|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The logo for herefordshire council that incorporates an apple icon | | | | |
| **Legal Planning Meeting- to be completed by Social Work team and accompanied by relevant documents** | | | | |
| **Details of Child:** | | | | |
| Family Name |  | | Given Names |  |
|  |  | | Case Number |  |
| **Agenda & Record** | | | | |
| **Date & Venue of Legal Planning Meeting (LPM)** | | | | |
| Date Convened: | |  | | |
| Venue: | | | | |
| Teams | | | | |
| **Welcome, Attendance & Apologies** | | | | |
|  | | | | |
| **Chair's Introduction** | | | | |
| Chair outlines the LPM Agenda and arrangements for the meeting.  Legal Planning Meetings (LPM) are convened to consider the evidence, threshold and appropriate action in respect of  Care Proceedings  Discharge of a Care Order or Discharge, Vary or Extension of a Supervision Order | | | | |
| What is the reason for attending the Legal Planning Meeting today? | | | | |
| **Details of Children & Young People to be Considered** | | | | |
|  | | | | |
| Birth certificates are available? | |  | | |
| Birth certificates need to be obtained? | |  | | |
| **Details of Parents/Carers** | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| Role/Position | Name & Contact Details (office, email & telephone) | Yes/No |
| Duty Social |  |  |
| Team Manager |  |  |
| Head of Service |  |  |
| Team Manager (locality) |  |  |
| Locality Social Worker |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sibling | Name/ID Number | Address (Home & Placement) | DOB/Age | Gender | Ethnicity | Religion | Disability | Immigration |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Address | PR | Relationship | DOB/Age | Ethnicity | Religion | Disability | Immigration |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Summary of Concerns & Reasons for Convening LPM**

Additional Documentation

**Documentation**

**Documentation (available electronically or in hard copy only where necessary)**

Are there any Mental Capacity Issues to be considered?

|  |  |
| --- | --- |
| Name | Details |
|  |  |

|  |  |  |
| --- | --- | --- |
| Mandatory Documents | Yes/No | Sections |
| Legal Services Referral - Sections 1 to 7 of this template |  |  |
| Single or Pre-Birth Assessment with completed Genogram |  |  |
| Chronology |  |  |
| S7/S37 Reports |  |  |

|  |  |
| --- | --- |
| Additional documents  (if available and informative) | Yes/No |
| Existing Plan(s) for each child |  |
| Relevant reports from other agencies, details below: |  |
| Child Protection Strategy Meeting Minutes |  |
| Minutes of other previous meetings/discussion with parents |  |
| Connected Person Assessment (Kinship - relative or friend) |  |
| Most recent LAC Statutory Review of Arrangement Minutes |  |
| Previous Care Proceedings - final evidence/fact finding |  |
| Other |  |

|  |
| --- |
| **Summary outline of concerns:**  *To be prepared in advance by the Social Worker and Team Manager.*  *e.g. When we think about the situation facing this child/children:*  *What are we worried about (harm, danger, complicating factors, grey areas)? What's working well (existing strengths & existing safety)?*  *What needs to happen (safety goals & next steps)?*  *On a scale of 0 to 10, where 10 means everyone knows the child/children is/are safe for Child Protection Services to close the case and 0 means things are so bad he/she/they can't live at home, where do we rate the situation?* |
|  |
| **Evidence to Establish Threshold Criteria** |
| **Summary of threshold criteria discussion** |
|  |
|  |
| **For Discharge of Care Order only** |
| Record of Discussion |
|  |
| **Additional Evidence/Assessment, Including Expert Witnesses** |

|  |  |
| --- | --- |
| Additional / Specialist assessments e.g.: external independent providers and in-house resources (FAT) Evidence e.g.: statements to be obtained from partners (Teachers, Health Visitors, School Nurse etc…) | |
|  | |
| **Consideration of Suitable Care and Placement/Other Resource Plan** | |
| What is the proposed Care Plan for the child/children? | |
|  | |
| What is the proposed placement for the child/children? | |
|  | |
| What consideration is given to the child/children's individual characteristics, including their ethnicity, culture, language, religion and disability/SEN? | |
|  | |
| What will the parallel or twin track plan be? | |
|  | |
| What consideration has been given to convening a Family Group Conference? | |
|  | |
| Have all connected people (family and friends) been identified for assessment as a suitable carer(s) on an interim or permanent basis? | |
|  | |
| If a connected person/people is/are being considered what consultation has taken place with the parent(s) and what are their views about this? | |
|  | |
| What checks and viability/full assessment have been undertaken in respect of the identified connected person/people? | |
|  | |
| What proposals are being made for contact? | |
|  | |
| Where appropriate, what date is the case going to be presented to the Agency Decision Maker (ADM)?  If child is already subject to SHOBPA consultation with the ADM must take place in advance of any new court applications where the plan is no longer adoption. | |
|  | |
| **LPM Outcome** | |
| The threshold is not met, the PLO does not apply and there is insufficient evidence to enter pre proceedings. Other services may be provided or NFA will be taken. |  |
| Other | |
|  | |
| The threshold is met, the PLO applies and an ‘ *in principle’* decision is taken to initiate pre-proceedings. This includes a Pre-proceedings letter and Meetings with parents to establish an agreement about what needs to be done to avoid court. |  |
| Other | |
|  | |
| The threshold is met but pre-proceedings action is inappropriate and an urgent application for a Care or Supervision Order is required to safeguard the child without delay. |  |
| Other | |
|  | |
| For Discharge Care/Supervision Order Application is appropriate |  |

|  |  |  |
| --- | --- | --- |
|  | **Assessment** | **Evidence** |
| What additional evidence or assessments are needed? |  |  |
| What is the proposed remit of any instructions/referrals and the areas to be addressed? |  |  |
| Who should complete the assessment or provide the evidence? |  |  |
| What are the likely timescales for completion of the assessment? |  |  |
| Who will write the letter requesting the evidence or make the referral? |  |  |
| When will the request letter/referral be completed? |  |  |

|  |  |
| --- | --- |
| Other | |
|  | |
| For Discharge Care/Supervision Order: Application is not appropriate |  |
| Other | |
|  | |
| Other – this may include consideration of DOL/Wardship etc. |  |
| Other | |
|  | |
| **Action** | |
|  | |
| **Legal Advice: Provided by Solicitor providing advice** | |
| Is Section 31/38 Threshold Criteria met? |  |
| **Sign off and Authorisation** | |
| Date LPM record and written Legal Case Memo sent to Chair |  |
| Chair's Name |  |
| Signature | |
|  | |
| Date |  |
| Date of distribution of LPM Record by Admin |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Action to be taken** | **By whom** | **Target Date** |