**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)** |

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| **Name** | **Relationship** | **Date of Birth** | **Address** |
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| **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?** |  |
| **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:** |
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|  **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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