Mid Progress Evaluation

**Child/ren Name:**

**Gender:**

**DOB/EDD:**

**Family Profile**

*Provide systemic/cultural genogram.*

*Include unrelated people who live in the household.*

*Include people the children have a significant relationship with.*

*State where the children currently reside and where they are currently living if different.*

**Date of meeting:**

**Present for Meeting:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Team** | **Chair** |
|  |  |  |
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|  |  |  |

**Order granted**

Date:

Type of order granted:

Current Number of weeks in proceedings:

Does this case need to be flagged due to unreasonable delay? Yes No

# Court Timetable

Date for filing statement/care plan:

Date for IRH:

Date of Final Hearing:

What assessments have been ordered within the Court Proceedings?

|  |  |  |  |
| --- | --- | --- | --- |
| **List** | **Author** | **Expected filing date** | **Assessment on track (Y/N)** |
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If assessments are not on track, please explain why and provide the expected date for completion:

Are there any other assessments/information that the LA relies on to support Court Proceedings?

|  |  |
| --- | --- |
| Have the parents/carers engaged in assessment and intervention within the proceedings? |  |
| Have parents demonstrated any capacity to change? |  |
| Has there been a change in the parents’ circumstances? |  |
| Is there evidence that risks may have reduced? |  |
| Are the assessments identifying intervention and support that the parent/carer would benefit from? What are the timescales for this? Can this be accessed now?(e.g. parenting input, therapy etc) |  |

**Wider Family**

|  |  |
| --- | --- |
| Has a Family Group Conference been convened and what was the outcome? |  |
| What initial viability assessments have been completed? |  |
| Has a full SGO/Connected Person Assessment been completed for anyone in the child/ren’s network? |  |
| Have extended family members been identified to provide long term care for the child/ren? |  |

|  |  |
| --- | --- |
| What assessments have been undertaken of the child/ren? What have they shown? |  |
| Has an assessment of the sibling relationship been completed? If not, is one needed? What are the key themes in the relationship between brothers/sisters? |  |
| Do the child/ren have any identified health, educational or therapy needs? |  |

**Legal**

Issues and overview on progress of Court case (advice on any areas which would assist in ensuring issues being identified or clarified).

**Permanency Options**

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| --- | --- |
| How have we explored a plan for permanency? |  |
| Are any of the assessments sufficiently completed to consider a move to a Reg 24 placement? |  |
| Has consideration been given to an Early Permanence Placement? |  |
| Has a referral to been made to the Adoption Team? |  |

**Key actions to narrow the issues for the Issues Resolution Hearing**

|  |  |  |
| --- | --- | --- |
| **Action** | **By whom** | **By when** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Signed:

Name:

Date: