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| **REQUEST FOR LEGAL PLANNING MEETING****APPLICATIONS FOR SECURE ACCOMODATION, DISCHARGE OF CARE ORDER AND REVOCATION OF PLACEMENT ORDER** |
| The information below is to ensure detailed case planning prior to a LPM and to ensure the LA meets the requirements of the Public Law Outline. This form 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.  |

1. **The Child(ren)**

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| --- | --- | --- | --- | --- |
| **Name(s)** | **Gender** | **Date of Birth** | **Current living arrangements** | **Current legal status** |
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2. **Family Composition**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to child(ren)** | **Parental Responsibility (identifying how obtained)** | **Date of Birth** | **Nationality**  | **Address** |
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3. **Details and date of the court orders to which the child(ren) is/are subject.**

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| **Date** | **Court** | **Type of Order** |
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4. **Details concerning the Child Looked After Process.**

Please provide the minutes of the last CLA review with your LPM Request.

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| **Date of last CLA review** |  |
| **IRO Name** |  |
| **Recommendations at last review** |  |

5. **Assessments completed in respect of the child(ren) and parent(s) since the conclusion of the previous proceedings.**

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| **Organisation** | **Type of Assessment** | **Date** | **Outcome and Effectiveness** |
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6. **Brief outline of the precipitating events and background.**

 Please provide a factual outline of the key concerns. You will be asked to consider the impact on the child at a later date.

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7. **Child(ren)’s Placement History.**

 Please provide a list of the child(ren)’s placements since he/she/they were accommodated by the Local Authority.

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| **Date** | **Type of Placement** | **Reason for Placement Ending (if applicable)** |
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8. **The parents and Social Care’s Assessment of their Parenting Capability.**

Please provide a summary only. Your most recent assessment should be provided with the LPM request.

(a) **Mother**

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| --- | --- |
| **Identification of any issues concerning Capacity and Understanding and reasons** |  |
| **Practical Parenting Skills** |  |
| **Protective Factors**  |  |

(b) **Father**

|  |  |
| --- | --- |
| **Identification of any issues concerning Capacity and Understanding and reasons** |  |
| **Practical Parenting Skills** |  |
| **Protective Factors**  |  |

9. **Wider Family and Friends’ Capability to care.**

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| --- | --- | --- | --- |
| **Name** | **Relationship to child(ren)** | **Address** | **Date of Assessment and progress** |
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10. **Realistic and Preferred Care Options for the child(ren).**

This must always include the parents’ abilities to care for the child(ren).

 You must also identify any other persons who are able to care for the child(ren) and identify your preferred option.

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| **Individual** | **Positive aspects of care** | **Concerns** | **Analysis** |
| Mother |  |  |  |
| Father |  |  |  |
| Other |  |  |  |

11. **Wishes and feelings of the family.**

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| --- | --- | --- | --- |
| **Individual** | **Expressed Wishes and Feelings** | **Date obtained** | **Are they aware of the LPM? If not, why not?**  |
| Mother |  |  |  |
| Father |  |  |  |
| Child |  |  |  |

12. **Proposed Further Assessments (if any).**

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| **Type of Assessment** | **Who will be assessed?** | **Why is the Assessment necessary?** |
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13. **Social Worker Details.**

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| --- | --- |
| **Name** |  |
| **Contact Number** |  |
| **Mobile Number** |  |

14. **Team Leader Authorisation.**

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| **What legal process is considered appropriate?**  |  |
| **Who is it proposed that the child(ren) should live with following the LPM?** |  |
| **How urgent is the case and why?** |  |
| **Availability for Panel** | Panel deadline is 5pm on Wednesday for Panel on the following Monday morning (or Tuesday if Monday is a bank holiday). Please insert below panel date that the Social Worker, Team Leader and any others required to attend are available.Date:  |
| **Other comments** |  |
| **Name of Team Leader** |  |
| **Contact number** |  |
| **Date of authorisation** |  |

15. **Service Leader Authorisation.**

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| **Confirm Authorisation given**  |  |
| **Insert comments in relation to proposed legal process**  |  |
| **Name of Service Leader** |  |
| **Date of authorisation** |  |

**SEND LPM REQUEST AND SUPPORTING DOCUMENTS TO CHILDCARE LEGAL TEAM**

**nsc.legal@n-somerset.gov.uk**