**FREQUENTLY ASKED QUESTIONS**

**LEGAL GATEWAY PANEL**

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| **Frequently asked questions that the LGK panel professionals would like to think about** | **Think about your responses and consider some pointers below: -** |
| When do I attend panel?  | You can only request to attend Legal Gateway Panel following a discussion with your Head of Service. During this case discussion the Head of Service will record in ICS that they agree that the child/ren need to be presented to Legal Gateway Panel as it is believed that threshold is met for pre-proceedings or care proceedings.  |
| How do I book a place on LGP?  | Please email LegalGatekeepingPanel@sthelens.gov.uk to request a place on panel.  The panel administrator will confirm the date and time you have been booked on panel. |
| Do I have to attend LGP face to face? | Yes, the panel now meets face to face. There may be exceptional circumstances where you may not be able to attend the panel in person and these should be discussed and agreed with your manager and the panel notified before the meeting. |
| Do I attend on my own? | No, you should attend with your Team Manager, or the Assistant Team Manager if your manager is not available. This is to ensure that you are supported during the panel but also assists the panel if your manager is available to answer questions around decision making?  |
| When does my report have to be submitted for LGP? | Your report has to be submitted 1 week before the date you are due to attend panel. Panel takes place each Wednesday afternoon therefore the report has to be in by the end of the day the previous Wednesday.  |
| What if I can’t attend the date given by LGP? | You will request the date for the initial LGP, and the review dates will be set by LGP. If there are any difficulties for example leave or Court commitments, this should be shared with the panel during the discussion so that review dates can be made accordingly. There may be exceptional circumstances which impact on you attending LGP. You need to raise these with your Manager, and they will seek agreement of the Head of Service and Panel Chair to move the date of the LPG review.  |
| Why do I have to include evidence of FGC, GCP2, EoC involvement, Chronology, Parenting assessment etc?  | Your report should evidence everything that has been tried and how this has impacted the plan. It underpins threshold and ensures that the right children are subject to the right plan at the right time. If you haven’t tried everything and can’t evidence this, how can we evidence that threshold is met to go into pre-proceedings or care proceedings. We should be completing early permanence work via FGC and viability assessments around the support network, show what we have tried, evidence how things have or have not progressed via the GCP2, show the impact on the child/ren via the chronology and evidence parenting capacity. This all supports discussion and decision making.You don’t need to be in PLO to complete parenting or risk assessments and should routinely be frontloading all plans via the use of EoC, FGC, GCP2 and ensure the chronology is up to date and showing areas of concern and strengths. All children and families should have a family network meeting within the Child and Family Assessment completed in Duty, or for children transferred from other Local Authorities, within SW Assessment before FGC referral being made or accepted unless in exceptional or emergency circumstances. Please note not all children being presented to LGP will have Edge of Care involvement. Some children may be presented due to emergency circumstances and a referral would be agreed by the Service Lead for EoC who sits on the panel. Some children may not require EoC as the plan is already in place via partner agencies and SW team.  |
| Why is the language I use in my report important?  | What we write / record may be read by children or their parents in the future. We may need to file reports in care proceedings. We need to make sure that the language we use is fair, not judgemental, clear, simple, and easy to understand. We should not use victim blaming language for example child places themselves at risk as opposed to help seeking behaviour. We shouldn’t be talking about Mum allowing her ex-partner into the home – Mum may not have felt able to prevent this.The documents below will assist in your consideration of what you are writing.  |
| How do I evidence impact on my child/ren?  | Impact is all about how the child is affected by their lived experience. Direct work and understanding the child/ren’s lived experiences day to day will tell you what the impact is. There are number of factors that impact upon a child’s development and overall emotional wellbeing. In addition, there are many parents who can care for their children successfully despite having poor MH or using substances and alcohol. Unless you are able to evidence impact upon the child, threshold may be in question.Consider how old the child is, as impact can present in many ways. Consider the impact upon both unborn babies and children if the parents use substances or parents’ relationship is abusive. Understand and describe what is being observed around the child/ren’s daily lived experiences. How do they present? What do they say? Consider the impact upon children if parents lead a transient lifestyle, are the children being exposed to multiple unsafe homes and adults, do the children lack the stability that would enable them to feel safe and secure within their own home. Consider what the impact poor home conditions