**
Adult and Children’s Directorate
Children, Young People & Families Services (CYPFS)**

Initial Permanence Planning Meeting (PPM)

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| **Date and Time:** |  |
| **Venue and Location:** |  |

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| **Present** |
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| **Minute Taker**  |
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| **Child(ren)’s Details:** **Name:****Date of Birth:****Age:****RAISE ID:** **Legal Status:** |  |
| **Ethnicity:****Disability:**  |  |
| **Placement Provider Details:** **Name:** **Address:**  |  |
| **Allocated Social Worker:****Practice Manager:****Team Manager:**  |  |

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| **Summary of Background** |
| **Current Legal Context** |
| **Current Assessments in Progress with Probable Outcome** |
| **Child(ren)’s Health**  |
| **Child(ren)’s Education / Geographical Needs** |
| **Child(ren)’s Wishes and Feelings** |
| **Views of Parents and Other Significant Adults** |
| **Views of the IRO** |
| **Name of IRO:**  |  | **Date of Next LAC Review:**  |  |
| **Discussions of Relevant Options / Likely Outcomes** |
| **ACTION** |
| *Details of Actions*  | *Who will do this* | *By When* |
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| **Review Date** |

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| Chair’s Comments  |
| **Chair’s Signature:** |  |
| **Date:**  |  |

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| Service Manager Comments |
| **Service Managers Signature:** |  |
| **Date:**  |  |