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| **INITIAL LEGAL PLANNING MEETING (LPM) REQUEST FORM****POTENTIAL PRE-PROCEEDINGS OR CARE PROCEEDINGS****Use separate LPM Request Form for potential applications for: Secure Accommodation, Discharge of Care Order & Revocation of Placement Order****CONTACT THE LEGAL TEAM IN THE FIRST INSTANCE WHERE URGENT ADVICE IS REQUIRED** **(****nsc.legal@n-somerset.gov.uk****)**  |

**The Public Law Working Group (PLWG) Final Report March 2021 and Best Practice Guidance (BPG) specify key points at which a family should be considered for presenting at an LPM, as listed below.**

**Please insert an X in the box(es) applicable to this family:**

|  |  |
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|  | Where a **pre-birth conference** decides a child is to be made the subject of a child protection plan ahead of birth and there is no active involvement from the extended family. Or, if a pre-birth conference has not yet been held and there is **concern about an unborn baby**, particularly in the case where older children have been removed.  |
|  | Where a child has a **child protection plan** and parental engagement with the process, and support services, has been persistently inconsistent and ineffective, limiting progress and putting the child at risk of significant harm.  |
|  | Where the child has a **child protection plan** and there has been no progress and/or the impact of the identified concerns has worsened at the point of the second review conference. Every care should be taken to recognise change takes time, particularly where families are experiencing longstanding challenges.  |
|  | Families that have **previously been through the pre-proceeding process** and similar concerns re-occur within a 12-month period. |
|  | Families where the mother or father have had **child(ren) removed from their care in the past** and there is concern that any presently identified risks cannot be managed with the children remaining in the parents’ care. |
|  | Families where the **risks and concerns** are sufficiently significant that the matter is highly likely to proceed to court, but allowing time for the PLO **pre­-proceedings**.  |
|  | **Other** (eg s37 Report directed etc) – please provide details:  |

**1. THE CHILD(REN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name(s)** | **Gender** | **Date of Birth** | **Current living arrangements** |
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**1a CHILD(REN) - CURRENT LEGAL STATUS**

|  |  |  |
| --- | --- | --- |
|  | **Date from:** | **Date of last review:** |
| **If CIN**  |  |  |
| **If CP**  |  |  |
| **If s20, date accommodated** |  |

**2. PARENTS AND OTHERS WITH PARENTAL RESPONSIBILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full names** | **Relationship to child(ren)** | **Parental Responsibility** (how obtained \*) | **Date of Birth** | **Nationality**  | **Address** |
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\* Parental Responsibility

- Court Order (please provide copy)

- Married to mother

- Birth Certificate (please provide copy)

**3.** **OTHER FAMILY MEMBERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full names** | **Relationship to child(ren)** | **Date of Birth** | **Nationality**  | **Address** |
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**4.** **BRIEF OUTLINE OF THE BACKGROUND AND PRECIPITATING EVENTS**

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**5. IDENTIFIED PATTERNS OF SOCIAL CARE CONCERNS AND THEIR IMPACT ON THE CHILD(REN)’S WELLBEING**

* List patterns within the family, using the chronology, that you have identified as significant for the child and their family;
* Focus on the last two years unless prior events are significant or where there are issues of longstanding neglect;
* Unusual or exceptional events should be identified regardless of whether they form a pattern of behaviour.

| **Worries**  | **Lived experience of the child(ren) and how it is impacting on their wellbeing/health/****development**  |
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**6. PREVIOUS ASSESSMENTS OF THE CHILD(REN) AND FAMILY**

This may include but is not limited to C&F Assessments, s7 reports, s37 reports, s47 investigations, educational psychology assessments, psychological/psychiatric assessments and assessments by other agencies.

| **Organisation** | **Type of Assessment** | **Date** | **Outcome and Recommendations** |
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**7. PROPOSED FURTHER ASSESSMENTS OF THE CHILD(REN) AND FAMILY**

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| --- | --- | --- |
| **Type of Assessment** | **Who will be assessed?** | **Why is the Assessment necessary?** |
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**8. PREVIOUS INTERVENTIONS AND SUPPORT FOR THE CHILD(REN) AND FAMILY**

Example interventions are included for your assistance. Please delete if not relevant and add any other interventions/support as appropriate.

| **Social Care / Other Agency** | **Intervention / Support** **(with detail)** | **Date(s)** | **How well has the family engaged with this service?** | **What is the impact on the child(ren)’s wellbeing?** |
| --- | --- | --- | --- | --- |
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**9. THE KEY NEEDS OF THE CHILD(REN) AND DETAILS OF ANY DIRECT WORK WITH THEM TO DATE**

