The information below is to ensure detailed information is provided to the Legal Planning Meeting to ensure effective decision making and to ensure the LA meets the requirements of the Public Law Outline started on 1st July 2013, and revised timescales and guidance for pre-proceeding in 2021 . **This form will only be completed following a preliminary discussion between the Social worker and Team Manager and between Team Manager and Service Manager.**

Only use this form if following your analysis of harm to any child/en you have concluded that no alternative to pre proceedings or care proceedings will keep the child/ren safe.

**This paperwork will need to be submitted to** [**legalprotocolpanel@southglos.gov.uk**](mailto:legalprotocolpanel@southglos.gov.uk) **by close of play on a Friday to be on the agenda for the following Wednesday’s legal planning meeting**

**Section A – Complete for request for Legal Planning Meeting**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child(ren’s) details | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Mosaic Number** | **DOB** | **Age** | **Gender** | **Ethnicity** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| Current Placement |  | Current Legal Status/ Plan |  |
| Does the child have an EHCP? |  | Date of last assessment |  |
| Social Worker/Team |  | | |
| Team Manager |  | | |
| IRO/CP Chair |  | | |
| Reason for request to Legal Planning Meeting and Expected Outcome  ***Please provide a brief summary to explain reason for request and expected outcome from the planned attendance at Legal Planning Meeting – include timescales and proposed costs if applicable*** |  | | |
| Is Deprivation of Liberty Authorisation relevant to this LPM? *If yes please set out your assessment of why.* |  | | |
| Attached Documents  *If documents have not been completed, then please provide a rationale* | * Up to date Chronology * Relevant documents with sufficient analysis of the child’s circumstances including: a current social work assessment and Child Protection Minutes & Plans for last 6 months (longer if necessary) * Up to date Genogram * Current safety plan * Any schedules of expectations * Significant other documents e.g. probation risk assessments / PNC / School attendance   Rationale if documents have not been included: | | |
| **Analysis of Risk:**  **What are the identified risks to the child(ren): physical, emotional, sexual and neglect. What is the impact of these risks on the children? Include any protective factors***: Description of the child’s day to day lived experiences* |  | | |
| **The child/ren’s wishes and feelings:** *how these have been identified* |  | | |
| Parents Name(s) | Mother:  DOB:  Ethnicity:  PR Yes  No  Address:  DOB | | |
| Father:  DOB:  Ethnicity:  PR Yes  No  Address | | |
| Other:  DOB:  Ethnicity:  PR Yes  No  Address: | | |
|  | Other:  DOB:  Ethnicity:  PR Yes  No  Address: | | |
| **Analysis of parenting capacity:** *What is your assessment and analysis of each parent’s capability to meet each child’s needs, including analysis of the evidence of any capability gap and whether/how this can be bridged in the child’s timescale. Include unrelated members of the household/s where relevant. Please comment on your assessment of the parents capacity to change, can the parents provide ‘good enough’ parenting* | Mother: | | |
| Father: | | |
| Other Person with Parental Responsibility: | | |
| Other Siblings  living elsewhere:  ***Please include names, DOB, address and placement type*** |  | | |
| Please provide details of any previous Proceedings relating to subject child, siblings, parents of the children, if applicable?  ***Please provide names, dates and outcomes*** |  | | |
| Family network details  ***Please include name, DOB, relationship*** |  | | |
| Has a Family Meeting taken place yet? | Yes  Click or tap to enter a date.  No | | |
| Please provide brief details of the outcomes of initial enquiries and/or assessments of connected persons |  | | |
| Summary of Assessment of Wider Family Support  ***Please include vulnerabilities, concerns and strengths that affect their capacity to safeguard the child/young person and promote their well-being*** |  | | |

**Section B – Further Assessment Requests**

|  |  |
| --- | --- |
| **Please highlight here any further assessments that you believe are required within pre-proceedings (this includes any further SW assessment as well as viability/full fostering assessments).** *Please note that the use of experts needs to be limited to those that are ‘necessary’. If you are seeking an expert assessment of any time you MUST include your rationale and evidence for needing this below* | |
| **Request for Funding**  ***Please provide costs, timescales and two quotations*** | DNA Testing  Drug & Alcohol Testing  Cognitive Assessment  PAMS (external)  Psychological  Any Other Specialist Assessment  *Please provide further details:*  Other Options for Funding  *Please provide further details:* |
| **Rational for the above:** *What are the proposed outcomes or expected impact? This must be a clear outcome focused assessment of need and plan and evidence of how this will assist in supporting the family.* |  |
| What other resources have been considered and exhausted? |  |

|  |  |  |
| --- | --- | --- |
| **Section C – Views and Decisions** | |  |
| What is your plan within care proceedings, during pre-proceedings or, in the event, that threshold is not met? |  | |
| Child’s views |  | |
| Parent’s views |  | |
| Views of any other significant person including the IRO/CPCC |  | |
| Team Manager Comments |  | |
| TM Signature and Date |  | |

**Section D: Record of Legal Planning Meeting**

|  |  |
| --- | --- |
| Attendees & Date of Panel |  |
| Panel Minutes |  |
| **Legal Advice:** *including date of legal advice* |  |
| Panel Chair Signature, Date and comments where funding is approved |  |
| Outcome(s) | Continue to work to plan Yes  No  N/A  Pre-proceedings to be initiated Yes  No  N/A  Issue care proceedings Yes  No  N/A  Other **(please provide narrative)** |

**Section E – Actions – For completion by Panel Administrator - *complete one section only***

|  |  |  |
| --- | --- | --- |
| **Agreed Actions**  ***(Continue to work to plan)*** | **Date** | **To be completed by** |
| *Referral to CARF for funding* |  |  |
| *Update Social Work Assessment* |  |  |
| *Complete Parenting Assessment/Pre Birth Parenting Assessment* |  |  |
| *Update Safety Plan* |  |  |
| *Return to Legal Planning meeting* |  |  |
| *Other* |  |  |

|  |  |  |
| --- | --- | --- |
| **Agreed Actions**  ***(Initiate Pre-Proceedings)*** | **Date** | **To be completed by** |
| *Letter to be sent to parents* |  |  |
| *Pre-proceedings meeting with parent(s)* |  |  |
| *Family Meeting* |  |  |
| *Parenting Assessment* |  |  |
| *Pre-Birth Parenting Assessment* |  |  |
| *Expert Assessments*  *DNA testing*  *Psychological Assessment*  *Cognitive Assessment*  *PAMS*  *Together and Apart*  *Community Based Assessment* |  |  |
| *Consent for medical- Parents and Child* |  |  |
| *Viability Assessment* |  |  |
| *Police Disclosures* |  |  |
| *Birth Certificates* |  |  |
| *Other* |  |  |

|  |  |  |
| --- | --- | --- |
| **Agreed Actions**  ***(Initiate proceedings)*** | **Date** | **To be completed by** |
| *Agreed date for paperwork to be sent to legal* |  |  |
| *Agreed date to issue care proceedings* |  |  |
| *Placement request to be completed* |  |  |
| *Viability Screening and Assessment to be completed* |  |  |
| *Early Permanence placement (if appropriate)* |  |  |
| *Expert Assessments*  *DNA testing*  *Psychological Assessment*  *Cognitive Assessment*  *PAMS*  *Together and Apart*  *Parenting Assessments*  *Community Based Assessment* |  |  |
| ***Other –*** |  |  |