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| **Request for Legal Planning Meeting** | | | | |
| The information below is to ensure detailed case planning prior to a Legal Planning Meeting (LPM) and to ensure the Local Authority (LA) meets the requirements of the Wiltshire Council and Swindon Pre – Court Proceedings Protocol. This from will be completed following a case discussion between the Social Worker and Team Leader.  Social Workers are advised to complete each section briefly with key information. The questions should be completed with the letter before proceedings and statement in mind so that the same information can be used, should the case progress to proceedings. | | | | |
|  | **Name of Children** | | **Date of Birth** | |
|  | **Address of Child/ren** | | | |
|  | **Family Members** | | **Date of Birth** | |
|  | **Address of Birth Mother** | | | |
|  | **Address of Birth Father** | | | |
|  | **Does the father share PR?** | **Yes** | | **No** |
|  | **Names of extended family/significant others** | | | |
|  | **What are the LA’s concerns and why requesting a LPM now?**  **Briefly outline the ‘precipitating events’ and the key issues (as requested in statement).** | | | |
|  | **What has been tried so far – including initial referral written agreements, CP Plan, any previous proceedings/pre – proceedings?**  **(This should be a bullet point ‘Summary of children service involvement’ as requested in statement)** | | | |
|  | **What assessments have been completed? (Previous assessment conducted as requested in statement)**   |  |  |  | | --- | --- | --- | | **Assessments** | **Date** | **Outcome** | | Viability Assessments |  |  | | Sibling Assessments |  |  | | Psychological Assessments |  |  | | Mental Capacity Assessment |  |  | | Parenting Assessment |  |  | |  |  |  | |  |  |  | | | | |
|  | **What service has been offered currently or historically? (as requested in statement)** | | | |
|  | **Analysis of significant harm - Does the social work team and line manager think that the Threshold Criteria for care proceedings are met and what is the evidence for significant? (See Children Act 1989)** | | | |
|  | **What changes for the child does the LA need to see through the pre-proceedings and/or Care Proceedings, including what permanency option is desired?** | | | |
|  | **What are the care options for the child (family options, permanence through adoption, residential)?**  **Consider how best to manage the seriousness of the concerns for this child. Could permanence be achieved through a Private Law Order? Has concurrency/fostering for adoption been considered?** | | | |
|  | **What is the child’s view on their current circumstances?** | | | |
|  | **Has a Family group Conference been convened? If not, give the reasons why?**  **Please list names of all family/other significant relatives who have been explored to preliminarily assess their suitability as carers for the child/ren? Please detail the outcomes of the preliminary assessments? (Viability assessments will be required in pre and court proceedings.)** | | | |
|  | **In the light of the Protocol rules about experts which required courts to control the use of expert evidence and to limit the use of experts to that which is necessary:**   1. **What further assessments does the LA think are necessary and give the reasons why? (as requested in statement)** 2. **If not further assessments are proposed, explain why highlighting the child’s timescales and impact of delay (as requested in statement)** | | | |
|  | **What is the proposed Care Plan, including permanency plan and contact? (as requested in statement)** | | | |
|  | **Clarify why the LA needs Parental Responsibility in this case?** | | | |
|  | **The Child’s Timetable and impact of delay: Identify key milestones/dates for the child, including commenting on the impact of delay for each child dependant on their development stage. (with particular regards to the 26 week timescale, as requested in the statement)** | | | |
|  | **Documents – Please attach:**   |  |  |  | | --- | --- | --- | | **Document** | **Yes** | **No** | | **Single Assessment** |  |  | | **Chronology** |  |  | | **Genogram** |  |  | | **Sibling Assessment** |  |  | | **Viability Assessment** |  |  | | **Relevant Assessment or Reports** |  |  | | | | |
|  | |  |  | | --- | --- | | **Name of Social Worker:** |  | | **Team:** |  | | | | |
|  | **Team Leader’s recommendation RE: LPM, including recommendation and rationale for decision – please make a recommendation RE: Court proceedings and if pre-proceedings not appropriate why not; what is the urgency?**  **Signed/Date:** | | | |
|  | **Head of Service decision RE: LPM including rationale for decision.**  **Signed/Date:** | | | |
|  | **Completed Copies:**   * **Legal services- Kate Furnival** * **Team Manager (to place on Carestore for children)** * **Care Proceedings Case Manager** * [**OCSSMT@wiltshire.gov.uk**](mailto:OCSSMT@wiltshire.gov.uk) **to update Edge of Care Spreadsheet** | | | |