**[](https://www.bournemouth.gov.uk/Home.aspx)  
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:** |  |

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