## E2. Sample assessment agreement

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| ***[Name of Local Authority]* PLO Plan**  **Dated ….** |

|  |  |
| --- | --- |
| 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) |
| 1. |  |
| 2. |  |

|  |
| --- |
| **The professionals** |
| 1. Children’s social worker:   ` |
| 1. Assistant/Team manager: |
| 1. Health visitor: |
| 1. School: |
| 1. Support workers: |
| 1. Advocates/intermediary: |
| 1. CAMHS or mental health service: |
| 1. Any other relevant professionals/agency: |

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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 |

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| **Expectations** |

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| These were discussed at the first PLO meeting and any changes are recorded below*.*   1. … 2. … |
| **Family Group Conference (or similar)** |
| At the first PLO meeting the child(ren)’s mother put forward the following people: |
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| At the first PLO meeting the child(ren)’s father put forward the following people: |
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| The social worker will make the referral for a FGC (or similar) by………………. 20XX |
| **Outcome of the FGC (or similar)** |
| **Reasons why a FGC 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: C&F Assessment (new or update)** | |  |
| 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 assessment**s | |  |
| 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 | …. |  |

|  |  |  |
| --- | --- | --- |
| 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 | …. |  |

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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. 2. 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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| **Signatures** | | |
| Signature | Print name | Date |
| Mother |  |  |
| Father |  |  |
| Social worker |  |  |
| Team manager |  |  |
| Advocate/intermediary on behalf of Mother/Father |  |  |

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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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