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| **REQUEST FOR LEGAL PLANNING MEETING****RELINQUISHED CHILDREN** |
| This form should be completed where a mother is indicating that she wishes for her baby to be placed for adoption by consent (i.e. a relinquished baby). Social workers should complete each section briefly with key information.  |

1. **The Child**

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| **Name(s)** | **Gender** | **Expected Date of Delivery** |
|  |  |  |

1. **The Mother**

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| --- | --- | --- | --- |
| **Name(s)** | **Date of birth** | **Nationality** | **Address** |
|  |  |  |  |

1. **The Father**
2. **If the LA have been informed of the father’s identity by mother, please set out the details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Date of birth** | **Nationality** | **Address** |
|  |  |  |  |

1. **If the father’s details are not known to the LA:**

**Is the mother stating that she does not know the identity of the father?**

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| Yes / No |

**Does the mother appear to know the details of the father but is refusing to give details?**

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| --- |
| Yes / No |

1. **Set out the reasons the mother has given not to keep this baby**

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1. **If no father has been identified, please provide the mother’s account about the baby’s conception**

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1. **How plausible is the mother’s account? Are there any apparent inconsistencies?**

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1. **Are there any cultural and/or religious factors that need to be considered?**

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1. **Are there any safeguarding concerns if mother changed her mind and wanted to keep the baby?**

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1. **What are the mother’s view about:**
	* 1. **providing s.20 consent when the baby is discharged from hospital?**

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* + 1. **registering baby’s birth?**

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* + 1. **signing consent for the baby to be placed for adoption?**

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* + 1. **an Early Permanence Placement?**

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* + 1. **future contact with the child?**

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1. **If the father is known, does the mother give permission for the local authority to contact him? If not, why not?**

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1. **List of immediate maternal family members and whether they know about the pregnancy. Is there permission to contact any family members?**

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| --- | --- | --- | --- |
| **Individual** | **Relationship to child** | **Knowledge of the pregnancy / baby?** | **Permission to contact?** |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |

1. **List of immediate paternal family members and whether they know about the pregnancy. Is there permission to contact any family members?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual** | **Relationship to child** | **Knowledge of the pregnancy / baby?** | **Permission to contact?** |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |
|  |  | Yes / No | Yes / No |

1. **Have any family members expressed a wish to care for the child?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual** | **Relationship to child** | **Date of birth** | **Nationality** | **Expressed Wishes and Feelings** |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Details of any siblings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Living Arrangements** | **Details of any court orders** |
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**Social Worker Details.**

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

**Team Manager Authorisation.**

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| --- | --- |
| **Comments** |  |
| **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 Manager and any others required to attend are available.Date:  |
| **Name of Team Manager** |  |
| **Contact number** |  |
| **Date of authorisation** |  |

**Head of Service Authorisation.**

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| --- | --- |
| **Is an LPM authorised?**  | Yes / No  |
| **Name of Head of Service** |  |
| **Date of authorisation** |  |

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

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