**CHILD PERMANENCE MEETING TEMPLATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDEES/APOLOGIES** | | | | |
|  | | | | |
| **Date of Meeting** Click or tap to enter a date. | | | **Venue** | |
| **INVOLVEMENTS** | | | | |
| **Social Worker / Team** | | |  | |
| **Team Manager** | | |  | |
| **Supervising Social Worker** | | |  | |
| **Family Finder** | | |  | |
| **Independent Reviewing Officer** | | |  | |
| **CHILD’S DETAILS** | | | | |
| **Child’s Name** | |  | | |
| **Date of Birth** | |  | | |
| **LCS Reference Number** | |  | | |
| **Legal status** | |  | | |
| **Ethnicity & Language** | |  | | |
| **Siblings** | |  | | |
| **Date Child Became Looked After** | | Click or tap to enter a date. | | |
| **Date of Last CLA Review** | | Click or tap to enter a date. | | |
| **Date of Next CLA Review** | | Click or tap to enter a date. | | |
| **Date Court Proceedings Issued** | | Click or tap to enter a date. | | |
| **Date of FGC** | | Click or tap to enter a date. | | |
| **Current Placement Type** | |  | | |
| **Proposed Permanence Plan** | | Choose an item. | | |
| **Specify if Permanence Plan is Other** | |  | | |
| **Contingency Plan** | |  | | |
| **Date Care Plan Ratified at CLA Review** | | Click or tap to enter a date. | | |
| **WHAT IS THE RATIFIED CARE PLAN?** | | | | |
|  | | | | |
| **BRIEF BACKGROUND INFORMATION** | | | | |
|  | | | | |
| **UPDATE FROM PREVIOUS ACTIONS** | | | | |
|  | | | | |
| **PREPARATION FOR PERMANENCE**  **(Include views of IRO, Children’s Guardian)** | | | | |
| **WHAT IS WORKING WELL?**  **WHAT ARE WE WORRIED ABOUT?**  **DECISIONS: WHAT NEEDS TO HAPPEN NEXT?** | | | | |
|  | | | | |
| ***Action By*** | ***Action to be undertaken*** | | | ***Due Date*** |
|  |  | | | Click or tap to enter a date. |
|  |  | | | Click or tap to enter a date. |
|  |  | | | Click or tap to enter a date. |
| **FAMILY TIME PLAN** | | | | |
|  | | | | |
| **FAMILY FINDING UPDATE**  **(Include matching considerations)** | | | | |
|  | | | | |
| **VIEWS**  **(Child, Siblings, Parents, Carers)** | | | | |
|  | | | | |
| **KEY DATES** | | | | |
| **Initial Permanency Planning Meeting** | | | Click or tap to enter a date. | |
| **Child Permanence Report** | | | Click or tap to enter a date. | |
| **Adoption Medical** | | | Click or tap to enter a date. | |
| **ADM** | | | Click or tap to enter a date. | |
| **Date of Final Permanency Planning Meeting** | | | Click or tap to enter a date. | |
| **Date of Final Evidence** | | | Click or tap to enter a date. | |
| **Date of Final Hearing** | | | Click or tap to enter a date. | |
| **COURT AND FAMILY FINDING TIMELINE INCLUDING ASSESSMENTS** | | | | |
| **Viability Assessment** | | |  | |
| **DNA Testing / Hair Strand Testing** | | |  | |
| **Cognitive / Psychological Assessment** | | |  | |
| **ISW / PAMs** | | |  | |
| **Sibling Assessment (Together or Apart)** | | |  | |
| **Parenting / Community Based Assessment** | | |  | |
| **Connected Person’s Assessment / SGO Assessment** | | |  | |