |
|  | | | | | | | |
| **Outcome of viability assessments and confirmation that all relatives have been considered in line with the genogram (*attach the Balance Sheet in S7 of Final SWET and the Schedule of Kinship Carers and ensure dates are included)*** | | | | | | | |
|  | | | | | | | |
| **Other key evidential issues e.g. quality of contact; contentious issues between parties/experts and are there any gaps in the evidence. Address whether the court timetable is being met.** | | | | | | | |
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| **Sibling Issues which impact on the plan.** | | | | | | | |
|  | | | | | | | |
| **Views of parties to the proceedings:** | | | | | | | |
| **Children**: | | | | |  | | |
| **Mother:** | | | | |  | | |
| **Father :** | | | | |  | | |
| **Guardian:** | | | | |  | | |
| **Any other interested party (please specify)** | | | | |  | | |
| Local Authority’s Proposed Plan, including detailed planning for support plan for carers and child. | | | | | | | |
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| **Proposed Contact Arrangements:** | | | | | | | |
| **Relationship to child** | **Proposed arrangements for future contact post final order? Details of the arrangement e.g. – direct, letterbox, frequency any other** | | | **How will these contact arrangements meet the child’s needs?** | | | |
|  |  | | | **Benefits** | | | **Detriments** |
| Birth Mother |  | | |  | | |  |
| Birth Father |  | | |  | | |  |
| Siblings |  | | |  | | |  |
| Birth parent’s Current Partners |  | | |  | | |  |
| Maternal Grandmother |  | | |  | | |  |
| Maternal Grandfather |  | | |  | | |  |
| Paternal Grandmother |  | | |  | | |  |
| Paternal Grandfather |  | | |  | | |  |
| Other (state name) |  | | |  | | |  |
| **Actions: e.g any outstanding assessments, confirm adoption medical, date CPR to be sent to Safeguarding team manager and to Agency Advisor, ADM proforma legal advice to agency advisor.** | | | | | | | |
| Actions | | By whom | | | | By when | |
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