

PLO pre-proceedings Plan Dated

Review date:

Final review date:

|  |  |
| --- | --- |
| The family |  |
| The children |  |
| Name | Date of birth |
| Name | Date of birth |
| Name | Date of birth |

|  |
| --- |
| The parents |
| Mother |
| Father |

|  |  |
| --- | --- |
| Other people who are important | Relationship to the child(ren) |
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| The professionals |
| 1. Children’s social worker :  ` |
| 2. Team manager : |
| 3. Health visitor : |
| 4. School : |
| 5. Support workers : |
| 6. Advocates/intermediary : |
| 7. CAMHS or mental health service : |
| 8. Any other relevant professionals/agency : |
| Medical consent |
| Has medical consent been obtained :Yes/No  If not when will this be completed: |

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| Duration of the pre-proceedings process  *The duration should be agreed and set at the first meeting. This is bespoke timeframe for the family and ideally should not last longer than 16 weeks* | |
| First PLO meeting | …………………………….. 20XX |
| First PLO review meeting | …………………………….. 20XX |
| Second PLO review  meeting | …………………………….. 20XX |
| Target finish date | …………………………….. 20XX |
| Date of decision to extend (and reasons) | …………………………….. 20XX |

### Expectations

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| These were discussed at the first PLO meeting and contained in the PLO letter: |
| Any changes to the above to be recorded here |
| Family Network Meeting (or similar) |
| At the first PLO meeting the child(ren)’s mother put forward the following people: |
| 1. |
| 2. |
| 3.  Add more if needed |
| At the first PLO meeting the child(ren)’s father put forward the following people: |
| 1. |
| 2. |
| 3.  Add more if needed |

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| The social worker will hold a family meeting by………………. 20XX |
| Outcome of the family meeting: |
| Reasons why a family meeting has not been held: |

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| --- | --- | --- | --- | --- |
| Agreed Assessments | |  | Date |  |
|  |
| Type of Assessment: Hair strand testing | |  | | |
| To be test for [ *specify substances]* for three months on a month by month basis to include liver function testing if testing for alcohol | |  | | |
| To be completed by | …………………20XX |  | | |

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| Type of Assessment: Expert assessment is necessary/ not necessary | |  |
| Name and type of expert agreed |  |  |
| Letter of Instruction by | ………………………. 20XX |  |
| To be completed by | ………………………...20XX |  |

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| Type of Assessment: Parenting Assessment  This will be completed by child(ren)’s social worker unless PAM’s assessment necessary | |  |
| Name of Assessor |  |  |
| The first session will take place on | ………………………. 20XX |  |
| To be completed by | ………………………...20XX |  |

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|  | |  | | --- | | Type of Assessment: Sibling assessment is necessary/ not necessary. | | |  |  |
| This will be completed by the child(ren)’s social worker | |
| To be completed by | | ………………………...20XX | |  |

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| Type of Assessment: Viability assessments | |  |
| Names of family and friends put forward by the parent(s) |  |  |
| To be completed by | ………………………...20XX |  |
| Outcome: Positive/negative Referred to connected persons team on [DATE] |  |  |

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| Supports/ interventions  *e.g. therapy, domestic abuse work, drug and alcohol service* | | Date |
| Type of support/ intervention: …………… Referral made on…………. 20XX | |  |
| Start date | ………………….. 20XX |  |
| Expected completion date | ………………….. 20XX |  |
| Who will provide the service | …. |  |
| Which parent will engage | …. |  |

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| --- | --- | --- |
| Type of support/ intervention: …………… Referral made on…………. 20XX | |  |
| Start date | ………………….. 20XX |  |
| Expected completion date | ………………….. 20XX |  |
| Who will provide the service | …. |  |
| Which parent will engage | …. |  |
| Type of support/ intervention: …………… Referral made on…………. 20XX | |  |
| Start date | ………………….. 20XX |  |
| Expected completion date | ………………….. 20XX |  |
| Who will provide the service | …. |  |
| Which parent will engage | …. |  |

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| Any other actions agreed: | | | |
| Action: | By Whom | Completion date: |
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| What may lead to proceedings being issued?  *Please identify what may lead to the local authority issuing proceedings e.g. ineffective/unproductive engagement by a parent or persons being assessed causing issues of safety with the need to remove the child(ren) from the care of their parents.* |
| 1. If the child(ren)’s safety demands it.      1. If the parents do not work with professionals to make positive changes and there is a need to remove the child(ren) from the care of their parents. |

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| PLO review meeting date:  Progress update – please highlight improvement against the plan/expectations, progress/outcome of assessments |
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| Signatures |  | |  |
| Signature |  | Print name | Date |
| Mother |  |  |  |
| Father |  |  |  |
| Social worker |  |  |  |
| Team manager |  |  |  |
| Advocate/intermediary behalf of Mother/Father | on |  |  |

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| Record of the outcome of the pre-proceedings process | | Date entry was created |
| Proceedings to be issued: | YES/NO |  |

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| Record of the outcome of the pre-proceedings process  *Please record detail of the outcome of PLO and the next steps that will be taken* |
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