|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Action** | **Guidance** | **Completion Date** | **Report attached** |
| 1. | HoS case discussion. | This must be completed prior to seeking attendance at panel in all cases, with a case note recording. |  |  |
| 2. | Child & Family assessment for Unborn’s with detailed history and parenting capacity sections. | A detailed C&F assessment must be multi-agency and include multi-agency information collated through a mid-assessment meeting and incorporating the Pre-birth issues identified. The history and parenting capacity sections must evidence threshold. |  |  |
| 3. | Parenting Assessment or up to date Child and Family Assessment with detailed Parenting Capacity section. | Seeking Pre-Proceedings in order to complete a Parenting Assessment is not accepted, If the family have been subject to more than one period of Child Protection Planning or are over 6 months Child Protection Planning with no improvement noted, then a Parenting Assessment should be completed to frontload to LGP. If Pre-Proceedings is agreed at panel then a Parenting Assessment Addendum is to be completed within the Pre-Proceedings process.  Where the child is newly referred, a Child and Family Assessment is required with detail around parenting capacity based on history and current information is required. |  |  |
| 4. | Graded Care Profile Report (GCPR2) | Where there are issues around neglect it is mandatory that a GCPR is completed prior to attending LGP. This should be reviewed and updated at each LGP review, to evidence if changes and intervention is making a positive change to the lived experiences of the children.  Where an unborn child is presented to LGP from the mid assessment / CIN review and neglect is identified, the GCP2 must be identified and dates planned for completion. |  |  |
| 5. | Genogram for both maternal and paternal family members. | Genogram must be continually reviewed and updated to ensure that all family and connected persons are noted on the file and their relationship to child is understood before attending LGP. |  |  |
| 6. | Impact Chronology. | This must be updated to ensure the significant incidents or events and the impact upon the child is understood prior to attendance at LGP. |  |  |
| 7. | Family Group Conference or Family Network Meeting. | A mandatory referral must be made with a view to having a clear family plan of support in place before attending LGP. A Family Network Meeting can be held initially to evidence the support network.  Where an unborn child is presented to LGP from the mid assessment / CIN review, a Family Network or FGC must be planned. |  |  |
| 8. | Edge of Care (EoC) | Mandatory EoC case discussion must be held prior to attending LGP if not already involved. This will allow a review of the support in place and if any further work can be offered that is identified and can avoid the need to seek Pre-Proceedings. |  |  |
| 9. | Viability Assessments of potential family members or connected persons. | All viable family members or connected persons must have a Pre-Viability Assessment completed prior to coming to LGP. It is important that a clear understanding of potential family members who could care for the children are noted and assessed at the earliest opportunity.  Where an unborn child is presented to LGP from the mid assessment / CIN review, viability assessments should have been identified for family or connected carers. |  |  |
| 10. | Cognitive Assessment or a Capacity Assessment. | All Child and Family Assessments must consider the capacity of the parent or carer of the child/children. Where it is deemed that a parent has or may have learning difficulties or a disability that requires a Cognitive Assessment or a Capacity Assessment, this should be identified at the earliest opportunity through initial assessments. It is expected that this is completed prior to attending LGP for appropriate assessments to be completed and delay to be avoided.  Where an unborn child is presented to LGP from the mid assessment / CIN review, the issue of cognitive functioning must be identified with actions outlined to progress to a cognitive or capacity assessment. |  |  |
| 11. | Multi agency reports | Any additional multi agency reports should be submitted alongside the LGP initial report. |  |  |
| 12. | Risk Assessments  ROSH  Family Time Assessment  Protector Assessment | Any family or connected person identified as high risk to the child, should have a completed Risk Assessment or if recently referred a detailed section within the Child and Family Assessment that outlines all risks, information and protective factors and include an analysis of this risk and impact for the children.  These include those adults or young persons who pose a risk of sexual harm, criminality, or a perpetrator of abuse and how family time is being managed.  Where an unborn child is presented to LGP from the mid assessment / CIN review, any specialist risk assessments should be identified and planned. |  |  |