**Information for Legal Gateway Meeting**

**On**

**(date)**

**Why are you attending the Meeting**: - (Please highlight the appropriate reason/s)?

* **Request to** **enter the PLO process**
* **Request to Issue Legal Proceedings.**
* **Agreement for Accommodation of children as part of PLO**
* **Agreement of expert assessment or substance testing.**
* **Request to Exit PLO**
* **Retrospective agreement of an Emergency Order and/or placement (EPO, PP or ICO)**

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| **Social Worker and Team** | |  |
| **Team Manager** | |  |
| **Service Manager** | |  |
| **Date LGM Form Completed** | |  |
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| **Child(ren)’s names, DOB, gender, age and ethnicity** | |  |
| **MOSAIC/Care Director ID** | |  |
| **Mother’s name, address and DOB** | |  |
| **Father’s name, address and DOB** | |  |
| **Are the parents married?** | |  |
| **Does father have PR?**  **(check birth certificate)** | |  |
| **What is the family’s ethnicity and background?** | |  |
| **Any language or communication considerations?** | |  |
| **GP’s details for the child** | |  |
| **Educational details** | |  |
| **Is CAMHS involved? Has a referral been made to CAMHS?** | |  |
| **Is there a CP plan?**  **When was it made?**  **What category?** | |  |
| **Who do the children live with?** | |  |
| **Where do the children live?** | |  |
| **Who is in the child’s network? (names/addresses)** | |  |
| **Brief Case Summary** | | Current Situation:  Previous History: |
| 1. **What is working well?** | | Existing Strengths:  Existing Safety: |
| 1. **What are we worried about?** | | Past Harm:  Future Worries:  Complicating Factors: |
| 1. **The family danger statement/safety goals** | | Danger statement:  Safety Goals: |
| **What have you done to address the worries?**  **What is included in the current plan for the child?** | |  |
| **Contingency planning/ outcome of viability assessments on other family or friends who have been proposed carers for the child/ren?** | |  |
| **What are the views of the child(ren)?** | |  |
| **What are the views of the parents?** | |  |
| **What are the views of other agencies (e.g. core group members etc)** | |  |
| **Views/outcome of Edge of Care services involvement including outcome of Family Network Meeting** | |  |
| **Name of IRO/CP Chair and their views:** | |  |
| **Have you discussed this case with Legal?** | | Yes/No |
| **What is your proposed outline care plan for the child(ren)?** | | |
| **If you are accommodating a child/YP, what is your exit plan with timescales?** | | |
| **What additional information do you need about the child and family that requires further assessment?** | | |
| **What further assessments are you proposing?** | | |
| **If Exiting PLO:**  **When was the last PLO meeting?**    **Has the issue identified on PLO plan been addressed, if not, how do you plan to deal with any outstanding issues?** |  | |
| **What legal advice is needed?**  **Threshold for PLO**  **Threshold for proceedings**  **Section 20**  **Legal Status of the child(ren)** | | |
| **Supporting Documents to be completed and considered before Legal Gateway Meeting and information included in your analysis, evidence and threshold considerations above (please highlight)**     * **C&F Assessment** * **Letter before Proceedings (draft if seeking to enter PLO)** * **PLO meeting minutes (if review)** * **Legal Advice (if received)** * **Chronology** * **Genogram** * **Specialist Assessments if available** * **Viability Assessments** * **Family Network Meeting or Family Group Conference** * **Child Protection Conference Minutes** | | |

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| **Team Manager Analysis and Reasons:**  **Name & Signature:**  **Date:** |
| **Service Manager Analysis and Management Oversight:**  **Date:** |
|  |
| **Meeting Comment & Decision:** |

**LP1 – Referral to Legal Gateway Meeting – Part 2**

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| **What type of placement has been identified?** |  |
| **Please detail what steps have been taken to try and source an internal provision?** |  |
| **Please state the weekly cost of proposed placement** |  |
| **If the Child or YP has emotional, behavioural or physical needs that warrants the use of an external provision, has a health referral been made? If not please state a date when this will be completed.** |  |
| **Has the child got an EHCP and has this placement been agreed with the SEND service and has a contribution been discussed?** |  |
| **Has the Virtual School being informed?** |  |

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| **Service Manager comments:**  **Signature and Date:** |
| **AD comments/Decision :**  **Signature**  **Date of placement approval:** |

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