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| --- | --- | --- |
| **Child’s name**  | **Key needs of the child** | **Direct work with them to date** |
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**10. PROPOSED FURTHER INTERVENTIONS AND SUPPORT FOR THE CHILD(REN) AND FAMILY**

| **Social Care / Other Agency** | **Intervention / Support** **(with detail)** | **Date(s)** | **How will this effect change, capacity to change and any barriers to change**  | **What impact will this have on the child(ren)’s wellbeing, health development?** |
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**11. DETAILS OF ANY PREVIOUS COURT PROCEEDINGS CONCERNING THE CHILD(REN) OR ANY SIBLINGS/HALF SIBLINGS**

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| --- | --- | --- | --- |
| **Date /Year** | **Type of proceedings** | **Applicant and case number (if known)** | **Outcome (Orders made)** |
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**12. THE PARENTS**

 **(a) Mother**

|  |  |
| --- | --- |
| **Are there any issues concerning capacity and understanding? (provide details)** |  |
| **Are there any suspected or identified learning difficulties? (provide details)** |  |
| **Are there any cultural differences and inequalities identified? (provide details)** |  |
| **Have interpreters been used or are they required?** |  |

**(b) Father**

|  |  |
| --- | --- |
| **Are there any issues concerning capacity and understanding? (provide details)** |  |
| **Are there any suspected or identified learning difficulties? (provide details)** |  |
| **Are there any cultural differences and inequalities identified? (provide details)** |  |
| **Have interpreters been used or are they required?** |  |

**13. FAMILY NETWORK MEETING (FNM)**

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| --- | --- |
| **Has FNM taken place or been arranged? (date)**  |  |
| **If not, is one to be arranged?**  |  |

**14. CURRENT SAFETY PLAN AGREED WITH FAMILY**

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| --- | --- |
| **Date of plan** | **Details of plan (copy to be provided if written up)** |
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**15. SIGNIFICANT FAMILY AND FRIENDS WHO MAY BE ABLE TO CARE OR OFFER SUPPORT**

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| --- | --- | --- | --- |
| **Name** | **Relationship to child(ren)** | **Address (or area they reside in)** | **Have they been previously assessed? (provide details)** |
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**16. PROPOSED CARE PLAN FOR THE CHILD(REN)**

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| **Pre-proceedings or care proceedings and rationale**  |  |

| **Analysis of realistic Care Options** |
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| **Individual** | **Safety and Strengths** | **Harm and Complicating Factors** |
| Mother |  |  |
| Father |  |  |
| Other (named) |  |  |

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| --- | --- |
| **Can any risks identified above be mitigated through support? (provide details)** |  |

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| **What is your preferred option for where the child(ren) will live during the proposed legal process?** |  |

**17. VOICE OF THE CHILD(REN) AND 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?**  | **Are they aware of the proposed care plan?** |
| Child(ren) |  |  |  |  |
| Mother |  |  |  |  |
| Father |  |  |  |  |
| Other (named) |  |  |  |  |

**18. SOCIAL WORKER’S DETAILS**

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

**19. TEAM MANAGER AUTHORISATION AND COMMENTS ON PROPOSED CARE PLAN**

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| --- | --- |
| **Comment on the proposed care plan for the child(ren) –** (see paragraph 16) |  |
| **How urgent is the LPM and why?** |  |
| **Availability for Panel** | Panel deadline is 5pm on Wednesday for Panel the following Monday morning between 9.30am and 12.30pm (or Tuesday if Monday is a bank holiday).Please insert below panel date(s) that the Social Worker, Team Leader and any others required to attend are available**Insert Date(s)**:  |
| **Name of Team Manager** |  |
| **Contact Number** |  |
| **Date of authorisation** |  |

**20.** **HEAD OF SERVICE AUTHORISATION**

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| The BPG provides for the “early sharing of necessary information with extended family” and that the “use of a FGC is essential, unless there is good reason why this is impractical.”  |
| **If FNM not yet held or arranged, when will it be held** (see paragraph 13) |  |

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| The BPG provides that on consideration of information in this LPM Request Form, “the senior manager will then identify whether further work is required with the family or if a legal gateway/planning meeting is needed. At this point, the senior manager should make a written record, clearly setting out the reasons for their decision.” |
| **Does further work need to be undertaken before the LPM takes place?** (delete as appropriate) | Yes / No  |
| **If the child(ren) is/are not subject to a Child Protection Plan, specify reasons why the matter should proceed to LPM** (see paragraph 1a) |  |

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| **Is an LPM authorised?** (delete as appropriate) | Yes / No |
| **Name of Head of Service** |  |
| **Date of authorisation** |  |

**PLEASE SEND LPM REQUEST AND SUPPORTING DOCUMENTS\* TO CHILDCARE LEGAL TEAM -** **nsc.legal@n-somerset.gov.uk**

**\* Supporting documents:**

* **Three generational genogram - Maternal & Paternal**
* **Current Safety Plan**
* **Any other documents referred to in the LPM Request not available on LCS (eg birth certificate/court order to confirm PR, any private law orders etc)**