has on all children of all ages. Is there regular access to food, clean clothes and school uniform, heat, light, a bed that has suitable and clean bedding. Are the rooms within the home littered with dangerous items that are hazardous to children in particular young children and babies. Does the child/ren present as dirty or unkempt? How do they feel about this? Are they being bullied?Consider if the children are attending health appointments and if not, what the health implications would be for the child/ren both short term and long term. Consider the impact of parents poorly managed mental health upon the child, are the parents still able to respond to their children or is there MH unmanaged and the children are being exposed to parents’ limited capacity to meet their needs and be emotionally responsive towards them. How do you know this, what are you observing? Consider if children’s school attendance is low and what this will mean for the children, are they able to achieve academically, does this limit their life chances, are they becoming socially isolated from their peers, is their mental health increasing, are they spending more time out of the house, increasing risks to possible exploitation. Has the child said why they are not attending? Do they want to go to school and enjoy it when they are there? Consider the information in the document below about what absences or late attendance can mean for a child’s education and development.  What does your plan say? Does it record clear goals and whether these have been achieved in the timescales set? If plans are not progressing, how is this affecting the child/ren?What direct work or tailored support is being offered to the children, what are they saying about their understanding of what is happening around them? Do they attend meetings or have an advocate to allow them to be heard in meetings?Please remember the child’s voice is the most significant way of explaining the impact of their lived experience.   |
| How do I evidence support from school and education colleagues  | If educational attendance is low what are education colleagues doing? Do they routinely attend meetings and contribute. Have you considered escalating a lack of engagement or attendance via the Resolution process? Is the Education Welfare Officer involved with the family. If yes, then what has been offered and what has or hasn’t worked. Do the school or EWO have a different view to you? Are they asking for the plan to be escalated and if so, why? NB Partner agencies and professionals can provide a report to LGP to explain their views.  |
| How do I evidence support from health colleagues? | Consider if the child has any unmet health needs? If yes who is involved with the family from health professionals, and what are they saying and what support have they already offered the family? It is important to know what support school health nursing team are offering to the child and family. How often is the health visitor seeing the child in the home and what additional support are they offering?What MH services are involved with the family and what has been offered and if this has had any impact on improving outcomes for the family. Are Health colleagues attending review meetings. Have you considered escalating a lack of engagement or attendance via the resolution process?  |
| How do I address parental substance misuse or alcohol misuse in my report?  | Consider if parents or adults within the home who have caring responsible for the child/ren are continually using substances or consuming alcohol. What support has been offered prior to seeking legal advice from the panel. Is CGL involved?Do parents accept support or willing to be referred for support, are they open and honest about their lifestyle and decision making?Have the parents engaged with testing, what are the results and has hair strand testing been discussed / completed with parents prior to seeking Legal advice. How are parents funding their substance and alcohol misuse? Are they using benefits for this and not prioritising shopping or paying utility or household bills. Do you believe parents are supplying substances for others in order to make additional money. Do they have any drug debts?Is the family at risk of exploitation from criminal gangs in the area due to their own substance misuse and possible debts as a result of this. If support and intervention has been offered, has this shown any reduction to the risks or have parents been unable to sustain any changes despite intervention. Have police been involved and is there intelligence to support worries for the children and families associated with substance use and criminality within the community.   |
| How do I evidence issues around domestic abuse or unhealthy relationships in my report?  | What are parents’ views of their relationship do they minimise or dismiss incidents? Have they been open and honest about the true extent of any abuse within the home. What support has been offered before by agencies or what is currently being implemented, and what is parents’ engagement with this. Have they been able to demonstrate any understanding of what they have been shown by professionals and put this into practice to reduce the risk to the children.  |
