

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    |

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| --- | --- |
| 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/NoIf 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 |   |
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| 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 AssessmentThis 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. |

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| 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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