# *This document is confidential and should not be distributed other than to those who attend the LPM*

# LEGAL PLANNING MEETING

**IS THE LPM NECESSARY WITHIN 24 HOURS: Yes/No**

***Please explain the urgency on page 3***

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| --- | --- |
| CHILDREN’S NAMES: | AGES: |
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| --- | --- | --- | --- |
|  | Name | Team | Email address and contact tel. no. |
| Social Worker: |  |  |  |
| Assistant Team Manager: |  |  |  |
| Team Manager: |  |  |  |
| Head of Service: |  |  |  |

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**Checklist Documents to be included with the LPM request:**

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|  | Attached? |
| A PLO compliant chronology  *The LCS version is not to be used as this does not contain actual/sufficient details* |  |
| Strategy meeting minutes and resulting s47 |  |
| C&F Assessment |  |
| If the child is on a CP plan – the last CP conference report, the minutes of the CPC, the care plan and the reports from other professionals for the CPC |  |
| If already looked after, most recent LAC review minutes |  |
| Any recent viability assessments of kinship/friends carers |  |
| Reports from any professionals e.g. from CAMHs, police reports, medical reports |  |
| Draft pre proceedings letter (if escalation to PLO is sought) |  |

**PART A - REQUEST FOR A LEGAL PLANNING MEETING**

*To be completed by the social worker*

**Children’s Details**

Child 1:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Disability: |  |
| Address: |  | Living with: |  |

Child 2:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Disability: |  |
| Address: |  | Living with: |  |

Child 3:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Disability: |  |
| Address: |  | Living with: |  |

For any additional children please add a further text box

**Parents’/Carers’ Details**

Mother:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Language: |  |
| Address: |  | Disability: |  |

Father 1:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Language: |  |
| Address: |  | Disability: |  |
| Father to which child: |  | Parental Responsibility: |  |

Father 2:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Language: |  |
| Address: |  | Disability: |  |
| Father to which child: |  | Parental Responsibility: |  |

If child is not living with parents please complete the carers’ details below:

Carer 1:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ethnicity: |  |
| DOB: |  | Language: |  |
| Address: |  | Disability: |  |
| Which child caring for: |  | Parental Responsibility: |  |

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| **Background:** |
| **Triggering Event:** |
| **What outcome do you want to achieve from the LPM?** |

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| **Significant Harm** | **Evidence** | **Work already completed to reduce the risk** |
| **Neglect** |  |  |
| **Physical Harm** |  |  |
| **Emotional Harm** |  |  |
| **Sexual Harm** |  |  |
| **Exploitation** |  |  |

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| **Assessments completed** | **Who by? When?** | **Outcome** |
| **s47** |  |  |
| **C&F** |  |  |
| **Children’s wishes and feelings** |  |  |
| **IVA’s** |  |  |
| **Other:** |  |  |

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|  | Details |
| **Are the children subjects of a child protection plan?** |  |
| **Are drugs or alcohol one of the main issues in this case?** |  |
| **Have any further assessments been completed?** |  |
| **Has a Family Group Conference taken place?** |  |
| **Have any of the children or any known siblings been subject of proceedings?** |  |
| **Has there been any previous Legal Services involvement with the children and/or family?** |  |

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| Suggested Meeting Dates and Times: |

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| Requested by:  Date of request: |

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| **HoS/ PLO Court Manager Agreement and Comments:**  Is PLO agreed if so advised? |

**PART B - RECORD OF MEETING**

*To be completed by Legal Services*

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| Date of Meeting: |  |
| Present: |  |

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| **SUMMARY OF INFORMATION PROVIDED AT MEETING**: |

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| **THRESHOLD CRITERIA:**  Is the criteria for a Care/Supervision Order met having regard to the welfare checklist.  Specify the risk of harm to each child:  Physical  Sexual  Neglect  Emotional  Other |

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| **EPO**  Are the grounds for an EPO met? |
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| **PUBLIC LAW OUTLINE**  Is this matter suitable for a pre-proceedings letter and meeting? If not, why not |
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| **CARE/SUPERVISION ORDER PROCEEDINGS**  Is this matter suitable for issuing proceedings without pre-proceedings letter and meeting? If so, please explain your reasoning. |
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| **INTERIM ORDER**  Do you advise making an application for an interim care/supervision order? If so what is the proposed interim care plan? |
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| **INTERIM REMOVAL**  If interim removal is sought, please set out here if the threshold for interim removal is met |
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| **FAMILY DRUG AND ALCOHOL COURT**  Is this matter suitable for FDAC? Why? |
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| **PROPORTIONALITY**  What is the intended outcome of the action advised? Consider the least interventionist/no order principles. Could this outcome be achieved in another way e.g. private law remedies? How will this course of action benefit the children? What are the risks if this course of action is not followed? |
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| **FAMILY MEMBERS**  Have family carers been considered? If yes, have initial carers’ assessments been undertaken and what was the outcome? *If no please identify what actions should now be taken in respect of family members including any necessary assessments.* |
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| **ASSESSMENTS & INTERVENTIONS**  Please comment on the quality of assessments/interventions undertaken to date. Please advise what further assessments are required in this case?  (*e.g. consider C&F assessment, parenting assessment, risk assessment, sibling assessment etc.)* |
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| **EXPERT EVIDENCE**  Please advise what further expert evidence is required in this case.  *(e.g. DNA testing, drug/alcohol testing, cognitive, psychiatric, psychological, paediatric etc.)*  Set out why these assessments are necessary for the purposes of a s.38(6) application. |
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| **CHILDREN’S VIEWS**  Have these been ascertained? |
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| **PARTNER AGENCIES**  SHOULD EVIDENCE BE OBTAINED FROM PARTNER AGENCIES, e.g. school, health visitor, etc.? What are the views of partner agencies? Please address principles of best evidence. |
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| **CRIMINAL INJURIES COMPENSATION**  Do the precipitating events give rise to a claim on behalf of the child for Criminal Injuries Compensation?  **Yes/No**  If yes, it is the responsibility of the social worker to progress this in the first instance |

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| **RISK ASSESSMENT**  Are there any significant risk factors for the Local Authority including adverse publicity, claim for damages, Human Rights claims etc |
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| **SUMMARY OF ADVICE** |

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| **HIGH RISK/HIGH COST CASE**  Are there any factors at this stage which indicate this is a high risk/high cost case? If so please specify |
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| **ACTION SHEET & TIMESCALES** | | |
| **Action** | **By whom** | **Date by** |
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**To be sent to: Social worker; Team Manager; Head of Service; PLO tracking Manager and copied to legal Team Leader**

*Part C to be completed by the Team Manager and Head of Service. Decision sheet to be returned to Legal Services.*

***A copy of the decision sheet only to be provided to the IRO or Conference Chair for comment if appropriate***

**PART C**

**DECISION SHEET**

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| **Recommendation of the Team Manager to the Head of Service** |
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| **Head of Service/PLO Tracking Manager Decision**  Please set out your decision together with reasons for supporting/not supporting the recommendation. If supporting issuing proceedings, please confirm your decision in respect of the interim care plan.  **PLO only** - I would confirm that I have considered the draft PLO letter attached and would agree that the following assessment are necessary and give agreement to the same: |
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| **IRO/CPC Conference Chair**  Please add any comments and circulate to Social Care and Legal Services |
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