| How do I evidence parental capacity, insight around neglect, home conditions etc. | Are home conditions poor due to overcrowding, poor repairs, or parents’ inability to be motivated to maintain and sustain routines in cleaning and keeping on top of household chores due to the impact of poor MH. Has a Graded Care Profile2 been completed and what was the outcome and what support has been offered regarding the outcome? Has this been reviewed or has a review date been set? What does the scoring tell us and what have we done to ensure change?What support have agencies already offered to date? Who is doing this work? Have we tried different ways to communicate with parents? Have we modelled what needs to be done in the home? Have we used pictures or other mechanisms to explain what the expectations are? Does the child/ren have sufficient clothing? Does the child/ren’s bed have appropriate bedding? Are mattresses soiled? Does the home have sufficient furniture and equipment to keep things tidy? Does the home smell? What support has already been offered by housing? Are they aware of the concerns and worries of agencies? Do housing attend planning meetings? If there is a concern around cognitive functioning, the assessment process should commence at the earliest opportunity and there is no requirement to wait until we have initiated the PLO process before we actively consider cognitive function or taking steps to obtain the relevant assessment.  |
| Do I need to do a cognitive or capacity assessment for all parents?  | You should consider a cognitive or capacity assessment when you are concerned that the parent does not appear to understand or evidence insight into the concerns being raised.Have you checked the level of education the parent experienced, whether they missed school, whether they obtained any qualifications? Did they have any additional support in school? Have you established whether the parent has a learning difficulty or disability? Has the parent experienced trauma, been diagnosed with PTSD, has MH difficulties which impacts on their ability to understand and retain information?  |
| When should I start a parenting assessment?  | Parental capacity should be considered in all Child and Family Assessments and in the plan and review meetings. Parenting assessments can be undertaken at any time and can be used to evidence where concerns are continuing. If a child has been subject to CPP for 9 months with no progress a parenting assessment should be completed. This can also be considered in CIN plans.  |
| Why is early permanence important and how do I evidence this in my report? | Whatever the concerns or risks identified, parents will always need support. By identifying the support network at an early stage, this enables support to be put in place to address the plan. Family and friends may be able to offer short- or long-term support, and this can be evidenced via Family Network Meeting or FGC. Early Permanence is evidenced by the identification of appropriate family members who can provide support in a variety of ways and can also identify whether there is anyone who can care for the children should this be needed. Contingency plans should clearly outline what the plans are for the child/ren should they be unable to remain with their parents. All children and families should have a family network meeting completed within the Child and Family Assessment completed in Duty or for children transferred from another LA in SW Assessment. This should have been attempted / completed before an FGC referral being made and accepted unless this is in exceptional or emergency circumstances. If this has been offered but poorly responded to by the family, how is this being progressed and what have we done to locate appropriate family members? Are the parents refusing to share information? Has a paternal and maternal genogram been collated. Is this a full genogram for the child? Has this identified any potential family or friends who would like to be considered to care for the child in the event that parents are unable to. Has the child/ren’s father been considered and explored?  |
| How do I evidence threshold and what difference pre-proceedings /care proceedings will make to a family? | Pre proceedings can very often be seen or referred to as a ‘last chance’ for parents. You will need to be able to explain why you feel pre-proceedings or care proceedings is the right plan for the child and why you think this will make a difference to the child. Consider what you believe can be offered to parents through Pre-Proceedings planning and compare this to what has already been offered during previous or ongoing planning through child protection and child in need. Be ready to explain why things haven’t happened and are not possible under the existing plan. What do you hope to gain from pre proceedings? This should mirror your plan.  |
| Should I be making recommendations in my LGP report?  | Yes, you will have discussed this with your manager and HOS. You will be making a recommendation to Panel about whether you are requesting Pre-Proceedings or Care Proceedings and will need to provide the evidence to explain the reason for this and why the concerns identified meet threshold. You should already be thinking about what assessments are required and why. This should be clearly outlined within your report. You should already have considered whether you think there is a need for an expert assessment, for example cognitive, psychological, psychiatric or specialist parenting assessment. You should be evidencing your rationale as to why this is necessary and the specific issues the expert would be asked to report on and be able to outline this to the Panel. You also need to consider whether there are other recommendations which you feel are necessary to safeguard the children and include these in your report alongside the rationale and what you hope to achieve to impact on the outcomes for the child/ren.  |